



# **Elevate Evaluation** 2021-2022:

Implementation of the Training and the Community Mentoring and Grants programme

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**Executive Summary** 





## INTRODUCTION AND SCOPE OF THE REPORT

In 2019, the Public Health Agency commissioned the Community Development & Health Network (CDHN) to manage and coordinate the development and delivery of a regionally organised community development capacity building programme of support for the community, voluntary and public sectors. The Elevate programme aims to support community action to tackle health inequalities. It emphasises the need to connect with the most marginalised communities and create conditions where people feel heard and have greater control over their lives individually, within their community and society.

## What is Elevate?

The Elevate programme provides opportunities for the individuals from across sectors and third sector organisations to develop skills, knowledge, and expertise in community development as a way to tackle health inequalities.

Elevate is designed to promote awareness raising, information sharing, networking, connection-building, and collaboration to better understand how and why issues such as social justice, the distribution of money, power and resources and education, housing, our social connections and the environment impact on our ability to experience the best possible health and wellbeing. Central to its approach is the application of community development principles and values to bring about change, at the local and area level.

In 2019, the Public Health Agency (PHA) issued a public tender opportunity for delivery of a community development capacity building programme within the context of the 'Expansion of Community Development Approaches' report and resourced through the Transformation Fund from 1 April 2019 to 31 March 2020.¹ The first year involved developing and piloting the approach. This included overall design of the programme, setting up the governance structures for application, monitoring, communication, recruiting mentors, developing training, piloting, and evaluation. The development involved several contractors who each led on the development and delivery of different aspects. More detail is provided in the first external evaluation.

The programme has been further commissioned by the PHA on an annual basis into 2022, with CDHN continuing to refine implementation as a response to current needs and the learning from previous years. Elevate has now finished its third year of implementation (May 2022) and is preparing for its fourth and final year. The programme has been evaluated twice already: at the end of the first year by CENI, and by Outcome Imps at the end of Year 2 (2020-21).

The Elevate programme now comprises the following elements, coordinated by CDHN:

## 1. Elevate Training sessions

Originally designed by CDHN as face-to-face training, these focus on using community development approaches as a way to reduce health inequalities. The free online training sessions offer learning and development of community development principles in action, health inequalities and the social determinants of health. They also include time for reflection and sharing ideas at community level. These stand-alone day sessions are introductory level and delivered in an interactive way using slides and group discussions.

<sup>&</sup>lt;sup>1</sup> <u>https://www.publichealth.hscni.net/publications/expansion-community-development-approaches</u>

During 2021-2022, sessions included:

- open training sessions on health inequalities, the social determinants of health and community development
- training sessions for PHA staff on health inequalities and community development

#### 2. Open training sessions on Impact measurement

During 2021-2022, this interim training was provided by CDHN whilst the Community Development Outcomes Framework (CDOF) is being reviewed by the Public Health Agency (PHA)

## 3. Elevate Community Mentoring and Grants Programme

This capacity-building programme supports groups to develop their community development practice to address health inequalities through an integrated programme of training, mentoring, networking and small grants over an 8-month period

#### 4. Elevate Portal

Developed by an external provider during the initiation stage of the project, the Portal comprises a website (<a href="https://elevateni.org">https://elevateni.org</a>) aiming to provide easy to access information on a range of topics around health inequalities and community development. There are tabbed sections about: Elevate, training (including details of sessions that can be viewed on a list or on a map, and an online registration form), resources, mentoring, news, events and impact. It is also used to book places on Elevate training and for groups applying to participate in the Community Mentoring and Grants Programme.

# Approach used in this evaluation

The purpose of this evaluation was to:

- describe and assess the implementation of the Elevate Community Mentoring and Grants programme model by CDHN and Mentor organisations using an Implementation framework which assesses stage of implementation and strength of practice in key areas
- examine how the learning from the second evaluation has been used
- evaluate outcomes.

Mixed methods examined the implementation and impact of the various elements of the Elevate programme. This included focus groups and discussion with the CDHN team, and analysis of the data collected by the CDHN team as part of their revised monitoring process:

- online surveys administered to attendees following the training sessions,
- online surveys of mentees following their second completion of the Reflective Practice Tool (RPT),
- focus groups with mentors facilitated by the CDHN team,
- review of the website and the 4 impact stories which were available at the start of the summer 2022,
- analysis of the end of year project monitoring reports and other documentation from each mentee organisation

Current implementation was assessed against the National Implementation Research Network

(NIRN) stages and drivers of implementation<sup>2</sup> to see what stage the programme is in terms of development and identify strengths and any challenges. There are broadly 4 stages of implementation that can be tracked through the development and delivery of a project (Figure 1). If elements from earlier stages are not fully addressed, they can have detrimental effects later in implementation, and projects can sometimes regress back to earlier stages in implementation. As such, the framework describes a range of factors that are useful to evaluate both in terms of examining the resources and activities that have been developed and are required to support delivery, as well evaluating how effective the programme is in meeting the programme's objectives and influencing outcomes. The evaluation did not examine financial costs, value for money, or assess the partnership approach used in the delivery of Elevate.

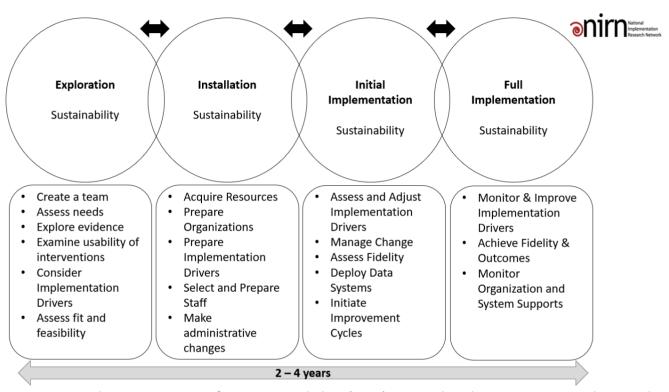


Figure 1: Implementation stages from Fixsen and Blase (2008). National Implementation Research Network.

## **Key findings**

Elevate is a programme with regional delivery which provides quality training that increases knowledge in using community development approaches to tackle health inequalities for individuals from across sectors and third sector organisations. It further provides a capacity building programme over 8 months for community development organisations to improve their skills and practice. Resources are also freely available online.

In terms of stages of implementation, the training sessions are at the full stage of implementation with established processes for delivery by an experienced team and monitoring in place. CDHN has developed an effective training programme with consistently used slides and delivery approaches. The training has been effective in increasing levels of knowledge and understanding of health inequalities, why they exist and how they look in their community. This impact is consistent for audiences in open sessions as well as those in the PHA invited sessions.

<sup>2</sup> https://nirn.fpg.unc.edu

Elevate community mentoring and grants programme delivers the various elements as a coherent programme of capacity building. The Elevate Community Mentoring and grants programme is in the initial stage of implementation for many of the key drivers. This stage of implementation is characterised by having delivery infrastructure in place, but there still needs to be refinements before delivery can be considered as fully 'bedded-down'. The procedures for advertising the training sessions, and the Community mentoring and grants programme are well established and effective. There has been an experienced group of mentors in place. Some changes are planned for 2022-23 with additional new mentor organisations recruited for 2022-23.

The Reflective Practice tool was successfully piloted with mentees who found it useful to reflect on their community development practice. In terms of impact, Elevate is effective in changing attitudes and improving knowledge and skills around health inequalities and community development, as well as strengthening connections and increasing collaboration between community organisations. Peer sharing of learning is facilitated in several ways across the Elevate programme, including through the training events, in the mentor groups and facilitated connections with organisations outside the Elevate programme. Seventeen mentee organisations (81%) made new connections through their participation in Elevate. Participating organisations see this as a valuable and important benefit of the programme. Elevate is also seen to be funding relevant practical work in communities which may not get funded in any other way.

During 2020-21, CDHN had a skilled team and experienced group of mentors in place. During 2021-22, there were some staffing changes this year with the appointment of a new CDHN Elevate project lead. The governance approach is highly favoured by mentees. Assessment processes for fidelity and outcomes are under development. This year has seen a tightening up in approach to ensure consistency of experience for mentees across the region. Further refinement of the monitoring processes is planned for 2022-23.

The Elevate Portal continues to make useful resources available online. There is still room to improve how this material can be searched and made more accessible.

Further information and recommendations are provided below for each element of the Elevate programme.

## **Elevate training sessions**

Sixteen open training sessions on using community development approaches to tackle health inequalities were delivered in total, reaching a total of 198 participants from community and voluntary sector organisations and statutory organisations. Three sessions covering health Inequalities and community development were run for PHA staff, reaching a total of 30 attendees. One open session was held on impact measurement reaching a total of 18 attendees.

There were high levels of satisfaction with the delivery style and facilitation of the sessions. Attendees praised the range of techniques used in the session, particularly how clear and concise the presentations were, the use of videos to give insights into lived experience and the facilitated discussions.

The training was effective in increasing levels of knowledge and understanding of health inequalities, why they exist and how they look in their community. This was similar for open

sessions which could be attended by anyone and the PHA invited sessions.

Participants who already had some knowledge said that they still found the training useful: this was sometimes because it consolidated their existing knowledge and reminded them what they already knew. For others, it gave them a new language and framework to describe what they already knew. Those who were less familiar with health inequalities before the training highlighted how much they had learnt, and how useful it was to look at deepening their understanding of issues that they had not fully understood the impact or scale of. Participants increased their understanding of the importance of collaborative and partnership working and reported that this would change how they approached their work in the future. Many participants made useful connections with others during the training sessions. They also said they would share what they had learnt with others in their organisations.

## Elevate community mentoring and grants programme

This year, 21 organisations across Northern Ireland committed to engaging in a high-quality training, mentoring, and funding through Elevate to undertake small, community development projects. Two more groups began the programme but did not complete it.

It is important to remember that Elevate is a multistrand programme, with mentee organisations participating in all three strands (training, mentoring and small grants). These elements should complement each other to produce a larger impact than if they were being experienced separately at different times. This was demonstrated in the analysis of the training feedback evaluations.

The Elevate programme in Year 3 has delivered on its objectives. Elevate community mentoring and grants programme is now well established and delivers the various elements as a coherent programme of capacity building. This evaluation has shown that there is a high level of satisfaction with the Elevate programme from the various stakeholders. The proportionality of the grant governance suits the scale of the grant and capacity of the mentees (many of whom rely on volunteers). The governance process established by CDHN is highly favoured by mentors and mentees, compared to what is required from other funders and grant managers. There were high levels of satisfaction with how easy the application process was, completing the monitoring reports, engaging in mentoring sessions, organising the funded projects, using a community development approach, and overall management of the projects. CDHN staff were seen as very useful and supportive.

Elevate is effective in changing attitudes and improving knowledge and skills around health inequalities and community development, as well as strengthening connections and increasing collaboration between community organisations. Peer sharing of learning is facilitated in several ways across the Elevate programme, including through the training events, in the mentor groups and facilitated connections with organisations outside the Elevate programme. Participating organisations see this as a valuable and important benefit of Elevate.

Elevate is seen to be funding relevant, practical work which may not get funded in any other way. A total of 1038 people living in the communities were estimated to have been reached directly with the projects funded through the Elevate community mentoring and grants programme. One organisation additionally reported that they sent out ezines to an additional 500 members. Size of reach for each individual project ranged from 8 to 250 people. All projects reported that they had achieved their original aims.

In summary, the Elevate community mentoring and grants programme is supporting capacity building and connections across the sector in terms of those developing their skills to use community development to tackle health inequalities. All elements of the programme appear to be necessary for success and going forward it should be commissioned as one programme with training, mentoring and small grant provisions as an integral approach.

The timescale for delivery continues to be challenging, with a tight turnaround needed between the confirmation of the spending envelope from the PHA, advertising and awarding of grants, engaging with training and mentoring, and delivery of the funded project. Most of the work with the organisations is compressed into an 8-month time period which is ambitious to complete before the end of the financial year. A longer lead-in time such as 12-18 months would be beneficial for supporting the capacity building that is the target objective of this programme. This would allow groups to receive the mentoring and training, and then have sufficient time (9-12 months) to deliver their project without the seasonal restrictions which some groups have found challenging (e.g., projects involving horticultural or outdoor elements may be limited in the current set up by what can be done at the start of the year).

## **Elevate Portal**

There are a wide range of resources available on the Portal website. 118 resources were added this year to improve the local focus of the material, but there is still room to improve how this material can be searched and made more accessible.

## Recommendations

The Elevate programme supports capacity building and connections across the sector in terms of those developing their skills to use community development to tackle health inequalities. The recommendations from the previous evaluations which have not yet been actioned should be revisited by the Strengthening Communities for Health Steering Group. In addition to these, the following recommendations are made for ongoing implementation of the programme:

## **Recommendation 1:**

There are several strategic areas to consider as to how the programme develops in the future. These should be considered by the Strengthening Communities for Health Steering group along with resources that would be required for future programme development and delivery.

**Action 1.1:** A strategic plan for the next 3-5 years should be agreed by the PHA and the Strengthening Communities for Health Steering group detailing the intended outcomes and key approaches to capacity building needed to support community development approaches to tackling health inequalities. This should be used to guide the operational planning each year and evaluation over time.

#### **Recommendation 2:**

Elevate should be commissioned as one integrated programme with the following key areas of work:

- stand-alone training on health inequalities and community development for individuals
- community mentoring and training programme for organisations comprising training, mentoring and small grant.
- online resources.

This recommendation could be supported by the following actions:

**Action 2.1:** Training and capacity building elements of the programme content should remain the same since these appear to be effective.

**Action 2.2:** Commissioning timelines should be better aligned to support effective capacity building, rather than by the financial year where funding is available. There should be an emphasis on ensuring funding is confirmed by the PHA before the summer each year, so applications can be sought, and grants commenced by September. This will allow mentee organisations to avail of the training and mentoring and use what they have learnt in their projects before the end of the financial year. Alternatively, the delivery window for the funded projects could be extended and groups allowed to continue their projects beyond the end of the financial year.

#### **Recommendation 3:**

Mentoring should continue to be provided by skilled, experienced organisations who can provide tailored community development capacity building support and facilitate connections and collective action.

This recommendation can be supported by the following actions:

**Action 3.1:** Mentoring should continue to be provided by organisations who are experienced in community development, well-connected to local networks, and who are able to facilitate both group discussions and one-to-ones with organisations.

**Action 3.2:** Mentoring support should continue to be tailored to the stage of development, needs and strengths of each organisation. The Reflective Practice Tool (RPT) should be used to inform the action plan. Mentees should complete the RPT during the first month after grant award and an action plan developed from this to identify priority areas for capacity building support and training. CDHN can aggregate these and use them to inform the support provided in groups and regionally. Asking mentees to complete the RPT again at the end of the programme will allow for changes in organisational needs and strengths to be monitored.

#### **Recommendation 4:**

Training should retain the same interactive format as is currently used with a mix of participants, presentations, resources, discussion and opportunities to share learning.

This recommendation could be supported by the following actions:

**Action 4.1:** Online delivery should continue in the same format. If face-to-face delivery resumes, similar monitoring of outcomes should examine whether comparable effectiveness is maintained.

**Action 4.2:** Collect measures of satisfaction and impact after each session, particularly the impact measurement session.

**Action 4.3:** Develop and deliver a more advanced level of training that could be the next step into learning about more advanced topics around community development and health inequalities, and practical approaches. The development of this training would need to be resourced.

**Action 4.4:** The current approach of keeping the training session for the Elevate mentees 'closed' and just for mentees to attend should be maintained. This appears to have helped with building collaborative relationships amongst this group.

The following recommendations are made for further development of the Elevate Community Mentoring and Grants programme and assessing the potential for scaling up or expanding delivery. These may require additional development and resourcing:

#### **Recommendation 5:**

Mentees should be given opportunities to further strengthen their community development practice and opportunities for collective action after taking part in Elevate.

This recommendation could be supported by the following actions:

**Action 5.1:** A pathway of support should be developed for mentees over more than one year for those who want to continue. For example, for mentees who later acquire another year's funding in Elevate, their training and support could focus more on skills development and include areas such as:

- strategic planning and sustainability planning
- how to support development of a strong, sustainable, effective community organisation
- assets mapping
- coproduction
- collective action
- developing evaluation and improving practice
- supporting those who might be future mentors to other organisations.

**Action 5.2**: Mentees should be supported to form a community of practice to develop once their projects are complete (the purpose and format of this should be explored with mentees, as well as how it could link with or complement other initiatives such as Project Echo. An Elevate community of practice could support mentees (past and current) to share best practice, provide peer support, help to develop mentors and be a focal point for community development approaches around health inequalities). It may be a group just comprising Elevate mentees to share good practice and make connections, or it may be more effective if it is broader than Elevate mentees and potentially link to some of the existing groups.

## **Recommendation 6:**

The collective body of work of that has been supported through Elevate should be promoted as examples of how community development can be used to make things better.

This recommendation could be supported by the following actions:

**Action 6.1:** The work of successful mentee projects be showcased each year to raise the profile of health inequalities and community development so there is a growing, usable repository of examples of effective community development in Northern Ireland that can help other groups inform their own practice. This should include a clearer focus on *how* the work has been done, so other organisations can understand better what using community development effectively to tackle health inequalities looks like on the ground in Northern Ireland.

#### **Recommendation 7:**

Work should continue to develop the Portal.

There is still room to improve how this material can be searched and made more accessible. For example, it would be useful to include a brief synopsis of each item to facilitate the selection of material.

#### **Recommendation 8:**

Potential to scale Elevate up should be explored against the level of need in different areas using a targeted evidence-based approach.

Action 8.1: Currently the stand-alone training is ready to be scaled up particularly through online delivery to reach more participants. Training facilitators would need to be experienced in community development and trained in the delivery of these sessions, particularly in terms of the interactive techniques used to engage groups. This would be subject to resourcing. Monitoring should be undertaken of the outcomes workshops to ensure they are effective. Action 8.2: If the Mentoring and Grants programme were to be scaled up, the key components of having regional coordination and governance through an experienced community development organisation, locally based experienced mentors, relevant high-quality training, one-to-one and group support, and facilitated networking opportunities should all be maintained. Some development work is needed particularly around monitoring of fidelity.

## **Recommendation 9:**

The potential for broader use of the RPT with community groups not funded through Elevate should be explored by CDHN.

**Action 9.1:** The RPT should be piloted with a group of organisations that are not part of the Elevate programme to see if this tool has potential to be used more widely to encourage reflective practice and strengthen use of community development principles in other groups.