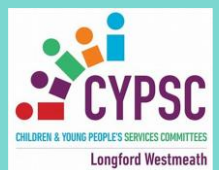


# Review of Longford Westmeath CYPSC Healthy Ireland Programmes for Families and Young People



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Sincere thanks to Healthy Ireland and the Healthy Ireland Co-ordinators of Longford and Westmeath for their ongoing support and partnership in this initiative and their support with this review.

Most importantly, heartfelt thanks to all the participants who so generously shared their stories in interviews and completed the surveys. Your openness and willingness to contribute your experiences have provided the foundation for this review and will help shape future improvements.

*Louise Kinlen, January 2026*



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# List of Abbreviations

<b>AI</b>	Appreciative Inquiry
<b>CYPSC</b>	Children and Young People’s Services Committee
<b>DCDE</b>	Department of Children, Disability and Equality (formerly DCYA and DCEDIY)
<b>DCYA</b>	Department of Children and Youth Affairs
<b>FRC</b>	Family Resource Centre
<b>HIF</b>	Healthy Ireland Fund
<b>HI</b>	Healthy Ireland
<b>HSE</b>	Health Service Executive
<b>IPA</b>	International Protection Applicant
<b>LW</b>	Longford Westmeath
<b>NCEC</b>	National Clinical Effectiveness Committee
<b>NVR</b>	Non-Violent Resistance
<b>OVOW</b>	Our Voice Our Wellbeing
<b>SPEAK</b>	Strategic Planning, Evaluation and Knowledge Networking (Tusla system)
<b>Tusla</b>	Child and Family Agency
<b>WHO</b>	World Health Organisation
<b>YP</b>	Young Person/People

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# 1. Introduction & context

## 1.1 Overview

This report provides a synthesis of the findings of a review of two Healthy Ireland funded initiatives co-ordinated by Longford Westmeath Children and Young People's Services Committee (LW CYPSC) – *Family Wellness* and *Our Voice Our Wellbeing*. These two initiatives are closely intertwined and both are delivered by four partner agencies, and one agency delivers *Family Wellness* only.

This external review was conducted between October and December 2025, with the report written in January 2026. A large volume of programme implementation data and reports were provided to the evaluator. These were then supplemented through a series of surveys and interview with stakeholders and participants.

The review primarily uses a formative evaluation methodology and some summative methods. It is based primarily on the period from 2024 onwards. It is not a complete evaluation of both programmes, which are very broad ranging, encompassing a wide range of activities, workshops and interventions across five different sites.

## 1.2 Objectives

The objectives of this review were set out in the original proposal as to:

- 1) Capture and summarise the key outcomes of the programme across the five sites, which may include outcome data such as:

### *Outcomes for participants*

- Extent of awareness raising initiatives and how they were used to engage participants
- Noted changes in sense of physical and mental wellbeing noted by participants
- Increased social connections and enhanced life skills and confidence
- Reach of the project and extent to which most vulnerable families engage with it

### *Organisational outcomes*

- Delivery mechanisms and their effectiveness
- Effectiveness of interagency collaboration and its impact on the programme
- Embedding community approach to health promotion and leadership in this field
- Note unanticipated outcomes where appropriate

### *Community wide outcomes*

- Increased awareness of community based health promotion
- Leadership of both organisations and participants within the wider community
- Other community benefits noted

- 
- 2) Challenges faced in implementation of the programme, including embedding within partner agencies, understandings of objectives of programme, capturing of monitoring data to better understand outcomes for participants etc.

## 1.3 Context and policy background

This evaluation examines the Healthy Ireland funded *Family Wellness* and *Our Voice, Our Wellbeing* initiatives delivered in 2024 and 2025 under the auspices of the Longford Westmeath Children and Young People’s Services Committee (LW CYPSC). The programmes were implemented across a range of community-based settings and targeted families, children and young people, with a particular focus on those experiencing social, economic and structural disadvantage.

The review is situated within a national policy context that prioritises prevention, early intervention, equity, and participation, and reflects the shared objectives of Healthy Ireland, Tusla, the HSE, and the CYPSC infrastructure. National policy increasingly recognises that positive health and wellbeing outcomes are shaped by social determinants such as poverty, social connection, inclusion, and access to services. Community-based, cross-sectoral approaches are viewed as essential to addressing these factors effectively (Department of Health, 2013; 2018).

### *Healthy Ireland funding*

Healthy Ireland is the Government of Ireland’s overarching framework for improving population health and wellbeing, adopting a life-course and whole-of-government approach (Department of Health, 2013). It emphasises prevention, reduction of health inequalities, and action on the wider determinants of health, with a strong focus on partnership between statutory services, local authorities, and community and voluntary organisations.

In this context, family and community-focused wellness initiatives such as *Family Wellness* and *Our Voice Our Wellbeing* are recognised as a core component of prevention and early intervention, complementing statutory health and social care provision. Evidence demonstrates that locally delivered programmes, embedded in trusted community settings, are particularly effective in engaging marginalised groups and supporting sustained behaviour change (HSE, 2016; WHO, 2014, Department of Health 2018).

The **Healthy Ireland Fund (HIF)** was established to support local innovation and to translate national wellbeing priorities into practical, place-based action. The **Healthy Ireland Outcomes Framework** was published in 2018 (Department of Health, 2018) and it sets out a national, population-level approach to measuring health and wellbeing across the life course, structured around a small number of high-level outcome domains.

The Healthy Ireland Outcomes Framework has four key goals, which are to:

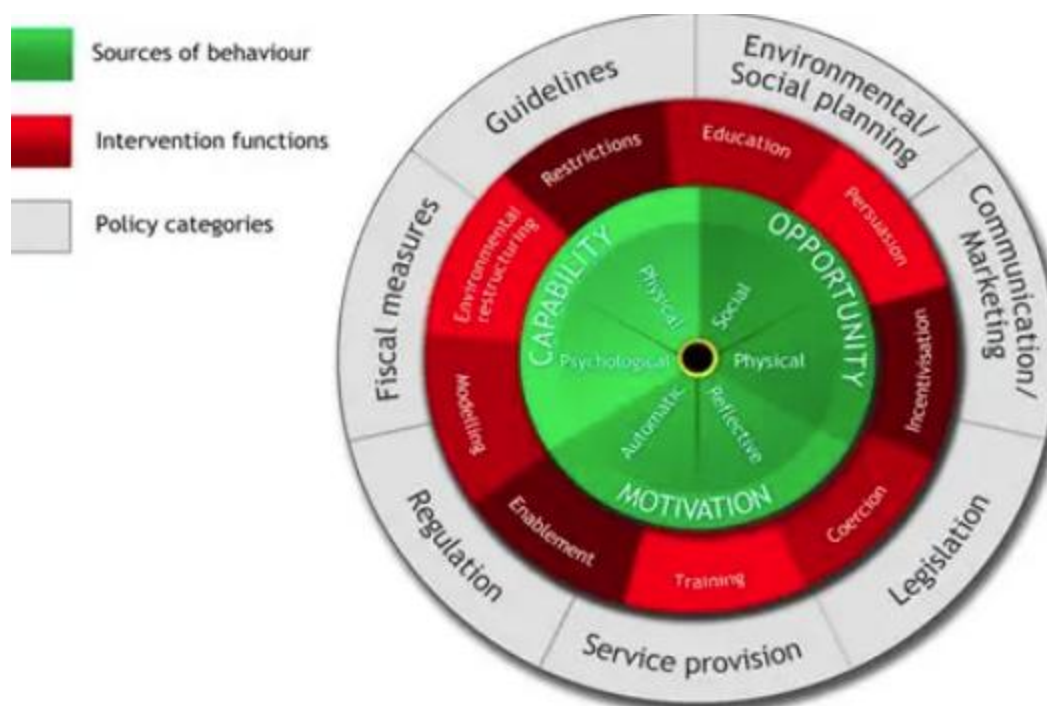
- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

The **CYPSC Healthy Ireland Fund Guidelines** (2023-2025) provide specific recommendations for the implementation of Healthy Ireland funds through CYPSC (CYPSC, 2023). They place a strong emphasis on an outcomes focused framework and emphasise alignment with the Healthy Ireland Outcomes Framework, with a particular focus on improving wellbeing across the life course and reducing health inequalities at local level. They also place strong importance on planning, monitoring and evaluation, requiring funded actions to demonstrate measurable impact and contribute to learning and accountability within CYPSC structures. The guidelines also stipulate that at least one CYPSC Healthy Ireland funded intervention must be evaluated (*Ibid*, p10).

The outcomes framework referenced in the CYPSC Healthy Ireland Fund Guidelines draws on the Healthy Ireland Fund Outcomes Framework and it incorporates health status, health outcomes and social determinants of health and wellbeing across the life course (CYPSC 2023, p5).

The guidelines also emphasise the role of models of behaviour change in addressing health changes, including the **Michie Model of behavioural change** which helps us to understand what drives a particular behaviour so that we can identify how to change it (Michie et al, 2014). The Michie behaviour wheel shown in the figure below outlines the sources of behaviour, the functions of the interventions and the policy categories. The *Family Wellness* and *Our Voice Our Wellbeing* programmes sit within a variety of these domains and the intervention seeks to provide training, education, enablement and some modelling of health and wellbeing positive changes, whilst also ensuring agency and a flexible person centred community development approach.

Figure 1 Michie wheel of behavioural change (Michie et al. 2014, p18)



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## *Role of Children and Young People’s Services Committees (CYPSCs)*

Children and Young People’s Services Committees (CYPSCs) were established to improve outcomes for children, young people and families through enhanced coordination of services at local level. CYPSCs operate within the national policy framework for children and young people - *Young Ireland* and previously *Better Outcomes, Brighter Futures* (Government of Ireland, 2023 and 2014). *Young Ireland* builds on the five national outcome areas of:

- Active and healthy
- Achieving in learning and development
- Safe and protected from harm
- Economic security and opportunity
- Connected, respected and contributing to their world

CYPSCs have a defined role in co-ordinating statutory, community and voluntary services; Identifying local needs, gaps and priorities; supporting prevention and early intervention; strengthening participation and inclusion and aligning local delivery with national policy objectives (Tusla, 2019).

In relation to Healthy Ireland funding, CYPSCs provide a governance and coordination structure that enables national wellbeing priorities to be implemented through locally responsive, community-based delivery models, with specific guidance provided through the CYPSC HI Fund Guidelines as mentioned above. In Longford and Westmeath, LW CYPSC has played a central convening and enabling role, supporting interagency collaboration, shared planning, and alignment with both Tusla and HSE priorities. The Family Wellness initiative has been co-ordinated by LW CYPSC since 2018 and sits under Outcome 1: Active and Healthy, physical and mental well-being (LW CYPSC, 2020). As outlined in the Children and Young People’s Plan for Longford Westmeath, a specific sub-group on Outcome One (active and healthy) has been established.

### *Family Wellness, prevention and community-based delivery*

Evidence shows that family centred and holistic approaches to wellbeing are effective, particularly those that integrate physical health, mental health, social connection, and practical life skills (HSE, 2016; WHO, 2014).

Family wellness initiatives are most effective when they:

- Are accessible and non-stigmatising
- Build on existing relationships of trust
- Are culturally responsive and inclusive
- Combine information with practical, skills-based learning
- Create opportunities for peer support and social connection.

The initiatives delivered through LW CYPSC reflect these principles, viewing families not only as service users, but as active participants in shaping healthier lifestyles and environments. The programmes explicitly recognise the cumulative impact of poverty, trauma, social isolation and inequality on wellbeing, particularly for lone parents, ethnic minority families, Traveller and Roma communities, and families experiencing intergenerational disadvantage. They also adopt behavioural change models as outlined in the CYPSC Healthy Ireland Guidelines.

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## *Participation and voice*

Participation is a core principle across national children and youth policy and is underpinned by Ireland's commitments under the UN Convention on the Rights of the Child. *Young Ireland* and the *Action Plan on the Participation of Children and Young People in Decision-making* explicitly commit to ensuring that children and young people are listened to and involved in decisions that affect their lives (Government of Ireland, 2023 & 2024).

Current literature and policies on participation emphasises that meaningful participation requires more than consultation. Lundy's Model of Participation (2007), which is widely used across Irish policy and practice, identifies four key elements: Space, Voice, Audience and Influence. This model is increasingly applied within CYPSC-related work as a framework for assessing the quality of participation and its contribution to wellbeing outcomes.

Within the *Our Voice, Our Wellbeing* initiative for young people, participation is not only viewed as a rights-based obligation, but also as a protective and developmental factor for mental health, confidence and social inclusion. Research indicates that opportunities for voice, agency and peer connection are associated with improved wellbeing, resilience and engagement, particularly for adolescents and young people experiencing disadvantage (WHO, 2014; DCYA, 2015, Government of Ireland, 2024).

## **1.4 Scope of review and limitations**

A full-scale evaluation of the two programmes across with five sites is beyond the scope of this review, which takes a broader look at the implementation of the programmes, the overall strengths and outcomes, challenges, monitoring and evaluation approaches and the role of interagency collaboration.

A large volume of programme data was provided to the evaluator for this review, which provided very useful background information, but it was not possible to provide a micro level analysis of all the data received. There are also comprehensive reports available both at an individual site level and for the initiatives as a whole, which have been submitted to Healthy Ireland.

It should be noted that there are some limitations to this review, as follows:

- The review does not provided an analysis of financial data. This is reported on in-depth in line with Healthy Ireland funding requirements.
- It was not possible at the time of the review to analyse detailed programme and demographic data across both programmes for 2024 and 2025.
- Whilst pre and post questionnaire data was provided for this review, there are some gaps in the data and the results should be read with some caution.
- Each site has its own unique ways of working, particular activities, target groups, demographics etc. This review does not provide in-depth analysis of these nuances and differences but rather explores the programmes as a whole.
- There is a stronger focus on *Family Wellness* rather than *Our Voice Our Wellbeing* within this review, but both are incorporated. It could be useful to conduct a more detailed review of *Our Voice Our Wellbeing* at a later stage.

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## 2. Methodology

### 2.1 Overview

A mixed methods methodology was used for this review, which encompassed both formative and summative evaluation methods. A formative evaluation methodology focuses on the learning and development of a programme or project (Stufflebeam and Coryn, 2014). It also used an Appreciative Inquiry approach (Center for Appreciative Inquiry, 2024), which is a way of looking at the questions of what is working well and the strengths of the programme, including analysis of the ‘most significant change’ for participants. Formative methods included qualitative interviews and open-ended survey questions.

Summative evaluation methods were also used, which are a way assessing programme outcomes and impacts, typically after implementation, to inform decisions about the programme (Rossi et al., 2019). This included analysis of a broad range of programme implementation documentation, supplemented by additional surveys.

### 2.2 Key stages and methods

#### *Stage 1: Initial meetings & gathering of key documentation*

A number of informal meetings were held at the outset to finalise the exact purpose, scope and methods of the review and to gather key documents. These included meetings with the CYPSC Co-ordinator and the LW CYPSC Healthy Ireland Steering Group, made up of all the implementing CYPSC partners and Healthy Ireland Co-ordinators for Longford and Westmeath.

Once the methods and timeline of the review were agreed, these were presented to the Steering Group for discussion and finalisation. Partners also agreed to send on key anonymised data and programme documentation.

#### *Stage 2: Consultations*

- a) **Online survey of delivery partners:** This survey was distributed to the key programme implementers and included closed and open questions on the delivery of the two programmes. It sought some baseline data on programme implementation, demographic data on participants etc. Qualitative data was also gathered from this survey, included programme strengths, enablers, challenges, interagency collaboration and recommendations for the future. The survey was completed by four partner agencies.
- b) **Surveys for participants:** Short surveys were designed for participants of both programmes with both closed and open questions (see appendix). These were distributed both online and in paper copies. They were made available at the Showcasing Event in Granard in November 2025 and programme staff also distributed them. 39 people completed the *Family Wellness* survey and 18 young people completed the *Our Voice Our Wellbeing* survey.
- c) **Interviews:** The interviews were conducted in a variety of ways, made up of the following:

- Short small group Interviews with participants and some programme staff in person at the Showcasing event in Granard on 27/11/2025. A total of 30 participants took part in these short group interviews (n=30)
- In-depth interviews with 3 participants individually, with more individualised narrative interview techniques (n=3)
- In-depth interviews with other stakeholders, including CYPSC Co-ordinator, Healthy Ireland Co-ordinators, Lead agency co-ordinator and development worker and staff from one other implementing agency (n=6)
- Follow up correspondence and written interview with other staff member (n=1)

### *Stage 3: Data analysis & report writing*

The quantitative data was analysed through MS Excel where the survey data was downloaded and charts etc. were generated. Programme data provided by the participating organisations (e.g. pre and post questionnaire results) were also analysed in MS Excel to generate summary data for this report.

All interviews were recorded and transcribed verbatim, with code names assigned to each interviewee to preserve anonymity. The interview transcripts and qualitative survey data was analysed through a system of coding, with segments of interview transcripts/surveys organised thematically and key quotes were pulled out to demonstrate particular points. Some quantitative analysis was also undertaken of the qualitative survey content to generate some frequency numbers of particular responses.

The analysis of all the data was combined in line with the core objectives of the review and synthesised in a draft report.



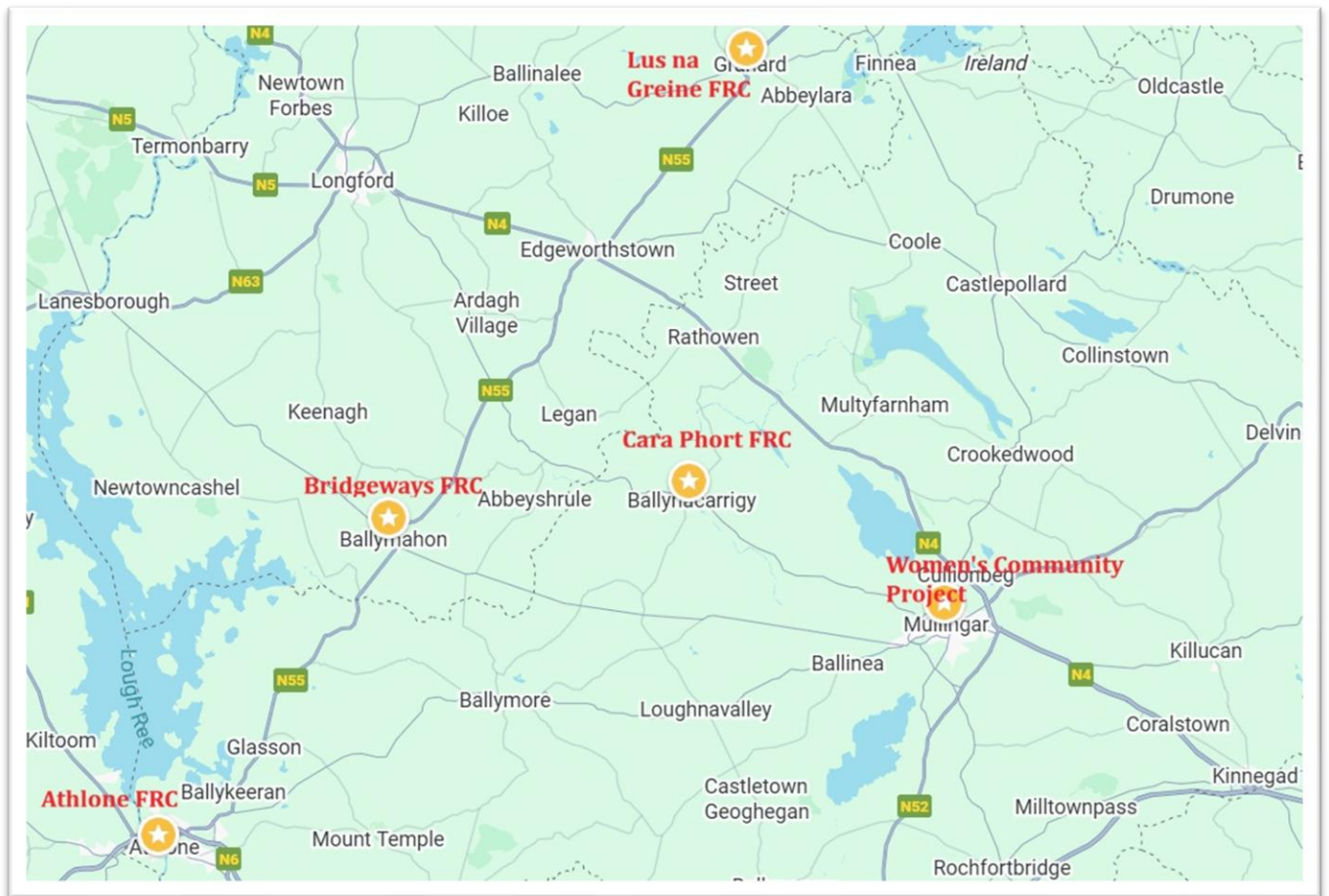
# 3. Implementation of HI programmes

## 3.1 Overview

This section provides an overview of the two Longford Westmeath CYPSC Healthy Ireland programmes, called the *Family Wellness Initiative* and *Our Voice Our Wellbeing*. It draws on existing programme monitoring data, programme proposals, reports and internal evaluations.

The programme partner locations are shown in the map below:

Figure 2 Map of programme partners



## 3.2 Family Wellness Initiative

The *Family Wellness Initiative* is delivered by the Longford Westmeath Child & Young Persons Services Committee (LW CYPSC) with support from the Healthy Ireland Fund. Its aim is to empower families in Longford and Westmeath to adopt sustainable, healthy lifestyles and embed health-enhancing habits. The initiative was led by Lus na Gréine Family Resource Centre (FRC), with three other FRCs in Longford/Westmeath (Bridgeways, Athlone and Cara Phort) and the Women's Community Projects (Mullingar).

In 2025, a total of 1,837 participants took part in *Family Wellness* interventions across the five sites, with a particular focus on vulnerable groups, including those at risk of poverty, lone parents, new communities, and families facing obesity and mental health challenges (programme monitoring data).

The total number of participants in the Our Voice Our Wellbeing programme in 2025, was 690 across four sites, the focus of this programme is empowering young people to design a youth led health programme, which increases youth awareness of all aspects of health and wellbeing, and provides the opportunity to become youth wellbeing advocates in their communities.

A breakdown of the *Family Wellness and Our Voice Our Wellbeing* participants in 2025 is outlined in the table below (Source: LW CYPSC, 2025):

Table 1 Breakdown of 2025 participants Family Wellness

Organisation	Total Participants	Core ProgTotal	Additional partcps one off events	Male Core programme participant	Female Core programme participant	Other/Non Binary
Bridgeways FRC	507	507	N/A	211	296	N/A
Lus na Gréine FRC	384	384	N/A	21 male 18+ 70 male <18	183 female 18+ 110 female <18	N/A
Women's Community Projects	473	35	438	N/A	35	N/A
Cara Phort FRC	173	128	45	13	115	N/A
Athlone FRC	300	50	250	12	38	N/A
<b>TOTAL</b>	<b>1,837</b>	<b>1,104</b>	<b>733</b>	<b>327</b>	<b>777</b>	

Table 2 Breakdown of OVOW 2025 youth participants

Organisation	Total Participants	Male	Female	Other/Non-binary
Bridgeways FRC	109	40	49	20
Lus na Gréine FRC	298	188	110	N/A
Cara Phort FRC	33	12	21	N/A
Athlone FRC	250	116	122	12
<b>TOTAL</b>	<b>690</b>	<b>356</b>	<b>302</b>	<b>32</b>

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## Objectives and activity types

- 1. Promote Health Information and Raise Awareness:**  
Year-long, structured workshops increase understanding of nutrition, physical activity, mental health, and preventative care. Activities include mindfulness, yoga, Pilates, dance, and skill-based projects.
- 2. Facilitate Behavioural Change:**  
Participants were supported to adopt healthier lifestyles through goal-setting, progress tracking, and peer encouragement. Workshops focused on practical meal preparation, nutrition, and budgeting.
- 3. Establish Sustainable, Age-Appropriate Wellness Routines:**  
Daily routines were integrated into family life, covering meal planning, exercise, stress management, youth mental health, sexual health education, digital wellbeing, and chronic disease management. Intergenerational approaches were encouraged.

## Implementation Structure

### Overview

The *Family Wellness Programme* was initiated through collaboration between Family Resource Centres (FRCs), LW CYPSC) and Healthy Ireland funding. The programme began as a modest, locally-driven initiative and has evolved into a multi-partner, multi-county effort, with activities and themes adapting over time to meet community needs. Each site has developed particular areas of intervention, based on identified needs.

The Initiative is funded through Healthy Ireland, which is channelled and co-ordinated through Longford Westmeath CYPSC. Lus na Gréine FRC is the lead agency and also plays a co-ordinating role. The five implementing partners are spread across Longford and Westmeath, with participants drawn from a broader catchment area (including from neighbouring counties in some cases e.g. Roscommon and Cavan).

The *Family Wellness Initiative* operates within four Family Resource Centres and the Women's Community Project in Mullingar.

**CYPSC** acts as the central coordinating body. It brings together **the five implementing partners**, local authorities, and other stakeholders, facilitating interagency collaboration and strategic planning. CYPSC oversees the overall direction, ensures alignment with the CYPSC Healthy Ireland Fund Guidelines, the Children and Young People's Plan, Young Ireland etc. and, and manages the core funding and reporting structures.

**Healthy Ireland** provides targeted funding and sets thematic priorities (e.g., physical activity, mental health, nutrition). Healthy Ireland coordinators sit on relevant subgroups and working groups, ensuring that funded activities meet national health objectives and reporting requirements

### Operational Structure

The programme is delivered through a network of **the five implementing partners**, each tailoring activities to local needs (e.g., cooking, fitness, mindfulness, youth forums, family events). Lus na Greine acts as lead agency for budget management, compliance, and reporting.

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Strategic planning and reflective practice are conducted annually, with all partners meeting to review outcomes, share learning, and plan future activities. The LW CYPSC Active and Healthy Subgroup (e.g., Healthy Ireland Fund Working Group and other working groups (e.g. Trauma-Informed Care Working Group) oversee specific thematic areas and ensure cross-pollination of ideas and resources.

### *Funding and Reporting*

**Healthy Ireland funding** is drawn down by FRCs, managed in compliance with strict guidelines, and monitored through service level agreements and reporting mechanisms with the implementing partners. FRCs submit reports to CYPSC, which collates and forwards them to Healthy Ireland and Tusla as required.

There is ongoing effort to streamline reporting and evaluation, with feedback from partners highlighting the administrative burden and the need for more integrated data systems.

### *Roles in Practice*

#### **Longford Westmeath CYPSC's Role:**

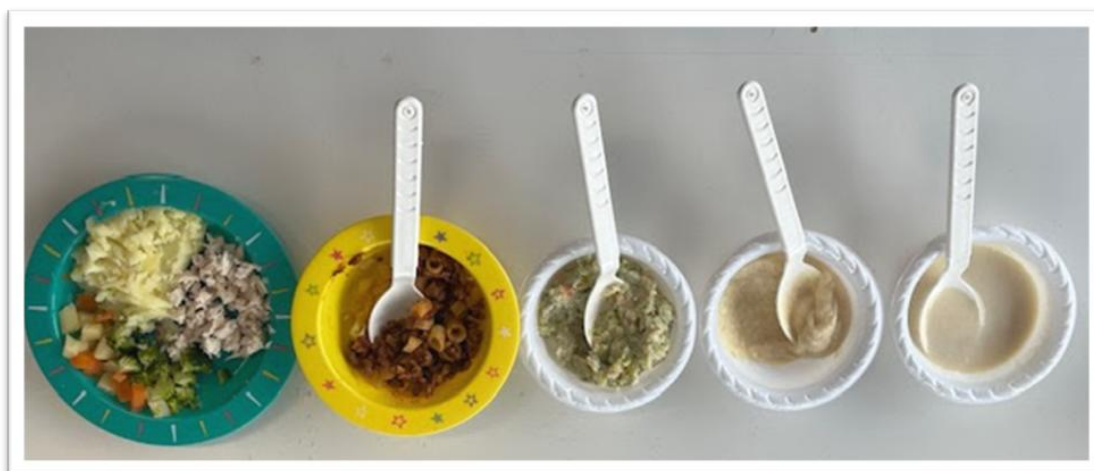
- Strategic oversight and coordination
- Convening partners and facilitating collaboration
- Managing core funding and reporting
- Ensuring programme alignment with children and youth policy

#### **Healthy Ireland's Role:**

- Providing targeted funding for health and wellbeing activities
- Setting outcomes and measurement tools (e.g., physical activity, mental health)
- Participating in planning and evaluation
- Ensuring local programmes align with national health priorities
- Providing guidance to programme delivery through the CYPSC Healthy Ireland Fund Guidelines 2023 - 2025

#### **Lus na Gréine FRC's Role:**

- Financial oversight
- Compliance and reporting
- Submitting reports to CYPSC / Healthy Ireland



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### 3.3 Our Voice Our Wellbeing Programme

The implementation of *Our Voice Our Wellbeing* is closely intertwined with the *Family Wellness Initiative* and its implementation structure is very similar, with a strong emphasis on the voice and participation of young people. The programme is closely linked to the Longford Westmeath Youth Forums, established under the LW CYPSC, which have a clear set of aims and objectives centred around youth empowerment, participation, and service improvement. The Longford Westmeath Youth Forums align closely with the Lundy Model of Youth Participation, aiming for *Space, Voice, Audience* and *Influence*.

*Our Voice Our Wellbeing* is aimed at engaging children and young people to embed healthy routines into their everyday lives. Its overall objectives are to:

1. Increase youth awareness of importance of wellbeing.
2. Improve accessibility to mental health information for young people.
3. Participation in designing a youth led programme and empower Young People as wellbeing advocates.

### 3.4 Project Monitoring Data

As part of the ongoing monitoring data collection, pre- and post-surveys were conducted with participants of both programmes in order to obtain key baseline data at separate points and to seek to understand changes in understanding and habits/behaviours in relation to various aspects of physical and mental health. These drew on the criteria provided by the funder Healthy Ireland.

A total of 98 respondents across the five sites completed the pre- monitoring survey in 2024, with 45 people completing the post- monitoring survey later in that year, a significant reduction in numbers.<sup>1</sup> This is for a variety of reasons, including challenges with survey distribution. Nonetheless, there were sufficient numbers to compare the mean scores from each and to ascertain the changes in pre- and post-surveys.

The table below outlines the differences in self-ratings of an understanding of various health domains and a rating of family health habits rated on a score of 1-10. The mean score for each domain was calculated e.g. in the pre-survey response of the 98 responses the mean (average) rating was 7.93. The number in red shows the change between the pre and post, with a positive increase noted across all domains. The column on the furthest right in blue indicates the % change.

The **highest increase is in the area of understanding of diet and nutrition (16.61%)**, followed closely by understanding of **mental health and wellbeing (16.33%)**. The changes in habits (behaviours) are slightly lower but still represent a significant positive change in health related habits, with all three areas just below or above 10% increase.

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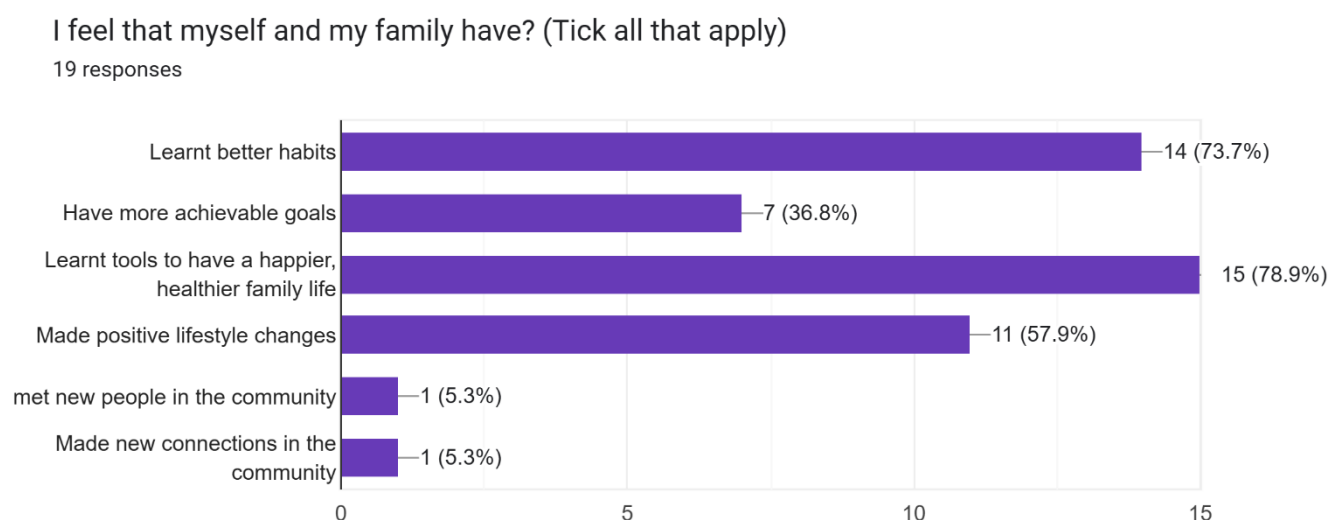
<sup>1</sup> Source: Programme monitoring data provided in Excel spreadsheets.

Table 3 Mean responses of pre and post survey results and changes recorded

	Pre responses	Post responses	Change	% Increase
<b>Understanding of diet &amp; nutrition</b>	7.93	9.24	+1.32	16.61%
<b>Understanding of physical health &amp; activity</b>	7.92	9.16	+1.24	15.49%
<b>Understanding of mental health &amp; wellbeing</b>	7.93	9.22	+1.29	16.33%
<b>Understanding of gen health &amp; prevention of poor health</b>	7.93	9.04	+1.12	14.08%
<b>Family's Healthy Habits - physical health</b>	7.42	8.69	+1.27	9.60%
<b>Family's healthy Habits - mental health</b>	7.42	8.69	+1.27	9.60%
<b>Family's Healthy Habits - general health</b>	7.60	8.76	+1.16	10.44%

A further question in the post evaluation survey asked about the domains achieved post completion of the workshops/interventions. The question was asked as 'I feel that myself and my family have? (Tick all that apply)'. The highest responses were recorded for 'learnt tools to have a happier, healthier family life', with 79% of respondents ticking this.

Figure 3 Domains achieved post completion



The next question asked respondents an open-ended question 'As a result of taking part, what do you feel was the greatest benefit to you/your children/your family?' The responses were collated and counted as

shown in the table below, with improved mental health, mindfulness and meditation the most frequently mentioned.

Table 4 Perceived greatest benefits for participants and their family

Theme	Count
Improved mental health, mindfulness, and relaxation	13
Building better family relationships and parenting skills	10
Social connection and meeting new people	8
Learning healthy habits and lifestyle changes	10
Increased self-care and personal growth	8
Positive impact on children and family as a whole	7
Enjoyment of new experiences and activities	6
Gaining practical tips and skills	5
Feeling welcomed and supported by facilitators	3

Participants reported a wide range of positive benefits from taking part in the programme. The most frequently cited outcomes included improved mental health and relaxation, stronger family relationships, the development of healthy habits, and increased social connection. Many participants also highlighted the value of self-care, personal growth, and the opportunity to try new activities together as a family. Some sample quotes include:

*“It has helped me to become a better person over the period of time. The facilitators make me feel so welcomed every week and I have learned so much I can use in my family life.”*

*“This has been such an interesting and informative workshop as it gives such a great understanding and advice on how to become a better parent and how to help make secure attachments for our children.”*

*“I have been happier in myself which has had a positive impact on my family.”*

# 4. Survey results

## 4.1 Overview

This section provides an analysis of the key results from the online surveys administered as part of this review. The first survey results are of the programme implementing organisations, with results available from four partners. This is followed by the participants survey (*Family Wellness* and *Our Voice Our Wellbeing*) which were administered both online and through hard paper copies.

## 4.2 Baseline survey of programme delivery organisations

### *Key activities undertaken*

The table below outlines the key activities undertaken by each organisation under the *Family Wellness* and *Our Voice Our Wellbeing* Initiatives. This is taken from the baseline survey sent to all delivery organisations, completed by four partners supplemented by additional programme implementation data that was shared. Further details from all partners are available in annual progress reports.

Table 5 Key activities undertaken in each site 2024 and 2025

Organisation	Interventions implemented under the LW CYPSC Healthy Ireland initiative in 2024 and 2025
Athlone Family Resource Centre	<p>Broad-based health and wellbeing project with food support, creative workshops, healthy cooking classes, therapy, and family support.</p> <p>Partnered with food banks, artists, HSE, schools, Tusla, Traveller/Roma groups, and cultural organisations.</p> <p>Provided therapy and counselling (individual, group, family); integrated cultural inclusion and awareness; tailored to ethnic minority needs.</p> <p>The Food and nutrition specific intervention programmes funded by <i>Family Wellness</i> in 2025 included:            Community Food Club pilot programme            Community Chef pilot programme            Appropriate Food for age - Weaning workshops            Healthy Heart programme</p>
Bridgeways Family Resource Centre	<p>(2024 - <i>Family Wellness</i>)            Family Workshops - Clayotic, Art &amp; Mindfulness            Family Photoshoots            Music &amp; Dance Workshops            Group Trip to Glendeer Pet Farm            Sound Baths for Parents            Wreathmaking Workshop            Cancer &amp; Health Awareness Workshops            Christmas Community Family Fun Event            (2025 - <i>Family Wellness</i>)            Easter Camp Workshops for Children            Mental Health Talks &amp; Mindfulness</p>

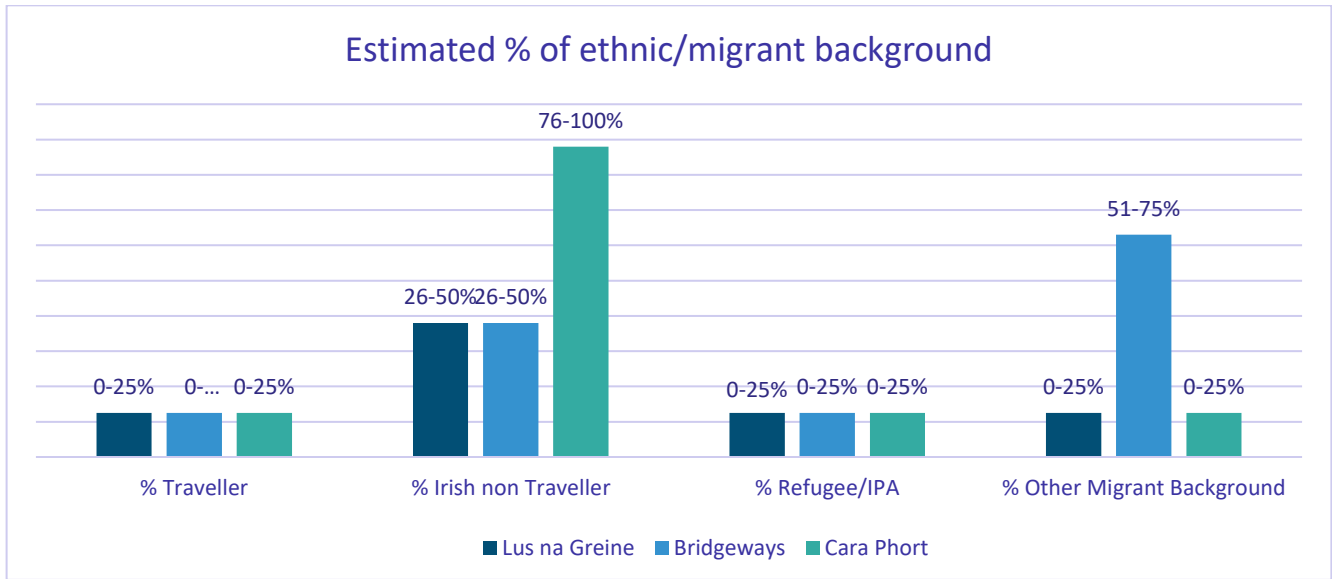
	<p>Community Trip to Glendeer Pet Farm  Community Trip to Dublin Zoo  Children's Trips to Bowling, Laser Tag, Soft Play  Christmas Wreath Making Workshop for Parents  Christmas Family Photoshoot  2024 - <i>Our Voice Our Wellbeing</i>  Art &amp; Craft Workshops (Sustainability)  Soundbaths  Pottery Workshop  RelaTeenships Workshop (By Longford Women's Link - Domestic Violence Service)  Vinyl Creation  Trip to Bay Sports Water Park  Ice Skating Christmas Event  Intergenerational Project (with residents from Nursing Home)  (2025 - <i>Our Voice Our Wellbeing</i>)  Mindfulness Workshop  Trip to Galway Aquarium  Hosted French Teenagers visiting from Landevant (Twinning Group)  Karaoke &amp; Games Night  Jewellery Making Workshops  Creative Crafting Workshops  Trip to Farmaphobia  Baking &amp; Cooking  Circus Skills Workshop</p>
<p>Cara-Phort FRC</p>	<ol style="list-style-type: none"> <li>1. Reduce Reuse Recycle Workshops and Sustainability Workshops</li> <li>2. Health Eating on a budget with accessible local ingredients- Introducing the Airfryer</li> <li>3. Promotion of positive mental health introducing an array of workshops to introduce mindfulness through body and mind work.</li> <li>5. Rewild our mind with biodiversity workshops and outdoor activities.</li> <li>6. Educational and awareness Workshops on drugs, gambling, and social issues arising in our community.</li> <li>7. Seasonal events - social inclusion trips and activities targeting most vulnerable in our community.</li> <li>8. Awareness campaigns- Supporting and promoting topics applicable to</li> </ol>
<p>Lús na Gréine FRC</p>	<p>Yoga x 6 Workshops  Mindful Gardening x 6  Holistic Health Workshops x 12 (Delivered to two different groups - 6 per group)  (Tapping for Health, Sleep Wellness, Managing Stress, Dealing with Anxiety, Meditation for Health &amp; Wellbeing)  Zumba Dance Workout (12 Sessions)  Dance Fitness with Paul Cheevers (8 Sessions) Nutrition &amp; Food Labelling - 6 week programme  Batch Cooking for Hungry Days - 4 Workshops  Mindful Crafting x 12 Classes  Group Led Art Therapy to relieve stress and trauma - 12 Sessions  Living Well with Chronic Conditions - 6 workshops  Men's Health &amp; Wellbeing - 2 Workshops</p>

	<p>           Soundbaths - 5 Sessions            Chigong Practice - 6 Sessions            Sexual Health and Wellness with Susan Abrook - 4 Sessions            Understanding Neuro Diversity            Understanding Somatic Therapy for mind and body connection            Information around Equine Therapy            Training in Baby Massage Techniques            Delivery of one iHeart Programme            Delivery of Start from the Heart Programme            Plant Swap &amp; Healthy Brunch            Bowling Forest Bathing            Balancing Breathwork            Exploring Mental Health for Farmers            Mother &amp; Baby Yoga            &gt; Sensitivity Training for professionals working with Young LGBTQ+ community            &gt; Informing about addiction across drugs, gambling, alcohol         </p>
<p>           Women's            Community Project,            Mullingar         </p>	<p>           Natural Skincare Workshop            Wellness Programme Classes            Menopause &amp; Managing Aches &amp; pains            Yoga Autumn Classes            Movement &amp; Exercise            Gentle Morning Retreat            Food &amp; nutrition for wellbeing            Creativity for Wellbeing Workshop            Mental Health Month            Healthy Eating Made Easy Classes            Blood Pressure &amp; Heart Mobile Unit            Biodiversity walk composting workshop            Information Provision Session            MABS – Money Management            Citizens information Rights &amp; Entitlements            Mindful Crating            Mind, Body &amp; Nourishment            Wellness Programme Class 9            Menopause &amp; Sexual Health Talk            Domestic Violence Awareness Raising Workshops            Wellness Programme Class 11: Eat Well &amp; reduce your food waste &amp; food bill            Mindful Christmas Crafting         </p>

### *Profile of participants*

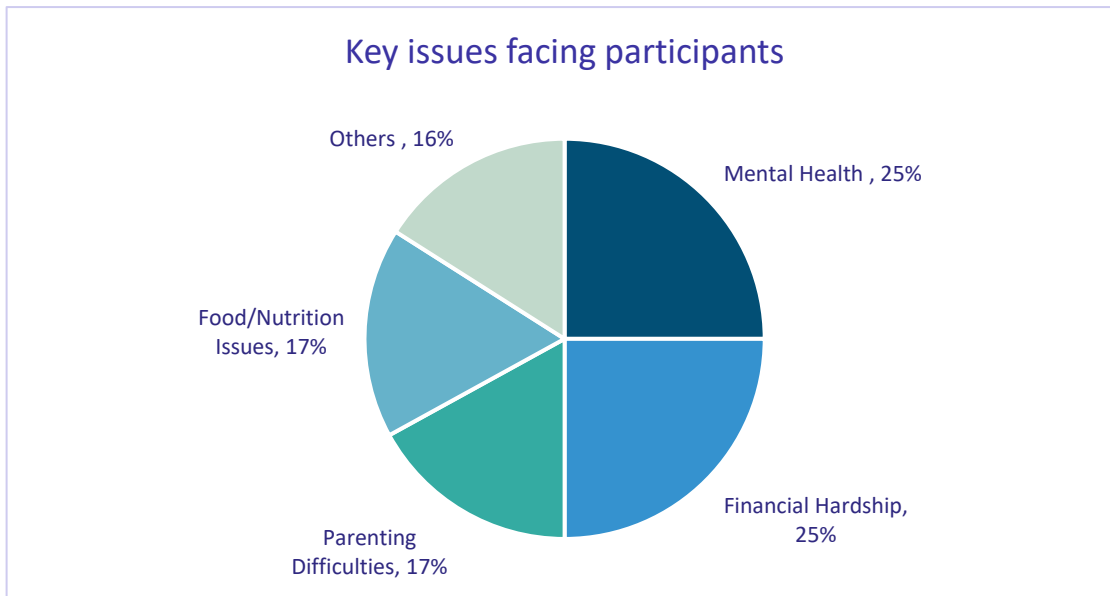
The survey asked respondents to provide a percentage range of the profile of participants (for both programmes). This survey was completed by four organisations, with three completing this question. The chart below outlines the estimates profile of participants by ethnic background for three organisations.

Figure 4 Estimated background of participants



Respondents were asked for the key issues facing participants and these were grouped by theme and summarised in the Pie Chart below.

Figure 5 Key issues facing participants



The key issues are also represented visually in the Word Cloud below, with mental health, stress and anxiety presenting as dominant issues.

Figure 6 Word cloud of key issues facing participants



### Outcomes for participants

The programme implementing organisations were asked for two key outcomes for participants of each programme. For *Family Wellness*, these are summarised as:

- Participants made **real, positive changes to their lifestyles** as a result of the diverse workshops offered.
- There was an increase in **positive social connections** among participants, helping to reduce barriers to better health and wellbeing.
- The programme **strengthened community ties** and fostered a sense of belonging among families.
- **Successfully reached and engaged participants who had not previously used the service**, opening referral pathways to other supports and bringing hope through new activities

*“The most significant outcome was seeing participants make real lifestyle changes based on what they learned in the wide range of workshops. We also observed an increase in positive social capital and a noticeable reduction in barriers to achieving better health and wellbeing”*

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### ***Our Voice Our Wellbeing***

- Young people made **positive changes in their habits** and gained confidence through engaging workshops.
- **Stronger peer relationships** were formed, and barriers to supporting health and wellbeing were reduced.
- Noticeable **increases in self-esteem, confidence**, and belief in abilities among young participants.
- Provided a **safe, fun, and creative environment** for youth to participate in activities and programmes

*“Engaging people from our target group who have never used the service before , thus allowing referral pathways into other services. Giving light and hope into homes through new activities.”*

### ***Highlights of each programme***

#### ***Family Wellness***

- Participants **made real lifestyle changes**, leading to improved health and wellbeing. There was also an increase in positive social capital and a reduction in barriers to better health.
- The programme **strengthened community connections** and fostered a strong sense of belonging among families.
- Efforts were made to **reach and engage participants who had not previously used the service**, opening referral pathways to other services and bringing new activities and hope into homes.

### ***Our Voice Our Wellbeing***

- Young people made **positive changes in their habits and confidence** as a result of engaging workshops. There was a noticeable increase in self-esteem, confidence, and belief in their abilities.
- The programme helped **strengthen peer connections** and reduced barriers to supporting health and wellbeing.
- Young people were provided with **a safe space** featuring fun and creative activities and programmes.

*“A noticeable increase in young people's self-esteem, confidence, and belief in their own abilities.”*

The remaining open ended questions in this survey in relation to implementation through CYPSC, interagency collaboration, enabling factors, barriers/challenges and recommendations are discussed in Section 5 together with the qualitative interview data.

## **4.3 Participant feedback survey results- *Family Wellness***

Short surveys were also conducted with a sample of participants. These online links and paper surveys were shared at the Showcasing Event in Granard in November 2025 and also distributed by the partner agencies. 39 *Family Wellness* participants completed the survey. In both surveys, participants from

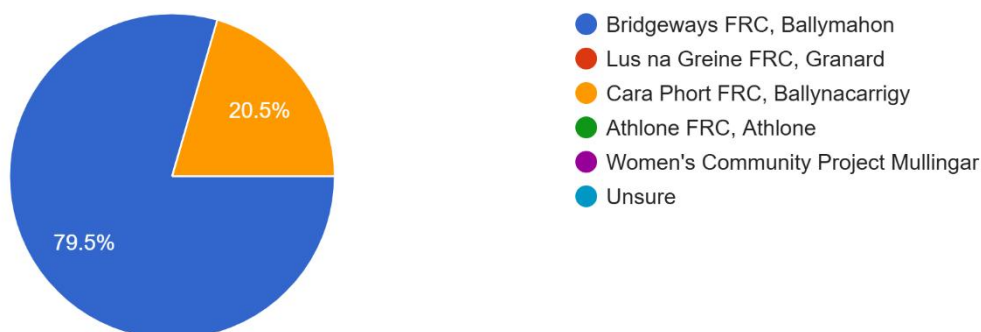
Bridgeways make up over 70% of respondents, which should be considered when interpreting the results as they are not necessarily representative of all sites.

The *Family Wellness* surveys were distributed within some of the projects and were completed by participants in Bridgeways and Cara Phort FRCs, with **39 responses** broken down as follows:

Figure 7 Centre organising activities

### 1. Which centre organised the activities you took part in?

39 responses



The next question asked “*what type of activities/workshops did you take part in*”. This was an open ended questions, with responses grouped and summarised below:

- Summer camps / camps / day out: (n=18)  
(Includes all mentions of “summer camp”, “camps”, “day out”, “various camps”etc.)
- Trip to Dublin Zoo / zoo trip / family trip to zoo (n=13)
- Crafting workshops / art / creative workshops / basket weaving: (n=10)
- Photoshoot with Magda/Pet farm photoshoot (n=10)
- Glendeer Pet Farm (n=7)
- Mental health talks / women’s wellness course: (n=4)
- Outdoor activities (general) (n=3)
- Kayaking / fishing and kayaking / bay sports: (n=3)
- First aid (n=2)
- Gardening / mindful gardening (n=2)
- Playgroup / toddler group / parent and toddler group (n=3)
- Christmas family fun day / Santa visit / family fun days: (n=3)
- STEM workshop (n=2)
- Family programme (n=1)
- Chocolate workshop (n=1)
- Adult craft workshops (n=1)
- 8 week women’s wellness course (n=1)

### Rating of programme and key strengths

Respondents were asked to rate the programme overall on a scale of 1-10 and provided very high ratings, with a **mean score of 9.92** and a median score of 10.

The responses to the open-ended question *What did you like most about the programme?* are summarised below,

- 
- Many valued **meeting new people, making friends, and feeling part** of a welcoming group.

*“Very enjoyable and meeting people”*

*“Just love meeting new people and learning”*

*“Kids had so much fun and so lovely to feel a part of the community. Staff are fantastic”*

- The **range of activities, trips, and workshops** was a highlight, as was the smooth organisation.

*“The bus everyone getting on and having a great laugh.”*

*“I enjoyed the friendly atmosphere, the interesting activities, and the great organisation. We especially liked the trips and the workshops for children.”*

*“Just the whole experience ran so smooth”*

- **Staff were frequently praised** for being amazing, helpful, and welcoming, making everyone feel included.

*“The programme is amazing and so inclusive. The staff are amazing too and nothing is ever a problem.”*

*“Staff were fantastic, organised so good from arrival to home time and my daughter had so much fun”*

*“The staff are very helpful and kind as my daughter is asd so these activities can be stressful but the staff made it possible for me and my daughter to take part”*

- Participants **appreciated the reasonable cost, accessibility**, and the opportunity for large families to join in.

*“Great value for money and local. My son enjoyed the camps”*

*“The trip was very affordable and meant lots of people from the community got to do this together.”*

- The programme **helped people communicate, make new friends**, and feel more confident.

*“It help u communicate people n make new friends”*

*“Kids loved it and affordability”*

Interestingly, participants did not immediately point to the direct health benefits of the programmes in terms of what they liked but mention them later in relation to the impact of the programmes.

### *Challenges faced*

The majority of respondents stated they had not experienced any challenges. A few issues were mentioned, which included:

- It was noted that there are **limited places** in some areas:

*“There needs to be more places available for the kids Easter and summer camps.”*

- **Anxiety or overstimulation** was mentioned by a few:

*“Anxiety, facing big groups of people”; “Overstimulating but thanks to staff it was made fun”; “Being vulnerable in a group of strangers”.*

- **The scheduling posed a challenge** for one participant, who also understood the challenge.

*“Shortness of days/weeks so trying to organise pick up & drop off while working. Would be nice if they were able to run the programme for a full week or a longer day, but absolutely understand that would rise the costs, need staffing, insurance etc so it’s not always feasible.”*

- One participant described a **challenging situation involving a parent** but praised staff for handling it well.



### *Biggest change as a result of taking part in the programme*

The biggest changes related to increased self-confidence, enhanced social connections, awareness and openness to new activities, improved quality time as a family and the learning of new skills. Interestingly, no responses specifically mention health benefits or specifically improvement in physical health but mention related topics such as new physical activities and overall improvement in wellbeing.

Many felt **more confident to join classes and activities**, and children became more sociable and outgoing.

*“More confident to take part in classes”*

*“My child built confidence and was more sociable”*

Adults and their children **made new friends, felt more connected**, and enjoyed being involved in community events.

*“My daughter has made new friends and enjoys being involved in the community activities”*

*“Meeting people. My boys really loved meeting other children”*

Families spent **more quality time together, learned new things**, and improved their overall mood and wellbeing.

*“We started spending more time together as a family, learned many new things, and our overall mood and*

---

*emotional well-being improved.”*

*“Understand the importance of quality family time.”*

The programme made it possible for families to participate in events they otherwise could afford

*“My children being able to take part in events that otherwise we would not be able to afford as a family.”*

Access to professional therapeutic support was also appreciated.

*“My children are receiving professional help from trained therapists”*

Some noted **improved integration into the community** and better **social skills** for children and grandchildren.

*“The Bridgeways Centre has played a huge part in helping my family’s integration into the community.”*

*“My grandson interacting with other children in the group. Learning social skills.”*

Many described the experience as **magical, supportive, and life-enhancing**.

*“I love how it’s like a family unit feels like home and so magical”*

*“Quality family time, feeling supported and skills learned”*

*If the programme were being run again, what should be done differently*

The majority of participants said nothing should be changed, describing the programme as perfect, well-run, friendly, and homely. Comments included:

*“Nothing, communication is great, very well organised, affordable and lovely day out at Glendear and the photos are great memories to have”*

*“We would be happy to repeat this experience. Thank you.”*

A few suggestions for improvement included:

Additional activities/events and of a longer duration, with additional funding

*“It would be nice if it was able to run a little longer. In particular my younger child was just getting comfortable and finding their voice when the camp was over.”*

*“More funding given to allow more family activities.”*

Some suggested a different or bigger location (n=2).

Some mentioned the need for more places to be available for children (n=2).

*“There needs to be more places available for the kids Easter and summer camps”*

- One suggested **advertising for more volunteers** and more art and craft workshops for kids and adults.

*“Needs to advertise for more volunteers. Would like more art and craft workshops for kids and adults, but that's just a personal preference!”*

## 4.4 Our Voice Our Wellbeing survey results

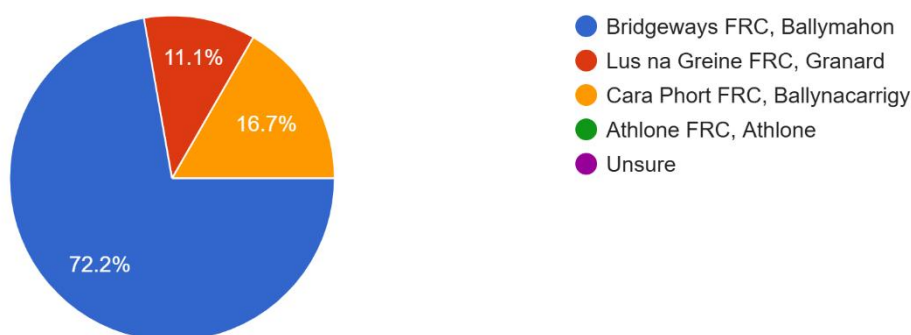
A total of **18 responses** were submitted (through online and paper formats), representing a small cross-section of youth participants from three centres in this programme. Overall, the respondents demonstrated very high levels of satisfaction and engagement with the programme and felt that it had made a significant impact in their lives.

The respondents were broken down from the following centres, with the largest number (n=13) from Bridgeways FRC:

Figure 8 Survey respondents centre

1. Which centre organised the activities you took part in?

18 responses



**Question 2** asked respondents which activities they participated in, which included the following:

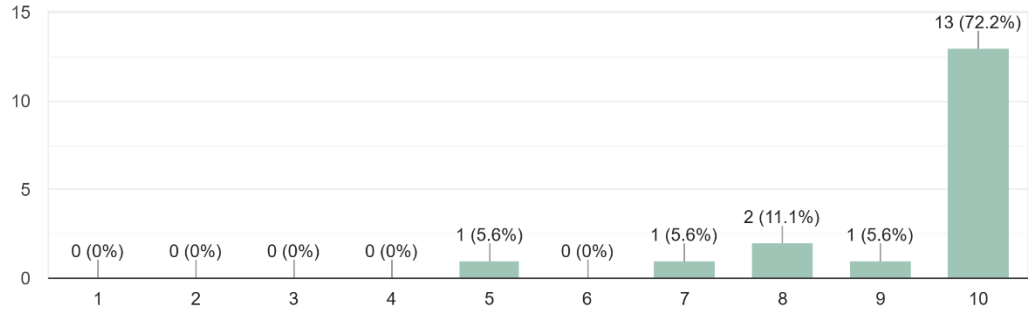
- Aquarium (n=8)
- Farmaphobia (n=6)
- Baking (n=7)
- Cooking (n=7)
- Jewellery making (n=6)
- Karaoke (n=6)
- Arts and crafts (n=7)
- Mindfulness (n=7)
- Volunteering/volunteer work (n=6)
- Tie dye (n=4)
- Crafting (general/for elderly) (n=3)
- Mental health and mindfulness workshops (n=2)
- Chocolate workshops (n=2)
- Bay Sports (n=3)
- Robot making (n=2)
- Culture night (n=2)
- French students collaboration (n=3)
- Homework/after school club (n=2)
- Fishing (n=2)
- Art (n=2)
- Decorate a dragon (n=2)
- Mosaic (n=1)
- Kayaking (n=1)

Question 3 asked respondents to rate the programme overall on a scale of 1-10. The **mean score was 9.28**, representing a very high level of satisfaction.

Figure 9 Satisfaction with Our Voice Our Wellbeing

3. How would you rate the programme overall on a scale of 1 to 10?

18 responses

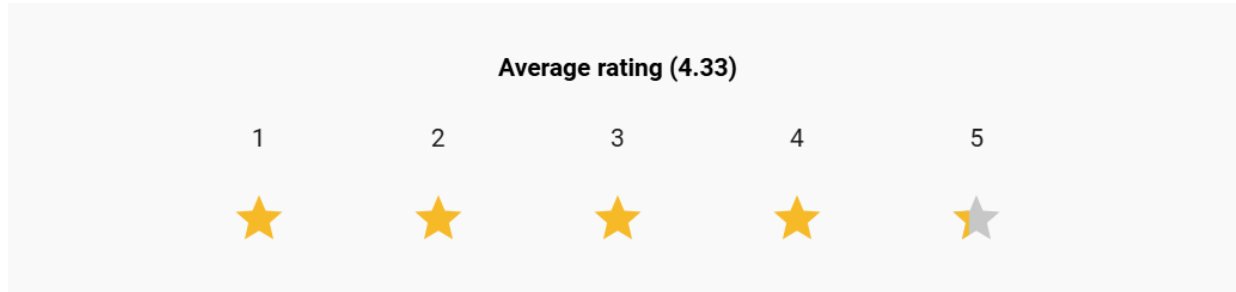


### *Voice of young people*

A key element of *Our Voice Our Wellbeing* is the voice and input of young people into the programme. Overall, the young people who responded felt they had a large amount of input, as shown in the responses below.

Figure 10 Input into the programme

4. Do you feel that you had input into the programme? Please rate on a scale of 1 to 5 stars. 1= not at all, 5= to a great extent



### What young people liked most about the programme

**1. Social Connection & Friendships (n=10):** Many participants valued meeting new people, making friends, and feeling part of a community

*“The social side of it. Made lots of friends through Bridgeways.”*

*“I liked the fact that I am able to socialise with others and feel like I’m a part of a family”*

*“The atmosphere, the people are amazing and friendly, I’ve made a lot of friends here ♡”*

**2. Activities & Opportunities (n=5):** Participants enjoyed the range of activities and the chance to try new things.

*“I like how everyone is so engaged and having fun while doing any of these activities”*

**3. Support & Sense of Belonging (n=3):** Several responses highlighted the support received and the comfort of not feeling alone.

*“Constant support and feeling of having support from others. Comfort of knowing I am not alone.”*

*“I liked communicating with other cypsc members and having all these activities to bring us closer to our communities.”*

*“I liked the fact that I am able to socialise with others and feel like I’m a part of a family”*

### 4. Personal Growth (n=2)

Some participants mentioned personal development and finding new interests.

### 6. What do you think is the biggest change in your life as a result of taking part in the programme? 18 responses

#### 1. Improved Social Connections & Friendships

Many young people reported making new friends, meeting others, and feeling more connected.

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*“Making amazing friends”*

*“Meeting others. Something to look forward to during holidays”*

*“Knowing a lot more people and having a lot more opportunities”*

## **2. Increased Confidence & Personal Growth**

Participants described feeling more confident, happier, and better able to speak or work with others.

*“I’m better at speaking in front of people and working with other people.”*

*“I got confidence in some parts of myself”*

*“I feel more confident and happy with myself”*

## **3. Enhanced Coping Skills & Emotional Wellbeing**

Some young people learned to cope better with difficult situations and manage anxiety.

*“Realising I am not alone and learning how to cope better with difficult situations”*

*“Helped with my anxiety”*

*“Being more comfortable and confident around people and learn new things in workshops”*

## **4. Increased Engagement & Activity**

Some participants noted being more active and engaged, spending less time alone or on devices.

*“I am out more and not on the PlayStation”*

*“Meeting others. Something to look forward to during holidays”*

*If the programme were being run again, what do you think should be done differently?*

- The majority of respondents stated that nothing should change and they were very happy with the programme.
- A few suggestions included better advertising, more events to showcase CYPSC work, making the programme longer, and surveying participants about preferred activities.
- There was also a request for go-carting as a new activity.



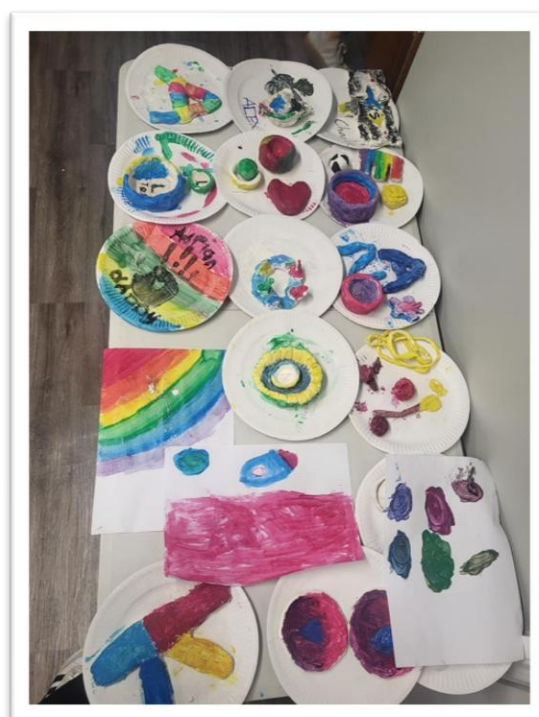
## 4.5 Key findings from the survey results

Overall, all the survey findings demonstrate **strong programme performance across both *Family Wellness and Our Voice Our Wellbeing***, with particularly high levels of satisfaction, engagement, and perceived impact reported by both implementing organisations and participants. The breadth and diversity of activities emerged as a key strength, enabling both programmes to respond flexibly to a wide range of needs, interests, and life stages with an in-built focus on health and wellbeing.

Whilst participants did not always articulate impacts explicitly in health terms, the outcomes described included **enhanced confidence, improved social connections, increased participation in physical and creative activities, strengthened family relationships, and a greater sense of belonging**. These align closely with the broader determinants of health and wellbeing underpinning the Healthy Ireland framework. They also align with the Michie Behavioural Change model, providing capability, opportunity and motivation for health and wellness related behavioural change.

Both programmes demonstrated an ability to reach hard to reach individuals and families who had not previously engaged with services. The **flexible and community centred model** can be seen as reducing barriers to participation and opening pathways to wider supports. The prominence of social connection, trust in staff, affordability, and inclusive practice across responses highlights the central role of relational, community-based delivery in achieving these outcomes.

Few challenges were identified in these survey results and many **relate to capacity constraints**. Further nuances and perspectives of the programme organisers from both survey and interview are presented in the next section, along with interview data from participants.



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## 5. Staff, stakeholder and participant perspectives - qualitative data

### 5.1 Overview

This section outline some of the themes arising from the interview transcripts with participants (young people and adults), staff and stakeholders (CYPSC and Healthy Ireland). Some of the qualitative survey findings from the programme implementers (stakeholders) are also incorporated here. Many of the findings corroborate those of the survey data and programme monitoring data and reports. The interviewees are referred to as either stakeholder (encompassing co-ordinating and delivery organisations) or participant or young person (YP). Further identifying information is not provided to protect confidentiality.

Overall, both programmes are viewed as highly effective, achieving their stated objectives. Some of the key themes from the qualitative data includes:

- 1) Strengths and outcomes of the two programmes
- 2) Interagency collaboration and the CYPSC led approach
- 3) Monitoring and data collection
- 4) Challenges faced
- 5) Recommendations

### 5.2 Strengths and outcomes of the programmes

#### *Key strengths*

As shown in the surveys, a major strength of both programmes is their **holistic focus on family and community wellness**, addressing physical, mental, and social health. The programmes are flexible and responsive to local needs, as described by a staff member as:

*“The great thing about the programme is that it’s flexible to the needs within an area... everything we do is based around family wellness and community wellness. If you have a healthy family, you have a healthy community, they can’t be divided.” (stakeholder)*

The programmes benefit from **robust interagency collaboration**, with multiple partners contributing expertise and resources. The combination of the CYPSC support and Lus na Greine acting as lead agency is viewed as a key strength, along with the contribution to the CYPSC sub-group and working group for this initiative.

*“We have built up a very strong CYPSC network... from those over six meetings, but even more so from our subgroup meetings and the whole extra layer of working group and interagency groups that come together to plan.” (stakeholder)*

Participants consistently describe the programmes as **safe, welcoming spaces that foster inclusion and empowerment**

*“It’s just home from home for a lot of people. Come in the door, it’s just home from home.” (stakeholder)*

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*“It’s a safe space where I know I’m not going to be judged for what I say, and everything is confidential.” (young person)*

The **range of activities** such as cooking, mindfulness, physical exercise, art, peer support, and youth forums **ensures broad appeal and accessibility**. Programmes are adapted for different ages and needs, including targeted support for parents, children, and young people.

### *Perspectives on outcomes and how they were achieved*

#### *a) Improved physical and mental health*

Participants reported tangible improvements in both physical and mental health. For example, nutrition and exercise programmes have led to healthier habits, while mindfulness and peer support groups have enhanced emotional wellbeing:

*“It definitely lifted the mood and self-belief... they probably would never have set foot in a gym. This opened a lot of doors.” (stakeholder)*

*“The mindfulness course completely blew my mind, opened really absolutely and touched on things I never would have thought had even affected me.” (participant)*

#### *c) Empowerment and confidence building*

Young people and adults alike described increased confidence and a sense of agency. This was particularly prevalent for young people who spoke about how the impact the programme in developing their sense of agency and confidence.

*“My confidence grew... how I see myself, and how I put myself out there, everything just kind of grew together and like how I use my voice to help other people.” (YP)*

*“My confidence increased...and I think I said to realise that it’s okay to give time for me. And it’s not about being selfish, it’s about looking after yourself.” (participant)*

#### *d) Pathways to further support and opportunities*

The programmes are viewed as gateways to other services and opportunities, such as social prescribing, counselling, and skill development:

*“Someone who comes through that FRC door... might then learn that... they have this service. So it’s really, it’s opening up the centres and bringing the people in the communities.” (stakeholder)*

#### *e) Community based outcomes*

The programmes have strengthened social ties and community engagement, reducing isolation and building networks of support. Whilst the five centres are located within specific locations, they also serve a wider catchment area and the Initiative has become embedded within the organisations and is seen as actively contributing to a shared sense of purpose and bringing the community together. This is further strengthened by the collaboration with the other delivery partners and the wider working group and CYPSC.

*“I think it’s brought the community together. It’s somewhere for people to go and meet, to socialise and feel like they’re actively involved in something locally.” (stakeholder)*

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*“I felt like I wasn’t on my own anymore, being able to come in and talk to them... it helped me get out again and feel like I’m not alone.” (participant)*

### ***Enablers of the implementation of the initiative***

Funding from Healthy Ireland was repeatedly identified in the survey and interviews as a crucial driver, enabling the recruitment of specialist professionals and the delivery of high-quality, tailored programmes. The flexibility in funding allowed each location to adapt activities to the specific needs of their community, increasing both relevance and effectiveness.

*“The flexibility for each location to tailor the programme to its specific needs increased its relevance and effectiveness while still upholding the HIF ethos. Importantly, the project also created meaningful intergenerational learning experiences that deepened engagement and strengthened community connections” (survey-stakeholder)*

The already established, positive working relationship with CYPSC was considered another important enabler and it was viewed as being built on clear communication and trust, which smooth coordination and programme delivery. The ongoing support and regular checks-ins with the CYPSC Co-ordinator were seen as very helpful, along with very strong collaboration with Lus na Gréine and other local organisations.

Knowledge-sharing amongst the partners and shared learning from CYPSC meetings were viewed as enhancing the consistency and quality of support provided to families. The survey and interview data also demonstrated high levels of engagement from families and young people, which helped to generate momentum and sustained participation.

Interviewees and survey respondents appreciated the sustained funding provided to the initiative over the last three years and found it fostered ongoing and sustained capacity building with families.

*The year on year funding that has allowed us to build capacity with families and through our development work to engage those at risk with social isolation, poor mental health, poverty and issues associated with criminality (survey – stakeholder)*

### ***Achievement of Programme Objectives***

#### ***Objective 1: Promote health information and raise awareness***

There was a strong sense among interviewees that this objective had been achieved through workshops, information sessions, and practical activities (e.g., nutrition, mental health, physical activity). This is also evidenced in the surveys and the pre- and post-questionnaires. Participants and staff highlighted the value of accessible, relevant information:

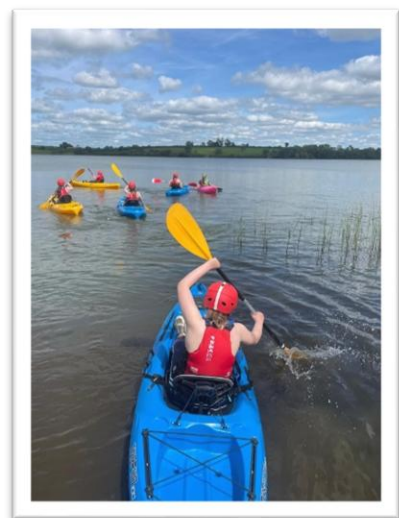
*“We do a lot of women’s health workshops... heart health, menopause, bone health... there’s so much stuff, your physical health and your mental health and yourself. It’s actually amazing.” (Family Wellness participant)*

#### ***Objective 2: Facilitate behavioural change***

In the interviews, it was noted that behavioural change is facilitated through sustained engagement, peer support, and practical skill-building (e.g., cooking, exercise, mindfulness). Participants reported adopting healthier routines and making positive changes in their lives.

*“It was about embedding healthy habits... routine, consistency over a year. If you were to take say, I’m going to walk every day, you know that you had that reminder, you were held and you got into the habit.” (stakeholder)*

*“I learned how to soothe myself... I learned how to have patience... once I fixed myself, I was able to then help him [my son] and in turn... everything just kind of came back, you know, fixed itself.” (participant)*



### **Objective 3: Establish sustainable, age-appropriate wellness routines**

The programmes are designed to be ongoing and adaptable, with activities for all ages and life stages. The development of youth forums and intergenerational projects supports sustainability and embeds them further within the community, which was noted by both staff and participants.

*“It’s now becoming part of the fabric of the centres. Because, thankfully, we received the funding year on, year out, they are building it in each year.” (stakeholder)*

*“We have a weekly youth club, and then some of it overlaps... the youth forums then are drawn from our youth clubs and our schools, where we get young people who will be chosen by their peers to represent their voice.” (stakeholder)*

The importance of embedding long-term habits and bringing about long lasting changes was highlighted as key to the programmes.

*“What we were hoping is that ultimate kind of embedding of good habits, changing and embedding good habits. So I think that, for me, is the goal ... It’s that change piece, but then that, it’s embedding it.” (stakeholder)*

A participant who had undertaken mindfulness courses spoke about how this had changed her attitudes, helped her to slow down and to process what she had been through.

*“It was about slowing down my thoughts, to put things down on paper, to cope with stuff that I’d kind of pushed away for so long... So it brought an awful lot out. It was like counselling at times.”(participant)*

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## 5.3 Added value & further themes

### *Youth voice and empowerment*

The experiences described by young people strongly with Lundy's Model of Participation, demonstrating all four elements: Space, Voice, Audience and Influence (Lundy, 2007), with particularly strong evidence of *Audience* and *Influence*. Young people describe the youth forums and group activities as safe, inclusive spaces where they feel comfortable expressing themselves. These settings provide the *Space* and support the *Voice* necessary for meaningful participation, particularly for those who may feel excluded in other environments. As one young person explained:

*“Our group is more like a social community... you get to be yourself... you get to express yourself.”*  
(YP)

Youth participants also reported that their views are actively listened to by staff, indicating the presence of a clear *Audience*. Decision-making is described as collaborative, with young people involved in shaping future activities

*“At the end of one group [we say], okay, so what do we want to do next week? ... Do you feel that you have a voice that what you say is listened to? Yeah, definitely.”* (YP)

There is also strong evidence of *Influence*, where young people's views lead to visible change. One participant described how feedback about the youth room environment resulted in practical action:

*“The lights... were very blinding. So they got a dimmer switch so now you can actually sit in there.”*  
(YP)

A further example was where young people sought a cinema within an FRC as they had none in their locality. A projector was installed within the space that was available to young people where films are now shown.

Young people also described the impact of being listened to as empowering, contributing to increased confidence and a sense of agency and using it to help others.

*“My confidence grew... I'm actually using my voice to help other young people around.”* (YP)

### *Funding and governance*

Funding for these programmes is multi-layered, involving Healthy Ireland, CYPSC, Tusla, and local councils. The Lead agency is Lus na Gréine, who manage the budget on behalf of CYPSC and keep account of the financial processes and ensure compliance with Healthy Ireland funding regulations.

Some interviewees raised concerns about sufficiency of the funding stream and the high administrative burden. As one coordinator noted,

*“it doesn't cover the full costs of the administration that would go into organising everything behind the scenes, looking at funding that would incorporate the true cost”* (staff). *Reporting requirements, while necessary, can be challenging for small organisations with limited staff capacity.* (stakeholder)

The challenge of splitting core CYPSC funding between two counties was highlighted, while other CYPSCs covering only one county receive the same amount. Only 3 CYPSCs cover two counties and this issue has been highlighted at a national level. This also applied to the Healthy Ireland funding, which needs to be

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allocated between the two counties. The CYPSC Co-ordinator noted that a further challenge to this is servicing neighbouring counties.

*I've been splitting...even with regards to the healthy Ireland budget, I'm servicing Cavan. And I saw these stats very recently, with regards to families of Cavan that are accessing North Longford family well as well, okay, and equally so in Athlone, which is split between Westmeath (LW CYPSC Co-ordinator)*

### ***Interagency Collaboration***

Interagency collaboration is a defining feature of these programmes. CYPSC and Healthy Ireland provide not only funding but also strategic direction and a framework for partnership. The network of partners is described as “so many layers... so many conversations. It’s not just three or four people that come... we have a really rich kind of input” (stakeholder).

However, collaboration is not without its challenges. There have been instances of confusion around dual funding and reporting requirements, leading to duplication of paperwork. As one coordinator noted, “There was probably a little bit of paperwork that may have had to be filled in twice”.

Survey respondents were very positive about the co-ordinating role of CYPSC and the regular communication provided through the Co-ordinator. The collaboration across the locations was seen to become stronger each year.

*“The collaboration across the locations was motivating and seeing it get stronger and more cohesive every round is really heartening.” (survey – stakeholder)*

### ***Long-term impact and sustainability***

The long-term impact of the programmes is evident in their integration into the fabric of local centres and communities. As one coordinator observed:

*“It’s now becoming part of the fabric of the centres. Because, thankfully, we received the funding year on, year out, they are building it in each year. And that’s a huge thing that you don’t get to do with a lot of the pockets of funding”.*

Participants return year after year, and new families are continually drawn in to the programme. Challenges remain however in ensuring that the funding is long-term, sustainable and the programme can continue to evolve and develop in line with identified needs.

### ***Data collection and monitoring***

Interview and survey respondents spoke about the challenges of completing data collection and monitoring for the programme across four sites in a user friendly and effective way. Suggestions included the development of clear templates for consent and attendance, and space for open feedback, accompanied by straightforward guidance on what is required. Pre and post questionnaires could be used in certain cases, provided they were short and easy to use. This, they noted, would significantly reduce the administrative burden and ensure consistency across sites.

It was noted that Excel has been useful for basic data management but can be difficult to manage, especially when some organisations prefer paper forms due to communication or literacy barriers. This reliance on paper increases the workload for staff, who must then input data manually. Each agency has

its own internal evaluation and monitoring systems, including quarterly evaluations aligned with strategic plans and the national SPEAK (Strategic Planning, Evaluation and Knowledge Networking) system commissioned by Tusla.<sup>2</sup> Respondents highlighted that the evaluation process should be as simple as possible, particularly when presenting data to funders such as Healthy Ireland.

The staff member further suggested that a shared system or database could be effective, provided it is easy to use and accessible to all partners, regardless of their technical expertise. They also highlighted the value of regular, programme-specific check-ins, clear referral routes to other services (such as GPs and the HSE), and the benefit of occasional joint activities or shared delivery (e.g., webinars, talks). The need for trained facilitators to deliver specialist programmes (e.g., Start From The Heart, NVR, Healthy Eating, Budgeting) was also raised, as this would alleviate pressure on current staff and resources.

Finally, the staff member noted that increased funding would enable greater staff capacity, more follow-up with participants (particularly those needing psychotherapy), and the ability to run additional activities. Extra funding would also help cover practical costs such as venues, transport, and materials, which are often significant.



## 5.4 Challenges identified

While the *Family Wellness* and *Our Voice Our Wellbeing* programmes have delivered strong outcomes, stakeholders, staff and participants identified a number of recurring challenges that affected programme planning, delivery and sustainability. These challenges were consistently reflected across both interview and survey data.

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<sup>2</sup> For further information on SPEAK, see <https://nexus.ie/speak/>

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### a) Funding constraints and timing

Funding was identified as a key structural challenge, particularly in relation to timing, scale and flexibility. Survey respondents reported delays in confirmation of final allocations and late receipt of funding, often well into the programme year, which limited planning and compressed delivery timelines.

*“There were significant delays in confirming the final funding allocation and in receiving the funds, which arrived later in the year than expected.” (survey respondent)*

This was corroborated by a Co-ordinator in an interview, who noted that the delay in receiving funds later in the year created financial uncertainty, especially as the company needs to fundraise for its overheads.

*“So where we’re at is a clear budget, financials to work with so that we know for example €7000 that’s what you’re getting – get it beginning of the year and then you work away alongside your outcomes to spend that. And we’ve been getting CYPSC money may be allocated in October, November of every year. So that’s just something that I think would assist my financial administrator here. And put my board at ease so that we’re not spending money that we don’t have.” (interviewee – stakeholder)*

Staff noted that budgets did not always reflect the scale, geographic spread, or complexity of the work being delivered, particularly where funding was split across counties.

*“The available budget doesn’t always reflect the scale or complexity of the work, especially when funding is spread across different areas.” (staff)*

Rising costs for transport, venues and materials further reduced flexibility and made it more difficult to extend programmes or respond to high demand.

*“Rising costs of transport, venues, and materials made it more difficult to deliver certain activities within budget.” (survey - stakeholder)*

### b) Staffing capacity and workload pressures

Limited staff capacity emerged as a significant operational challenge, particularly during peak delivery periods when multiple activities were running concurrently.

*“Limited staff capacity at peak times created pressure, especially when coordinating multiple activities or responding to increased demand for places.” (survey - stakeholder)*

Staffing transitions and changes in management roles added further strain, while administrative and reporting requirements increased workload alongside frontline delivery.

*“A lot of one-to-one work is needed to encourage engagement because of the complex needs we’re working with.” (staff)*

### c) Participation, engagement and retention

Maintaining consistent participation was identified as an ongoing challenge, particularly for families and young people facing competing pressures.

*“Ensuring consistent participation can be difficult during busy school periods, exams, or when families are juggling work, childcare and transport.” (survey - stakeholder)*

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Some families experiencing higher levels of stress or deprivation required longer periods to build trust and engage fully, which could slow initial uptake.

*“Some families take longer to engage because of what else is going on in their lives.” (staff)*

Short-term or time-limited programmes were also seen as a constraint on sustained engagement.

*“The cost of rolling out programmes for longer periods or to larger groups is a challenge, even though the demand is there.” (survey - stakeholder)*

#### **d) *Rurality and transport***

Geographic factors, particularly in rural areas, created additional barriers to delivery and participation.

*“Travel costs are a challenge as our FRC is in a rural village, so we try to bring as many activities as possible to our locality.” (survey - stakeholder)*

This also created challenges in terms of findings tutors and courses that were suitable to be delivered in rural areas or in places that participants could access easily. Distance between partner organisations also made in-person collaboration and coordination more difficult.

#### **e) *Reaching hard to reach and under-represented populations***

Survey and interview respondents highlighted the challenges in reaching hard to reach and under-represented groups. This was summarised by one survey respondent, who also highlighted the challenges of working on sensitive issues within some communities.

*We struggled to reach some of our newer communities, with language remaining the most significant barrier to their participation. Attendance was also low for sessions focused on sensitive issues such as addiction, pornography, and money lending, particularly in rural areas where these topics can be harder to address openly. However, we were able to build capacity by training professionals and youth leaders in these areas, ensuring the knowledge is still reaching the wider community indirectly.*

#### **f) *Addressing complex and sensitive issues***

Linked to this, staff highlighted challenges in addressing sensitive issues such as addiction, financial stress, moneylending and exposure to harmful online content. These issues required skilled facilitation, trust-building and adequate time, which could be difficult within short funding cycles.

#### **g) *Monitoring and evaluation limitations***

Challenges were also identified in relation to current monitoring and evaluation approaches. There was no one coherent database, with information relating to the programme shared in different formats and without a comprehensive system of co-ordination of data. Efforts had been made by a range of partners and CYPSC to collate and co-ordinate programme data, but this had proved challenging for a range of reasons.

Some also noted that some of the forms filled in can be seen as ‘tick box’ exercises, without capturing more meaningful outcomes data.

*“They’re very much tick box, tick box... everything doesn’t fit neatly into those forms.” (staff)*

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Staff reported difficulties linking monitoring data to individual outcomes and expressed a desire for more qualitative approaches that better captured impact.

*“We’d value more stories and testimonials that show the real difference the programmes make.”  
(staff)*

The potential of a database of resources to access was also mentioned – to compile a list of tutors, workshops and relevant interventions for participants that could be shared across the centres.

Overall, the challenges identified relate primarily to capacity, resourcing and structural constraints rather than weaknesses in programme design. Stakeholders consistently emphasised that earlier funding confirmation, increased flexibility, and enhanced resourcing would strengthen delivery and allow the programmes to respond more effectively to demand and complexity.

## 5.5 Recommendations made

This section summarises the key recommendations emerging from stakeholder surveys and qualitative interviews with staff and partner organisations involved in the delivery of the CYPSC Healthy Ireland initiatives. There was a high degree of consistency across data sources, with recommendations focusing on funding stability, administrative efficiency, collaboration, inclusivity and the need to better capture lived experience and impact.

### *a) Earlier and more stable funding arrangements*

A consistent recommendation from stakeholders was the need for earlier confirmation of funding allocations and clearer payment schedules to support effective planning and delivery.

*“Earlier confirmation of funding amounts and payment schedules would greatly support effective planning and delivery.” (survey - stakeholder)*

Many interviewees also advocated for moving away from annual funding cycles towards multi-annual funding to provide stability and allow programmes to become embedded.

*“Embedding the funding within well-established projects and moving to three-year funding cycles would provide the stability needed for sustained impact.” (survey - stakeholder)*

This was viewed as particularly important in the context of growing demand and rising delivery costs.

### *b) Sustainable and sufficient resourcing*

Stakeholders emphasised that funding levels need to reflect both rising costs and the intensity of work required to support families and young people with complex needs.

*“Would we like more money in the budget? Absolutely, yes, we would.” (interview - stakeholder)*

*“The need is getting greater... we need an awful lot more money.” (interview - stakeholder)*

There was strong concern that without sufficient resourcing, programmes would struggle to maintain momentum or scale their reach.

### *c) Streamlined monitoring, evaluation and paperwork*

Both survey and interview respondents strongly recommended simplifying monitoring and reporting requirements to reduce administrative burden and duplication. Create clear, standardised templates for

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consent, attendance, pre/post questions, and participant feedback, accompanied by concise guidance. This will ensure consistency, reduce administrative burden, and make it easier for all partner organisations to participate fully in evaluation activities.

A suggestion was made to explore the adoption of a user-friendly, centralised database for data collection and monitoring. The system could accommodate both digital and paper-based data entry, recognising that some organisations and participants may face communication or literacy barriers. Integration with existing systems (such as SPEAK) should be considered to avoid duplication.

*“Sometimes it’s better to go for something that’s workable, realistic, and fits the time and capacity of the people you have.” (interview)*

*“All FRCs/agencies have their own internal evaluation and monitoring systems - we do quarterly evaluations as per our action plan in line with our strategic plan alongside SPEAK - a national system commissioned by Tusla to collate qualitative and quantitative data across all FRCs” (interview- stakeholder)*

Stakeholders called for a more balanced approach that captures impact while remaining proportionate to organisational capacity. It was recognised that

*“It is a big ask to people who already have busy jobs.” (interview- stakeholder)*

#### **d) Strengthening interagency collaboration and communication**

While collaboration was widely viewed as a strength, stakeholders recommended continued investment in communication and coordination to avoid duplication and maximise shared learning.

Suggestions included clearer structures for collaboration, shared planning spaces and pooled resources. One interviewee provided detailed feedback on how regular communication and interagency collaboration could be boosted, without duplicating existing processes. This included a focus on referral routes and some joint activities or delivery where appropriate.

*Whilst we meet regularly - most of us sit on CYPSC Subgroups, supports like regular Family Wellness Specific check-ins during the programme, referral routes and named contacts - facilitators, would really help. There’s also value in occasional joint activities or shared delivery where it makes sense (interview-stakeholder)*

#### **e) Flexibility to respond to local needs and diversity**

Stakeholders strongly recommended maintaining the flexibility of the programme to adapt to local needs and address gaps in participation.

There was particular emphasis on strengthening engagement with underrepresented groups.

*“I would love to get young fathers involved more. The voice of fathers is really important.” (interview - stakeholder)*

*“We’d love to get more of the new communities, but language is a barrier.” (interview stakeholder)*

#### **f) Valuing qualitative impact and participant voice**

Many interviewees highlighted the limitations of relying solely on quantitative indicators and recommended placing greater value on participant stories and lived experience.

*“I do think change is happening. I just don’t think we’re capturing it.” (interview - stakeholder)*

*“They’re more powerful than anything else than filling in any form.” (interview - stakeholder)*

Stakeholders felt that personal testimonies provide compelling evidence of impact and better reflect the nature of change achieved through the programmes.

*g) Embedding programmes within organisations and communities*

Finally, stakeholders recommended continued efforts to embed the Healthy Ireland initiatives within organisational practice and community life to support long-term sustainability.

*“It’s now becoming part of the fabric of the centres.” (interview - stakeholder)*

*“Embedding it into the philosophy, the ethos, the way the organisation works is really important.” (interview - stakeholder)*

Continuation of the programme and the supports attached to it was seen as essential to maintaining trust, engagement and long-term outcomes.



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## 6. Conclusions and recommendations

### 6.1 Conclusions

This review has found that the Longford Westmeath CYPSC Healthy Ireland initiatives - *Family Wellness* and *Our Voice Our Wellbeing* are **strongly aligned with both CYPSC objectives and the core aims of Healthy Ireland funding**. The initiatives have met their core objectives and are adding value in terms of greater community cohesion and engagement, reaching hard to reach populations and overall awareness of health and healthy lifestyles within the wider community. The partnership between the participating organisations has been strengthened, with evidence of it growing each year. LW CYPSC has played a vital role in the support, co-ordination and overall success of the programme, with support also provided through Healthy Ireland.

**Lus na Gréine FRC** has played a pivotal role as lead organisation and has ensured timely monitoring, financial data and ensuring each partner receives the correct allocation of funding. Other organisations such as Bridgeways have been instrumental in data collection and monitoring.

It is apparent that the **staff involved bring huge enthusiasm and passion for the work** and the programme is a success due to many staff going above and beyond to deliver it as well as ensure the scaffolding, funding, co-ordination and data monitoring and reporting are in place. This also poses a risk to the programme, as there was evidence of some staff working at extra capacity, taking on additional tasks and working outside office hours to complete to co-ordinate or implement the programme.

Healthy Ireland has continued to fund the initiatives over the last eight years and there is hope that this will continue as **longer-term sustainable funding**, with increases to reflect co-ordination, interagency collaboration and more outreach to hard to reach populations.

All the primary and secondary data collected demonstrate that programmes are making a clear **contribution to improving health and wellbeing, supporting prevention-focused approaches**, and reducing barriers to participation for children, young people and families experiencing disadvantage.

In line with Healthy Ireland's emphasis on early intervention and prevention, the initiatives successfully **prioritised health promotion, mental wellbeing, social connection and lifestyle change** through accessible, community-based activities. They **align with behavioural change models**, within a community person centred setting. Both programmes focus on building knowledge, skills and confidence rather than crisis response, supporting participants to make incremental and sustainable changes in their daily lives. While participants did not always frame outcomes explicitly in health and wellbeing terms, the evidence collected shows meaningful improvements in wellbeing-related behaviours, confidence, social engagement and family relationships, all of which are consistent with Healthy Ireland's broader determinants-of-health framework.

The evaluation also demonstrates **strong alignment with CYPSC outcomes**, particularly in relation to children and young people being healthy, active and supported; connected to their communities; and having opportunities to have their voices heard. The *Our Voice Our Wellbeing* programme, in particular, reflects a strengths based and participatory approach, with young people reporting high levels of agency, ownership and influence over programme content. This is consistent with CYPSC's commitment to participation and child and youth-centred practice.

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A key strength of both initiatives is their **local responsiveness and flexibility**. Activities were adapted to local needs, interests and contexts, enabling organisations to reach families and young people who may not otherwise engage with statutory or formal health services. The breadth of activities delivered across sites reflects an understanding of wellbeing as multi-dimensional, encompassing mental, emotional, social and physical health, as well as creativity, play and connection to place.

The evaluation findings also highlight the importance of **trusted community settings** in delivering Healthy Ireland objectives. Family Resource Centres and partner organisations acted as accessible and non-stigmatising entry points to health and wellbeing supports, particularly for families experiencing financial pressure, social isolation or anxiety. In several cases, the initiatives successfully engaged participants who had not previously used services, creating new referral pathways and strengthening community infrastructure. Some challenges arose in reaching certain groups, including men, new communities, Travellers and those who have very socially isolated. Multi-pronged approaches were used to address these challenges and stakeholders noted an increase in the inclusion of these groups over the years of implementation of the programmes.

However, the evaluation also identifies a number of **structural constraints** that limit the full potential of the initiatives. These include late confirmation of funding, short funding cycles, rising delivery costs, staffing capacity pressures and administrative burden. Importantly, these challenges relate to resourcing and systems rather than programme design. Stakeholders emphasised that the models themselves are effective, but would benefit from greater stability, flexibility and proportional reporting requirements to maximise impact. The time needed for administration, data collection and monitoring and co-ordination were not necessarily reflected in the programme funding, adding additional burdens to staff with busy workloads. The same arises for Longford Westmeath CYPSC itself, which is servicing two counties on a one county budget.

Overall, this review concludes that the LW CYPSC Healthy Ireland initiatives represent **high-quality, effective and well-aligned use of Healthy Ireland funding**, with strong evidence of very positive outcomes and changes in habits for participants and communities. The programmes provide a solid foundation for further development and growth across the region and could be used as a model to replicate elsewhere. The role of CYPSC in its co-ordination of the programme and facilitation of collaboration has supported a region-wide community of practice committed to holistic and evidence based health and wellbeing approaches. This has brought significant added value to the implementation of the initiatives.

## 6.2 Recommendations

The following recommendations are informed by the combined findings from secondary data, stakeholder surveys, participant feedback and qualitative interviews, and are framed to support future implementation in line with Healthy Ireland and CYPSC objectives.

### *1. Streamline monitoring and evaluation requirements*

Monitoring and reporting processes should be simplified and made more proportionate to organisational capacity. A unified and user-friendly evaluation framework, shared across funding streams where possible, would reduce duplication and free staff time for delivery. Greater emphasis should be placed on qualitative evidence, including participant stories, to capture meaningful change aligned with Healthy Ireland outcomes.

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It would be useful to explore the adoption of a user-friendly, centralised database for data collection and monitoring. The system could accommodate both digital and paper-based data entry. Integration with existing systems (such as SPEAK) should be considered to avoid duplication. Such a monitoring system should be aligned with the CYPSC Healthy Ireland guidelines and should be based on an outcomes-focused approach highlighting benefits and positive change achieved.

It is evident that one of the challenges in monitoring and evaluation has also related to resourcing and staff capacity to co-ordinate this alongside existing busy roles. It is hoped that the newly funded project support role within LW CYPSC can provide some data collation and co-ordination support for the initiative.

Further details on monitoring and evaluation recommendations are provided in Section 6.3 below.

### *2. Introduce earlier and multi-annual funding arrangements*

Earlier confirmation of funding allocations with funding in place before the commencement of activities and a move towards multi-annual (e.g. three-year) funding cycles would significantly strengthen planning, delivery and sustainability. This would enable organisations to embed programmes more fully, retain staff capacity, and respond strategically to local needs, while aligning with Healthy Ireland's emphasis on long-term prevention.

### *3. Ensure funding levels reflect delivery realities and rising costs*

Funding allocations should take account of increasing costs related to transport, venues and materials, as well as the intensity of work required to engage families and young people with complex needs. Adequate resourcing is essential to maintain quality, extend programme duration where appropriate, and meet growing demand.

### *4. Strengthen referral pathways and integration with health services*

Opportunities should be explored to strengthen integration between community-based Healthy Ireland initiatives and primary care and health professionals. Encouraging referrals into *Family Wellness* and related programmes would enhance reach, particularly for individuals seeking lifestyle change, and further embed the bio-social model of health underpinning Healthy Ireland.

### *5. Continue to support interagency collaboration and shared learning*

Ongoing investment in interagency collaboration is recommended, including structured opportunities for shared planning, communication and reflection. The development of shared resources, such as a common database of service providers, could further support coordinated responses and reduce duplication. Joint learning opportunities and shared delivery where appropriate should be considered. It is important that time for such collaboration and shared learning is factored into funding streams.

### *6. Maintain flexibility to respond to local need and promote inclusion*

The locally responsive and flexible nature of the initiatives should be protected and strengthened. Targeted outreach should continue to address gaps in participation, including engagement with men, young fathers and new communities, and to reduce barriers related to language, transport and anxiety.

### *7. Support the embedding of programmes within organisations and communities*

Continued funding and policy support should enable Healthy Ireland initiatives to become embedded within the ethos and day-to-day practice of local organisations and communities. This would support long-term impact, build trust with communities, and ensure that wellbeing promotion remains a visible and valued part of local infrastructure.

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## 6.3 Recommendations for future monitoring and evaluation

One of the objectives of this review was to make some recommendations in relation to future monitoring and evaluation. Stakeholders were not resistant to ongoing monitoring and evaluation but highlighted that current tools do not always capture meaningful change and can place disproportionate demands on staff capacity. The need to ensure that appropriate data was collected to satisfy funder requirements whilst also offering an opportunity for collective learning and programme improvement was highlighted.

A potential framework for future monitoring and evaluation is set out below:

### *1. Clarify the purpose of planning, monitoring and evaluation*

Provide a clearer differentiation between the distinct purposes of monitoring and evaluation within the initiative. This should **align with the CYPSC Healthy Ireland guidelines** and should include general principles such as:

- **Accountability to the funder (Healthy Ireland):** demonstrating reach, participation, equity and contribution to wellbeing outcomes.
- **Collective learning within CYPSC:** understanding what works, for whom, and in what contexts, allowing for changes and tweaks where desired outcomes are not being demonstrated
- **Local service improvement:** enabling organisations to adapt delivery in response to participant needs.

The CYPSC Healthy Ireland guidelines are also useful in building monitoring and evaluation into the planning process. Interventions/actions should be chosen on the basis that they are likely to achieve the desired priority outcome(s). There can also be local differentiation within a CYPSC area and they state that: *CYPSC should aim to operationalise interventions or actions that have a greater likelihood of achieving significant impact across a geographic area or a specific population and that can be evidenced as having resulted in positive impact (CYPSC, 2018, p9).*

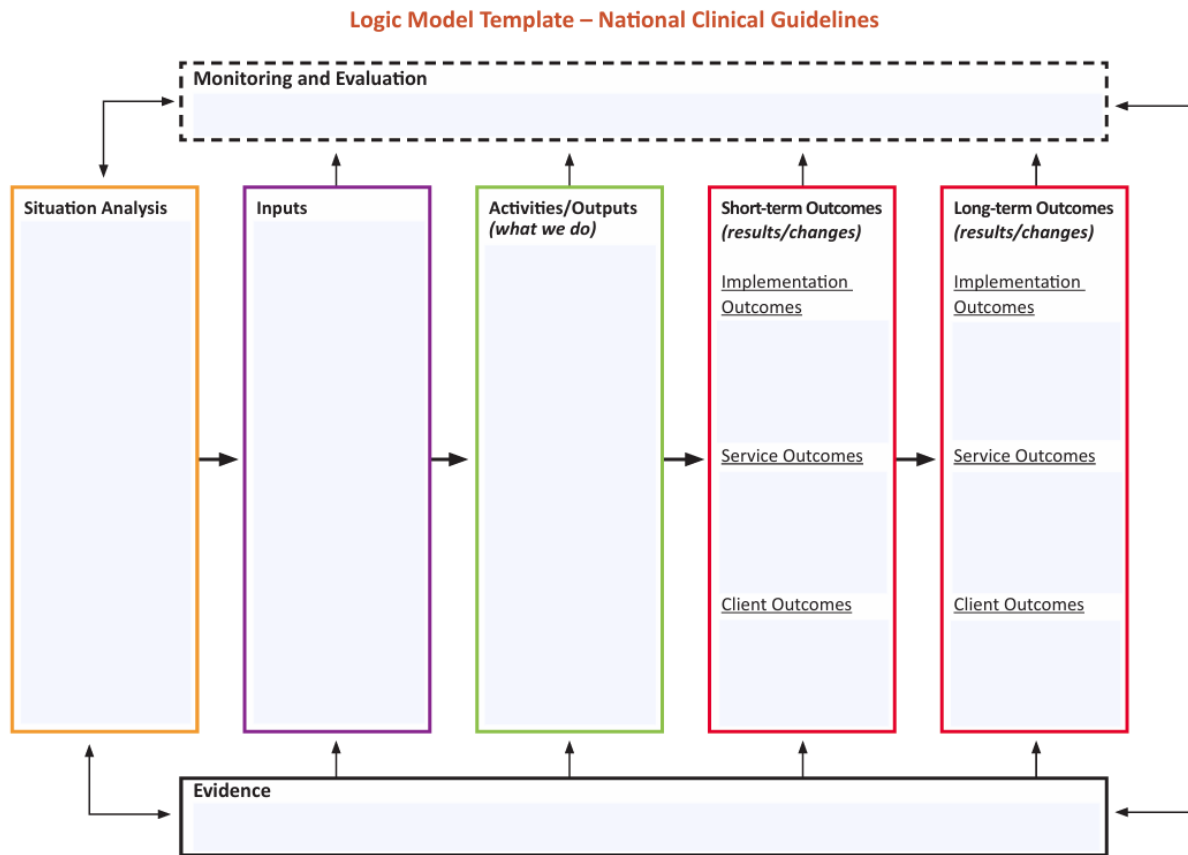
It is important to ensure that the programme does not fall into the realm of funding activities without a clear outcomes focus. **Logic model frameworks** can be useful to use in the planning and monitoring and evaluation processes to provide a clear structure and feedback loops and process on planning, implementation and evaluation.<sup>3</sup> They are based within a Theory of Change framework, which is also incorporated into Behavioural Change models of health interventions.

Within the Irish context, there are a range of templates and tools for the development of logic models for community and health and wellbeing programme. Figure 11 provides an example for the National Clinical Effectiveness Committee Guide (NCEC, 2018). Templates such as these could be used for the planning and monitoring of interventions under the Initiative, with participation from all delivery partners.

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<sup>3</sup> For further details on logic models, see University of Kansas – Community Toolbox. Available on [Chapter 2., Section 1. Developing a Logic Model or Theory of Change - Main Section | Community Tool Box](#)

Figure 11 Logic Model Template NCEC



## 2. Centralised user friendly planning, data collection and monitoring

A shared, centralised CYPSC Healthy Ireland data system was identified as a useful development, provided it is simple and proportionate. Currently data is collected through various means, including Lus na Greine as lead partner, CYPSC in their co-ordinating role and another FRC where a staff member has volunteered to assist with collecting and collating the pre- and post- survey data.

It may be useful to implement the following:

- **Data collection and monitoring systems** should be integrated with and start with planning processes (e.g. through logic model templates). A clear rationale for each organisation’s interventions including rationale, assumptions, activities (inputs), expected outputs and outcomes should be integrated into the annual planning and funding application processes. Clarity on how participants are counted and defining ‘participation’ in the programme should be built into this process.
- **CYPSC could act as the central data point** to co-ordinate and collate data across the programme, with clear communication within the Working Group and a commitment to provide timely and appropriate data.

- **A small number of core indicators agreed at CYPSC level** (e.g. reach, age group, programme type, attendance, broad wellbeing domain) and an agreement on how this will be collected.
- **A shared digital platform or database** where partner organisations can input agreed data once, without duplicating. If organisations have an existing CRM system, this could be integrated or an alternative could be sourced (e.g. Kobo Toolbox). It may be easier to integrate with the SPEAK system, with an arrangement for any organisation not currently using it. This should be discussed with CYPSC, Healthy Ireland and the Working Group.
- Delivery organisations should be responsible **only for entering agreed, minimal datasets** relevant to their activities.
- **All processes should be GDPR compliant** and identifying information should not be shared unnecessarily across sites. Names and contact information should only be used within the organisation and where necessary for operational purposes.

### *3. Use of pre- and post- questionnaires or other surveys*

Currently, pre and post questionnaires are being collected for a selection of participants, but the numbers completing them are not consistent and there was a discrepancy between completion pre and post numbers. It is also important to note that they are not a blanket evaluation tool and may work best where there is a clear behavioural or knowledge-based focus (e.g. nutrition, physical activity, stress management). It can also be difficult to attribute the causal relationship between the intervention and the change over time.

Ongoing monitoring and evaluation data could include the following:

- **An overall feedback sheet** collected at the end of a series of workshops with a series of scales on satisfaction levels, changes in health and wellbeing domains (aligned with Healthy Ireland Fund guidelines) etc.
- **Work with participants experiencing anxiety, literacy barriers or mistrust** of formal systems and assist them in filling in form where appropriate or leave out if it is not appropriate to use.
- **Use of pre- and post-questionnaires for specific behavioural or knowledge interventions** and try to ensure that same group fills them in at fixed pre and post points for consistency.
- In some contexts, **qualitative and observational methods** may be more valid and ethical and quantitative data may be limited to demographic data.

### *4. Systematic use of qualitative evidence*

There was strong consensus that personal stories, testimonies and narrative feedback capture the most meaningful programme outcomes, particularly those aligned with Healthy Ireland's social determinants of health.

This could be done through:

- Introduce a **structured testimonial template** (short, optional, guided questions).
- Collect a **small number of stories per programme cycle**, focusing on different demographic groups

- 
- Use **multiple formats** e.g. videos, written reflections, audio recordings, staff-facilitated narrative interviews.
  - **Link stories explicitly to health and wellbeing domains** (e.g. confidence, connection, agency, physical activity, nutrition, family relationships etc.).
  - **Ensure there is clear consent in place** and an understanding of how the anonymised or pseudo anonymised data (e.g. changing names and identifying information) will be used.

### *5. Collection and analysis qualitative data*

The use of qualitative data entails additional ethical issues and it is very important to ensure that there is no breach of consent, anonymity, confidentiality or mis-representations of people's stories.

- **Staff who have a relationship with participants** could be the best placed to collect stories and testimonials. Anonymised qualitative feedback can be collected on a less formal and ongoing basis. More in-depth testimonials would require a thorough process with clear consent, processes to deal with anonymity (e.g. changing names or personal details), and training may be needed for staff to provide guidance.
- **Synthesis or further analysis** could be carried out through CYPSC or a dedicated internal/external person with expertise in qualitative data analysis.

### *6. Embedding reflective learning within CYPSC*

The learning from the implementation of the initiative is already being shared and discussed collectively through regular meetings. It is recognised that this shared learning and co-ordination takes time and can put additional pressures on staff with busy workloads. It is important that this is done in a way that does not create large additional workloads.

Some additional tools that could assist with this include:

- **Annual or biannual CYPSC learning sessions** to review findings of the initiative collectively.
- **Use of evaluation outputs** to inform planning for the next phase, rather than solely to meet funding requirements.
- **Explicit feedback loops** showing how participant voice influences programme adaptation
- **Showcasing of 'what works' with different sites presenting case studies** of good practice or challenges they faced.

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# APPENDICES

## Evaluation Form - Family Wellness

Hello - I'm carrying out an evaluation of the Family Wellness programme on behalf of the Children and Young People's Services Committee (CYPSC) in Longford/Westmeath. We would love to hear your feedback on how you found the programme, so that we can take this on board and try to improve future programmes. This is an anonymous form - we won't ask for your name. Your responses may be used in a report - without providing any details about you. If you have any queries, please contact your FRC or you can reach me on [kinlenresearch@gmail.com](mailto:kinlenresearch@gmail.com). Thanks for your time, Louise Kinlen (researcher)

1. 1. Which centre organised the activities you took part in?

Mark only one oval.

- Bridgeways FRC, Ballymahon
- Lus na Greine FRC, Granard
- Cara Phort FRC, Ballynacarrigy
- Athlone FRC, Athlone
- Women's Community Project Mullingar
- Unsure

2. 2. What type of activities/workshops did you take part in?

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3. 3. How would you rate the programme overall on a scale of 1 to 10?

Mark only one oval.

- 1 2 3 4 5 6 7 8 9 10
- Very           Excellent

4. 4. What did you like most about the programme?

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5. 5. What challenges (if any) did you face in participating in the programme?

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6. 6. What do you think is the biggest change in your life as a result of taking part in the programme?

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7. 7. If the programme were being run again, what do you think should be done differently?

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## Evaluation form - Our Voice Our Wellbeing

Hello - I'm carrying out an evaluation of Our Voice Our Wellbeing on behalf of the Children and Young People's Services Committee (CYPSC) in Longford/Westmeath. We would love to hear your feedback on how you found the programme, so that we can take this on board and try to improve future programmes. This is an anonymous form - we won't ask for your name. Your responses may be used in a report - without providing any details about you. If you have any queries, please contact your youth worker/FRC or you can reach me on lkinlenresearch@gmail.com. Thanks for your time, Louise Kinten (researcher)

1. 1. Which centre organised the activities you took part in?

Mark only one oval.

- Bridgeways FRC, Ballymahon  
 Lus na Greine FRC, Granard  
 Cara Phort FRC, Ballynacarrigy  
 Athlone FRC, Athlone  
 Unsure

2. 2. What type of activities/workshops did you take part in?

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7. 7. If the programme were being run again, what do you think should be done differently?

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3. 3. How would you rate the programme overall on a scale of 1 to 10?

Mark only one oval.

1 2 3 4 5 6 7 8 9 10  
Very           Excellent

4. 4. Do you feel that you had input into the programme? Please rate on a scale of 1 to 5 stars. 1= not at all, 5= to a great extent

1 2 3 4 5  
☆ ☆ ☆ ☆ ☆

5. 5. What did you like most about the programme?

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6. 6. What do you think is the biggest change in your life as a result of taking part in the programme?

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## LW CYPSC HI Evaluation Survey of Project Staff

### Purpose of survey & use of data

This survey is part of the evaluation of the LW CYPSC Healthy Ireland initiative - made up of the Family Wellness and Our Voice Our Wellbeing programmes. It is designed for those working in organisations delivering the programme and is open to more than one person filling it in per organisation if you wish. Question 5 should be completed by just one person per organisation. It would be useful to have your name (not compulsory) and organisation. Only I as the evaluator will have access to this data and any reports will use anonymised data only (ie no names or identifying information). I may use quotes from this survey in the report - in an anonymised way. All data will be held securely and will be destroyed after the evaluation is complete. If you have any queries, please do not hesitate to contact me on lkinlenresearch@gmail.com. Thank you for your time in completing this survey.

#### 1. What is your name?

#### 2. What is the name of your organisation and your role?

#### 3. Can you list the interventions your organisation implemented under the LW CYPSC Healthy Ireland initiative in 2024 and 2025? (Family Wellness - FW and Our Voice Our Wellbeing - OVOW)

#### 4. What are your role(s) in relation to the HI CYPSC initiative? Please tick more than one as appropriate

- Overall manager of the service
- Involved in direct delivery (e.g. delivery of workshops)

**5. Can you estimate the profile of participants in the HI CYPSC initiative in your organisation as a % of the total participants. (Only 1 person per org. should complete this question.)**

	0-25%	26-50%	51-75%	76-100%
Traveller	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irish (non Traveller)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refugee/IPA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. What have been the enablers/ positive factors that have helped to implement the Healthy Ireland initiative through CYPSC?**

**10. What have been the main challenges / barriers you have faced in implementing initiative?**

**11. Have there been people you would like to have reached with this programme, but have been unable to? Why not?**

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**13. What do you think is the one greatest change brought about by having this initiative?**

**14. What are the 3 main recommendations you would like to make for the future implementation of the CYPSC HI Initiative? (please use brief bullet points)**

**15. Can you briefly describe any data you have collected (pre- post evaluation sheets / profile of participants etc.) that has helped you to complete this survey. Please note any challenges you have faced in data collection.**

**16. Any other comments / suggestions**

**16. Are you interested in taking part in a short interview to discuss your perspectives in more detail?**

- Yes
- No
- I would like more information before deciding

**17. If you'd like to take part in an interview, please provide your Email address**

example@example.com

Submit



Louise  
Kinlen

Research & Evaluation

## Information and Consent Form

### Overview

My name is Louise Kinlen and I am conducting an evaluation of the Healthy Ireland funded LW CYPSC Family Wellness and Our Voice Our Wellbeing programmes. As part of this process, I would like to hold short semi-structured interviews with participants and organisers. I would like to ask for your consent to do so. Participation is entirely voluntary.

### Confidentiality and anonymity

All information you give will be treated confidentially and I will not share the data from the interview with anyone. I will do everything I can to protect your anonymity when writing the report. I will not use anyone's individual names and will write the report in such a way that you won't be identified.

### Recording and data storage

There are two options that you can agree to for the capturing/recording of the interview:

- 1) I can make an audio recording of the interview using an app on my phone. I will then transcribe this and no one else will have access to the recording or transcription.

OR

- 2) If a participant prefers, I can take detailed notes during the interview

### CONSENT FORM

I \_\_\_\_\_(Name in block letters) have read and understood the above information and agree to participate in a short interview.

I understand that I can ask the interviewer to stop at any stage or to ask for any clarification.

I would prefer if the interview was captured through (please tick preferred method):

Audio recording \_\_\_\_\_

Note taking \_\_\_\_\_

No preference \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Additional Programme Data

*Primary beneficiaries across all programmes and sites (2024)*

Organisation	Total Participants	Adults (18+)	Children (0-17)	Young People (18-24)	Families	Notes
Bridgeways Family Resource Centre Clg	189	89	53	47	(98)	Significant involvement of young people with adult programmes running alongside
Lus na Gréine Family Resource Centre (Granard)	221	161	49	11	(130)	Adult & Family focused.  Babies and children took part in weaning workshops and parenting supports
Women's Community Projects (Mullingar)	32	32	N/A	N/A	(32)	Women across the life-course
Cara Phort Family Resource Centre (Ballinacarrigy)	463	97	363	12	(145)	Large number of children included
Athlone Family Resource Centre	110	60	25	25	50	Balanced across age groups

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*Profile of Engagement across the Youth Forums in 2024.*

Youth Forum	Level of Engagement
Granard Youth Forum- Lus na Greine FRC	Total number of Children and 0-17years: 78 Total number of young people aged 18-24yrs: 5
Ballymahon Youth Forum – Bridgeways FRC	Total number of Children aged 0-17yrs: 15 Total number of young people aged 18-24yrs: 1
Athlone Youth Forum – Athlone FRC	Total number of Children aged 0-17yrs: 45 Total number of young people aged 18-24yrs: 4
Ballnicarrigy Youth Forum – Cara Phort FRC	Total number of Children aged 0-17yrs: 49 Total number of young people aged 18-24yrs: 0

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## *Our Voice Our Wellbeing Implementation 2025 (Lus na Gréine)*

**Project Title:** Our Voice Our Wellbeing

**Project Duration:** March - December 2025

**Project Aim:**

Our Voice Our Wellbeing aims to promote holistic wellbeing among children and teens from ages 5 to 24 years through a variety of engaging age appropriate activities. These activities are designed to foster physical health, emotional resilience, community engagement, and personal growth and resilience.

**Objectives:**

1. **Physical Health Promotion:** Encourage regular physical activity through sports, games, dance and outdoor activities.
2. **Emotional Wellbeing:** Provide opportunities for emotional support and expression through health based workshops, music and art creative activities, counselling supports, and peer support groups.
3. **Community Engagement:** Promote civic participation and community involvement through community volunteering including fundraising events and local intergenerational initiatives .
4. **Skill Development:** Offer workshops and training sessions on leadership, teamwork, and life skills.
5. **Awareness and Advocacy:** Raise awareness about mental health issues and advocate for better support services.

**Target Audience:** Children and teens aged 5 to 24, inclusive of diverse backgrounds and abilities.

**Activities Include:**

- **Sports Programmes and activities:** Regular weekly sessions of varied sports activities including a six week gymnastics project to encourage physical and mental fitness and teamwork.
- **Outings:** Organised trips to adventure based venues to encourage camaraderie, friendships and education around skill building
- **Civic Participation:** Youth-led initiatives such as community clean-ups, suicide prevention awareness campaigns, and inter-generational volunteering opportunities.
- **Fundraising Walk:** Annual walkathon to raise awareness and signposting of youth counselling and early intervention services in the area – ‘It’s Ok Not To Be Ok’
- **Music Therapy/Art:** Workshops and sessions using music to promote emotional expression and stress relief.
- **Health Based Workshops:** Life skills workshops covering topics such as mindfulness, sexual health, drug awareness, nutrition, and career planning.

**Partnerships:** Collaboration with LWCYPSC local youth forums x 4, Comhairles, youth clubs, schools, sports partnership, community centres, healthcare providers, and youth organisations to maximise impact and reach.

**Evaluation and Impact Assessment:**

Regular assessments will be conducted to measure participant feedback, skill development, and changes in wellbeing indicators such as self-esteem and mental health awareness.

**Sustainability:** Develop a sustainability plan to ensure maximising the project activities including securing additional funding sources and establishing partnerships for ongoing support.

**Budget:** Detailed budget outlining expenses for activities, resources, staff, and administration.

**Communication Strategy:** Regular updates through social media, newsletters, and local media to share project achievements, promote events, and engage with stakeholders.

**Conclusion:** Our Voice Our Wellbeing aims to empower young people to voice their needs, build resilience, and lead healthier lives, contributing positively to their communities.

*Family Wellness implementation Lus na Gréine (2024)*

Date 2025	Activity / Event	Location	Description	Participant Group
February	Strategic Planning	LnG FRC	Carrying our research as to needs, reviewing previous programmes, budgeting and collating a new and stronger annual programme in conjunction with LWCYPSC and our four partners	LWCYPSC LnG FRC Community Partners
March/April	5 weekly Health & Wellbeing Workshops	LnG FRC	Professional led Healthy Workshops teaching participants <b>self-help tools that they can focus on to improve their everyday wellbeing including:</b>  1. <i>Tapping EFT</i>  2. <i>Medical Intuition</i>  3. <i>Mediation &amp; Education</i>  4. <i>Healthy Lifestyle Choices</i>  5. <i>Chakras &amp; The Physical Body</i>	20 adults aged from 25 to 70yrs
March-May	‘Planting Wellness’ <i>Dig in healthy routines seed by seed.</i>	LnG Community Garden	<b>Planting Wellness with Sira</b> is a hands-on horticulture programme that encourages families to cultivate healthy routines through gardening. By engaging with the natural world—planting seeds, nurturing growth, and harvesting together—families develop physical activity, mindfulness, and shared purpose. Grounded in the values of Healthy Ireland, <i>Planting Wellness</i> helps families grow stronger, healthier, and more connected—one seed at a time.	Intergeneration project including 25 adults male/female and 20 young people
March-Dec	‘One Town One Voice	LnG FRC	<b>A weekly intercultural singing group</b> breaking down barriers, promoting	

	Community Choir'		engagement and the sharing of happiness and joy. Singing helps to reduce barriers, promote positive endorphins, friendships and improve physical and mental wellbeing. Contribute to community wellbeing and resilience.	30 adults
August	Family Day Out	Bundoran	Community Wellbeing outing for refugee families, families exiting addiction, families in poverty so that families can create positive experience and memories with a visit to the seaside. Families with no access to transport can bring a healthy picnic and enjoy a special memorable day that children can recall in school after their holidays and later in life.	98 adults and children drawn from the most marginalised cohorts
May /July	Deliver two iHeart Programme Quarter 1 + Quarter 2 2025	LnG FRC	<b>iHeart (Innate Health Education and Resilience programme)</b> runs across 8 weeks and is a universal wellbeing programme designed to teach children and young people that their wellbeing is innate and cannot be lost, stolen or taken away despite the many life challenges that can arise. It is based on 'logic' and helps young people become aware of triggers and negative thought processes due to conditioning or non-logic assumptions. The programme is underpinned by videos, interviews and exercises.	16 young people across both courses aged between 8-18 years through parental referrals (because of low self-esteem, anxiety, stress, family breakdown, grief and loss)
Sept-Oct	Shining a Lens on Self Expression - 'How I see Me'	LnG FRC possible tour of other FRCs	<b>Shining a Lens on Self-Expression:</b> How I See Me is a creative photography-based wellness workshop that invites individuals and families to explore identity, emotion, and self-image through the lens of a camera. Guided by a professional photographer, participants use visual storytelling to reflect on how they see themselves and share their unique perspectives—building confidence, mindfulness, and emotional resilience along the way and	25/30 intergenerational participants with a mix of cultures, ages and gender, abilities and backgrounds

			most of all releasing trauma, anxiety and stress	
Sept – Dec	Yoga for Beginners	LnG FRC	Weekly Yoga Classes for Beginners – targeting hard to reach individuals coming out of addiction, trauma and conflict, family breakdown and those experiencing poverty. Many would never try a life changing exercise programme unless they are encouraged and supported to engage	<b>20 adults</b>
Sept-Nov	‘Start from the Heart’ Parenting programme across 10 weeks	LnG FRC	A unique parenting programme that examines the parenting model we were conditioned to. It challenges participants to become aware and release any past trauma and hurts ending generational exposure to toxic behaviour and experiences.	15 parents
December	‘Seasons of Strength: A Family Wellness Gathering’ <b>Honouring the wisdom of age, the energy of youth, and the strength of family.</b>	Gowna	A joyful intergenerational event celebrating connection, wellness, and the journey shared by families of all shapes and sizes  A coming together to honour the journey of wellness — from the wisdom of age to the energy of youth.  Incorporating music, dance, healthy refreshments.  Sharing notes of encouragement and youth across generations	130 adults and youth

Family Wellness programme, Mullingar Women's Community Programme

**FAMILY WELLNESS PROGRAMME MULLINGAR**

## Some of our Family Wellness Workshops

We are in our fourth year offering the Family Wellness Programme and it gets stronger every year. Some of the workshops and courses we have offered:

Yoga	Mindfulness	Beauty and skin care	Chair Exercise	Reduce Food Waste	Composting	Mindful Drumming
Pelvic Health at Menopause	Marie Keating Foundation talk	Creative Writing & Jewellery making	Healthy Heart Matters	Mindfulness Selfcare	Small changes, big benefits	Family Fun Day
Seed saving	Pilates	Pebble Art	Cookery	Soup making	Mindful Photography	Retro aerobics
'It's not all about the money! Creating Memories for your Kids' – on a budget!	Aches & Pains as we get older	Growth Mindset – 'Change begins with believing You Can'	Edible Window boxes	Menopause – how to cope	Household Budgeting/Meal Planning 'Taking the Stress out of the Kitchen'	Homemade gifts – spreading joy while saving the euros
Batch cooking	Blood Pressure checks	Mindful Music	Empower yourself to better health	Make your own cleaning supplies	Manifesting your Dreams	Different herbs, empower you to help yourself health wise
Flower Arranging	Making winter tonics from the hedgerows	Basic Reflexology skills	Making Decoupage Lanterns	Gratitude Jars – counting our blessings	Candle Making	Drumming

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## 2024 Family Wellness Annual Progress Report: Summary

The annual progress report submitted for 2024 provides invaluable internal documentation and analysis of the achievements, outcomes and challenges faced in the implementation of the *Family Wellness Initiative* in 2024.<sup>4</sup> A summary of this report is provided below, with many of its findings corroborated in this review. It provided a useful baseline for understanding the implementation of the initiative, key achievements and challenges faced.

### *Programme objectives & delivery*

The initiative set out to:

- Promote health information and raise awareness through year-long, tailored workshops on nutrition, physical activity, mental health, and preventative care.
- Facilitate behavioural change by supporting participants in setting goals, tracking progress, and engaging in peer-based encouragement.
- Establish sustainable, age-appropriate wellness routines, integrating practical daily habits around meal planning, exercise, stress management, and digital wellbeing
- Workshops and activities were adapted to meet the unique needs of each community, with particular emphasis on inclusivity and accessibility for marginalised groups. The programme's delivery was community-led, evidence-based, and designed to foster long-term wellness routines

### *Reach and demographics*

Activities included nutrition and cookery workshops, mindfulness and exercise classes, creative arts, and family support sessions. The projects collectively engaged a wide demographic, including adults, children, young people, and families from diverse ethnic backgrounds such as White Irish, Travellers, Roma, African, and other minorities

### *Key outcomes and results*

- Community-based education and behaviour change programmes were successfully delivered across five locations.
- The initiative fostered strong inter-agency collaboration, leveraging local knowledge and partnerships for impactful delivery.
- Measurable improvements were recorded in both physical and mental wellbeing, including increased confidence, healthier lifestyle habits, reduced obesity, and improved social inclusion.
- The creation of ongoing peer-led social support groups helped address social isolation and build lasting relationships among participants.

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<sup>4</sup> Longford Westmeath CYPSC (2025) *Family Wellness Initiative 2024: CYPSC Healthy Ireland Fund – Annual Progress Report*.

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### *Insights into programme delivery*

All projects prioritised holistic wellbeing, embedding both physical and mental health into everyday routines. Collaboration was central, with each project engaging a network of partners from local FRCs, health services, arts organisations, and advocacy groups. Programmes were tailored to community needs, with a strong focus on inclusivity and access for marginalised and trauma-affected families. The top benefits reported included improved wellbeing, increased social connection, and enhanced life skills and confidence among participants.

### *Challenges & ongoing needs identified*

Despite positive outcomes, the evaluation identified ongoing needs, particularly in mental health support, access to resources, and service continuity. Social isolation, financial constraints, and transport barriers continued to inhibit participation for some families. Demand for services exceeded current capacity, especially in areas related to mental health and women's wellbeing. The need for long-term, sustainable interventions beyond annual funding cycles was a recurring theme.

### *Inclusion & equity*

Projects promoted intercultural awareness and inclusion, particularly for Traveller and Roma families, though the scale of engagement varied. The report highlights the potential for wider replication of inclusive models developed by Lus na Gréine, Athlone, and Cara Phort FRCs.

### *Strengths of CYPSC and systemic Impact*

The LW CYPSC was widely recognised for its central coordinating role, enabling cross-organisational collaboration, shared learning, and alignment with national wellbeing priorities. Key strengths identified included networking and support, innovation and responsiveness, training and knowledge sharing, and effective monitoring and evaluation. The initiative also contributed to systems change by increasing service access, elevating user voices in strategic planning, and strengthening institutional collaboration.

### *Future plans and recommendations*

All five projects outlined strategic plans to build on their progress and address ongoing demand. Common strategies include expanding programme reach, securing additional funding, enhancing interagency collaboration, and increasing access to training and services. The report recommends continued investment in sustainable, community-based wellness initiatives, with a focus on inclusivity, equity, and long-term impact.

### *Plans to Address Needs in the Coming Year*

All five projects outlined **strategic, proactive plans** to build on progress and meet ongoing demand.

#### **Common strategies include:**

- Programme expansion and broader reach (Lus na Gréine, Athlone).
- Securing additional or complementary funding to support year-round delivery (Mullingar and Bridgeways).

- 
- Interagency collaboration and student-led learning initiatives (Cara-Phort).
  - Enhanced training, awareness campaigns, and increased access to services (Athlone, particularly around mental health).

*Interesting Insights:*

- Lus na Gréine and Athlone plan to expand engagement through inclusive programming.
- Mullingar seeks blended funding models to supplement Healthy Ireland support.
- Athlone, Bridgeways and Lus na Gréine FRCs are highly detailed in operational planning, including staff training, awareness campaigns, and food bank partnerships.