

Elevate

Working together to build healthier communities



Elevate Evaluation 2021-2022:

Implementation of the Training
and the Community Mentoring
and Grants programme

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& Health Network

HSC Public Health
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Introduction and scope of report

In 2019, the Public Health Agency commissioned the Community Development & Health Network (CDHN) to manage and coordinate the development and delivery of a capacity building programme of support for the community, voluntary and public sectors. 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 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 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.

Methodology and approach

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

Current implementation was assessed against the National Implementation Research Network (NIRN) stages and drivers of implementation² 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.

² <https://nirn.fpg.unc.edu>

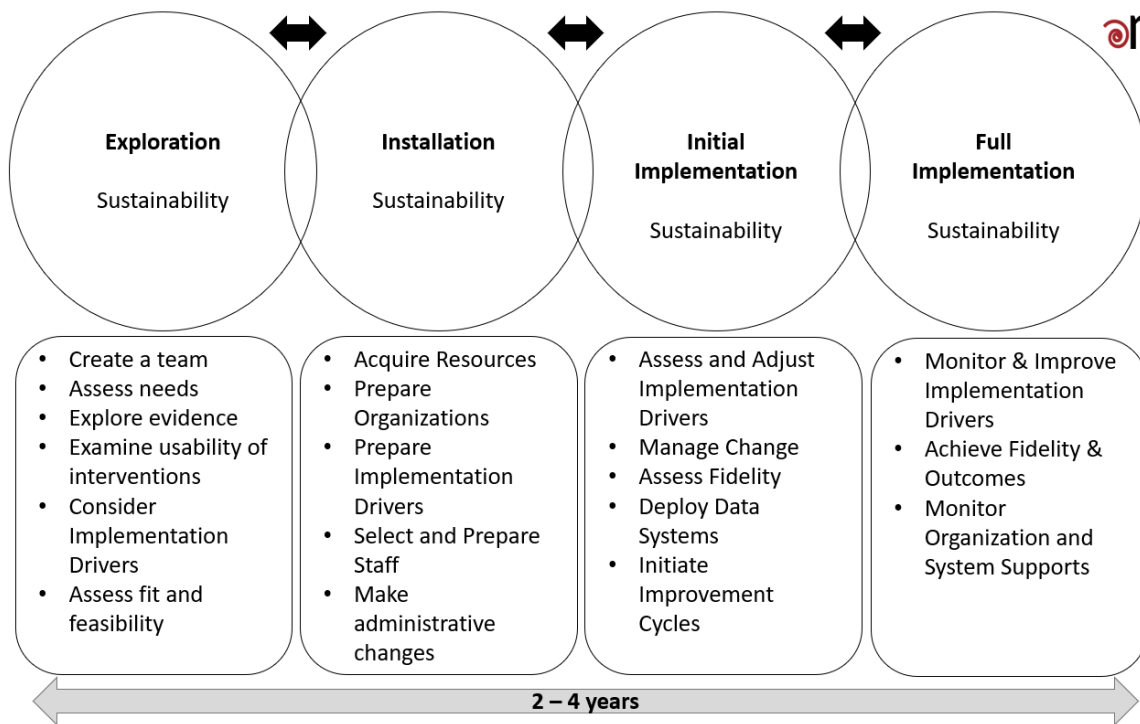


Figure 1: Implementation stages from Fixsen and Blase (2008). National Implementation Research Network.

CDHN revised their internal data collection this year to better monitor fidelity/ consistency in delivery and effectiveness in terms of supporting changes to outcomes. Consequently, the evaluation was designed to primarily analyse the data collected by the CDHN team. A training session was facilitated by Outcome Imps with the CDHN team on logic modelling and using an outcomes-based accountability approach in September 2021. Following this, the team reviewed the existing measurement tools, and a data collection plan was agreed.

Mixed methods were used in the evaluation to examine 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

For the purposes of the evaluation, descriptive statistics were used to analyse quantitative data. Content analysis was used to thematically analyse the qualitative information and common themes are reported. Verbatim quotes which illustrate common themes are presented throughout the text in italics. Findings are presented for each element of the Elevate programme using an Outcomes Based Accountability programme approach with

information organised according to how much was done, how well was it done, and whether anyone was better off. The final section summarises the key findings and recommendations.

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 to 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 of the programme. 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 (2021).

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. 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

¹ <https://www.publichealth.hscni.net/publications/expansion-community-development-approaches>

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 (elevateni.org) 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. Individuals can also use the Portal to book places on Elevate training and groups can apply to participate in the Elevate Community Mentoring and Grants programme.

Previous evaluations

The previous evaluation in 2020-21 observed that the elements within the Elevate programme were successfully adapted and delivered during a challenging year. The CENI evaluation of Year 1 made several strategic and operational recommendations for the future development of Elevate. These included the need for the PHA, CDHN and the Elevate team to agree a developmental plan which realistically reflects the resources which will be available to support the programme in the future, the potential level of need/demand, capacity to deliver and timescale. It also recommended key stakeholders should map where Elevate sits vis-à-vis the Agency's other investments in and support to the voluntary and community sector, clarify the target audiences for the programme and articulate how the programme can meet differing needs. Learning from the Elevate experience of capacity-building in community development was to be shared, and engagement with local authorities strengthened. The CENI evaluation recommended revisiting and re-articulating the purpose and outcomes of Elevate in terms of capacity building; this in turn could support the development of a refined theory of change and outcomes framework for any further iteration of the programme. Operational recommendations included refining the introductory training course, developing a modular programme, developing a step-through mentoring element to the programme, considering a tiered approach to funding, reviewing the Elevate portal, and integrating CDOF better into programme delivery. As noted in the second evaluation report, many of these recommendations had not been actioned in the delivery of Year 2. This reflected the challenging delivery situation of the Covid pandemic, Brexit, changes in staffing within CDHN and CENI ceasing trading.

The evaluation of Year 2 recommended that these previous recommendations should be revisited by the CDHN team and PHA as they reflected what was being observed in the 2021-22 evaluation. The recommended actions from the 2021-22 evaluation focused on strategic development, governance, capacity building support, training pathway, mentoring opportunities to share learning, the portal and data collection and evaluation. The extent to

which the 2021-22 evaluation recommended actions have been progressed are described below as to whether they have been fully actioned, are being progressed, or have not yet been actioned.

Some strategic discussions have taken place between CDHN and the PHA. In January 2022, CDHN wrote the briefing paper outlining the need to review the Draft Community Development Outcomes Framework (CDOF) in the context of the new Integrated Care System. The paper was used to inform discussions between PHA and the Department of Health's Strategic Planning and Performance Group (SPPG). There have been discussions between PHA and CDHN on creating a new Pathway of training, suggested improvements to the Portal and capturing the expected changes for mentee development. However, these were not progressed during 2021-22 due to PHA staff redeployment to support COVID response. Rather than developing a separate community of practice, mentees have been encouraged to join CDHN's membership network which is a community of practice. There is also a Community Development Project Echo community of Practice for paid workers which is supported by the PHA.

Table 1: Progress against each of the recommended actions from the 2020-21 evaluation

| Area | Recommended actions | Progress to date |
|--|--|---|
| <p>Strategic development of Elevate</p> | <p>There are several strategic areas to consider as to how the programme develops in the future. CDHN should discuss these with the PHA and reach agreement about future funding and capacity building priorities. This evaluation has provided insights into what the CDHN team, mentors and mentees think about how the programme could include:</p> <ul style="list-style-type: none"> investing in the work of some of the mentees who have already received funding so their capacity develops over time, or should invest target a new group of mentees each year (so there is less depth, but more breadth in reach and development)? Or a mixture of both? Funding could still be made on the basis of annual allocation, but a pathway of training (as recommended below) would need to be developed to deepen practice skills. Projects would need to show how they further their development deciding whether grants continue to be driven from the ‘ground up’, or would there be merit in putting out a call that focuses on specific areas of work? Potentially offering different types of grants within the Elevate programme such as some that are purely access to financial support, in addition to others which involve some financial support as well as mentoring/ capacity building? If a small number of grants that are just financial aid are allocated, these should not duplicate the funding that might be available elsewhere and not detract from the aim of Elevate as primarily capacity-building. We would not recommend the inclusion of purely financial grants as these grants can be accessed from elsewhere <p>There are pros and cons to each of these depending on what the aim is to achieve over the period of the funding programme. The PHA and CDHN should further clarify the benefits expected from these grants and the collective changes expected over time across the programme.</p> | <p>Completed in terms of agreeing an operational plan, but not in terms of a strategic plan for the programme</p> |
| <p>Governance</p> | <p>Keep the paperwork simple and straightforward.</p> <p>Add a question to the mentee application form asking them to identify which of the CDOF outcome areas they expect their project to influence.</p> <p>Retain the current payment schedule.</p> <p>Open the call for applications in early summer (and ask mentors to circulate the call for funding to their networks), do award allocation in August, start funded projects with training in Sept/ October so this can influence the roll-out of the project, and finish delivery/ project submit claims by end March (or potentially extend for seasonal projects).</p> <p>Retain an annual funding call. If previously successful applicants reapply in subsequent years, only fund those that show how further funding will deepen their practice</p> <p>Keep the grant amount between £5000-£7000 as bigger amounts would potentially put some mentees off applying.</p> | <p>Completed</p> <p>Not actioned</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> |

| | | |
|----------------------------------|--|--|
| Capacity building support | Better differentiate the roles of the CDHN team and mentors going forward to make best use of the complementary skills of each. | In progress |
| | CDHN should take a 'helicopter' view of the whole programme (whereas mentors are only familiar with the mentees in their area), and more actively connect mentees across the region, perhaps thematically | Completed |
| | Decide whether CDHN or mentors should take a lead in some of the action planning with mentees | Completed |
| | CDHN should: - lead on sharing of experiences and best practice through updates and showcase events. - support mentees to form a community of practice to develop once their projects are complete (this could support sharing of best practice, provide peer support, help to develop mentors and be a focal point for community development approaches around health inequalities). | CDHN sharing best practice completed. Forming a community of practice for mentees not actioned (as noted below they are encouraged to join the CDHN membership network) |
| | CDHN should develop and deliver a pathway of training as outlined below. | As noted below |
| Training Pathway | Ask potential applicants to identify which of the CDOF areas their project will aim to influence in their application form | Not actioned |
| | Mentees should complete the Elevate Self-Assessment Tool (ESAT) now known as Reflective Practice Tool (PRT) 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 to inform the support provided in groups and regionally. Asking mentees to complete the ESAT again at the end of the programme will allow for changes in organisational needs and strengths to be evaluated. | In progress |

| | | |
|--|---|--|
| | <p>Develop a pathway of training which mentees can access over 3 separate years consisting of different levels (and subject to a successful annual grant application). For example, in their first year of funding, this could include:</p> <ul style="list-style-type: none"> ○ basic health inequalities and community development ○ action planning for how to use this knowledge in the project <p>For mentees who later acquired another year’s funding in Elevate, their training and support could focus more on skills development and further their community development practice, for example:</p> <ul style="list-style-type: none"> ○ strategic planning and sustainability planning ○ how to support development of a strong, sustainable, effective community organisation ○ assets mapping ○ coproduction ○ developing evaluation and improving practice <p>supporting those who might be future mentors to other organisations.</p> | <p>Not actioned</p> <p>In progress</p> |
| | <p>Training should retain the same interactive format as is currently used with a mix of participants, presentations, resources, discussion, and opportunities to share learning. Training could be delivered face-to-face or online.</p> | Completed |
| Mentoring | <p>Provide mentees at the start of the process with more information about what the mentoring role can involve.</p> | Completed |
| | <p>Ask mentees to self-complete the ESAT (RPT) in the month after grant award. This could provide an action plan for each mentee that specifies what areas they need capacity building support with during their time in the Elevate programme. These needs could be support through training, local mentor groups or one- to-one support, or regionally.</p> | In progress |
| | <p>Share information with mentors about the grant application once it has been awarded so they can more easily engage with mentees and know what type of support they have said they wanted, and what comes out of the ESAT (RPT) process.</p> | Completed |
| | <p>CDHN should connect mentees from different areas who are working with similar groups or using similar approaches (this is one of the benefits of online sessions which are less limited by geography).</p> | Completed |
| Opportunities to share learning | <p>The work of successful mentee projects could be showcased each year to raise the profile of health inequalities and community development.</p> | Completed |
| | <p>A network/ community of practice of Elevate organisations who have successfully completed their projects should be established. This would allow for a balance of bringing in new mentees each</p> | Not actioned (Elevate mentees join |
| | <p>year (and stimulating innovation, newer organisations etc.), and capacity building of mentees over time. Retaining some involvement in a network (as long as it is not too time- consuming) may also facilitate the development of potential mentor organisations within the community. This network could be a special interest group within the CDHN membership.</p> | the CDHN membership network) |

| | | |
|---------------------------------------|--|----------------------|
| | Clarify what is meant by connecting organisations and building links – this currently appears to involve raising awareness of what other organisations do in the local area and supporting them to exchange ideas and strategies. Over time this may encourage innovation and new approaches being tried by an organisation, as well as build networks of peer support within the community, and open up possible connections for future collaboration and co-working. There might be some merit in providing grants that encourage organisations to work together, but this would need to be carefully done in a way that encouraged meaningful collaboration so that it is not tokenistic. | In progress |
| Portal | Consider the purpose and use of this repository to make its unique selling point (USP) and intended audience clear. It may need to be either better promoted or redeveloped so it does not duplicate information easily accessible elsewhere. Consideration should be given to having a clear focus on locally relevant information. | Not actioned |
| | Presentation of the information could be improved to make the resources more accessible, for example, providing short summaries or abstracts so people know briefly what a document contains before they download it. | Not actioned |
| | Key resources such as the CDOF, ESAT(RPT) and videos should be visible and easily accessible at a high level within the main pages rather than requiring several click-throughs to access. | In progress |
| Data collection and evaluation | The logic model for the programme should be re-examined to see if it still covers all the relevant areas of support being provided during this third year, and the anticipated aggregate impact of the individual projects. This should guide the evaluation next year. | In progress |
| | Efforts should be made to increase response rates to the training questionnaires | Completed |
| | The CDOF and ESAT (RPT) tools should be further developed and finalised, and appropriate supports put in place for their use. | CDOF not actioned |
| | Areas for development include the content of the tools and how they are presented to users, development of support documentation, and any associated training or capacity building which is needed to support their use. These tools, properly developed and supported, should be used in the Mentoring and Grants element to guide action planning and capacity building for individual organisations as well as across the programme, and for monitoring changes over time. | ESAT (RPT) completed |
| | Aggregation of CDOF data could feed into activity and outcomes monitoring at a regional level and complement approaches such as OBA. This could be strengthened by identification of usable measures which groups could use that might align to regional data such as, for example, some of the ONS personal wellbeing measures as these might be useful for the PHA monitoring of the impact of their various funding programmes across NI. | Not actioned |

Elevate Training sessions

How much was done this year?

Open training sessions: 16 open training sessions were delivered in total reaching a total of 198 participants from community and voluntary sector organisations and statutory organisations.

PHA training sessions: 3 sessions covering health literacy and community development were run for PHA staff, reaching a total of 30 attendees.

Impact measurement: one open session was held on impact measurement reaching a total of 18 mentees.

How well was it done?

Open training sessions

The training reached relevant participants from the community, voluntary and statutory sectors. Sessions were attended by people across all Trust areas, with around half describing themselves as working in the voluntary, community or charity sector (44.8%), and just under half in the Statutory sector (44.8%). Most were paid employees (89.5%) rather than unpaid or volunteers. There were 10 of the 198 participants who were not based in NI (5%). This reflects the potential reach of online training for people working outside Northern Ireland.

There were consistently high levels of satisfaction with the type and quality of the facilitation, with various aspects described by most people as excellent or good, and no aspects described as poor (n=101).

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 relaxed style of the training, the skills of the facilitators and the break-out rooms were all mentioned as helping people make connections. Most participants rated the training as follows:

- pitched at the right level
- having a good balance between taught elements and activities
- using the right presentation style.

Open-ended feedback from participants included:

“Working in health and community development there is always learning. I particularly enjoyed listening to the presenters and knowledge sharing within the training. It was good to learn from others and network. The remote training worked very well.”

“I felt the language used was very friendly and could be understood by a community committee and a statutory steering group!”

“There was a good mix between training and the use of breakout rooms. My skills improved and I have established good connections within others in the training.”

“Working in the voluntary sector with homeless and or isolated clients, I had some awareness of the issues but hearing the statistics and discussing the issues with others was very helpful and increased my knowledge and awareness.”

PHA training sessions

As part of the 2021-22 programme, PHA asked for 5 Elevate training sessions to be held over for them. The aim of these sessions was to promote and recruit both from within PHA and within PHA’s sphere of connections, including Healthy Living Centres, the Strengthening Communities for Health Steering Group (which encompasses senior staff from VCSE organisations as well as senior staff from relevant government departments), the Capacity Building Sub-group and the Funding Sub-group. Feedback from these earlier sessions included the suggestion of an awareness raising session for those working directly with community/ voluntary groups. The subsequent session offered to the Strengthening Communities for Health Steering Group and sub-groups was revised to take account of this: instead of the full-day training, this was a three-hour demonstration session highlighting the areas covered by Elevate training, the concepts it introduced and the kinds of stats and evidence it was built on. CDHN feedback was that this approach seemed to better suit the needs of the group. The feedback from the participants in the online questionnaires about the style and delivery of the PHA training sessions were very similar to those from the open sessions with high levels of satisfaction noted with how the training was delivered.

Impact Measurement

The impact measurement session was delivered with Supporting Communities. No information is available on the characteristics of the participants or levels of satisfaction with the session.

Is anyone better off?

Open training sessions

Post-session feedback from participants showed that the training:

- increased participants’ knowledge and understanding of health inequalities, why they exist and how they look in their community (Figure 2). Those coming with a greater understanding before the session still found it useful because it consolidated their existing knowledge and 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 from the session. The training helped them deepen their understanding of issues that they had not previously fully understood the impact or scale of. This was seen by many participants as the most useful thing they would take away from the training.
- increased their knowledge and understanding of the values and principles of community development (Figure 3). Most participants said they did not know a lot about the principles of community development before the training and this was an area that the session had greatly improved their knowledge in. This was also seen as very useful learning, particularly better understanding the importance of community and its potential impact, as well as looking at each

community's strengths and needs, and involving the local community more

- most people said the training let them explore how their role could make a difference locally
- most felt the training had helped them to recognise the challenges and opportunities that have happened through COVID-19
- participants valued hearing what other attendees were doing in their roles and people's lived experiences.

Figure 2: Level of knowledge and understanding of health inequalities, why they exist and how they look in your community self-estimated by participants in the open sessions before and after training

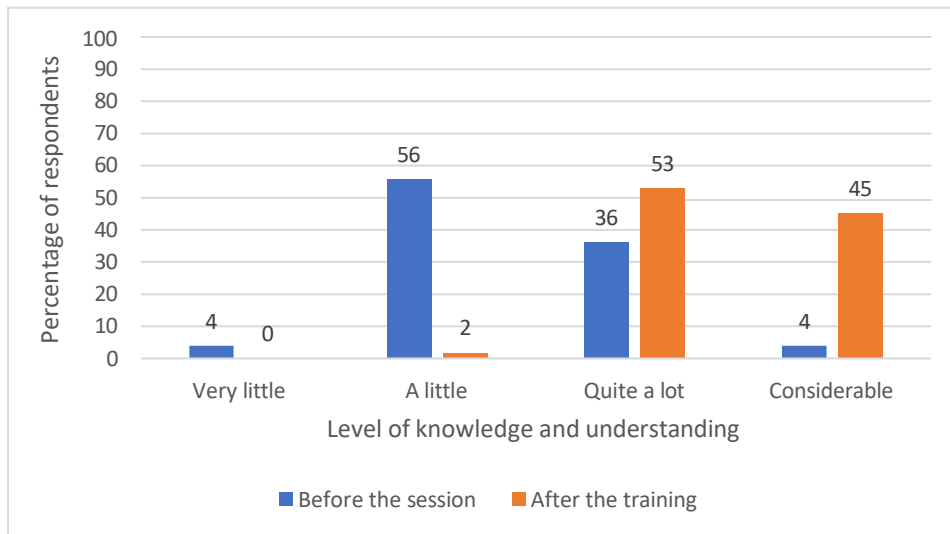
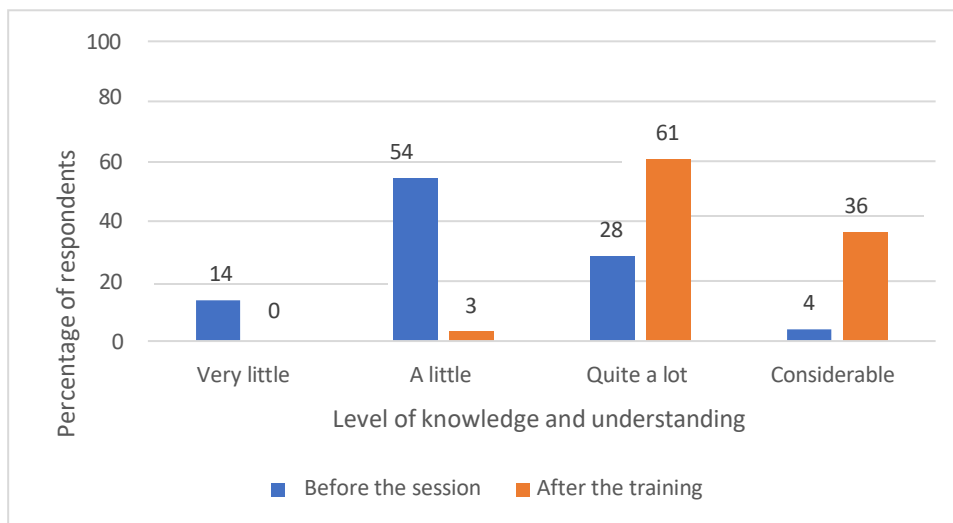


Figure 3: Level of knowledge and understanding of the principles of community development self-estimated by participants in the open sessions before and after training



Open-ended feedback from those who participated in the training included:

“The connections part was very useful for me. I'm working in a geographical area that is new to me, and with everyone working remotely I have found the usual ways to connect with others has been challenging. This course brought me right there. Looking forward to developing good projects with the new contacts I made at the training.”

“All areas are different so the issues in my area may be different in other areas, and I need to find out the issues in my area.”

“If everyone works together, health inequalities will be reduced much more quickly. We definitely need a joined-up approach.”

“You made me consider the power I have in my role, and with that I need to ensure the messages I deliver are relevant to the local residents to be effective for change.”

“Listening to what people actually want and encouraging them to get involved.”

As well as increasing their knowledge and understanding of health inequalities and community development, most participants reported it had improved their skills and they felt more confident. They planned to share what they had learnt with others following the training. This shows useful motivation which may increase the reach and longer-term impact of the programme if the learning is shared more widely than just those participating in the training.

The training emphasises the importance of collaboration and working with others. Many of the participants highlighted that the most useful learning for them had been around the importance of connections and partnership working, and this would change how they approached their work in the future. Around half the respondents said they had already made useful and tangible connections with others because of attending the training.

Suggestions for future development from attendees were to include a worked example of using community development, described from start to finish. This would help to reinforce what community development looks like in practice. Another suggestion was to offer a more advanced training course, so participants could further develop their knowledge and skills.

PHA training sessions

Compared to the open sessions, PHA participants reported already having a good understanding of the topic areas before the session. Even so, most said that the session further improved their understanding of health inequalities and community development (Figures 4 and 5). Most felt they had more knowledge and understanding after attending the training than they had before it. The training had very similar impact as shown in the open training sessions with participants highly

valuing the increase in their understanding of importance of community development and how to use it effectively to reduce health inequalities. They also highlighted the importance of connections and partnership learning, both in terms of encouraging cross-sectoral working and supporting others to collaborate, and also how they would approach their own collaborative working with others. More than 80% felt they had made useful connections with others from attending the training.

Figure 4: Level of knowledge and understanding of health inequalities, why they exist and how they look in your community self-estimated by participants in the PHA sessions before and after training

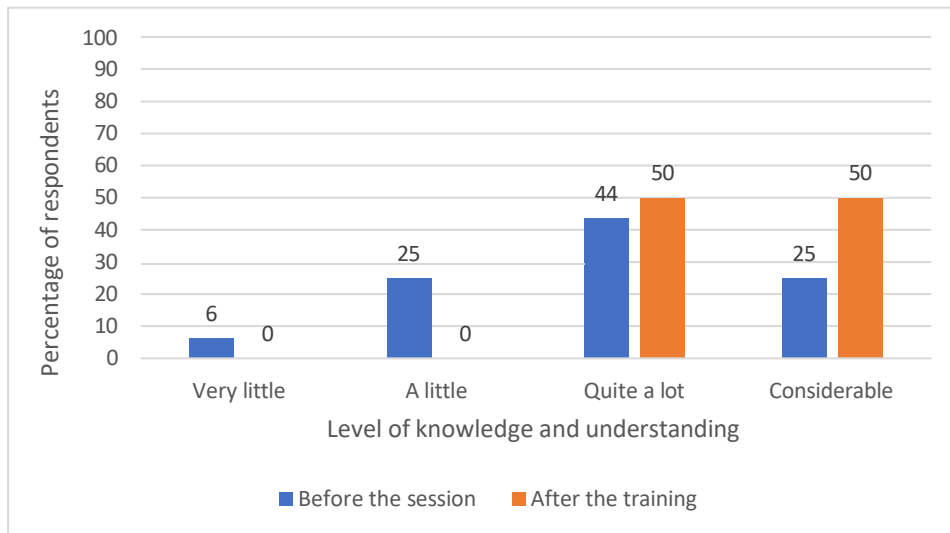
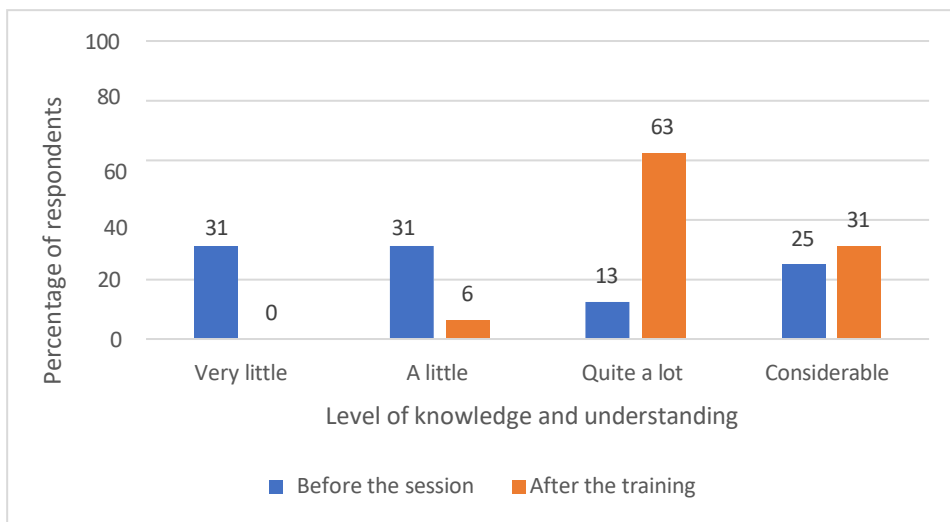


Figure 5: Level of knowledge and understanding of the principles of community development self-estimated by participants in the PHA sessions before and after training



Open-ended comments from participants included:

“I had a good knowledge and understanding of health inequalities, why they exist – however, it is always good to remind ourselves of why we do the work we do.”

“I benefited greatly from the values and principles of Community development slides.”

“This was a lovely safe space to reflect on my work and the challenging times we have faced with Covid 19, and how I have adapted and responded to the needs of our communities to the best of my ability.”

“Highlighted the benefit of the Living Well service... and the importance of support through social prescribing, community link ups etc.”

“Cannot do this solely, requires buy-in commitment from partners. Don’t be afraid to drill down on the local intelligence from the people on the ground ... LISTEN.”

Impact Measurement: no monitoring information is available on the impact of this session.

Training sessions: Summary and recommendations

Summary

The training sessions were 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.

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.

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, and 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 and deepen 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.

Recommendations

- 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
- Collect measures of satisfaction and impact after each session, particularly the impact measurement session
- Consider options and resource available to develop and deliver a more advanced level of skills based practitioner 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.

The Elevate community mentoring and grants programme

The Elevate community mentoring and grants programme comprises several elements. Mentee organisations agree to have one or two people from their organisation participate in each part of the Elevate programme when they sign their contract of award. The elements of the Elevate community mentoring grants programme include:

Health Inequalities and community development training

A closed group training session for mentees. The content and style of this session is similar to open training session described in the previous section, but only people from the mentee organisations are invited to attend. Each organisation is expected to send one or two participants. This provides an opportunity for them to meet and network with the other mentees from across NI.

Mentoring support

Mentoring support from an experienced community and development organisation based in the same area as the mentee. The mentors this year were ARC Healthy Living Centre, County Down Rural Community Network (CDRCN) group, Mid & East Antrim Agewell Partnership (MEAPP), Bolster, and Women's Tec. Each mentor supported around 5 mentee organisations.

- The focus of this support is guided by the mentees completing a self-reflection tool on their current community development practice and action-planning around what needs strengthened. This was a new element in the programme this year.
- The mentoring support was designed so groups would receive at least 5 contacts with their mentor as follows:
 - 2 one-to-one sessions provided by the mentor directly with each mentee group (up to 3 people from the mentee organisation could take part)
 - 3 Networking Sessions where each mentor brings all their mentee groups together for networking and group discussion
 - Mentors also provide flexible, ongoing support through phone calls and emails

Networking

Networking events throughout the year which support the mentees to come together with organisations from outside their area

CDHN support

A one-to-one session with their Elevate Officer, either online or face-to-face usually with one or 2 people from the mentee organisation to provide support with taking part in the Elevate programme and to identify connections that might be useful for organisations to make in order to support their work

Grant funding

Grant funding of up to £5000 to undertake a small project focusing on health inequalities which has to be completed before the end of the financial year.

CDHN membership

Mentees are encouraged to avail of the free membership of CDHN.

Implementation and governance

The planned data collection included several elements intended to support fidelity to the model and representing the full stage of implementation. During the piloting of these measures, it became apparent that further adjustments were needed to make them more workable. Each element is described below, with commentary on the extent to which it was possible to implement during this year.

| Element | Purpose | Extent to which this was implemented during 2021-22 |
|---|--|---|
| Include the Community Development Outcomes Framework (CDOF) questions in the application form. | To focus the attention of the applicants on an outcomes-based approach for their projects from the beginning of their involvement with Elevate | The CDOF questions were not included in the application form due to time pressures. These have subsequently been included in the 2022-23 application forms |
| Mentees to complete the Reflective Practice Tool (RPT) twice | First completion of the RPT at the start of their engagement with the programme to inform the development of an action plan for the mentoring support | The RPT was introduced in October instead of September to the mentees. This was because the development of the web based RPT had to be shelved and an online version (SurveyMonkey) introduced instead. This was not enough lead in time for the mentor organisations and mentees to plan how they were going to introduce it. Consequently, the first RPT was not completed until after the action plan for the mentoring had already been drawn up (November or December for many of the mentees) |
| | Second completion of the RPT at the end of the Elevate programme to encourage ongoing self-reflection about their practice and see where they needed any further development | Given the tight timescale for delivery, and the delay in first completing the RPT, an extension was granted so mentees could complete the RPT for the second time in May instead of March |

| | | |
|--|--|--|
| <p>Mentor Monthly Feedback form to be completed by the mentor each month as a record of each mentees’ engagement and the mentors’ observations on mentee progress</p> | <p>This was to help the CDHN team to monitor mentee engagement on an ongoing basis, without having to attend every meeting since a recommendation from the previous evaluation was to better differentiate the roles of the CDHN staff and the mentors</p> | <p>The project monitoring form was inconsistently and irregularly completed by the mentors. Challenges reported by the mentors included using Dropbox, already having their own preferred recording system in place, or this being too time consuming. During 2021-22, the CDHN team reverted to keeping in close telephone contact and attending some of the meetings with the mentor and mentees. This has been updated for the 2022-23 programme to a more simplified version based on mentor feedback.</p> |
| <p>Training Evaluation form: Following the community development and health inequality training sessions, attendees were to complete a short online survey about what they had learnt from the training session</p> | <p>To provide information about quality of implementation and short-term impact on outcomes</p> | <p>The online survey was administered to all participants at the end of the community development and health inequalities training sessions. Completion rates are shown below: 16 open Elevate training sessions (attended by 198, post-session feedback collected from 105 people) 3 PHA sessions (attended by 30, post- session feedback collected from 16 people) One session was just for the Elevate grant- funded mentees (attended by 22, post-session feedback collected from 14 people) one session on impact measurement (attended by 18, no post-session feedback collected).</p> |

| | | |
|--|--|--|
| <p>End of year monitoring report form: mentees were to complete an end of year project report to provide feedback about each element of the Elevate programme, information about how they had shared the information with the rest of their group, and perceived impact on their practice. A section also included questions about the implementation of the funded project. A series of closed Likert scale questions relating to whether participation in Elevate had helped them change each factor from the CDOF was included and this was intended to be compared with the CDOF area identified at the start</p> | <p>To provide insights into the mentee satisfaction with each element of the programme, implementation, and effectiveness, and for mentees to make suggestions for the future development of Elevate</p> | <p>The wording of the questions on the project monitoring tool was further developed by the team, with the addition of several open-ended questions to provide space for examples, and the inclusion of a questions asking for a quote that could be used to promote the programme. The wording of this question has been refined for 2022-23 delivery to avoid potential biasing of responses</p> |
| <p>Impact videos and stories</p> | <p>To provide insights into the impact of the projects as reported by the community groups</p> | <p>These have been developed throughout the course of 2021-22</p> |
| <p>Researcher was to facilitate a focus group with the mentors</p> | <p>To provide insights into the mentors' experience and insights into implementation and impact</p> | <p>The CDHN team lead facilitated the discussion with the mentors as part of the internal feedback process, with the researcher and Elevate team in attendance</p> |
| <p>Researcher was to facilitate a focus group with the CDHN team</p> | <p>To explore their insights into implementation and impact.</p> | <p>This was completed</p> |

How much was done this year?

Information sessions

Two information sessions were held to promote the programme (attended by 24 people).

Applications

In total 33 organisations applied across each of the HSC trust areas, 23 organisations were awarded places on the Elevate grants and mentoring programme, and 21 of these completed the year. At least one grant was awarded in each council area except in the Ards & North Down Borough Council area as no-one applied from this borough. Newry & Mourne received the highest number of 5 grants.

CDHN membership

All awardees were entitled to free CDHN membership - connection to a 2,300 strong network of regional and local community and voluntary organisations and public sector colleagues working in areas related to community development and health inequalities.

Health Inequalities and community development training

One session was held for mentees and was attended by 22 people.

Mentoring support

In terms of mentoring support provided to individual organisations, the number of one-to-one mentoring sessions received by the organisations varied from 1 to 6, with most organisations receiving 2 or 3. The number of group mentoring session attended by the organisations varied from 0 to 4, with most organisations attending 2 or 3. Most organisations had 1 person (n=10 groups) or 2 people from their group attend the mentoring sessions (n=8 groups). All 21 organisations said they shared the learning from the mentoring sessions with others in their organisation.

Networking

There have been several opportunities this year to share learning across the programme, during training, in local mentoring sessions, and connections of individual organisations both within and outside the Elevate network by CDHN and the mentors:

- Elevate Launch Event for Mentees and Mentors (attended by 41 people).
- Elevate themed networking event 24 Feb 2022 – the theme of this session was ‘Volunteering’ and the session was run in conjunction with Volunteer Now. Part of this session also included opportunities for the mentees to talk to each other about their experience of Elevate so far, learnings and challenges. This was attended by 11 people
- Elevate Celebration Event 20 May 2022, attended by 36 people.

CDHN support

Since the last evaluation, the Elevate team has refined the routine monitoring approach of progress and outcomes. An in-depth Mentoring and Grants programme review was undertaken in line with the external evaluation recommendations to support a more integrated and coordinated programme delivery model for 2021-2022. A new schedule for applications was

devised based on increased lead in time, new information events prepared and scheduled for July 2021 to expand reach and understanding of the programme, case studies and news stories prepared, promotional work undertaken, and all programme documentation reviewed. Amendments were also made to application form and guidance notes for applicants in advance of the application call opening in July 2021. A recommended minimum contact time between Mentor organisations and mentees was agreed between CDHN and mentoring organisations. Elevate officers designed a template to report on the level of contact over the duration of the programme. Throughout the year CDHN kept in contact with each of the mentee organisations and mentor organisations providing them with ongoing support.

The Reflective Practice Tool (RPT)

The RPT (previously known as ESAT) was redeveloped this year to make it more concise and easier to understand. The aim at the start of this year's programme was to ask mentees to complete it as early as possible after their grant was awarded so it could inform the development of their action plan and support provided to them by their mentor. The original intention was to design it as an online pre and post tool. Due to technical challenges, the development of a web-based version of the tool was paused. The team reverted to using Survey Monkey to complete the tool with the addition of paper-based guidance. So, whilst not fully used as intended this year, the RPT did still influence some of the work of the mentee organisations, and it was possible to gather useful feedback about how usable the RPT is and its future potential within the Elevate programme.

Grant funding

In addition to the capacity building elements of the Elevate programme, mentee organisations were awarded up to £5,000 to undertake a small community development project to be completed before the end of the financial year. A total £104,000 was allocated this year through 23 grants of up to £5,000 each. Two grantees subsequently withdrew so a total of 21 grants were expended.

CDHN membership

All mentees became members of the CDHN network. This year, examples of CDHN membership activities included:

- 20 e-zines
- 9 previous Elevate Mentee groups attended the CDHN Networking Event and Annual General Meeting (AGM) on 13 October 2022, as well as 4 of the Mentor organisations. This gave both mentee and mentor groups greater reach and connection opportunities. The event was attended by around 80 participants from the voluntary and community and public sector including the Trusts, from government departments, from local councils, and academia, and provided them with the latest information and thinking about the proposed new Integrated Care System structures, and opportunities to have their voice heard
- chances to contribute to public policy consultations organised by CDHN, e.g., Integrated Care System, COVID 19 on community organisations, Volunteer Policy.
- opportunities to participate in research being undertaken in the field of health inequalities and the social determinants of health.

How well was it done?

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 they say is required by 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.

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. Only confirming the budget for projects at the start of the summer leads to a short turnaround for selecting suitable organisations and them having to complete their small projects before the end of the financial year. This pressure from timescales was also observed in the previous evaluation and a recommendation made that the grant funding for community organisations should be confirmed earlier to ensure that it is an integrated programme element, so as to provide a better learning and practice development opportunity for mentees. Elevate is being delivered as a coherent, integrated programme of training, mentoring and grants. A longer lead-in time would be beneficial for supporting the capacity building that is the target objective of this programme.

CDHN staff were seen as useful and supportive. As open-ended comments showed:

“The staff were keeping us on the right track, showing interest in how we progressed, asking how they could assist us. The training sessions offered were insightful and tailored to our needs. It would be great to hold some sessions in the evening or at weekends as this would allow more members of our community to participate in them.”

“We found the staff very helpful. We could contact them at any time for support and guidance. The training offered was succinct and concise, making it easier to understand and share with others. The mentoring was very useful. These sessions gave us the opportunity to allay any concerns. We also got really good advice and guidance on the future of the project and more informed on what Elevate is about.”

Elevate Target groups - population groups

The target groups for the projects funded through Elevate varied widely by age, specific needs, people living in specific areas, as well as communities brought together through special interest rather than location. The 21 successful organisations are listed on the CDHN website (<https://elevateni.org/news/elevate-grants-to-groups-to-tackle-health-inequalities-in-local-communities/>).

Mentors were impressed at the range of projects undertaken by the Elevate mentees across the areas. Mentors and the CDHN team reported that more of the organisations selected for this year were suitable in terms of being the right type and size of community group who would benefit most from the mentoring and capacity building being provided in the Elevate programme. Even so, mentors reported similar challenges in engagement to the last evaluation: they had found some groups were more difficult to engage than others, and there was a variation in how valuable the mentoring was to the organisations since they were at different stages of development. Even with the changes to the advertising, there were still some groups whose primary interest was undertaking the project rather than the capacity building and mentoring part.

The mentors have continued to provide useful support that is a mixture of helping organisations trouble-shoot the current operationalising of the funded project, and identifying areas for future development (e.g., other funding opportunities, connecting with other organisations, practical support with monitoring and governance and developing strategies for evaluation). Most mentees found their mentors very helpful and supportive and saw this as a key benefit of the programme. Some already had experience of working with the organisation who became their mentor.

Reflective Practice Tool (RPT)

This year the mentors took the lead in action planning with the mentees. The support provided by the mentors was guided in part by the Reflective practice tool and its use provided an opportunity to support engagement between the mentor and mentee. Following the recommendation in the last evaluation, the ESAT was redeveloped this year to make it more concise and easier to understand. This involved simplifying the language and making the rating scales and instructions clearer. The intention was to ask mentees to complete it as early as possible after their grant was awarded so it could inform the development of their action plan and support provided to them by their mentor. As noted above, some mentees only completed it in December after their mentoring support had begun. So, whilst not fully used as intended this year, the RPT still influenced the work of the mentee organisations, and it was possible to gather useful feedback about how usable the RPT is and its future potential within the Elevate programme.

The RPT was designed to be completed as a collective effort by several people within the organisation, rather than by only one person. In this year's group of mentees, 7 organisations reported that 2 or 3 people completed the RPT and 6 said it was completed by just one person. Four organisations had 4 or more people involved in completing the RPT. Most organisations reported that it took between a couple of hours or up to a day to complete. Most thought the questions were clear and overall, it was useful. The mentees liked the way that feedback was provided in the RPT. They saw different benefits to both the traffic light system and the numerical scoring system.

The mentors and CDHN team reported that it had been challenging to get some of the groups to do the RPT. Mentors suggested it would be better if this was undertaken earlier in the process next year, or potentially completed by applicants before taking up their place in the programme. Most organisations said they could have completed the RPT without anyone's help.

Mentees' level of satisfaction with the health literacy and community development training was assessed at the end of the session. Overall levels of satisfaction with the training were very similar to those already reported for the open sessions. There were consistently high levels of satisfaction

with how effective the facilitation of the sessions were, with various aspects described by most people as excellent or good, and no aspects described as poor (n=11).

Elevate mentees particularly valued the opportunities to network and make practical connections with other organisations. These have already led to collaborative work in some instances and future joint work being planned in others. As one mentee put it:

“This was one of the highlights of the programme for us – the likeminded, positive and highly motivated individuals across the network really enthused us to make a difference, seeing the successes of other projects, seeing what has been achieved and what people were aiming to achieve – really did inspire us to move forward with a more strategic vision of our future planning, and create some supports within the network to help us along that way.”

Grants programme

Mentees had access to grants of up to £5000 and used this in creative ways to address health inequalities within their communities. Twenty-one organisations benefitted from these small pots of money that they might not otherwise have been able to get access to. A further 2 projects were awarded but not operationalised. The measures of success were that the project was delivered within the approved budget and the community group reported that the project had met their aims. All the projects that were operationalised successfully delivered within the approved budget and report that they met their aims. The Elevate funded projects have been relatively small-scale and vary widely in terms of the nature of the work done, and they had a fairly short timescale to complete their projects before the end of the financial year. There has been an improvement this year in the focus on the projects funded being more developmental in nature (rather than purchasing equipment) due to changing the criteria for applications.

All mentees became members of CDHN. During 2021-2022, they received 20 newsletters as well as emails. They could also contact members of the CDHN team for further information and support with using community development practice to tackle health inequalities and availing of funding opportunities.

Is anyone better off?

Perceived impact of the training around using community development to tackle health inequalities was assessed using the same questionnaire at the end of the sessions to that used in the open and PHA training sessions. Mentees were also asked how they had used the training in the end of year project report.

Overall short-term impacts were very similar to those already reported for the open sessions, with a stronger impact being reported on the type of practical connections being made with other organisations in the sessions.

The training sessions were effective in increasing levels of knowledge and understanding of health inequalities, why they exist and how they look in their community (Figure 6). Mentees felt they had learned more about community development (Figure 7). They enjoyed sharing their

experiences with the other mentees. Most attendees reported that they shared what they had learnt with others in their organisations and this could potentially support the longer-term reach and impact of the programme.

Figure 5: Level of knowledge and understanding of health inequalities, why they exist and how they look in your community self-estimated by participants before and after training

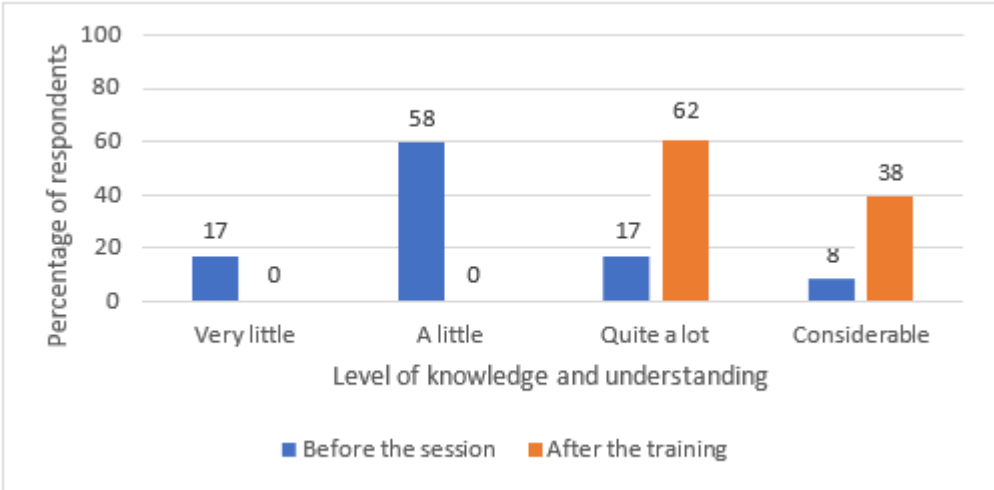
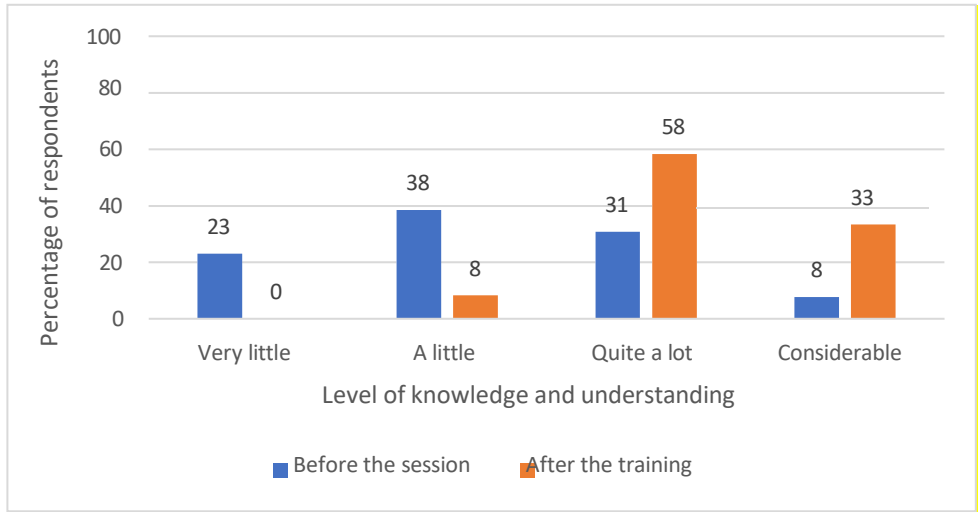


Figure 6: Level of knowledge and understanding of the principles of community development self-estimated by participants before and after training



Open-ended feedback from mentees included:

“I have gained more insight about perceptions including my own. I found it beneficial to listen to others’ ideas and it allowed me to think about the areas discussed in a more rounded way. Loved the resources/ tools used to support thinking and liked the pace of the session.”

“I was aware of health inequalities prior to training, but now have a deeper understanding of how they impact the community and the factors that can reduce health status.”

Mentee organisations reported a stronger impact on improving their connections in practical ways than the participants in the open training sessions. This likely reflects that they experienced the training as one of several networking elements aimed at strengthening connections and supporting potential future collaborative working. This would suggest that it is a useful strategy to maintain the current approach of keeping the session for the Elevate mentees ‘closed’ and just for mentees to attend. This appears to have helped with building collaborative relationships amongst this group.

Seventeen mentee organisations said they made new connections because of taking part in the Elevate programme (81%). Four organisations reported making connections with statutory providers and these included health and social care services, Sure Start, CAMHS and Education Authority. Five organisations reported making connections with other C&V organisations. These included Women’s Aid, Cara Friend, Youth Action NI, SOPYC and PIPS. It is notable that the main theme through the mentees’ comments is an emphasis on how practical and tangible these connections were. Rather than being described as tentative connections made through networking, there were several examples of collaborative work. Many organisations highlighted that there had already been real opportunities to work alongside or in partnership with these other organisations. Some highlighted getting more involved with other networks such as the Elevate network, HSCNI network, an online information sharing event, and a network of local community organisations providing youth services. Four organisations said that they did not make any new connections (24%). The reasons given for this related to the stage of development of their work (that their focus was currently more operational in terms of getting their project up and running) or that they were now aware of potential connections that they would make in the future.

Open-ended feedback from the mentees included:

“Following the first meeting with groups in my area receiving mentoring, I have made new connections and discovering ways we can collaborate. I am meeting with [another mentee organisation] tomorrow to run a demo session with some of their young people, to explore running a joint project.”

“There are a few very interesting people who are ahead of us in our vision and I will be making contact with them for advice and tips. It was great to get speaking to them and I hope this is the beginning of beautiful relationships.”

Mentors also saw the Elevate programme as providing opportunities for mentees to network with other groups (locally and regionally) in ways that would persist post-funding since working relationships had already been developed. These opportunities to link with other organisations in the local area would not likely exist without Elevate.

Two of the Elevate mentee organisations have already submitted a funding proposal to undertake a new project together:

"It has helped to establish us, as a local community Music and Dementia 'playlist for life' help-point. We now have more awareness around potential pharmacy roles and made connections with local businesses who support us. It was great to make a new connection with the Crisis Café, Newry. We have many shared views on developing inclusion, youth voice and opportunities for young people, who are experiencing poor mental health. We submitted a joint funding application to develop a project in Newry, bringing young people from all communities together through art. The application wasn't successful, this time round, but might be next time!"

Some highlighted getting more involved with other networks such as the Elevate network, HSCNI network, an online information sharing event, and a network of local community organisations providing youth services. For example, as one mentee put it:

"Yes, we have formed new working relationships or further developed existing partnerships with these groups. Through the project, we played a central role in creating a very successful network of community organisations providing youth services in our area."

The community groups improved their reflective practice skills and were better able to compare their group against the principles of effective community development practice. Most mentees found completing the RPT helpful. It helped their group reflect on effective community development practice, identify strengths and weaknesses in their current ways of working, and focus the mentoring to support priority areas for development. It stimulated discussion and focused reflection within some of the organisations. Some highlighted that it had focused attention on particular areas where more development was needed, some of which had surprised them, and they had developed ideas for how to improve these. Others had already been able to make changes to what they were doing. Improvements were noted in areas such as planning practice, focusing on outcomes, and changes to engaging staff. In terms of ongoing changes, most organisations said that it would continue to change their practice. Anticipated changes including improved staff communication, better record keeping and evaluation, community integration, sharing responsibilities, external communication, engaging with people, collaborative working and connections.

Mentor feedback was that the RPT was useful for identifying strengths and weaknesses and guiding direction for mentoring support. Some groups misunderstood the purpose of the tool and saw it more as an outcome measure that they had to score highly on rather than a self-development tool. Some of the mentors suggested that organisations should complete the RPT before they apply for the Elevate programme which would be do-able since most of the grantees said that they could probably have completed the RPT without the mentor's help.

In the end of project reports, mentees were asked to reflect how they had been able to use what they had learnt from taking part in the Elevate community mentoring and grants programme. Mentees reported being able to use the learning from the training in several ways. These included thinking differently about barriers and how to support engagement, information sharing and networking with other organisations and, sharing people's lived experiences.

Organisations provided examples of how the Elevate training on health inequalities and community development increased their knowledge, confidence or connections to work with others to tackle health inequalities. These included gains in knowledge about the topic of health inequalities, building connections with other organisations, having a shared understanding and practical skills in engaging more actively with groups and valuing tacit knowledge. Groups also said they were more confident and proactive about making connections with other organisations in their communities.

Examples from the mentees included:

“This training has been of significant benefit to our organisation and the volunteer who took part in the activities. It has significantly enhanced the knowledge and understanding of the services locally available within our volunteers and how to best assist our priority groups with accessing these services. Our volunteers are now more confident in recommending services and advocating on our participants behalf for health-related services, such as GP appointments, mental health services, filling out of health-related forms, hospital appointments, vaccination services for COVID, etc.”

“Delivering this programme reinforced our connections with community and community supports and together we used a community development approach and focused on the strengths of the community and their tacit knowledge. We were able to build up more knowledge from the people.”

“The training has provided an in-depth understanding of health inequalities and how they exist in our society. The training has allowed our CRM and team to gain insight into how our different projects and services are addressing health inequalities and has given us a focus for our work. Participating in the self-assessment tool highlighted areas where we are succeeding as an organisation and where we could do better. It was an excellent tool to complete as part of a team as it gave rise to questions of how we operate. The training also provided an excellent networking opportunity with other organisations who are tackling health inequalities. This has been particularly useful, not only with the Elevate project, but other CDHN projects we are working on. Participating on the training also highlighted the importance of a community development approach.”

Impact of project work

Organisations reported a wide range of benefits for the people who had taken part in their small, funded projects. These included people finding out more about how health inequalities are experienced by different groups, improving their confidence, knowledge and skills, and reducing negative factors such as social isolation. Even though the projects were implemented in a relatively short timeframe, organisations reported taking part in the Elevate programme influenced a variety of outcomes:

- people were able to identify their own needs and actions
- people developed their confidence, skills and knowledge
- people had greater capacity to take collective action using their strengths and resources
- some of the communities were better able to challenge unequal power relationships
- people, communities and systems were better able to promote social justice, quality and inclusion.

To raise the profile of what grantees have been able to do as part of the Elevate project, as well as the difference it has made to them and the people they work with, CDHN developed five impact stories based on information from the project monitoring report and recorded interviews they had carried out with each organisation. The qualitative information from the end of project monitoring reports and the impact stories suggests that Elevate has a rounded effect on the development of the mentees that is greater than if they had experienced each of the elements in isolation. Providing the support over several months and involving the same group of people in different meetings has helped them to build working relationships which are likely to persist after their year in Elevate ends.

There is also evidence that organisations who have been supported through the Elevate programme obtain further funding to continue their work showing the longer-term potential for supporting sustainability of groups. For example, from Oct 21 – June 22, 10 Mentee groups and Mentor groups from the current year were funded through Building the Community-Pharmacy Partnership (BCPP) Programme, for follow on programmes of 1 year duration up to £12,000. There were also 4 Mentee groups funded by Elevate from 20-21 programme included in those dates. As one mentee put it:

“We now have more awareness around potential pharmacy roles and made connections with local businesses who support us. It was great to make a new connection with [the other mentee organisation]. We have many shared views on developing inclusion, youth voice and opportunities for young people, who are experiencing poor mental health. We submitted a joint funding application to develop a project, bringing young people from all communities together through art. The application wasn’t successful, this time round, but might be next time!”

Some of the impact stories from the mentees are provided below:

Garden of Music (Mentor: Bolster Community)

Garden of Music exists to address inequalities and advocate for musical inclusion. They believe that everyone is musical and should have lifelong access and opportunities to both music making and music education. As a Community Music Organisation, they endorse the Social Model of Disability which helps to identify and remove the many physical, attitudinal and societal barriers to accessing educational and recreational musical opportunities. They work with disabled children, young people, and adults, including those who experience difficulties in attending traditional, formal music lessons and sessions, working face to face and online. Community

development is at the core of their work. Garden of Music aims to build partnerships and through a collaborative approach, work towards developing new, accessible and inclusive musical opportunities, for everyone in the community.

The organisation is a registered 'Playlist for Life' Help-Point. Playlist for Life is a Scottish charity which provides a unique, personalised playlist to people living dementia and equips their carers to know how to use it. The personalised playlists reduce anxiety and low mood in dementia patients and evoke memories that can help families and carers connect.

Garden of Music's Elevate project was to engage with eight people living with dementia and I work with them and their families and carers to develop individual playlists to support quality of life and wellbeing. This involved two training sessions with local care homes, four monthly help-point sessions to support people make the playlists and one-to-one support with families to support their use of the playlists.

Impact

Garden of Music found the mentoring to be incredibly helpful in identifying areas of potential within the organisation. Jacinta, their mentor, connected them with some local organisations which helped build their profile in the local area. A major benefit of the programme was a connection that came through networking with another Elevate mentee - Crisis Café in Newry. They shared ethos in developing inclusion, youth voice and opportunities for young people, who are experiencing poor mental health. As a result of this new connection, they submitted a joint funding application to develop a project in Newry, bringing young people from all communities together through art. Although the application was not successful, it has embedded a partnership that has already seen joint events for young people in Newry.

The Playlist for Life project received some incredible feedback from families on the impact it had. One family said that when their mother's carers visit, they use the playlist and sing along during the visit. Their mother is more calm and able to join in with everyone else. One person told us her husband listens to his playlist using wireless headphones when in the car, which he enjoys, and it also stops him from wandering. During a home visit, with the playlist on, a son saw a 'light up' moment in his father – a special, shared time that they both were able to connect over.

"The Elevate Mentoring Programme was an excellent opportunity to broaden our knowledge around Community Development and meet other local organisations. I found the Elevate training and group discussions around health inequalities with other mentee organisations very refreshing, which resulted in making new connections and a local collaboration. The Elevate team are such a friendly, supportive and professional team." (Gary Day, Director, Garden of Music)

Polish Sisterhood (Mentor: Women's Tec)

Polish Sisterhood is based in South Belfast and aims to support Polish women to combat isolation and integrate into society; to preserve national and cultural identity and provide opportunities for interaction with the wider society; and to promote healthy choices and improve general

health and wellbeing of Polish women. It supports its members offering friendship and support, providing employability skills and personal development opportunities, workshops with specialists and larger events such as family picnics. The Association serves as a point of contact for women who need support and practical help when they are faced with hardship and even homelessness.

Polish Sisterhood's Elevate project aimed to enable women to talk about their lived experience of inequalities and support them to develop skills and confidence to access opportunities for employment. Adopting a community development approach, Polish Sisterhood worked with the group to identify which issues were most relevant to them and topics were chosen collectively. Eight workshops were delivered and many focused on social issues that impact health including employment and self-employment, mental health issues in the face of the war in Ukraine, managing stress, housing and homelessness.

Barbara from Polish Sisterhood took part in Community Development & Health Inequalities training as part of the Elevate programme and shared how she had gained an increased understanding of the many social factors which impact on health.

Impact

As a result of the project, Polish Sisterhood were able to reach more women in their community who had not been in contact with the group before. They were able to strengthen community spirit and remove some of the barriers to engagement by providing childcare and translation. Those who took part in the Elevate programme felt more connected and it helped to combat isolation and a feeling 'that you don't belong' that some can experience when moving to a new country. The workshops gave the group an opportunity to explore topics they identified as most important to them including employment, housing and mental health. Taking part in sessions on CV writing, job searches etc, enabled the women to recognise their strengths and value their own skills, knowledge and experience. These sessions helped to build their confidence to apply for jobs and attend interviews, often for the first time since moving to Northern Ireland.

Another aspect of Elevate was the opportunity to complete the Reflective Practice Tool. Barbara described it as 'a very necessary and positive experience' that helped them identify areas for improvement but also encouraged them by highlighting areas that were working well.

The support provided by mentor Helen from Women's Tec to develop an action plan based on the results of the tool was invaluable and this was done in the spirit of partnership between the mentor and mentee. Having the action plan allowed Polish Sisterhood to better see how they could take their work forward in a more planned and structured way.

***"We have really enjoyed our experience in the Elevate Mentoring and Grants Programme. Having a mentor was very useful for reflecting on our practice and plan activities for the future and we enjoyed learning from people more experienced in community development work. Talking to other mentees during groups meetings was also useful as we learned how they operate, what issues they face and how they solve problems."** (Barbara Snowarska, Polish Sisterhood)*

Mind Your Mate and Yourself (MYMY) (Mentor: County Down Rural Community Network)

MYMY is a voluntary and community sector counselling organisation based in Newcastle. Its aim is to provide support to families and communities dealing with various health issues as well as providing services that will help support individuals struggling with bereavement, self-harming, relationship problems, bullying, mental/physical health and financial issues.

MYMY applied to the Elevate programme to focus on building capacity in their volunteer base on understanding and identifying health inequalities in their work. The project focused on exploring the health inequalities context of their volunteer work by bringing the stories of lived experiences to life through facilitated workshops, and then sharing the learning with the wider MYMY team and management committee.

The organisation facilitated face-to-face workshops where they mapped how people had connected with the charity, their experience of living with inequality and the role that MYMY has in using community development to raise awareness and focus on areas of greatest need. Working with Daniella from County Down Rural Community Network as a mentor, MYMY connected with those doing similar work and shared and learnt from these other organisations.

Impact

As mentor, Daniella also helped grow the group's confidence in using community development approaches and created a space to reflect on their practice and improve their knowledge of community development. After using CDHN's Reflective Practice tool, the group was able to recognise good community development practice and areas where they needed to improve.

The Elevate project made a difference for the organisation and its volunteers. For MYMY, they have much greater confidence talking about, and using the language of, health inequalities. Before the Elevate project, they would have described health inequalities very medically through a services lens. While they always knew how issues such as education and housing impacted a young person's health, they never connected that to health inequalities. However, through the Elevate project, they have come to understand health inequalities much more through a social lens and have used this learning to secure funding for a rural engagement post that will help support community development and reach more beneficiaries.

They have also discovered new opportunities to develop their community development approach. Working with their volunteers and giving them the space to share their lived experience has ignited new ideas for them as an organisation. The voice of the volunteers has been central to the development of MYMY's new strategy and are currently looking for ways to more actively include the volunteers in their decision-making processes.

For the volunteers, there have been many positive outcomes from being involved in the Elevate project. The volunteers are more aware of the impact they are making. It had been easy for this to be assumed but taking the time to reflect on this as a volunteer team has allowed them to appreciate and celebrate the incredible difference they are making. Through the project, MYMY's mental health and wellbeing offer has been enhanced to focus more on need i.e. 'what's coming through the door.'

“The Elevate programme helped us to improve skills and confidence, to meet others and to provide a platform for the lived experience of our amazing volunteers to share their stories and amplify their voices.”

Waterside Women’s Centre (Mentor: ARC Healthy Living Centre)

Waterside Women’s Centre provides a welcoming space for women to learn. It is the only Women’s Centre in the Waterside area of Derry/Londonderry. The Centre has a long history of delivering quality services for women and children and providing free quality childcare ensuring that women can access education/training and support.

Waterside Women’s Centre was funded by Elevate for an exciting project ‘Connected Together’. The aim of the project was to enhance mental health and general wellbeing, reduce isolation and increase community engagement for mums and their families. The organisation delivered two five- week programmes offering expert advice and opportunities for mums, developing the women’s skills, and enabling them to live a fuller life as a family and to enjoy better health and wellbeing.

The project tackled health inequalities in their area by using a coaching approach to increase knowledge and empower the women giving them tools and techniques to use at home with their families. These tools included positive parenting techniques, relaxation methods and mindfulness which would help the mums to become more compassionate, building resilience for children in times of stress.

Impact

As part of the Elevate Community Mentoring & Grants programme, Michelle and Donna from the Women’s Centre really enjoyed making the connection with CDHN and the Elevate team. They took part in valuable training, received free membership and regular updates and information on relevant training and events.

The mentoring aspect of the programme made a significant difference for the Women’s Centre. Immensely helpful conversations took place with Aidan from ARC, the mentoring organisation, sharing best practice, ideas and lived experiences. The mentoring gave the group opportunities for networking and building connections – with plans to collaborate further in the future.

The group felt Mentor Aidan was a major source of support and a valuable link in the sector and found hearing of fellow mentees’ programmes and projects and sharing experiences beneficial. It was also great to hear of all the excellent work going on in communities. The Women’s Centre learnt about the Rethink resilience programme as part of the mentoring element of the programme and has since organised to host this in the Centre.

The group also met The Churches Trust who are based on the same street and although they were aware of the group, they had never met! Michelle is now in contact with The Churches Trust and they are looking at how they can share ideas and work more closely together. She also spoke with Melanie at Cornabracken Afterschool’s CIC - another Elevate funded group - to

explore their service and talk about their projects. She commented: “These are three important connections I have made simply through engaging with the Elevate Mentoring and Grants programme”.

“We are really grateful to have been selected to be a part of the Elevate Programme - this experience has been so positive and beneficial. The Women’s Centre has grown in confidence during the programme and understands the importance of using a community development approach in addressing health inequalities - by using this lens, we hope we can grow stronger and work with the community to continue to address issues with women and their families living in the Waterside Derry.” (Michelle Nash, Centre Co-ordinator)

“This Elevate project was about reducing isolation and it certainly did that for me. I am recently bereaved, meeting other women and mums has been great and really helped me heal.” (Project Participant)

Compass Advocacy Network (CAN) (Mentor: Mid & East Antrim Agewell Partnership MEAPP)

Compass Advocacy Network Ltd aims to enhance lives and create change for people with learning disabilities by challenging stereotypes and creating opportunities to share best practice, collaborations and partnerships. The organisation is known for innovative practice offering holistic support opportunities to service users and members.

The Elevate funded project entitled ‘The Magic of CAN’ provided a series of 10 workshops involving the creative arts to improve health literacy for people with learning disabilities. The project focused on building resilience following the pandemic and encouraged participation in the use of creative ways to improve mental health and emotional wellbeing. As co-design was key to the project, the workshops were determined by the participants and included art, music, set design, drama, crafts, lighting and more. CAN involved other community groups in the area and used a co-ordinated approach to address health inequalities which exist in the area. In particular, they addressed passive participation of the learning disabilities community within community event settings and the improvement of mental health along with a feeling of community belonging. The long-term aim was that those with a learning disability would be considered when designing such events. This project highlighted what can be achieved by being fully inclusive of everyone in society.

Impact

The Network benefited greatly from the mentoring accessed through the Elevate programme utilising and learning from Sarah’s expertise in specific areas from the planning of the project right through to the evaluation. This project was co-designed and co-produced with assistance from the mentor on planning and organising focus groups to formulate project ideas and consider the small things which can make a big difference to the overall success of the project.

CAN received mentoring for the actual project delivery as they were moving into running a larger scale community event and required advice and guidance on elements such as event management and Covid safety. They also benefitted from one-to-one support offered by Sarah from MEAAP regarding networking and engagement with the local community as well as help with the marketing and promotion of both the workshops and the end event. The organisation built a partnership with Billy at Brookville Enterprises, another mentee within the Elevate Programme. His group has allotments where volunteers come along and learn to grow their own fruit and vegetables. This connection made a huge difference to CAN as they had just purchased a farm in Ballymoney where they would have their own allotments.

Overall, the project had a significant impact on the beneficiaries, many of whom would have been physically inactive when it came to exercise. The project has shown that dance and singing can be used as exercise and, as a result, some of the participants requested that CAN organised dance classes to support their health and wellbeing. As well as addressing health issues and health inequalities in this way, the project has also made a difference as it has demonstrated what is possible when beneficiaries are included in creating their own programmes and solutions.

“This programme has been vital to our organisation in the formulation of new partnerships and connections as well as providing us with the opportunity to explore the creative arts and process. The individual mentoring helped us immensely and we really enjoyed all our group sessions.” (Linda McKendry, CAN Director of Services)

Mentoring and Grants: Summary and recommendations

Summary

This year, 21 organisations across Northern Ireland received high-quality mentoring support 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.

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 many ways across the Elevate programme, including through the training events, in the mentor groups and facilitated connections with organisations outside the Elevate programme. This is seen to be 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 (with one organisation reporting that they sent out ezines to an additional 500 members). Size of reach for projects ranged from 8 to 250 people. All projects reported that they had achieved their original aims.

The CDHN team has made progress on taking on board the learning from the last evaluation and implementing many of its recommendations. Work on these is continuing.

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 would be beneficial for supporting the capacity building that is the target objective of this programme.

Recommendations for the future development and delivery of the programme are given below.

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 following recommendations are made for **ongoing implementation of the programme**:

- 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. 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 or October. This will allow mentee organisations to avail of the training and mentoring and use it 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.
- 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.
- The mentoring support should continue to be tailored to the stage of development, needs and strengths of each organisation. The 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.
- Training should retain the same interactive format as is currently used with a mix of participants, presentations, resources, discussion, and opportunities to share learning. Training could be delivered face-to-face or online. 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.

CTD...

The following recommendations are made for **further development of the Elevate community mentoring and grants programme**. These may require additional development and resourcing:

- The RPT could 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.
- Consideration should be given to a pathway of support for mentees over more than one year to that further strengthening of practice is supported. For example, for mentees who later acquire another year's funding in Elevate, their training and support should continue to focus more on skills development and further their community development practice, for example:
 - strategic planning and sustainability planning
 - how to support development of a strong, sustainable, effective community organisation
 - assets mapping
 - coproduction
 - developing evaluation and improving practice
 - supporting those who might be future mentors to other organisations
- CDHN should support mentees to form a community of practice to develop once their projects are complete (this could support sharing of best practice, provide peer support, help to develop mentors and be a focal point for community development approaches around health inequalities)
- 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

Portal

The Portal comprises a website (<https://elevateni.org/>) that aims to provide easy to access information on a range of topics around health inequalities and community development. The Portal has sections about:

- Elevate
- Training including details of sessions that can be viewed on a list or on a map, and an online registration form. This works well in terms of providing information clearly and in an easily accessible way.
- Resources are organised with tabs under various topics and there is also a free text search bar which returns hits from the whole site. Topic headings include: Poverty; COVID-19; Health inequalities; Social determinants; Community development; Health improvement; Impact Community engagement; Health literacy; Co-production and Asset mapping
- Mentoring
- News
- Events.

Although the Portal was not the focus of the current evaluation to explore in depth, some information is provided here for completeness as it is one of the elements of the funded Elevate programme. The CDHN team undertook an internal review of the Elevate portal and activities documented in 2021-2022 to explore how the portal could be further developed and utilised more effectively in the future when more resources become available.

How much was done?

The online Portal continues to provide access to useful resources. This year, additional resources were added to the Portal to strengthen the availability of local information. By summer 2022, these included 21 Impact Stories and 5 Impact Videos which are now on the portal and being shared by CDHN and PHA, as well as summary info on all mentee organisations from previous years.

Between April 2021 and March 2022, a total of 118 resources were uploaded to the Portal. This included resources to strengthen the availability of local information such as 21 Impact Stories and 5 Impact Videos from the Elevate programme, and summary information on all mentee organisations from previous years. Since the summer a new impact section has now been added to the Portal to host the stories and videos.

Usage figures are available on Portal use between July 2021 to March 2022 are shown below:

| | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR |
|---|--------|---------|---------|---------|---------|-----|---------|--------|---------|
| Users | 1508 | 460 | 601 | 276 | 278 | 197 | 381 | 430 | 750 |
| Page Views | 5,121 | 1,235 | 1,460 | 784 | 605 | 687 | 876 | 2,016 | 1,876 |
| Documents Uploaded | 2 | 0 | 8 | 6 | 9 | 9 | 41 | 14 | 13 |
| Downloads from Elevate | 278 | 67 | 441 | 284 | 713 | 363 | 125 | 147 | 418 |
| Newsletter sign up | 8 | 2 | 2 | 1 | 1 | 0 | 0 | 1 | 1 |
| Training bookings (attendee no's in brackets) | 14 (8) | 88 (60) | 41 (26) | 82 (45) | 89 (67) | 0 | 25 (19) | 18 (9) | 63 (36) |

The previous evaluation recommended that the team should consider the purpose and use of this repository to make its unique selling point (USP) and intended audience clear. There has not been the resource available to undertake any further development work in line with the previous recommendations.

How well was it done?

The previous evaluation recommended that the team should consider the purpose and use of this repository to make its unique selling point (USP) and intended audience clear. There were no resources available in the Elevate contract this year to undertake this type of further development of the Portal, so we are making similar observations now as were made in the last evaluation. The Portal may need to be either better promoted or redeveloped so it does not duplicate information easily accessible elsewhere. Consideration should be given to having a clear focus on locally relevant information. Presentation of the information could be improved to make the resources more accessible, for example, providing short summaries or abstracts so people know briefly what a document contains before they download it. Key resources such as the CDOF, ESAT and videos should be visible and easily accessible at a high level within the main pages rather than requiring several click-throughs to access. Mentees in the last evaluation had highlighted a need for quick and easy access to locally relevant information such as policies, local context and approaches that have been shown to be effective here. This year there have been some useful changes made to the Portal and we understand that work is continuing on this.

There are a wide range of resources available on the Portal website. There is still room to improve how this material can be searched and made more accessible and it would be useful to include a brief synopsis of each item to facilitate the selection of material. For example, under the Community development section, there is a tab called 'case studies' which displays 8 videos. There is no context for some of the individual videos which makes them time-consuming and tricky to navigate. For example, there is a video of 'Change makers', listed under case studies, but when you click on it there is no context about what the project did, or how it was undertaken. Instead, it is a recording of a group's performance. It would be helpful if this linked to more information about the project, so the case studies section become more a selection of learning case studies.

Is anyone better off?

It was not a focus on the current evaluation to gather data about how useful the Portal is to different audiences; therefore, the recommendations reflect those from the last evaluation since we understand that it has not been possible for CDHN to progress these without additional funding.

Portal: Summary and recommendations

Summary

There are a wide range of resources available on the Portal website. There have been resources 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

Recommendation:

- 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.

Conclusions and recommendations

Elevate is an established 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 is 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.

Elevate community mentoring and grants programme is now well established and delivers the various elements as a coherent programme of capacity building. The Elevate Community 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 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. 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. Participating organisations see this as a valuable and important benefit of Elevate. 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.

All elements of the Elevate community mentoring and grants programme appear to be necessary for success. 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.

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.

The Elevate programme provides opportunities for individuals from across sectors and third sector organisations to develop skills, knowledge, and expertise in community development as a way to tackle health inequalities. It is a well-established programme with regional delivery which provides quality training that increases knowledge in using community development approaches to tackle health inequalities and 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, CDHN has a skilled team and experienced group of mentors in place. This year has seen a tightening up in approach to ensure consistency of experience for mentees across the region. The procedures for advertising the training sessions, and the Community mentoring and grants programme are well established and effective. 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.

Elevate community mentoring and grants programme is now well established and delivers the various elements as a coherent programme of capacity building. 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 would be beneficial for supporting the capacity building that is the target objective of this programme.

If required, the Elevate programme could be scaled to reach more participants if further funding was made available. If funding were available, the training sessions could be scaled, particularly for online delivery as the materials have been developed. 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. In terms of increasing the reach of the Community mentoring and grants programme, this too would be possible if more resources were available but close attention would need to be paid to ensure quality of implementation in key areas such as the selection of mentors, and the quality of the mentoring and capacity building support provided.

In summary, 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 PHA and CDHN. In addition to these, the following recommendations are made for any future implementation of the programme:

Recommendations

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

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 action:

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.