

Fit for Work and Life

The Irish Cancer Society's Community Health and Wellbeing
Programme: Evaluation and Recommendations for the Future
2019



Irish Cancer Society

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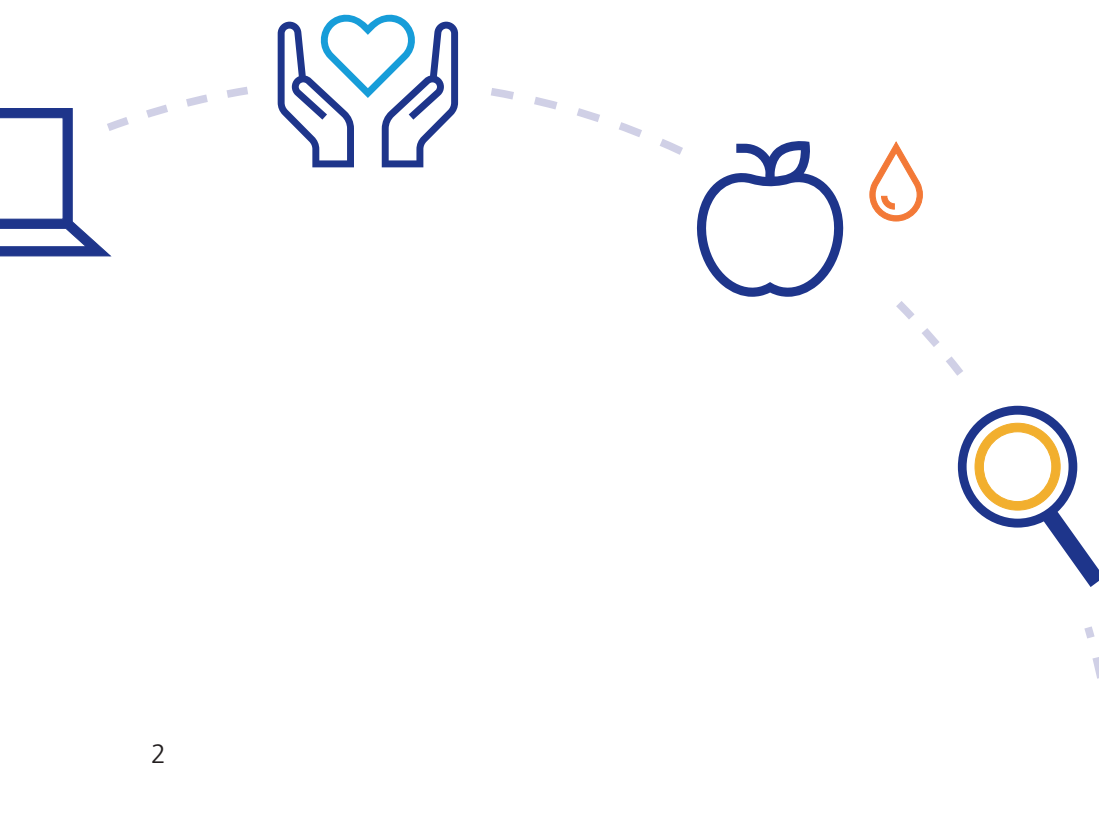
Thank you to the participants who gave their time to take part in the research evaluation. Thanks are due to all the national and local stakeholders who contributed to the process evaluation. Participating in research can be demanding, and we greatly appreciate the time and effort invested by everyone involved.

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Foreword

The evaluation of *Fit for Work and Life* (FFWL), the Irish Cancer Society's, Community Health and Wellbeing Programme tells the unique story of how we used a community partnership approach to develop a regionally organised, community capacity-building model from concept to delivery.

Setting aside time to evaluate each stage of the project has proven to be invaluable in a number of ways. First, for developing the concept and figuring out how best to communicate our cancer prevention messages in a way that is relevant and meaningful to the target audience. Will it make a positive impact on the health and wellbeing of people, their families and friends?

Secondly, to gather the collective 'know-how' on how we consider the social determinants of health in the design and implementation of our community intervention. These insights inform and improve each iteration or next stage of delivery.

Next, came our research collaboration with the National Centre for Men's Health, who evaluated the pilot delivery of the FFWL model in two new regions. Their findings, from which the recommendations are derived are now shared in this report.

Partnership is at the heart of this community health and wellbeing model. Providing communities with good evidence-based training, materials and resources to support their health promotion initiative is only one piece of the puzzle. Partnership pulls organisations and agencies together around a common cause. The difference partnership working makes is in how it enables communities to use their own expertise to find the best ways to introduce the programme, responds to gaps and challenges, develop good ideas and introduce actions at an organisational or community level to bring about change.

The participant outcomes highlighted in this evaluation indicate the effectiveness of the programme in increasing participants' knowledge, skills and awareness. The introduction of health as a core skill for life, supports participants to take steps to stay well and reduce their risk of cancer and other chronic diseases. The programme provides opportunity for deeper community level engagement

with participants about what it means to live a healthy life. Young adults who may not be engaged with the health system can still be reached within community education and training services, through the FFWL programme. This approach empowers individuals to take control of their health, with the support of their community behind them.

Our Community partners have identified that the FFWL delivery model can be aligned to the goals of local city and county economic and community development plans. The education and knowledge component of the FFWL programme complements efforts to improve physical infrastructure. For example, increasing green space to improve the uptake of leisure and sports activity, or putting in place nutrition and other health and wellbeing strategies at local and regional level.

Recognition of the community sector role and expertise in adding value to this process, ensures that programmes such as FFWL can be embedded into normal service delivery and sustained into the future. Their unique role needs to be resourced and acknowledged as part of a regional and national approach.

FFWL aligns with the Government's *Healthy Ireland Framework* and other relevant strategies such as *Pathways to Work* and the *National Social Inclusion Strategy*. It has demonstrated the potential to be promoted as an effective and evidence-based programme for cancer and chronic disease prevention within the wider Healthy Ireland cross-governmental health and wellbeing policy agendas.

We hope the evaluation and recommendations generate future discussions on how the public, voluntary, community and private sectors can continue to work in partnership to build the evidence base for nationally led health interventions, implemented at regional and community level. We will continue to work in partnership to achieve a reduction in health inequalities and improved health outcomes for all in Ireland.

Joanne Vance,
Community Programmes Manager,
Irish Cancer Society

Summary of the key recommendations

The Irish Cancer Society's health and wellbeing programme, Fit for Work and Life (FFWL), was originally developed between 2012 and 2015 in conjunction with the North Wall Community Development Project. The City of Dublin Education and Training Board (CDETb) and the Irish Institute of Training and Development were national partners. In 2015, the Irish Cancer Society was granted funding by the Medtronic Foundation's Healthy Communities Fund, under the Health Equality strand, in partnership with Healthy Ireland, which allowed for expansion of the programme to two other regions. In 2016, the pilot testing of the delivery model began.

It was recognised that a comprehensive evaluation was needed, in order to measure the programme effectiveness and inform its future direction. In partnership with three local delivery development companies in Dublin, Monaghan and Limerick, the training and delivery model was evaluated by researchers at the National Centre for Men's health, Institute of Technology Carlow.

The objectives of the evaluation were twofold. First, to measure the impact of the programme on the individual participants in terms of knowledge and behavioural change. Secondly, to obtain feedback from key stakeholders on the delivery model and experience of the programme.

Gathering this data allowed us to derive recommendations for the future direction of the programme. The ten key recommendations are to:

1. Strengthen the FFWL partnerships at national, regional and community level.
2. Ensure that the FFWL programme maintains its community-centred foundation by acknowledging, resourcing and supporting the community partners who play a pivotal role in delivery.
3. Continue to ensure that the FFWL content reflects the ethos of both individual and community empowerment as equally valued elements of the programme.
4. Working with the Irish Cancer Society's national partner, the CDETb, apply to Quality and Qualifications Ireland (QQI) to have the FFWL programme formally accredited for a new community health promotion and wellbeing award.
5. Meet the expressed demand for delivering the programme in other regions across the country, which is necessary to build the capacity of the Irish Cancer Society and its national partners, by developing a Master 'Training of Trainers' programme.
6. As a capacity building measure, facilitate pathways for past programme participants to be upskilled as community facilitators who can then go on to mentor future programmes.
7. Prioritise the development and maintenance of appropriate quality assurance measures required for the programme at all levels of implementation, taking account of the practical recruitment and delivery issues of the FFWL model.
8. Continue to monitor the effectiveness of the programme, in collaboration with national, regional and local partners.
9. Commission robust research to evaluate any diversification of the programme such as accreditation, incorporating any gender differences that may arise.
10. Keep abreast of any emerging national or international research frameworks that attempt to capture community level impacts of health interventions and/or programmes with a view to applying to FFWL.

Introduction

The Irish Cancer Society's vision is a future without cancer. One of the Society's key goals is to reduce the risk of cancer so that fewer people get cancer and those who do, have better outcomes. Each year, in Ireland, approximately 40,000 cancers or related tumours are diagnosed¹. This figure is expected to double by the year 2045¹. However, by investing in services and taking steps to reduce the risk of cancer, this predicted increase can potentially be halved. Also encouraging is the news that largely due to better awareness of signs and symptoms, early detection of disease and improved treatments, more people are surviving cancer. But unfortunately, this improvement is not uniformly experienced across the population in Ireland. It is well established that people living in disadvantaged communities have higher cancer incidence rates and poorer chances of survival².

Health is negatively impacted by several socio-economic factors such as low education level, low income, poor housing and unemployment^{3,4}. In particular, long-term unemployment may lead to socio-economic deprivation and people in poverty die younger, have less healthy lifestyles and live in less healthy environments⁵. Behaviours such as smoking, drinking excess alcohol, poor diet, being overweight and having low levels of physical activity are all linked to an increased risk of chronic disease, including many types of cancer.

With positive changes to lifestyle, it is estimated that four out of ten cancers may be preventable¹. Therefore, targeted action to promote healthy behaviours and raising awareness of cancer prevention in disadvantaged communities in Ireland is crucial if '*a future without cancer*' is to become a reality. Such action should not only be grounded in evidence-based information, but should also empower people to have more control over their health, in the context of everyday life (at home, in the community, in the workplace) and enhance their ability to seek out information and to take responsibility.

Targeted action to promote healthy lifestyles and raising awareness of cancer prevention in disadvantaged communities in Ireland is crucial if '*a future without cancer*' is to become a reality.

The “Fit for Work and Life” programme



“Fit for Work and Life” (FFWL) translates the European Code against Cancer⁶ into a community-based health and wellbeing programme which is delivered in a meaningful way. FFWL aims to impart evidence-based messages, contained in the code, to people at crucial periods in their lives, when they might be thinking about making changes to their life. It also aims to empower and motivate individuals to take control over their own health and wellbeing. The main target audience for FFWL is unemployed people and those with low incomes (particularly young people aged 18-36 years) who are participating in employability, social inclusion and other community-based adult education programmes.

The City of Dublin Education and Training Board (CDETB) and the Irish Institute of Training and Development (IITD) are the national partners of the Irish Cancer Society. The programme was originally developed over a three year period (2012-2015) in conjunction with the North Wall Community Development Project. The programme content was co-created and tested during its development phase with local delivery partners, participants and trained community facilitators.

The FFWL delivery model

The FFWL delivery model (See Figure 1) is a practical demonstration of how the vision and goals of the Government’s Healthy Ireland Framework can be implemented at regional and community level to improve health outcomes and reduce health inequalities in Ireland³. It also aligns with the United Nation’s Sustainable Development Goals, to “Ensure healthy lives and promote wellbeing for all at all ages”, and “To reduce inequalities within and among countries”⁷. FFWL is founded on the principles of the Ottawa Charter of Health Promotion, i.e. develops personal skills; creates supportive environments; strengthens community action; develops public policy and re-orientates the health services⁸. Crucially, it encourages participants to share their learnings with family and friends.

FFWL format and content

FFWL is delivered in an 8-12 week workshop style format by trained community facilitators to approximately 12 to 15 participants. A total of 24 to 36 hours attendance is required (with compulsory and optional sessions). Each session is co-facilitated. The content includes healthy eating, maintaining a healthy weight, physical activity, the role of smoking and alcohol, being sun-smart and early cancer detection. The programme makes the connection between the social determinants of health (e.g. environment, income, education level, access to housing and services, personal relationships and social and community networks) and how they can influence key lifestyle behaviours. It introduces the notion of self-care and the important links between positive mental, emotional and physical health. It supports participants, in a comfortable learning environment, to navigate their way through the many confusing and often conflicting public messages about health and to discuss what it means to lead a healthy lifestyle. For an overview of the programme content, see Appendix 1.

The FFWL delivery model is a practical demonstration of how the vision and goals of the Government’s Healthy Ireland Framework can be implemented at regional and community level to improve health outcomes and reduce health inequalities in Ireland³.

Training of community facilitators

Suitable candidates are identified and are trained to deliver FFWL in their local community. The national partners (the Irish Cancer Society, ETB and the IITD) work in collaboration to deliver the FFWL training to the community facilitators on the ground. Based on the 'Training of Trainers' capacity building model, local people who work or participate in: adult education and training; social inclusion initiatives; employability and social enterprise programmes; drug and alcohol rehabilitation; and community lay health programmes are trained to become community facilitators. On completion of their Quality Qualifications Ireland (QQI) Level six qualification in training delivery and evaluation skills, they are then supported to deliver the programmes to participants through their existing community-based services.

Partnering to deliver the FFWL programme

The Irish Cancer Society partners with regional and local community service providers to develop and co-ordinate the delivery of the FFWL programme to participants in their communities. Community partners support the recruitment of community facilitators, build links with other local community groups and work to integrate health and wellbeing activities into other social, environmental and employment-based programmes. In each region where the FFWL is being delivered, a local cross-sectoral advisory committee convened by the lead community partner organisation (regional partner) creates a forum for problem solving, resource sharing and strengthening the capacity to deliver the programme to participants in a sustained way. It works best if FFWL is integrated into an already existing participant programme run by the local delivery partners.

FFWL evaluation: testing the delivery model

In 2015, the Irish Cancer Society was granted funding by the Medtronic Foundation's Healthy Communities Fund, under the Health Equality strand, in partnership with Healthy Ireland. This allowed for further growth of FFWL into two new regions, and in 2016, in partnership with three local development companies, the training and delivery model was pilot tested.

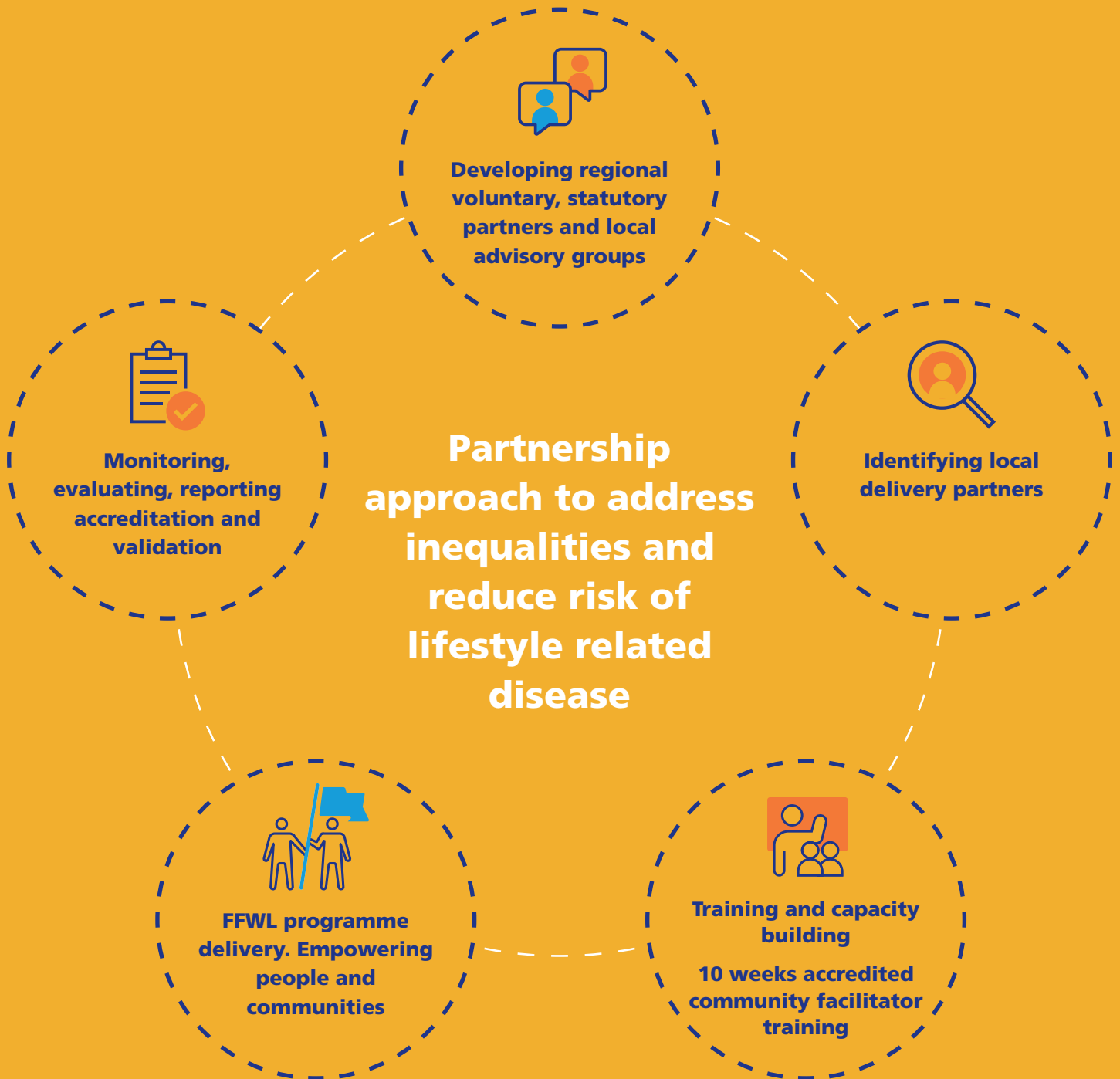
As the potential to build on the successful preliminary roll-out of FFWL was recognised, so too was the need for a comprehensive evaluation, in order to properly inform plans for the future direction and expansion of the FFWL programme. Therefore, the Irish Cancer Society commissioned the National Centre for Men's Health at the Institute of Technology Carlow to undertake the evaluation of the pilot phase of the FFWL participant programme and the proposed delivery model, in the three regions of Ireland – Monaghan, Limerick and North Dublin. The overall purpose of the evaluation was to assess the efficacy of the FFWL Programme with a view to deriving specific recommendations for further development and scope of the FFWL programme.

The key objectives of the evaluation were to:

1. Explore the impact of the FFWL programme on the participants in terms of health awareness and knowledge of cancer prevention, health behavioural change, feelings of empowerment and overall satisfaction with the programme.
2. Evaluate the delivery model across the three regions by collecting the views and experiences of key stakeholders and community facilitators on the development process, roll-out and future direction of the FFWL Programme.

Figure 1.

The Fit For Work and Life Delivery Model



Research methods used for evaluation



The evaluation was conducted on the FFWL programmes that took place between September 2016 and December 2017. Table 1 shows the number of programmes, and programme participants involved. A total of 21 community facilitators co-delivered FFWL in 2016 and 22 community facilitators co-delivered FFWL in 2017. Figure 2 breaks down the participant profile in terms of employment status, by region.

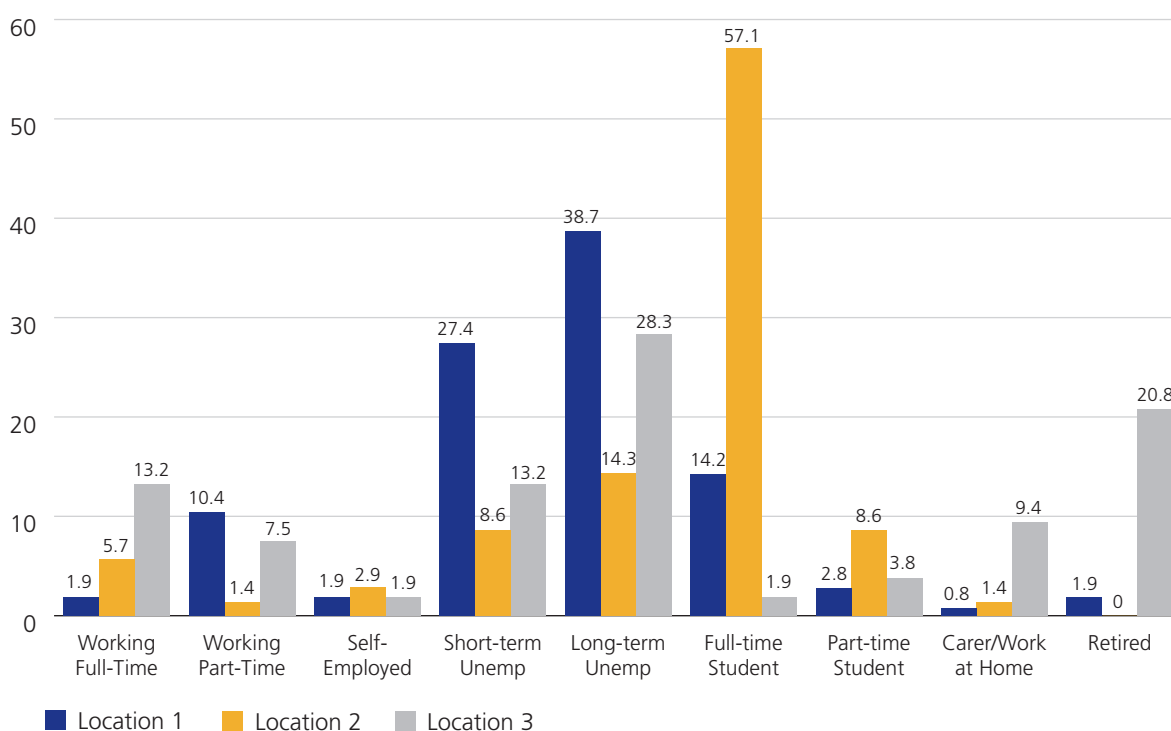
Table 1. Number of programmes and participants – September 2016 to December 2017

| | September to December 2016 | | January to December 2017 | |
|---------------|----------------------------|------------------------|---------------------------|------------------------|
| | Number of FFWL programmes | Number of participants | Number of FFWL programmes | Number of participants |
| Monaghan | 4 | 45 | 6 | 62 |
| Dublin | 3 | 34 | 9 | 83 |
| Limerick | 2 | 30 | 6 | 58 |
| Totals | 9 | 109 | 21 | 203 |

Note

The primary target group were unemployed men and women aged 18-35 years who were engaged in government funded labour activation, returning to work or adult education programmes and the majority of participants fell into this category. A second, smaller group included people at risk of poverty, lone parents, ex-prisoners and ex-drug users who were involved or who had access to community education programmes and services.

Figure 2. Participant profile by region



Note

Some variation in programme participant recruitment strategies adopted at regional level, meant that in location 3, a higher proportion of participants fell outside of the primary target group, they were more likely to be older and not seeking work. (Further details are available upon request).

Approaches used

Both quantitative and qualitative data was collected during this evaluation. Programme participants, community facilitators, as well as representatives from the national, regional and local stakeholder groups were all included as follows:

Programme participants

They were asked to complete three separate self-reported questionnaires: one before the start of the programme (pre-survey); one immediately upon completion of the programme (post-survey) and a third questionnaire at 6-8 weeks follow-up (follow-up survey). These questionnaires were designed by the Irish Cancer Society incorporating the World Health Organisation Quality of Life assessment tool⁹. Socio demographic questions included gender, age, employment status, education and reasons for participation in the programme. The questions were also designed to gain insights into factors such as current health status, health awareness and knowledge of cancer prevention, health behaviours, and feelings of empowerment. The surveys also gauged the overall experiences of the training and how the training might be improved. Of the 312 programme participants, 85% (n=264) completed the pre-survey, 65% (n=203) completed the post-survey and 21% (n=65) completed the follow-up survey. Results were calculated based on the available responses for each question.

Four programme participants in Dublin, six in Monaghan and five in Limerick also took part in focus groups to explore the overall experience of the FFWL programme – their perception of how it impacted on their health and wellbeing; the acceptability of the FFWL programme; their primary learnings and knowledge gained and whether they had used aspects of the training in their daily lives.

Community facilitators

Focus groups were conducted with eight community facilitators in Dublin, four in Monaghan and six in Limerick. The purpose was to gain insights into their experience of being trained; whether they felt that the training adequately equipped them to deliver FFWL; their experiences of delivering the training and whether there were any gaps in the programme.

Local and Regional Stakeholders

Focus groups took place with six people in Dublin, six in Monaghan and four in Limerick. The sessions aimed to gather opinions and experiences on: the development process of the FFWL programme in each region; the creation and maintenance of partnerships; promoting FFWL with organisations and individuals in the community; recruitment of participants; whether the programme objectives were met and whether they felt there were any gaps in the programme in terms of process, content and delivery. The focus groups also explored how the programme affected local communities and contributed to community capacity building and the stakeholders' vision and recommendations for the future progress of the FFWL programme.

National stakeholders

One focus group with nine people took place in Dublin. These individuals were representatives of national organisations directly involved in supporting the FFWL programme, or those organisations with a special/strategic interest in disease prevention and the promotion of health and wellbeing. The aim was to gain insights into each organisations' motivation for getting involved with FFWL (including alignment with national health policy priorities); their experience of creating and maintaining partnerships; the contribution they felt the FFWL programme could make to building capacity in the community and their vision and recommendations for the future progress of the FFWL programme. For a list of all contributing organisations, please see Appendix 2.



Impact of the programme



The findings from the evaluation can be broadly divided into two areas:

- The impact of the programme itself on individuals (health awareness and behaviour) and feelings of empowerment
- Stakeholders' perspectives on the efficacy of programme delivery.

Programme participant demographics

Table 2 shows the distribution of age, gender, employment status, and education level of the programme participants who completed the pre-survey questionnaire.

Table 2. Description of the programme participants who completed the pre-survey questionnaire*

| | |
|--|---|
| Gender (n=262) | 55% Male 45% Female |
| Age (n=261) | 54% aged 18-34 years 26% aged 35-44 years 21% aged 45+ years |
| Employment Status (n=229) | 29% long-term unemployed 18.0% short-term unemployed. 29% were full-time or part-time students** |
| Highest Educational Achievement (n=256) | 25% Lower secondary education 23% Upper secondary education 21% Third level education 14% Primary or no formal qualification 4% Post-graduate |

*264 participants completed the pre-survey questionnaire – not all questions contained in the pre-survey were answered. The percentages shown for age, employment status and highest educational achievement are calculated based on the total number of responses received for each of these questions.

**Unemployed participants attending a 44 week Local Training Initiative (LTI) programme of skills-based education were classified as full-time students.

Impact of the FFWL programme on individual participants

The vast majority of participants (99%) said they would recommend the FFWL programme to other people. Their feedback was overwhelmingly positive with high satisfaction ratings for the trainers and the way the programme is designed, i.e. the workshop sessions, the venue and the workbook (For more details, main report can be accessed on request). In particular, 94% of participants “agreed/strongly agreed” that they liked the style of the workshop sessions and 96% “agreed/strongly agreed” that overall the programme met their expectations. 94% reported feeling comfortable sharing what they had learned in the programme with family and friends.

99% of participants said they would recommend the FFWL programme to others

Knowledge and Awareness

The findings from the pre- and post-surveys (see Table 3) showed that the programme was highly effective in improving participants' health awareness and knowledge relating to diet, physical activity, alcohol and weight. The FFWL programme was also effective in increasing programme participants' knowledge of the “European Code against Cancer” twelve steps for preventing cancer and the services of the Irish Cancer Society (See Figure 3).

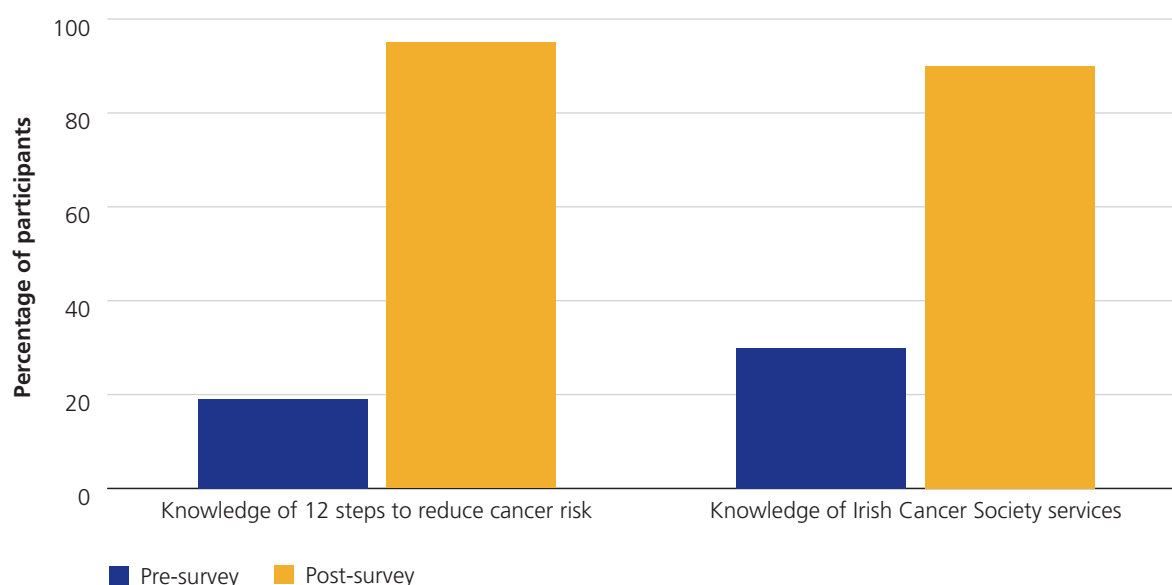
Table 3. Changes in reported knowledge before and after participation in the programme

| Had knowledge of the following: | Percentage (%) of Participants (Number of responses) | | |
|--|---|--|---------------------------------|
| | Pre-survey | Post-survey | Follow-up |
| Food pyramid and healthy eating guidelines | 66 (256) | 97* (203) <i>matched pairs n=157</i> | N/A |
| Recommendation to eat at least 5 servings of fruit and vegetables each day | 31 (254) | 60* (201) <i>matched pairs n=154</i> | 58 (64) <i>pairs n=41</i> |
| Recommended daily level of physical activity | 49 (247) | 96* (203) <i>matched pairs n=152</i> | N/A |
| What is a unit of alcohol | 43 (252) | 89* (202) <i>matched pairs n=154</i> | N/A |
| Healthy weight range for height | 52 (252) | 84* (201) <i>matched pairs n=154</i> | N/A |
| Waist measurement healthy range | 38 (252) | 87* (202) <i>matched pairs n=153</i> | N/A |

*Statistical analyses for significance were carried out on matched pairs – all results shown for changes pre- and post-survey were statistically significant. For recommendation to eat at least 5 servings of fruit and vegetables, the increase was maintained at follow-up. For more details, main report can be accessed on request.

N/A – Not Applicable

Figure 3. The percentage of participants who know about the 12 steps to reduce cancer risk and the services of the Irish Cancer Society



The changes in knowledge pre- and post-survey were statistically significant. Statistical analyses for significance were carried out on matched pairs (n=154).

Behavioural Change

For all of the behaviours contained in Table 4 (dietary, physical activity, protection against the sun and getting adequate sleep), participants reported significantly positive changes by the end of the programme. Of the smaller numbers who responded to the follow-up survey, the majority of these positive changes were maintained. Of particular note was the increase in the number of participants who said they attended cancer screening appointments, if called, after participating in the programme. There was also an increase in the number of participants who said they would go to the doctor or local health centre if they were worried or unwell.

Participants were not questioned about their smoking and drinking habits (alcohol) at the start of the programme. Although this would have been ideal from a research point of view, in practice, there were indications that these questions might have posed a barrier to participant recruitment. Of those who were deemed to drink alcohol (n=113), 50% reported that they drank less following participation (at post-survey) and 27% of those who responded to the question at follow-up (n=63) also reported drinking less. Similarly of the smokers in the programme (n=100), 61% reported they smoked less and 12% of smokers reported giving up after the programme.

Table 4. Changes in reported behaviour before and after the programme and at follow-up

| Changed behaviour as follows: | Percentage (%) of Participants (Number of responses) | | |
|---|---|--|--|
| | Pre-survey | Post-survey | Follow-up |
| Limiting sugary foods/drinks and salty snacks each week | 44 (255) | 68* (201) <i>matched pairs n=155</i> | 71 (65) <i>matched pairs n=42</i> |
| Eating a diet high in fibre (peas, beans, wholegrains) | 44 (252) | 69* (200) <i>matched pairs n=151</i> | 65 (65) <i>matched pairs n=41</i> |
| Paying attention to portion sizes | 39 (249) | 65* (201) <i>matched pairs n=151</i> | 72 (64) <i>matched pairs n=41</i> |
| Paying attention to food labels and food ingredients | 40 (254) | 61* (201) <i>matched pairs n=155</i> | 77 (64) <i>matched pairs n=41</i> |
| Drink at least 8 glasses of water per day | 40 (252) | 60* (200) <i>matched pairs n=151</i> | 63 (65) <i>matched pairs n=42</i> |
| Engage in at least 30 mins physical activity per day | 61 (250) | 82* (201) <i>matched pairs n=155</i> | 79 (63) <i>matched pairs n=41</i> |
| Limit amount of time spent sitting down | 44 (248) | 73* (201) <i>matched pairs n=154</i> | 77 (62) <i>*matched pairs n=40</i> |
| Protect against the sun | 53 (252) | 75* (202) <i>matched pairs n=154</i> | 73 (63) <i>*matched pairs n=40</i> |
| Get the recommended 8 hours sleep per night# | 53 (252) | 67* (202) <i>matched pairs n=155</i> | 76 (63) <i>matched pairs n=40</i> |
| Attendance at screening appointments if called | 60 (245) | 83* (200) <i>matched pairs n=148</i> | 82 (56) <i>matched pairs n=35</i> |
| Go to doctor or local health centre if unwell or worried about health | 80 (249) | 88* (202) <i>matched pairs n=153</i> | 88 (64) <i>matched pairs n=41</i> |

*Statistical analyses for significance were carried out on matched pairs – all results shown for changes pre- and post-survey were statistically significant. These increases for all behaviours shown were maintained on follow-up. For more details, main report can be accessed on request.

Although not part of the European Code against Cancer, FFWL includes getting enough sleep as part of a healthy lifestyle. This measure was highlighted by community partners as an important issue for their service users during the development phase of the programme.

In the focus group sessions, participants' feedback was in line with these findings. They talked about being more discerning in relation to food shopping and food choices. Some participants talked about the benefits of incorporating more physical activity into their lives and availing of local public facilities after encouragement from the facilitator.

"Watch your portion sizes, watch your alcohol, take more exercise, walk more, you don't have to go into a gym and pay a fortune...."

Empowerment and Support

One of the main objectives of FFWL is to empower people to have more control over their health, in the context of everyday life (at home, in the community, in the workplace) and enhance their ability to seek out information and to take responsibility for their health and wellbeing.

The findings outlined in Table 5 clearly show that enhanced feelings of empowerment is a vital programme outcome. The proportion of participants who said that 'confidence in one's own abilities', 'pride in achievements' and 'motivation to try things or take on new challenges' all increased significantly after participation and this was maintained at follow-up. There was also a significant increase in the proportion of participants who reported 'feeling in control of their health' from 48% pre-survey (123 of 256 responses) to 66% post-survey (131 of 198 responses).

"...I can feel the difference. The motivation is back to get out of the bed in the morning."

Table 5. Changes in feelings of personal empowerment before and after the course

| Individual feelings of empowerment | Percentage (%) of Participants (Number of responses) | | |
|---|---|-------------------------------------|----------------------------------|
| | Pre-survey | Post-survey | Follow-up |
| Feel confident about own abilities | 61 (254) | 75* (199) matched pairs n=154 | 81 (64) matched pairs n=40 |
| Feel proud of achievements | 62 (253) | 79* (199) matched pairs n=154 | 84 (64) matched pairs n=40 |
| Feel motivated to try new things or take on a new challenge | 77 (252) | 89* (200) matched pairs n=153 | 90 (62) matched pairs n=40 |
| Feel ready to take up employment or start a course | 78 (253) | 87 (199) matched pairs n=153 | 77 (61) matched pairs n=39 |
| Feel more hopeful about future | N/A | N/A | 84 (63) |

*These changes pre- and post-survey on matched pairs were statistically significant. These increases on matched pairs were maintained at follow-up

People must have supports in place whilst trying to make positive changes to their lifestyle and behaviour. To this end, there was a significant increase in the proportion of participants who reported feeling “well supported” or “very supported” by others to make healthy changes to their lifestyle from 48% (123 of 258 responses) pre-survey to 64% (126 of 198 responses) post survey. This increase was in place at follow-up. Interestingly, further analysis revealed there was a significant association between gender and perceived support to make healthy changes to lifestyle at post-survey with more women than men reporting feeling “well supported” or “very supported” at follow-up. Family and friends were the most important sources of support and to a lesser extent, organisations and health professionals.

Knowledge of support organisations that can help achieve a healthy lifestyle significantly increased from pre- to post-survey, from 44% (112 of 255 responses) to 66% (126 of 192 responses). Overall, more women than men reported knowing of relevant support organisations at both pre- and post-survey. The disparity between genders also emerged from the focus groups when participants talked about increased knowledge and awareness of community health services such as the available cancer screening services.

“A few of the girls said they actually went and booked a smear test.”

Quality of Life

The programme was effective at inducing positive changes for participants in terms of quality of life and overall wellbeing. Over two thirds (n=44) of the 63 participants who responded at follow-up said they had noticed positive changes to their health as a result of making changes to their lifestyle. The top three reported positive changes to health were: more energy, weight loss and improved mental health.

Key Learnings

A smaller group of participants (n=59) were also asked to report on what they felt their key learnings were after participation. Participants were allowed to report more than one response. Table 6 outlines the main answers. Awareness of risk factors for cancer was the top answer indicating that the programme achieved what it set out to do.

Table 6. Participants’ reported key learnings from the FFWL programme

| Participants’ Key Learnings from FFWL | Number of responses (% of participants) |
|---|---|
| Awareness of risk factors for cancer | 26 (44) |
| Food pyramid | 22 (37) |
| Portion sizes | 21 (36) |
| Importance of regular physical activity | 20 (34) |
| Awareness of UV sunlight risk factors | 18 (31) |
| Units of alcohol | 10 (17) |
| Food labels | 7 (12) |
| Other | 11 (19) |

Views of the community facilitators

The community facilitators who participated in the focus groups talked about the positive impact of the FFWL programme in supporting participants' empowerment and self-confidence as they work towards positive health behaviour change. There was consensus that the programme enabled participants to be more discerning and to make informed decisions about lifestyle choices and health behaviours. Facilitators also felt that the gateway to health behaviour change was in presenting simple, applicable health messages and that any changes were ultimately the responsibility of participants.

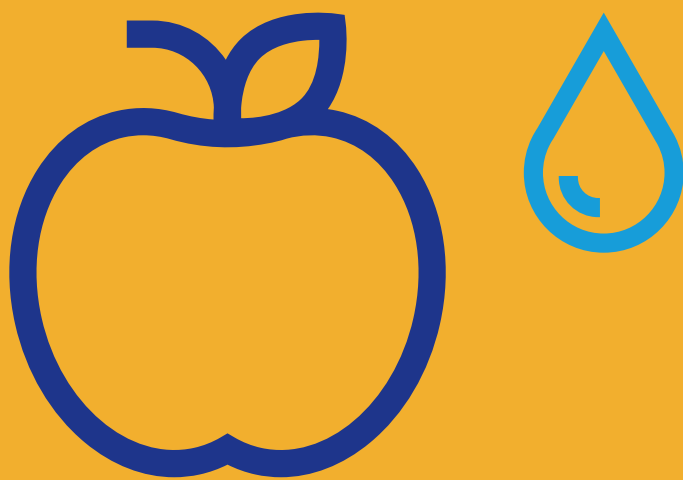
"...the big thing I get across to them is that if you start making one little change that it gives them the confidence and the strength and it empowers them to go on and make further changes, and that's the beauty of the course."

Another important point noted by some of the facilitators was they felt, overall, that there was more engagement from women during the course of the programme. Their perceptions that women are more engaged in health or that men are less likely to be engaged or interested in health is challenged by the evidence that the FFWL programme attracted gender parity. There was no difference in retention rates and it was acceptable to all. However, some participant gender differences were noted in their reported feelings of pride, motivation and hopefulness about the future. (For more details, main report can be accessed on request). This is an area that could be further investigated in the future.

"It's reflective of the trends isn't it, women are more engaged in health and wellbeing and awareness of services in the area."



Efficacy, sustainability and expansion of the programme



The feedback on the efficacy, sustainability and expansion of the programme is derived from the focus groups that took place with facilitators, local, regional and national partners.

Efficacy of the FFWL programme and its delivery

Positive experiences of the facilitators

The consensus among community facilitators who took part in the focus groups was that they had been very well trained in the necessary skills and supported with the resources to deliver the programme to diverse groups. They were very satisfied with both the FFWL programme itself and the accredited 'Training of Trainers' component. They felt that the programme could accommodate various learning styles and meet participants' needs, which contributed to the success of the programme.

Furthermore, they recognised that merely providing information about health to participants was not sufficient – it was the workshop-style group sessions that were key in ensuring participants could open up and discuss what they really felt. It made the programme 'real' by provoking debate and encouraging interaction. This was seen as paving the way for deeper reflection about how much participants valued their health and recalibrating the merits of living a healthy lifestyle.

"The interaction was massive, and that's the way the course is laid out, it allows for that, they learn great from each other and I think that's the beauty of it."

The workshop design of the programme involving the participants in group work and peer support helps to make the programme 'real' by provoking debate and encouraging interaction.

Practical challenges experienced by facilitators

Some issues were raised that can be addressed going forward. These include: facilitators' perception of not always making adequate time to prepare; coping with competing demands on time; scheduling difficulties and the challenges that sometimes arise in delivering a 'one size fits all' programme to diverse groups. For example, where English is not a first language or for younger participants who rely more heavily on technology. Sometimes for community facilitators who delivered the programme as part of their job, there were difficulties maintaining momentum and prioritising the FFWL programme against a backdrop of funding constraints and of services in general being over-stretched.

Participant recruitment

FFWL was originally designed as a module to be integrated into an existing education and training programme. During the pilot evaluation regional partners could follow this recruitment model or deliver it as a stand-alone programme hosted by an existing community service. Where a pre-existing group of participants existed, this made recruitment easier. Where this structure did not exist, feedback from the facilitators pointed to a clear need for delineation of roles and responsibilities with regard to identifying appropriate target groups and subsequent recruitment. Responsibility for recruitment rested with local advisory groups but in practice, there had sometimes been ambiguity about this role. Therefore, delivering the programme where a group of participants already exists is the best practice approach to recruitment. The alternative approach is to work with local community partners to identify the most appropriate groups and then agree a plan to reach and engage them as programme participants.

During the focus group with national stakeholders, the lack of affordable childcare as a potential barrier to attracting participants in the future was raised. This should be investigated with regional partners and participants during the roll-out of future programmes.

Sustainability of the FFWL programme.

Working towards sustainability of the FFWL programme emerged as a main concern for all stakeholders. Targeting sustainable funding streams is crucial. Sustainability also depends on strengthening existing partnerships and community capacity building (which in turn has implications for recruitment and retention of participants and community facilitators). It also depends on having a robust delivery or deployment model. Maximising opportunities to connect further with local community services and other educational programmes would be important. Another key priority going forward should be to enhance visibility of the programme within local area partnerships and this could be achieved by appropriate monitoring, evaluation and dissemination of key learnings to potential funders, stakeholders and participant groups.

Strengthening Partnerships

Factors that emerged as enablers for effective partnership development included:

- The need to align core values and objectives. Frequently the alignment of the FFWL programme with local partners was content or topic based, e.g. physical and mental health. For other organisations, the FFWL programme helps them to engage more effectively with their 'hard to reach' groups, especially where their remit was social inclusion.
- Regular and clear lines of communication between partner organisations and clear delineation of roles and responsibilities within and between partnerships.
- Connecting with programmes that had a holistic focus and were community-based, offering potential to consolidate or extend existing partnerships.
- Meeting national policy objectives, e.g. Healthy Ireland. The role of national stakeholders as one of leadership and facilitating partnerships at a local and regional level emerged as a critical factor.

Community capacity building

In the context of FFWL, community capacity building can be described as community organisations and individuals working collectively to support people in communities to take responsibility for, and contribute to their own health and wellbeing. Focus group participants recognised that the initial development of the FFWL programme, which involved input from representatives of the target audience, lends the programme great credibility.

"We work to promote social inclusion and with community members who experience social exclusion. It's one of the reasons this programme is very attractive to us because it was co-produced with people who have experienced social exclusion, so it was always going to be relatable to individuals and have credibility with the target demographic. Also, it really speaks to capacity building."

Other points thought to be important for community capacity building in the context of FFWL emerged:

- Engaging with multiple partner organisations to enhance the reach of the programme into the wider community. It was acknowledged that young people not in education, employment or training were the most difficult to engage.
- In working with multiple partners, ensure appropriate roles and responsibilities are spread in order to garner a sense of collective ownership towards the programme.
- Being cognisant of recruitment and retention challenges of partner organisations, facilitators and participants.
- Signposting and facilitating referral pathways to community supports and services.
- Capturing the community level impacts of the FFWL programme by obtaining local hosting centres perspectives' on any organisational impact. For example, what changes, if any, have they implemented to support community health and wellbeing? Have they noticed any changes in their service delivery or in how their service users are availing of their services?

Many programme participants would welcome the opportunity to progress to become community facilitators and to become mentors on future programmes. National stakeholders felt that mentorship would be important for future delivery – past members could assume the role of peer mentor who would then have the opportunity to become a FFWL facilitator. Target groups that are more difficult to reach could be inspired by a person with whom they could identify and relate. Local partnerships would be key in identifying mentors and setting up a mentorship system.

Expansion of the FFWL programme

There is potential for expansion of the programme into new regions around the country to meet demand, and this would have resource implications for the Irish Cancer Society and their national partners (CDETB and the IITD). To prepare for expansion, the national partners would need to develop the programme's quality assurance system and train more suitably qualified people to deliver the model to a high quality standard. Therefore, consideration would need to be given to developing a Master 'Training of Trainers' programme for community facilitators.

Another point expressed in the discussions was that in any future expansion of the programme, there is a need to be mindful that the programme content, individual behaviour change, and the ethos of individual and community empowerment should all be equally valued elements of the programme.

There was also widespread agreement that in the future, the FFWL programme has the potential to be extended and offered to a wider range of target groups beyond the current target audience of young, unemployed people.

Model for delivery/deployment

There was strong consensus that continuing to integrate FFWL into existing programmes and services was the best model for future delivery and extending reach of the programme. It was seen as providing a platform on which to build upon the trust, rapport and safety that had already been established, and afforded potentially better continuity of care for participants and signposting to community services and supports. Another advantage of this model is that personnel involved in delivery are already in-situ. Hence, rolling out the programme would be part of their existing work.

"...we were seeking a health promotion programme that would fit alongside our existing programmes... it piggy-backed onto and was an addition to our existing package... it was a great fit."

The community partners have a key role to play in the delivery model for FFWL. They are essential to the success of the programme as they are best placed to identify, reach and engage with target groups of participants. It is their involvement that makes it possible to have a programme that is truly 'By the community, in the community, for the community'. This is an especially important point for development of FFWL in each new region.

The community partners are key – it is their involvement that makes it possible to have a programme that is truly 'By the community, in the community, for the community'.

Maintaining programme standards (quality assurance) and accreditation

Going forward, it should be possible to have some level of flexibility over programme content according to local context and need, as long as this happens within defined parameters and standards. For example, it may be possible for community facilitators to choose appropriate topics within the optional and compulsory sessions. However, community facilitators would need quality-assured guidance and resources to support them in adapting content in an appropriate manner for their particular group. A suite of resources and guidance documents for maintaining quality assurance of the programme needs to be developed.

The merits of accrediting the programme were also discussed. Whilst there were some mixed views about introducing a formal accreditation system, there was good support for the provision of optional accreditation in any future expansion. It was thought that this would offer increased credibility, value and potentially attract more participants.

Conclusions

The overwhelming evidence from the outcome evaluation is that the FFWL programme has been highly effective in meeting its core objectives. This evaluation adopted a number of key principles that are consistent with measuring programme efficacy¹⁰ (largely homogeneous group, used psychometrically sound measures and data collection and analysis procedures, showed consistent positive effects on most parameters measured, and reported on key follow-up measures). The data captured from this evaluation shows that the FFWL programme is very well regarded with 99% of participants saying they would recommend the programme to others. It is effective at improving knowledge of cancer prevention and the role of a healthy lifestyle (diet and physical activity) in cancer and chronic disease prevention. Although baseline data on behaviours such as smoking and drinking alcohol was not collected, overall, the data indicates that programme participation initiates positive changes in lifestyle behaviours such as eating a diet high in fibre, limiting sugary foods/drinks and salty snacks, paying attention to portion sizes, increasing activity levels, protection against the sun and attending cancer screening appointments.

Furthermore, the programme plays a crucial role in enhancing feelings of individual empowerment – increased confidence, pride in achievements and motivation to try new things or take on new challenges. Overall, the community facilitators who deliver the programme, reported a positive experience, and felt well trained and supported. They deemed the workshop-style design of the programme crucial to its success, as it lends itself easily to a deep level of participant engagement and discussion.

The findings from this evaluation provide a solid foundation to continue on a course of future expansion of the FFWL programme. It is clear from feedback that overall, the delivery model can be scaled up to other areas and with organisations involved in the training and support of unemployed and low income groups in community settings. It would be important to use these findings to begin discussions around the potential of FFWL with Healthy Ireland, and Local Community Development Committees (LCDC's), as well as philanthropic investors to look at funding models. In particular, to find ways of resourcing and supporting community organisations, who play such a pivotal role in the delivery model, and add value to the approach. For example, would it be possible for LCDC's, through a Healthy Ireland fund, to be in a position to support the community co-ordination and capacity building element of the programme.

There is also potential to replicate the content and delivery model and apply it via other organisations to a broader range of audiences in Ireland, such as a different demographic. This approach would have implications for local authorities such as LCDC's and local development partnerships

Key recommendations for the future development of the FFWL programme have been derived based on both the findings from the evaluation as well as recent developments at the Irish Cancer Society since the start of 2019. Specifically, the Irish Cancer Society's partnership with the CDETB has led to the decision to work together to apply for accreditation of the FFWL programme with QQI in 2019.

The ten recommendations outlined below relate mainly to delivery of FFWL to the current target groups (young adults, unemployed or on low incomes). However, we are cognisant of the fact that in the future, FFWL has the potential to be delivered to other groups outside of this demographic, who are identified as having a need for the programme. The Irish Cancer Society will also continue to work with Healthy Ireland and other national stakeholders to address health inequalities in areas under-resourced by the health service, including having an increased presence in rural settings.

FFWL needs to be positioned as a unique evidence-based community health and wellbeing programme that was originally developed in collaboration with representatives of the primary target audience. It is a practical and proven working example of how Healthy Ireland goals can be implemented in the community. It was beyond the scope of this evaluation study to evaluate the impact of any capacity building measures. For example, the impact of training the community facilitators as leaders in their own communities to promote the European Code Against Cancer. However, the findings from this evaluation provide strong evidence to garner increased support and investment for the integration of the FFWL programme under the Healthy Ireland policy agenda. A communications plan, including the key findings and recommendations, is being developed by the Irish Cancer Society to ensure dissemination to all relevant policy makers and FFWL stakeholders at national, regional and local level.

Key Recommendations

1. Strengthen the Fit for Work and Life (FFWL) partnerships at national, regional and community level.

In order to improve health outcomes among groups currently under-served by the health system, the national partners (Irish Cancer Society, Education and Training Boards, Irish Institute of Training and Development) should have strategic oversight for the context of the FFWL programme. They should also provide leadership and refine framework guidelines to produce a package for the deployment and implementation of the model, which will be ready to share with other stakeholders. Attention ought to be paid to the enablers identified in the evaluation (see page 24 under Strengthening Partnerships) for most effective regional partnership development.

2. Ensure that the FFWL programme maintains its community-centred foundation by acknowledging, resourcing and supporting the community partners who play a pivotal role in delivery.

The community partners have a key role to play in the delivery model for FFWL. They are essential to the success of the programme as they are best placed to identify, reach and engage with target groups of participants. It is their involvement that makes it possible to have a programme that is truly 'By the community, in the community, for the community'.

3. Continue to ensure that the FFWL content reflects the ethos of both individual and community empowerment as equally valued elements of the programme.

Whilst participants reported being better informed to make decisions about their health and lifestyle, it is important to continue to embed and maintain an ethos of both individual and community empowerment.

4. Working with the Irish Cancer Society's national partner, the City of Dublin Education and Training Board (CDETB), apply to Quality and Qualifications Ireland (QQI) to have the FFWL programme formally accredited for a new community health promotion and wellbeing award.

There was considerable support for this approach. Accreditation would add value for participants and potentially provide a springboard to further education and employment. However, in order to meet the needs and resources of all the community partners who currently deliver FFWL, and to suit the needs of specific participant groups, a non-accredited programme would continue to be provided.

5. Meet the expressed demand for delivering the programme in other regions across the country, which is necessary to build the capacity of the Irish Cancer Society and its national partners, by developing a Master 'Training of Trainers' Programme.

As any expansion of FFWL takes place, particularly in new regions, it is important that a master 'Training of Trainers' programme is established in conjunction with the Irish Institute of Training & Development (IITD) and the Education & Training Board (ETB) Ireland. This will ensure that all community facilitators are delivering programmes to a consistently high quality standard in each region. A robust cross-agency, multi-annual funding model will need to be established to support expansion into new regions.

6. As a capacity-building measure, provide pathways for past programme participants to be upskilled as community facilitators who can then go on to mentor future programmes

It is well established that employing past programme participants to deliver future programmes adds extra credibility and attracts greater buy-in from potential programme participants. Supports which enable participants to become community facilitators, who in turn deliver the programme in their own communities need to be strengthened in order to build capacity. It also means that some of the community facilitators can go forward to mentor and support those on other subsequent programmes.

7. Prioritise the development and maintenance of appropriate quality assurance measures required for the programme at all levels of implementation, taking account of the practical recruitment and delivery issues of the FFWL model.

Occasionally, if necessary, the programme content or sequence of delivery may be adapted to local context and need (within defined parameters), but quality assurance processes must be in place supporting community facilitators to ensure adherence to the evidence-based content. As part of any accreditation, it will be necessary to develop robust quality assurance measures – for example, putting together a programme review board to ensure the programme remains fit for purpose. There should be a continued focus on integrating FFWL into existing programmes as the best practice approach, and this will be made clear in any supporting documentation for potential partners. On occasions when open recruitment strategies may be employed, considerably more care and guidance is needed. Other practical factors that should be addressed include those outlined in page 23.

8. Continue to monitor the effectiveness of the programme, in collaboration with national, regional and local partners.

As the programme potentially expands and diversifies, it is imperative that a suite of measures are in place to monitor effectiveness and quality of the programme. Monitoring surveys and evaluation tools will need to be appropriate and simplified in order to be effective and to capture useful qualitative measures of stakeholders' experiences of the programme.

9. Commission robust research to evaluate any diversification of the programme, such as accreditation, incorporating any gender differences that may arise.

During the next phase of implementation of an accredited programme, commission research on a pilot of the accredited programme to compare with the non-accredited programme.

10. Keep abreast of any emerging national or international research frameworks that attempt to capture community level impacts of health interventions and/or programmes with a view to applying to FFWL.

FFWL is a complex inter-agency health promotion intervention operating at national, regional and community (local) level, across the statutory, community, private and voluntary sectors. These agencies are not only interested in promoting health, but also improving the social determinants of health and provision of education and training skills for life. It will be important to stay abreast of any emerging national or international research frameworks that attempt to capture the various community level impacts of health interventions or programmes. It may then be possible to apply any such research framework to FFWL.

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Appendix 1

Overview of the Fit for Work and Life Programme Content and Structure

The programme aims to deliver evidence-based messages on health and wellbeing for cancer (and other chronic diseases) prevention. Specifically, the programme objectives are to:

- Increase participants' knowledge, skills and competence to live a healthy life and to use these skills in the context of their family and their working life.
- Provide an opportunity for the participant to reflect on their own lifestyle, including changes made as a result of new learning, by maintaining a personal learning record.
- Give the participant confidence to share this knowledge with people in their families and in their communities.

The programme makes the connection between the social determinants of health (e.g. environment, income, education level, access to housing and services, personal relationships and social and community networks) and how they can influence key lifestyle behaviours. It introduces the notion of self-care and the important links between positive mental, emotional and physical health. It supports participants to navigate their way through the many confusing and often conflicting public messages about health and to discuss what it means to lead a healthy lifestyle in a comfortable learning environment. Reflection on one's own health and lifestyle behaviours and behavioural change is a key part of the programme.

The content includes evidence-based information on: the European Code Against Cancer – 12 steps to reduce cancer risk, healthy eating, physical activity, alcohol, smoking, positive mental health, protection against the sun (UV), early detection and cancer screening services. The programme is delivered across approximately 12 weeks (total of 24-36 hours) and contains 8 Units outlined in the table below.

| Unit | Mandatory/Optional |
|--|--|
| Unit 1 What is health? (2 sessions) | All sessions mandatory |
| Unit 2 Physical Activity (2 sessions) | All sessions mandatory |
| Unit 3 Healthy Eating (3 sessions) | 1&2 mandatory, session 3 optional |
| Unit 4 Smoking (3 sessions) | 1&2 mandatory, session 3 recommended for smokers |
| Unit 5 Alcohol and Health (2 sessions) | 1 mandatory, session 2 optional |
| Unit 6 Reduce your risk and early detection (3 sessions) | All sessions mandatory |
| Unit 7 Making Changes and sharing with your community (1 session) | Mandatory |
| Unit 8* Positive Mental Health (2 sessions) | 1 Mandatory, Session 2 optional |

*This Unit has been piloted in 2018 and is due for completion in 2019.

Appendix 2

List of Participating Regional and Local Partners

1. Dublin North City: Inner City Renewal Group (Lead Community Partner)

2. ACRG – After Care Recovery Group
3. City of Dublin Educational and Training Board (CDETb)
4. Lourdes Youth and Community Services
5. Swan Youth Services
6. INOU – Irish National Organisation of the Unemployed, Community facilitator programme
7. North Wall Community Development Project – Local Training Initiative (LTI)
8. Saol Project – After care group and Bridge programme (pre-employment)

9. Dublin North County: Coolmine Therapeutic Community

- Ashleigh House, Damastown
- Coolmine lodge, Blanchardstown
- Lord Edward Street, day service

10. Monaghan Integrated Development Limited (Lead Partner)

11. Blayney Blades –Moving on Programme Local Training Initiative (LTI)
12. Monaghan Family Resource Centre/ Fáilte Isteach
13. Peace Link, Clones – Local Training Initiative (LTI)
14. Steadfast House, (for people with learning difficulties), Carrickmacross
15. St Patricks Direct Provision Centre, Monaghan
16. Teach Na Daoine – Local Training Initiative (LTI), Monaghan
17. Tús Programme, MIDL
18. Local Employment Service, MIDL
19. Cavan/Monaghan Education and Training Board (CMETB)

20. Paul Partnership CLG (Lead Partner)

21. Local Employment Service – Paul Partnership
22. Limerick Sports Partnership – Job seekers programme
23. Southill Area Centre – Men's Shed and Women's Group
24. Northside Community Development project
25. Moyross Community Development project
26. Health Hub University of Limerick
27. Limerick Mental Health Association





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