

Derry Healthy Cities
Foyle Health@Work
Active Action on Local Workplace Health Pilot Project – Evaluation Report



Holywell Consultancy
May 2010

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Acknowledgements

The Foyle Health@Work project would like to acknowledge and thank the commitment and support of the following people and organisations that assisted in the delivery of the Active Action on Local Workplace Health Pilot Project.

Project Partners/Funders – Health and Safety Executive NI – Creating Healthy Workplaces.

Project Participants – All the staff of the companies that participated in the pilot project – First Source, HML and Inland Revenue.

Trainers/Facilitators – the team of facilitators who delivered the project, particularly the staff of Aware Defeat Depression, Derry and the nurses who carried out the clinical assessments.

Section 1 – Introduction

Foyle Health@Work Project

- 1.1 Derry Healthy Cities has been delivering the Foyle Health@Work Project since 2004. This project is a proactive approach to dealing with health into the workplace.
- 1.2 The Active Action on Local Workplace Health pilot project is an initiative of the Foyle Health@Work project.

Call Centre & Construction Work Pilot Project

- 1.3 The rationale behind the project is to address ill health within the workplace with a particular focus on stress and mental health issues. The decision to select Call Centres as part of this project was influenced by the high levels of stress associated with these settings, leading to higher risk levels of mental health problems for employees. Construction firms were targeted due to the traditionally poor core health and well-being factors associated with workers.
- 1.4 Funding for the pilot project has been secured through the Health and Safety Executive Northern Ireland (HSENI).
- 1.5 The project fits with both the Working for Health Strategy (The Workplace Health Strategy for Northern Ireland) and with the HSENI's Creating Healthy Workplaces Action Plan.
- 1.6 The funding secured enabled this pilot project to be delivered from Oct 2009 until April 2010. This project was aimed primarily at managers within the target companies to influence a change in the working environment and culture within each company.
- 1.7 The rationale and objectives behind the programme are:
 - To use the settings of the workplace as an environment in which health can be promoted.
 - Positive mental health and lifestyle for call handler workers.
 - Address core health and well being factors with construction workers.
 - Ensure feedback is acted upon and responses shared.
 - Produce a final report of findings and best practice.
- 1.8 The specific programme to be delivered was:
 - 6 local organisations to be engaged over a 9 month period (3 call centres and 3 construction firms, main company and 2 supplier organisations).
 - To work with senior management in these organisations to develop their awareness of what a healthy workplace is and what the development of staff health and well being is about.
 - To implement a preliminary staff health assessment to establish current practices and policies with regards employee health, safety and well being.

- Additional signposting of external support to Business Works NI will be provided regarding safety specific issues.
- Employee health needs assessment will highlight health and well being issues whilst specific areas e.g. back care, noise, hand numbness and breathing difficulties will provide an accurate picture of staff health.
- A specific health action plan will be developed for each workplace and as a prerequisite staff working groups will be put in place. This group will consist of all levels of staff and management as well as TU and health and safety representatives if appropriate.

Evaluation Report

- 1.1** This evaluation report is to capture the impact that the Active Action on Workplace Health pilot project has had on the participating companies and their staff. The report will also gauge the overall success of the project against its stated objectives.
- 1.2** This report is intended to help Derry Healthy Cities/Foyle Health@Work determine the success of the pilot project and the approach adopted with a view to supporting future applications for funding or further development work in this area.

Section 2 – Methodology

Introduction

- 2.1 Holywell Consultancy was contracted by Derry Healthy Cities to carry out an independent evaluation of the Active Action on Local Workplace Health Pilot Project.
- 2.2 The evaluation process was designed to record the impact that the project has had on the people that it has worked with. This report is more than a simple quantitative analysis of information on the project. Rather, it is an attempt to gather some of the qualitative information on the impact and influence of the project.

Activities

- 2.3 Holywell Consultancy adopted a number of different approaches to gather information on the proposed redevelopments. This methodology was agreed with Derry Healthy Cities at the outset of the engagement process.

Interviews

- 11 people were interviewed, a full list is included in Appendix 2, using a set of ‘trigger questions’, included in Appendix 1. Those interviewed included:
 - Project Staff
 - Programme Participants
 - Programme Facilitators

Desk Based Research

- An analysis of the progress reports, evaluation forms/summaries and returns to funders was carried out to gather information on the success of the project – both quantitative and qualitative.

Section 3 – Main Findings

- 3.1 The findings from the engagement process are detailed in this section. The information is presented in three main sub-sections – **Statistical Information, Comments from Participants** and **General Findings**.

Statistical Information

- 3.2 The following information has been collated from the progress reports and evaluation forms compiled throughout the lifetime of the project delivery.
- 3.3 This information outlines key statistics on the project such as the number of training sessions, organisations, number of participants etc.

Companies Involved with the Programme

- 3.4 The project was successful in recruiting the following call centre companies:
- First Source
 - Inland Revenue
 - HML
- 3.5 Efforts were also made to engage with the company appointed to carry out the construction work at Altnagelvin Hospital, Farrans Construction. It was expected that through this company two additional companies (suppliers to Farrans) would engage in the project. Following initial engagement and participation of staff members in clinical health assessments, the company decided not to participate.

Programme Delivered

- 3.6 Each of the companies that did participate in the project followed a similar programme to:
- Initial health needs assessment of the organisation resulting in a Health Action Plan for each company.
 - Clinical health assessment of staff members.
 - Mental Health First Aid (MHFA) Training Programme
 - Living life to the Full Life Skills Programme (Life Skills)
- 3.7 The following is a breakdown of the attendance at each element of the project.

Company	Dates	Health Action Plan	Health Assessment	MHFA	Life Skills
HML	15/1/10	100	77		
	12 & 13/12/09			19	15
	14/4/10			13	
Inland Revenue	16, 23 & 30/3/10	62			23
	25/11/09		121		
	15, 22 & 29/10/09				17
First Source	25/11/09	96	100		
	14 & 22/1/10			20	
	19 & 30/3/10 1/4/10				21
Farrans Construction	8 & 9/12/09	114	59		
TOTAL		372	357	52	76

Participation Levels

3.8 Each of the programmes delivered were very well attended. Participants in the sessions committed fully to finishing the courses provided.

Range of Participants

3.9 The project was aimed primarily at senior management within each company so the potential for change in work practices and the promotion of a healthy workplace approach could be achieved. It is important in a workplace health settings approach that there is a top-down commitment to change.

3.10 This was achieved at different levels within each of the three organisations that committed to the whole programme. The largest percentage of participants were staff with management or supervisory responsibilities. However, this was not constant, as some of the courses were made available to other staff members interested in attending.

Courses Delivered & Facilitators

3.11 The courses delivered in each of the workplaces were facilitated by Aware Defeat Depression. The courses that were delivered were:

- Mental Health First Aid
 - This programme aims to:
 - Preserve life where a person may be a danger to themselves or others
 - Provide help to prevent the mental health problem becoming more serious
 - Promote the recovery of good mental health
 - Provide comfort to a person experiencing mental health problems
 - The course teaches people:
 - How to recognise the symptoms of mental health problems
 - How to provide initial help
 - How to go about guiding a person towards appropriate professional help

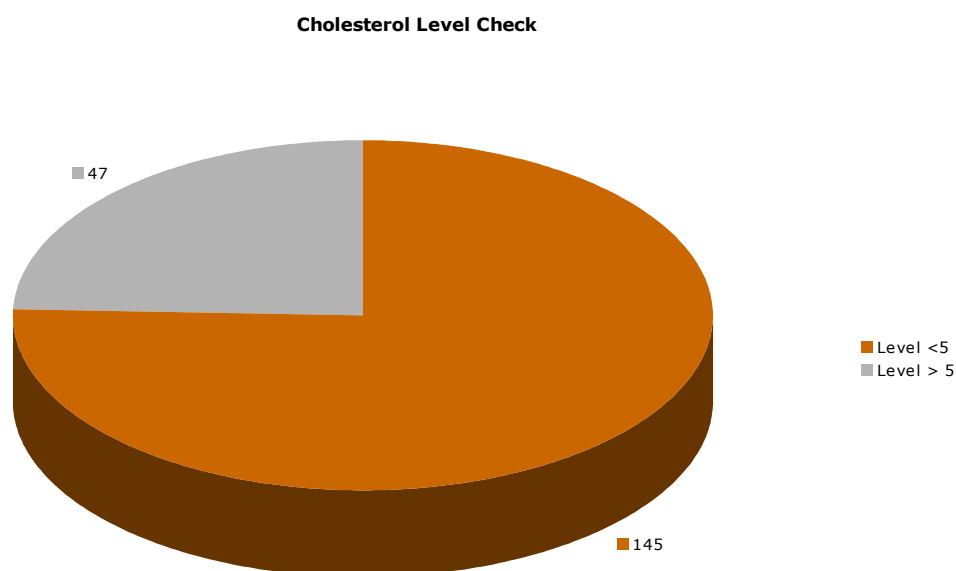
- Living Life to the Full Life Skills Programme
 - This programme is based on a Cognitive Behavioural Therapy Approach. The programme literature details that *'it focuses on our thinking (cognitive) and what we do (behaviour) as often when we are depressed we tend to think and behave in unhelpful ways. Making changes in these areas, however, can help improve how we feel and also reduce some of the physical symptoms of depression. CBT can also teach us skills to help overcome practical problems in our lives. There is also increasing evidence to indicate that educational programmes based on CBT principles can be helpful.'*
 - The programme is delivered in a relaxed atmosphere by facilitators, all of whom have experience of counselling.
 - Topics covered by the course include:
 - Why do I feel so bad?
 - I can't be bothered doing anything
 - Why does everything always go wrong?
 - I'm not good enough
 - How to fix almost everything
 - The things you do that mess you up
 - Are you strong enough to keep your temper?
 - 10 things to make you feel happier straight away

Health Check Analysis

3.12 Cholesterol – the chart below details the findings from the cholesterol level checks recorded at the health assessment sessions.

3.13 The cholesterol level of 192 people were recorded – 47 people (24.5%) recorded a level greater than 5, the highest recommended level for adults. Of these 47 people 10 (21.3%) recorded levels greater than 6 (increasing the risk of heart disease) and 1 person's recorded level was greater than 7.

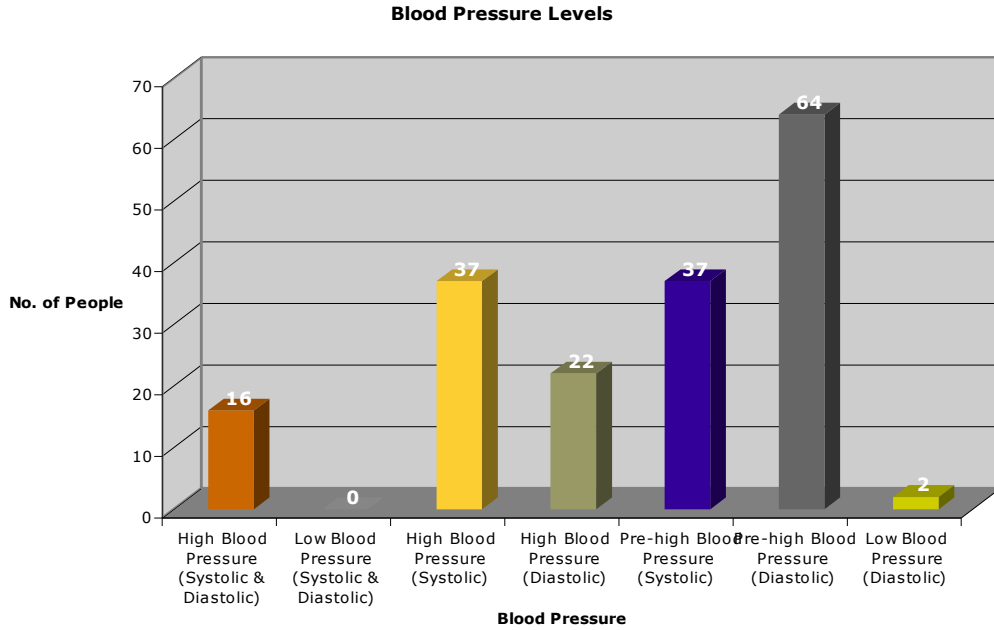
3.14 143 people (74.5%) recorded a cholesterol level of less than 5, within the parameters of the recommended levels.



3.15 Blood pressure – the chart below details the findings from the blood pressure checks recorded at the health assessment sessions.

3.16 The blood pressure level of 198 people were recorded – 16 people (24.5%) recorded a high blood pressure level (systolic and diastolic).

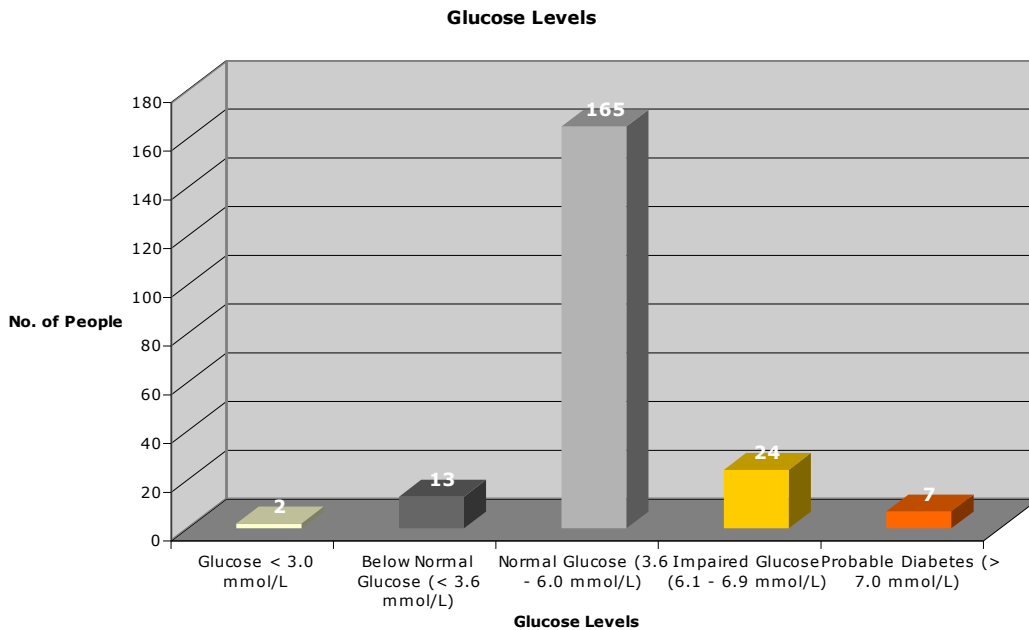
3.17 20 people recorded completely normal, or recommended, blood pressure levels.



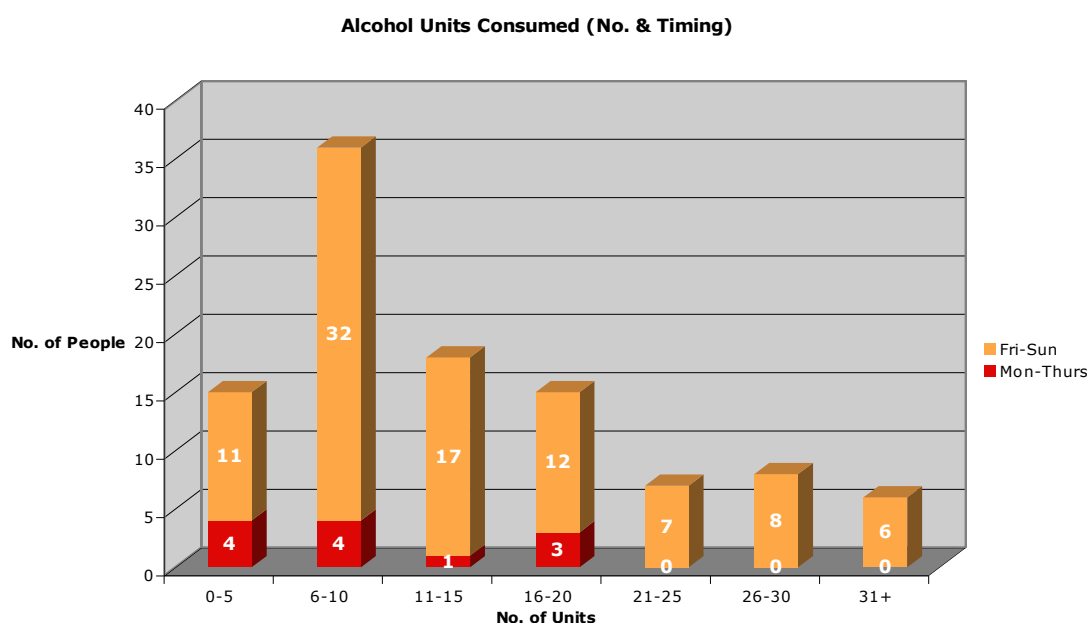
3.18 Glucose – the chart below details the findings from the glucose levels recorded at the health assessment sessions with 3 of the 4 companies that participated in the project.

3.19 The glucose level of 211 people were recorded – 165 people (78.2%) recorded a normal glucose level.

3.20 7 (3.3%) people recorded glucose levels that can indicate diabetes.

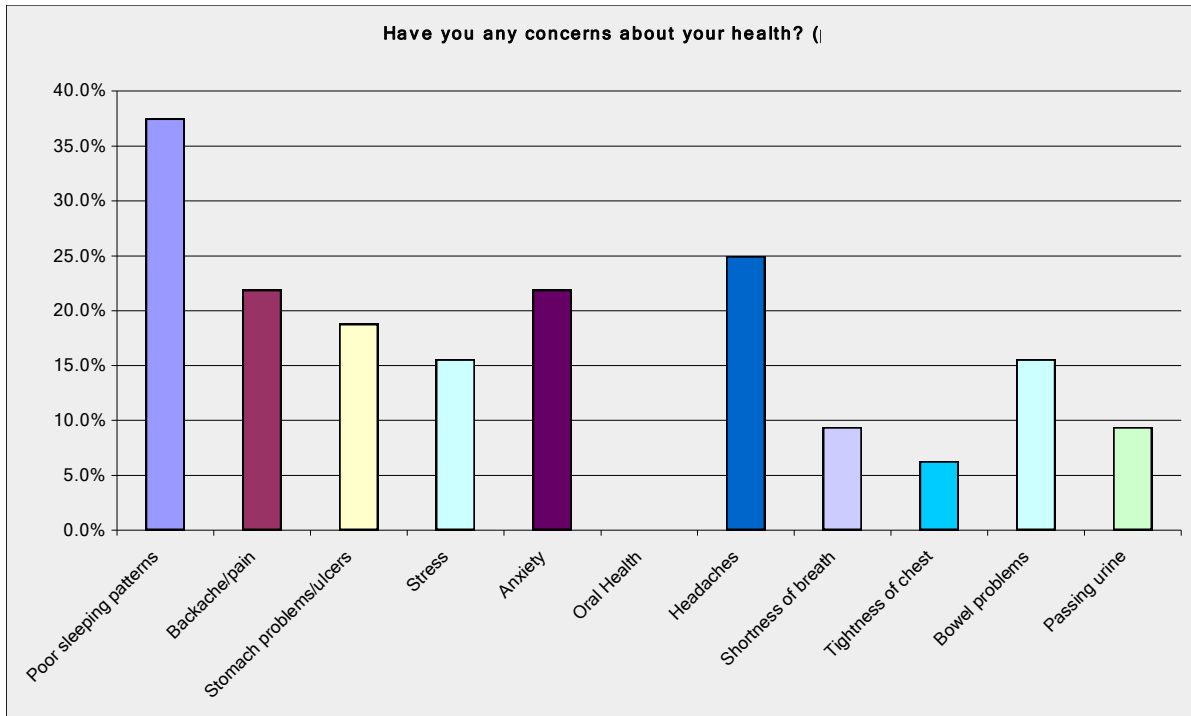


- 3.21 **Alcohol** – the following chart details the number of units that those assessed reported to consume during the working week and at the weekend.
- 3.22 The majority of the alcohol intake of those assessed occurs at the weekend.
- 3.23 The recommended weekly units of alcohol are 14 for women and 21 for men. It must be noted that the gender of those assessed was not recorded.

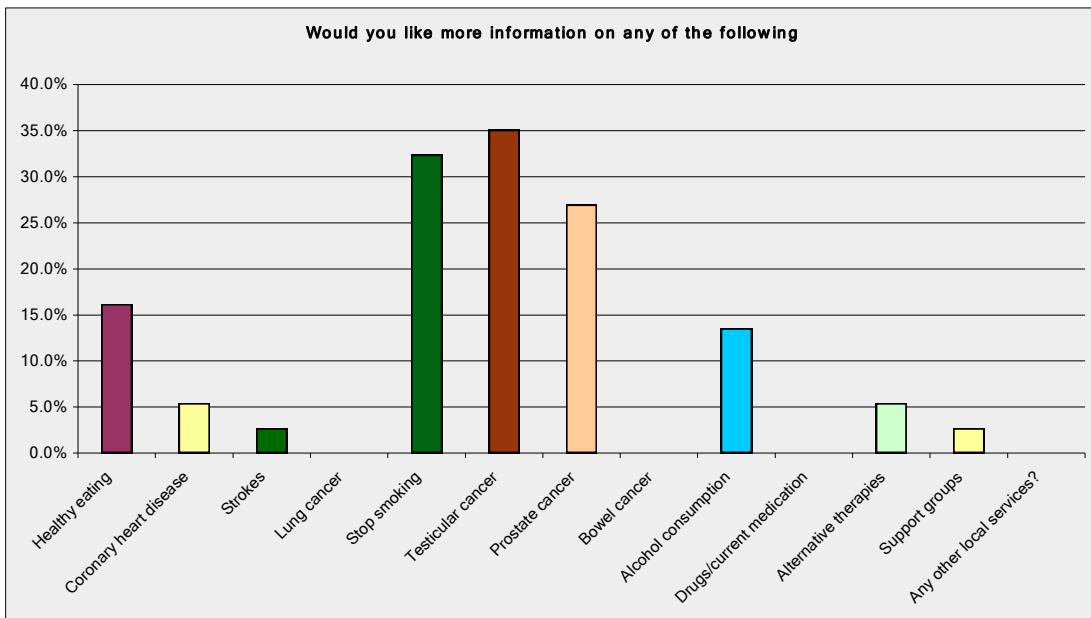


- 3.24 **Issues of concern** – the following charts detail:
- The main matters of concern that those assessed stated that they have.
 - Areas of health people would like additional information on.
 - Referrals. Due to issues of confidentiality it is not possible to follow up to determine if people attended their GP or if any subsequent action was required.

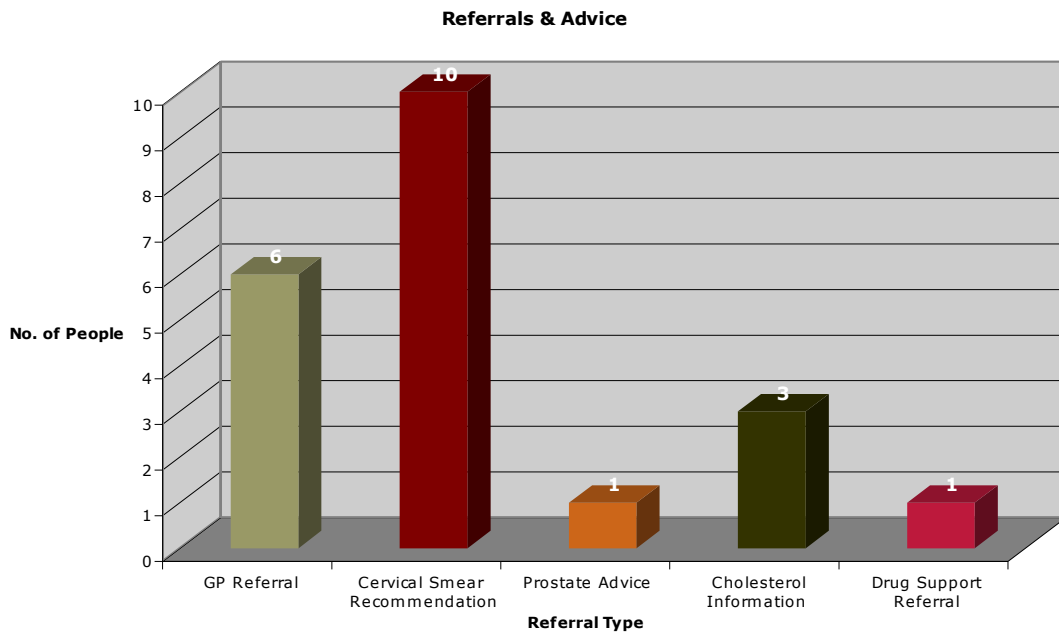
Issues of concern



Advice People Would Like More Information On

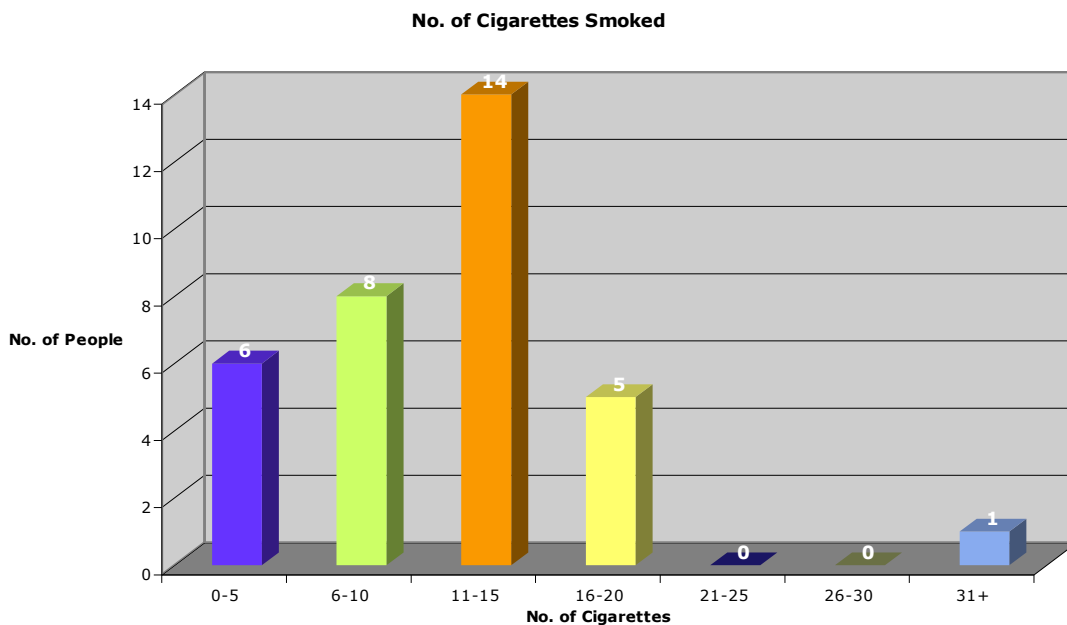


Referrals



3.25 Smokers – 34 (26.2%) of those assessed stated that they smoke. The chart below details the number of cigarettes that are smoked, displayed in batches of 5.

Number of cigarettes smoked per day



Comments from Participants

3.26 Displayed in the shaded areas below are the comments that were recorded from the engagement with the workplaces. It was agreed that companies would be identified with the answers. The comments are displayed following the question to which they relate.

Company 1

Why have you decided to take part in this training?

People were missing work due to personal and work issues.

Stress was a taboo subject – we didn't really understand it.

I attended the training in the past and saw how valuable it is.

The staff have issues – stress, anxiety, depression – it is scary when you are contacted by GPs – some people may have been sceptical about these issues in the past.

Derry Healthy Cities pitched the idea to us – we have had other positive experiences in the past and were keen to get involved.

What do you feel you got out of the training?

The project helped to break down the perceptions of mental health issues. It challenged stereotypes – it was really useful.

Our team now feels more comfortable dealing with difficult issues – we are now all aware that we are able to signpost people and don't have to find solution directly.

This was one of the best courses that we have ever participated in.

What impact did the insight that you got through the process have on your work?

In looking back on previous issues, I don't think that we always handled situations well.

People can use the term 'depression' lightly.

Our organisation is now not flippant towards mental health and emotional health issues. We now have more insight into how it affects the lives of people.

Have you any examples of staff members showing any signs of depression etc.?

The tools presented through the course really helped – it increased our awareness of issues within the workplace.

We have already had a number of complex issues within the workplace including the death of a colleague. Having gone through the training we are now well equipped to deal with any other difficult situations in the future.

Were any of your fears or expectations about the training realised?

At the outset I knew very little about the subject – I now feel as though I have developed a greater understanding and some skills.

Working in a circle was challenging – there were no desks.

It was real training, hearing the experiences of real people – that was quite challenging.

Do you feel that these types of programmes are important for your business, the wider communities etc.?

Yes – all of our team should take part in this training – anyone who doesn't do it is missing out.

It was a really valuable experience – everyone should know this information.

This is a valuable course for anyone who deals with people.

Have you any other comments that you would like to make?

The impact of this programme has been positive within our company – we have sourced it for our other locations in other parts of the UK.

We are keen to remain involved with Derry Healthy Cities.

This fits perfectly with our CSR (Corporate Social Responsibility).

A number of health issues within staff members were identified, including someone with diabetes.

Company 2

Why have you decided to take part in this training?

We got involved to help with team development.

I suffer from anxiety and am keen to raise awareness of its impact in the workplace.

What do you feel you got out of the training?

The course materials were very good – really useful to look back on if you need a quick reminder.

The course was good fun – well presented.

What impact did the insight that you got through the process have on your work?

We do see things on a regular basis in work – we now have the skills to address any challenges that may arise.

The course managed to challenge stigmas and yet remain good fun.

Have you any examples of staff members showing any signs of depression etc.?

Now more aware of the need for the courses and more aware of the issues facing people within the workplace and in their personal lives.

Were any of your fears or expectations about the training realised?

A number of us were nervous before the course as we did not know what to expect.

The literature that was given out was very useful.

The training could be reinforced on a regular basis within the workplace to be most effective.

Do you feel that these types of programmes are important for your business, the wider communities etc.?

Yes – the content of this course is really useful for anyone.

Have you any other comments that you would like to make?

The courses could have been delivered over a longer period.

It can be a challenge taking time out of work to attend these courses.

Company 3

Why have you decided to take part in this training?

Had taken part in other Derry Healthy Cities initiatives and are always keen to benefit from their expertise.

What do you feel you got out of the training?

It helped me to cope with some of the issues that I have.

The facilitators were excellent – the courses were delivered in a relaxed atmosphere.

People really opened up and talked about their own situations.

What impact did the insight that you got through the process have on your work?

Addressing issues around self-confidence and praise within the workplace was really useful. It gave a number of us an insight into issues that we are facing.

Have you any examples of staff members showing any signs of depression etc.?

No comments recorded.

Were any of your fears or expectations about the training realised?

I had no fears about the course – I was looking forward to it and enjoyed the experience.

I had a fear about opening up and being judged by others – this was not realised. The course was delivered in a very safe, secure manner.

Do you feel that these types of programmes are important for your business, the wider communities etc.?

Yes, the courses are very good – I think assertiveness courses would also be useful.

It is important to give yourself time out to think.

Have you any other comments that you would like to make?

Working with Derry Healthy Cities is a pleasure.

The confidentiality of the courses was important.

- 3.27 The above comments have been used to inform the General Findings of this report and the recommendations for future action.

General Findings

- 3.28 Listed below are the key findings from the evaluation process. These have been themed to allow for easier dissemination and follow the general outline of the ‘trigger questions’ used during the engagement process.
- 3.29 A wide range of comments and opinions on the project was collated during the interviews and from the evaluations completed. The comments have been used to support the following evaluation findings.

Delivery Against Aims & Objectives

- 3.30 General – the pilot project was successful in delivering the project as agreed with the project funders. The companies that engaged with the project all had health assessments carried out and training on mental health and emotional well-being issues.
- 3.31 Timescale – whilst the project was run as a pilot the 9-month timescale to deliver all of the aims and objectives was somewhat ambitious. This relatively tight timeframe meant that any issues that were encountered by the project, e.g. the recruiting of companies had a significant impact on the delivery against the original objectives.
- 3.32 Target Companies – originally 6 companies were to be engaged through the project, 3 call centres and 3 construction and supply companies. This target was not met as the construction company that was originally engaged in the project subsequently withdrew. As a result the supply companies that were to be engaged were also unavailable. Significant effort was made throughout the pilot project phase to re-engage with the company with no response until the confirmation of withdrawal approaching the end of the pilot phase resulting in insufficient time to identify and recruit any replacement company.

Best Things About the Project

- 3.33 Location – delivering all aspects in each of the workplaces involved made it easier for the companies to allow their staff to attend the various events. In addition, this helped to promote the notion of workplaces as health promoting settings.
- 3.34 Delivery Method – the approach adopted by the facilitators made people feel comfortable with what can be a very challenging topic. The friendly and informal approach was commented on by most of those consulted as key to the success of the training. The involvement of people who spoke from their own personal experiences was particularly powerful.
- 3.35 Free courses – all of the courses were made available to participating companies at no cost. It was stated that in a challenging economic environment this was very welcome. The companies particularly recognised that the need for this approach increases during challenging periods and were grateful to be able to access such high quality training at no extra cost.
- 3.36 Approach of project staff – the approach by the project co-ordinator, Sabrina Moore, was commented on by a number of people. All comments were very positive and reflected that the professional and flexible approach of Sabrina helped to make the project run smoothly.
- 3.37 Issues covered – the project managed to address difficult issues in a very informative and positive environment. The project helped to address and challenge stereotypes and prejudices that people may have about mental health issues. Many also stated that they now feel more comfortable in dealing with these issues and that their level of understanding has increased.
- 3.38 Workplace relevance – by increasing their understanding people stated that they now feel more comfortable in dealing with mental health issues within the workplace. In particular, it was commented that a greater level of understanding was developed in relation to depression and that it is now treated more seriously when it is presented within the workplace.
- 3.39 Referrals to other professionals – the signposting element of the project helped to increase the confidence of people when dealing with mental health issues within the workplace. Simply by confirming with people that they don't have to 'solve' the issues that people are dealing with released pressure from them.
- 3.40 The referrals from the clinical health assessments helped people to identify health issues that they have that they were previously unaware of. Anecdotally people informed us of colleagues who were diagnosed

with diabetes and others who are now on medication for blood pressure issues.

- 3.41 Focus on participants – participants in the training sessions welcomed opportunities to attend programmes that were specifically targeted at them and their personal needs rather than on matters directly related to their work performance.
- 3.42 Personal development – A number of those consulted outlined the training they participated in ‘helped me to address some of the issues that I had’. In addition, the courses contribute towards their Continued Professional Development (CPD).
- 3.43 Course materials – the high quality of the materials that were used in the delivery of the training, especially the Living Life to the Full Life Skills course, was commended by many participants. A number of people stated that they have referred to the materials a number of times since they completed the course.
- 3.44 Confidentiality – the fact that the issues discussed, and any matters of a personal nature that arose, were treated confidentially by all participants was valued by all those consulted. It was felt that this helped to create the atmosphere that was conducive to the learning and sharing which took place during the courses.

Disappointments/Areas for Improvement

- 3.45 Preparation in advance of attendance – it was felt that more preparation work could take place with the companies to prepare the participants for the courses. The issues to be discussed can be challenging for some people and they need to be aware of what it is that they are signing up to.
- 3.46 Facilities – all of the courses were delivered in the workplaces of the companies involved in the project. This meant that the facilities and resources varied accordingly. Some of the rooms that were used were better than others, this was also affected by the size of the groups.
- 3.47 Group size – a number of the sessions were delivered to quite large groups. It was felt that this did not always lead to the best experience for participants and that in the future the group size should be limited to 15 or 16 people.
- 3.48 Timing – It was outlined that 12 hours are needed to deliver the training courses in full. For this pilot project the programmes were delivered over 3 4-hour sessions. A suggestion was made by a number of people that the courses may be improved by delivering them over 4 3-hour sessions.

- 3.49 Reinforcements – a number of participants commented that whilst the programmes that were delivered are very useful it would be beneficial to have a refresher or reinforcement session following completion.
- 3.50 Withdrawal of construction firm – the unavailability of the construction firm, and associated supply firms, was a major disappointment for the project. Whilst the project was very successful within the call centres the involvement of the construction firms would have brought an added value and a different dynamic to the project that would have provided an insight into the requirements of this type of firm in the future.
- 3.51 Manager participation – the project targeted primarily management within the companies. This was achieved to different levels within each of the organisations. In one case the courses were made available to any staff interested in taking part.

Impact on Participants

- 3.52 General – the overall impact on participants on the training sessions was overwhelmingly positive. Among the comments that were recorded were:
- All of our team should go through this training.
 - It was a really valuable experience – everyone needs to know this stuff.
- 3.53 Deepening of relationships – it was felt that the participants in the courses got to know one another at a more in-depth level as people spoke from their own experiences. This helped to strengthen work relationships within the workplace.
- 3.54 Referral – this aspect of the project had significant impact on a number of participants who were recommended to attend their GP:
- I was referred to the GP and am now on medication for low blood pressure that I did not know was an issue for me.
 - Someone from our company was diagnosed with diabetes.

Additional/Unexpected Project Benefits

- 3.55 Wider impact – HML, one of the call centres involved with the project, has another base in the UK. The Mental Health First Aid course was so successful in its Derry office that the training has now been sourced for its staff in England.
- 3.56 Eagerness to remain involved – as a result of being involved with the Foyle Health@Work project participants want to access other training on related topics. In addition each of the companies involved wish to maintain and deepen the relationship that they have with Foyle Health@Work and continue to develop the physical and mental health of their staff.

Next Steps

- 3.57 When asked what they believe the next steps for this project should be, those consulted made recommendations in each of the following areas.
- 3.58 Stress management policies – the companies involved would like support in developing policies and approaches to dealing with stress within the workplace on a more formal basis.
- 3.59 Other companies/sectors – it was felt that this initiative should be rolled out to other companies and sectors as it would be beneficial for as many people as possible to participate in the sessions and learn more information about mental health issues.
- 3.60 Referrals – the referral mechanism that the project uses could be formalised from the health assessments carried out.
- 3.61 Geography – the project could be delivered in a wider geographic area than simply within the City of Derry to maximise the impact of the project.

Section 4 – Recommendations

- 4.1 The following are the recommendations of Holywell Consultancy for the project following the delivery of the pilot phase. These recommendations are not listed in any order of priority, but have been themed.

Project Continuation & Funding

- 4.2 The project has had a significant impact on those companies that participated in all elements of the programme. It is our overwhelming recommendation that the project should continue, and expand, in the future.
- 4.3 Funding should be sought from all available sources to deliver further aspects of the project in the future with a number of minor amendments based on the recommendations listed below.

Commitment of Companies Involved

- 4.4 The companies that have already been involved in the project are all keen to remain involved in future workplace health initiatives. A commitment should be sought from each at this stage to gauge their commitment and the need for the project.

Course Participants

- 4.5 Ideally the project should still be targeted primarily at those in management positions within the companies involved in the project. However, it would also be valuable to roll the project out to all other staff within the organisations at further stages of delivery.

Project Activities & Remit

- 4.6 Effort should be given to examining the possibility of deepening the involvement of the companies involved through the development of mental health and emotional well-being policies.
- 4.7 Such policies would outline the approach that each organisation will take to address stress management and other mental health issues within their organisation. The implementation of these policies should be supported through the Foyle Health@Work project.

Referral Mechanisms

- 4.8 The referral mechanisms used within the project should be examined and formalised. This will lead to increased recording and awareness of the issues that need to be addressed within each of the workplaces.
- 4.9 The referrals should record both those people that have been recommended to seek professional assistance through the health assessment checks and those people who have been signposted to other support services.

Broadening the Range of Companies

- 4.10 Consideration should be given to broadening the type and range of companies to be inducted to participate in the project. A wider range of type of companies and organisations could include e.g. organisations from the community sector, financial services organisations and other sectors that experience high levels of stress and associated health issues.

Formalising the Approach

- 4.11 The project should be promoted through the development of a marketing strategy by Derry Healthy Cities. This formalisation could include the creation of a network of companies involved in promoting health and well-being, encouraging the sharing of their experiences of the project and of dealing with mental health, emotional well being and other health related issues within the workplace.

Relationship with Aware Defeat Depression

- 4.12 Key to any future success of the project will be the formalisation of an agreement with Aware Defeat Depression to become the core training delivery agent. The two courses delivered by Aware, Mental Health First Aid and Living Life to the Full Life Skills, were very well received by the participants in the pilot project.

- 4.13 In addition, Aware are the only organisation that has the expertise and experience to deliver project of this nature in the North West. Also, the facilitators that deliver the project are experts in their field and well respected by course participants.

Future Recording & Impact Assessment

- 4.14 The recording of the impact of the project should be formalised through the development of standardised evaluation and monitoring forms and techniques. These must belong to Derry Healthy Cities and gather all relevant data to the project. Specific effort must be given at the outset of the project to identifying the information that is to be collated and assessed on the project.

Section 5 – Appendices

5.1 Appendix 1 – Trigger Questions

Derry Healthy Cities Case Study Trigger Questions

1. Can you give me an outline of your role within the organisation?
2. Why have you decided to take part in this training?
3. What do you feel you got out of the training?
4. What impact did the insight that you get through the process have on your work?
5. Have you any examples of staff members showing any signs of depression etc.?
6. Were any of your fears or expectations about the training realised?
7. Do you feel that these types of programmes are important for your business, the wider community etc.?
8. Have you any other comments that you would like to make?

5.2 Appendix 2 – Engagement Details

The table below details the interviews and engagement sessions that were held to inform this report.

Date	Name	Organisation
Project Beneficiaries		
26/11/09	Ronan McLaughlin	HML
12/4/10	Tracey Donnelly	Inland Revenue
12/4/10	Sue McElwee	Inland Revenue
14/4/10	Brian Kelly	First Source
14/4/10	Darren McCrudden	First Source
14/4/10	Chris Wade	First Source
14/4/10	Pat	HML
14/4/10	Ciara	HML
14/4/10	Liz Hughes	HML
Project Delivery Agents		
15/4/10	Pat Lynch	Aware Defeat Depression
20/10/09	Sabrina Moore	Derry Healthy Cities, Foyle Health@Work
5/3/10		
12/4/10		