



Elevate

Working together to build healthier communities

IMPACT REPORT 2024-2025



Community
Development &
Health Network



Public Health
Agency

Project supported by the PHA

About CDHN

The Community Development and Health Network (CDHN) is a regional community development infrastructure support organisation. With over 2,400 individual and 140 community and voluntary organisational members, CDHN raises awareness of the root causes of poor health and inequality highlighting their harmful impact on people, communities and society. We work alongside communities and decision-makers to build connections, recognise local strengths, share skills, produce evidence and take action to create a fair and equal society for all.

We focus on the structural factors that cause inequality and poverty in the first place. The **social determinants of health**, including where people live, their jobs, social connections, how much money they have, education, housing, clean air, and access to health services; all play a big part in shaping people's overall mental, physical and emotional health.

Acknowledgements

The Public Health Agency (PHA) are a valued partner in the delivery of the Elevate programme, we thank them for their continued funding and support.

We are very grateful to every training participant, mentee, mentor and project participant who helped shape another successful year of Elevate. CDHN would like to acknowledge the following people and organisations for their participation and contribution to the programme this year and this impact report:

Mentors 2024-25



Mentees 2024-25

Antrim Community Fridge

Bardic Educational Arts and Media (Beam)

Breastival

Cancer Focus NI

Castlewellan Community Allotments

Fermanagh Fun Farm C.I.C

Flourish NI

Foyle Deaf Association

Fresh Minds Education

HEReNI

iAssist NI

Inspiring Yarns CIC

Living Rooms Project

Mid Ulster Wellness Association

Moira Community Association

Portadown 2000

Resurgam Trust

Strathfoyle Women's Activity Group

Swift Hearers Ministries

Tempo Community Association

The Be Kind Project

West Winds Development Association

Elevate Team

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**Community
Development &
Health Network**

Introduction

The Elevate Programme

The Elevate Programme provides opportunities for the development of skills, knowledge and expertise in **community development** as a way to reduce **health inequalities**. The programme has been evaluated three times with CDHN continuing to refine implementation as a response to current needs and the learning from previous years.

Elevate has been funded on an annual basis by PHA since 2019. In 2025, CDHN was awarded the tender to deliver the Elevate programme for a new three-year funding cycle.

What are health inequalities and what impact do they have in NI?

- Health inequalities are the **unfair and avoidable differences in health status** experienced by people in our society.
- These differences are caused by the **social determinants of health (SDOH)**.
- If we want to **tackle health inequalities**, we need to **focus on the social issues** facing individuals and communities as well as the medical ones.



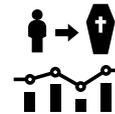
LIFE EXPECTANCY

Men die 7 years/women die 5 years earlier in the most deprived areas of NI compared to the least deprived areas



HEALTH OUTCOMES

Women have 14 less years and men have 12 less years of good health in more deprived areas in NI



AVOIDABLE DEATHS

Avoidable deaths in the most deprived areas in NI are **3 times higher** than least deprived areas

Department of Health - Health Inequalities Report (2024)

What is community development?

Community development enables people to **work collectively to bring about positive social change**. It is not only about community engagement but a **longer-term process** which starts from people's own experience and enables communities to work together to:

- identify the needs and actions they wish to address
- plan and take collective action
- build on and strengthen their confidence, skills and knowledge
- challenge unequal power relationships
- promote social justice, equality and participation in order to improve the quality of their own lives, the communities in which they live and societies of which they are a part.

Expansion of Community Development Approaches, Department of Health (2018)

Why use community development approaches to address health inequalities?

A community development approach supports communities to build on their strengths so they can improve the local health outcomes that matter most to them. It recognises the root causes of inequality which are often complex and encompass many social factors which lie outside medical care.

By embodying community development values and principles, we can support real partnership with local communities to identify their own health and social needs and improve health outcomes by using their combined knowledge, skills, strengths, lived experience and assets. Often approaches to improving health for the most vulnerable in our society tend to focus on more conventional methods such as information sharing and education for behaviour change, which while important, will not make significant changes to inequalities, or inequality gaps, in the longer term*.

A community development approach recognises that group work and collective action are needed to tackle health inequalities as the social factors that influence health are beyond the ability of any individual to control. Community development approaches to health also retain a strong focus on redressing imbalances of power, wealth and resources, while promoting social justice, equality, inclusion and anti-discrimination, and giving a voice to those communities that are less often heard.

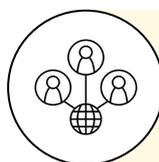
**Department of Health (2018) Expansion of Community Development Approaches: Report to Transformation Implementation Group*



Community Development...



Uses **energy, leadership skills, and knowledge of people** to tackle problems identified by the community



Recognises the importance of **social support networks**



Encourages communities to **articulate their own needs**



Encourages **partnership working across sectors**



Emphasises **collective action** to reduce health inequalities



Fits with a **place based population health** approach

Elevate core elements



Elevate Training

Evidence-based workshops exploring health inequalities and how community development approaches can effectively help to reduce them. The training is free and open to anyone with an interest in health inequalities and community development. As part of the Community Mentoring and Grants Programme, mentees are also offered additional training on group work skills, evaluation and impact, health literacy and finance and monitoring.



Community Mentoring and Grants Programme

Elevate mentee groups receive ongoing support from a mentor to identify their own needs and actions in relation to improving their community development practice. Funding from the grants programme enables groups to take action to address health inequalities.



Information sharing and networking

Both the Training and Community Mentoring and Grants programme enable those participating to learn, share information and resources and network. The **Elevate portal** www.elevateni.org is an open website sharing evidence-based information, fact sheets, resources, toolkits and training opportunities. It also hosts Elevate Impact stories and reports and the booking form for Elevate training.



Reflective Practice

Community development is an ongoing process that has reflective practice at its core. All training participants are encouraged to reflect on how the training will benefit them in their role and organisation. CDHN have developed a **Reflective Practice Tool (RPT)**. It is used as part of the Community Mentoring and Grants Programme to enable mentees and their groups to reflect on their work and think about how they can ensure that community development values underpin, inform, and present in their practice.

Purpose of this report

- **Demonstrate the impact** of the core elements of the programme
- **Identify areas for improvement** in the programme

How we measured impact

The measurement tools collected information on the project outputs and outcomes. We used;



Online surveys

administered to training session attendees



Monitoring and evaluation reports

completed by mentees



Mentor feedback meeting notes

The impact findings are presented under two headings;

(1) Elevate Training

(2) Elevate Community Mentoring and Grants Programme

Information sharing and networking, and reflective practice are evaluated as part of the Community Mentoring and Grants programme.

1 | Elevate Training

Open training: Health inequalities and community development

Elevate training sessions explore community development approaches as a way to reduce health inequalities. It is free for all participants and delivered either online or face to face.

It is designed for community, voluntary and statutory sectors, and includes; (1) health inequalities in a regional and local context, (2) the social determinants of health (3) community development principles in action, (4) practical examples of action across the social determinants of health.



8

face-face sessions



7

online sessions



150

participants

Participants provided feedback after the training. The majority of training participants (77%) worked in the voluntary, community and social enterprise sector (VCSE); with (21%) from the statutory sector (see Figure 1). Most respondents stated they were paid employees (89%) rather than unpaid or volunteers. The respondents were based in all five HSC Trust areas; there were also 3 respondents who were based outside NI, reflecting the potential reach of online training.

99% rated these elements of the training as excellent or good (n=83)

- Pitched at the right level
- Balance between taught elements and activities
- Using the right presentation style
- Delivered effectively

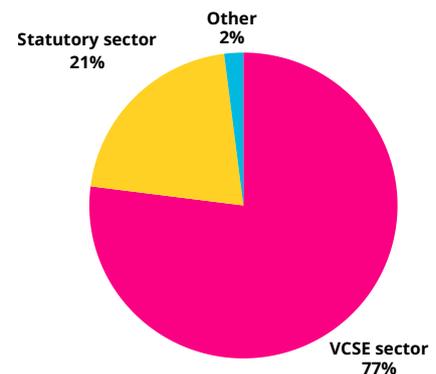


Figure 1. Elevate health inequalities and community development training participants by sector (n=84)

Attendee feedback

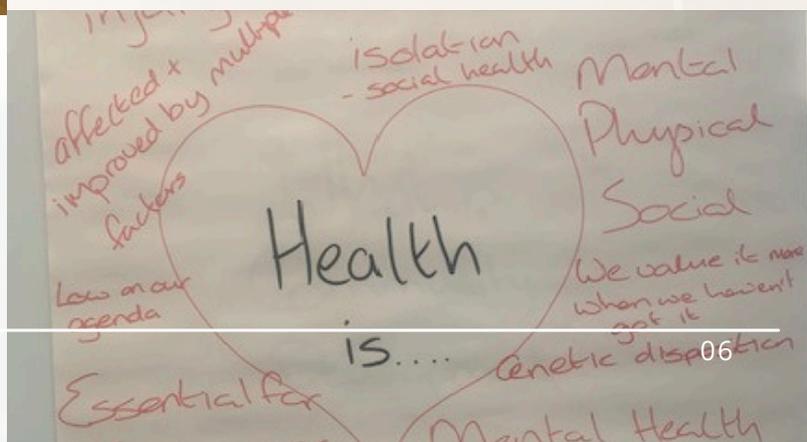


*"I really enjoyed the **case studies** and **reflective group chats**, very **informative**"*
(VCSE participant)

*"The **link** between health inequalities and community development was **clarified** for me. It will allow this to be **explored further within my organisation**"*
(VCSE participant)

*"The trainers provided **excellent understanding** of **health determinants and community development**"*
(Statutory sector participant)

"Great training, fantastic delivery by Patricia and Joana. I don't usually speak out at training but found myself totally participating"
(Statutory sector participant)



Participants' knowledge and understanding increased...

Figure 2. Participants who said they had a lot or considerable knowledge and understanding of **community development values and principles**

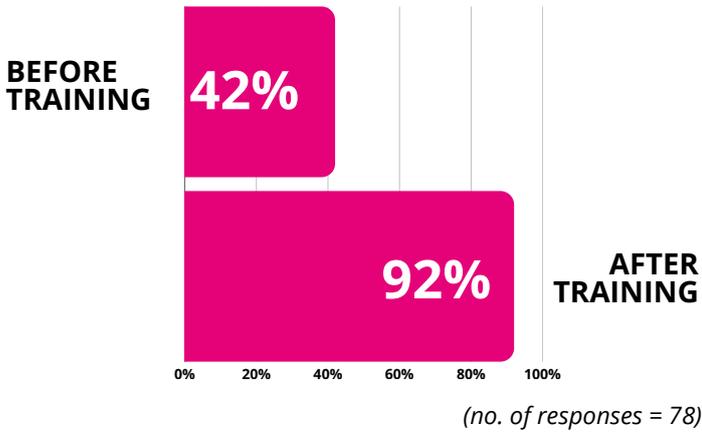
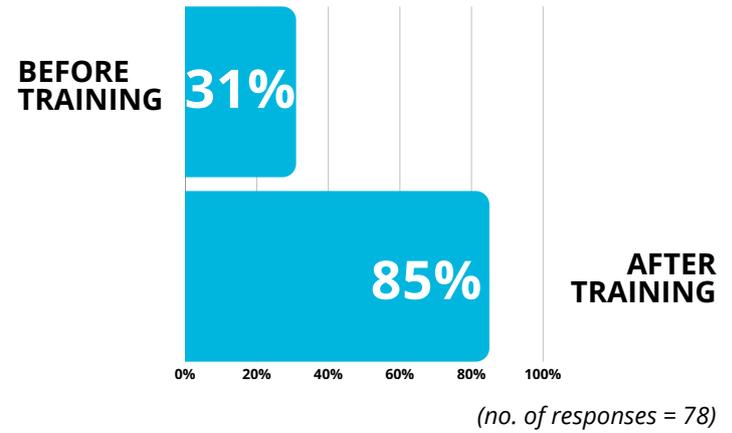


Figure 3. Participants who said they had a lot or considerable knowledge and understanding of **health inequalities**



Participants noted the most useful take away points from the training...



*"How to implement **new ideas** for community development projects" (Statutory sector participant)*

*"how important it is to start from the root up in community development and to **co produce** with people in the community, **they are experts in what they need**" (Statutory sector participant)*

*"Considering the **impact of social determinants** and how they impact people access to services/health outcomes" (Statutory sector participant)*



*"An understanding of **areas to target**, need to **involve community from beginning**, and being **excited about difference we can make**" (VCSE sector participant)*

*"I have a better understanding of **how and why my role is important** in the community development framework" (VCSE sector participant)*

*"**Trust is needed** to bring a community together" (VCSE sector participant)*



Participants discussed the training as allowing them to explore the difference their role can make locally. They...

- Learned new ways of **addressing health inequalities** in their community
- Realised the **power and ability** they have in addressing health inequalities
- Planned to **use the learning** to keep health inequalities in mind **during the programme and service delivery**
- Learned about **linking further with community and statutory groups**



Most participants reported the training 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.

Suggestions for future development of training



Looking at **particular regions/ scenarios** as **case studies** in depth



Discuss the challenges everyone faces in their roles and how we can **collectively help each other**



Continue to allow for the choice of **face-to-face or remote** attendance

2 | Elevate Community Mentoring and Grants Programme

The Community Mentoring and Grants Programme is for community groups or organisations who want to develop their community development practice to tackle health inequalities experienced by the community they work with. Successful mentees receive six months group mentoring support from one of our four mentor organisations, and funding of up to £5000 to support them to plan and implement a project focusing on health inequalities in line with locally defined needs.

Project grants

The CDHN team hosted information sessions to promote the programme. Applications were received across each HSCT area, and a total of 21* community groups were successful in their applications to join the programme as mentees this year, resulting in a total of £100,000 grant allocation.

Information sessions



3

sessions



121

attendees



49

applications



21

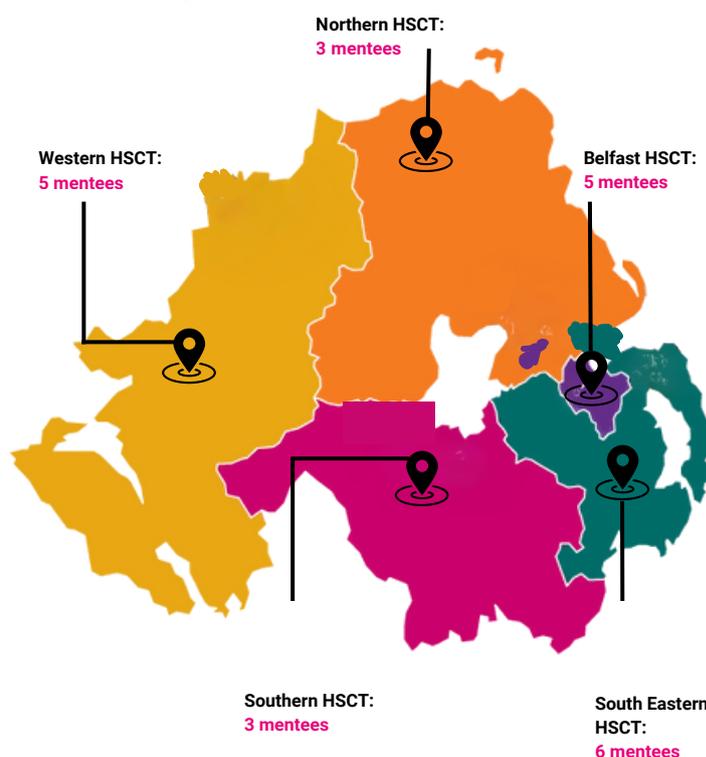
grants awarded

Project aims

Here are some examples of what projects set out to achieve through their project:

- Improve mental and physical wellbeing
- Create a community food growing space
- Combat isolation and poverty
- Support parents/carers of children with additional needs
- Increase range of social activities for LGBTQIA+ community
- Address health inequalities in ethnic minorities
- Support and normalise breast feeding
- Set up a social club
- Facilitate accessibility to health services
- Support those with a cancer diagnosis
- Increase community awareness of dementia
- Foster a more equitable community
- Provide a safe space

22 mentees*
£100,000



Total people reached: 666

**Note: One group who deferred their 2020 project due to COVID-19, joined the 2024-5 mentee programme. The impact data reflects their involvement and their project's results.*

The programme worked with people from **all walks of life** including those...

- who are older
- from ethnic minority groups and from a mixed ethnic background
- who are or have experienced cancer
- with mental health issues
- with learning disabilities
- who are deaf
- who have eating disorders
- who are children, young people and their families/parents
- with neurodiversities
- experiencing poverty
- who are socially isolated
- in rural areas
- in socially deprived areas
- are in the LGBTQIA+ community

Projects engaged with their groups using a **variety of creative and interactive activities** including...

- Parenting programmes
- Health and wellbeing workshops
- Training opportunities
- African drumming
- Arts & Crafts
- Creative writing
- Creating support booklets
- Cooking
- Music
- Yoga & Pilates
- CPR training



- Support groups
- Social café
- Social sessions
- Coffee mornings
- Community allotments
- Community consultations
- Mindfulness sessions
- Therapeutic support centre
- Photography
- Walking group

Mentees and mentors

Mentee groups receive ongoing support from a mentor to identify their own needs and actions in relation to improving their community development practice.

A recommended minimum contact time between mentor organisations and mentees was agreed between CDHN and mentoring organisations. The focus of the mentoring is determined by and tailored to the unique needs of each group to address the specific goals, challenges, and aspirations of the mentees, ensuring that the mentoring experience is relevant and impactful for each group.

Mentoring support in numbers

Number of sessions

One-to-one: 59

Group: 12

Attendance at sessions

Majority of groups had:

1 person (4 groups)

2 people (8 groups)

3 people (5 groups)

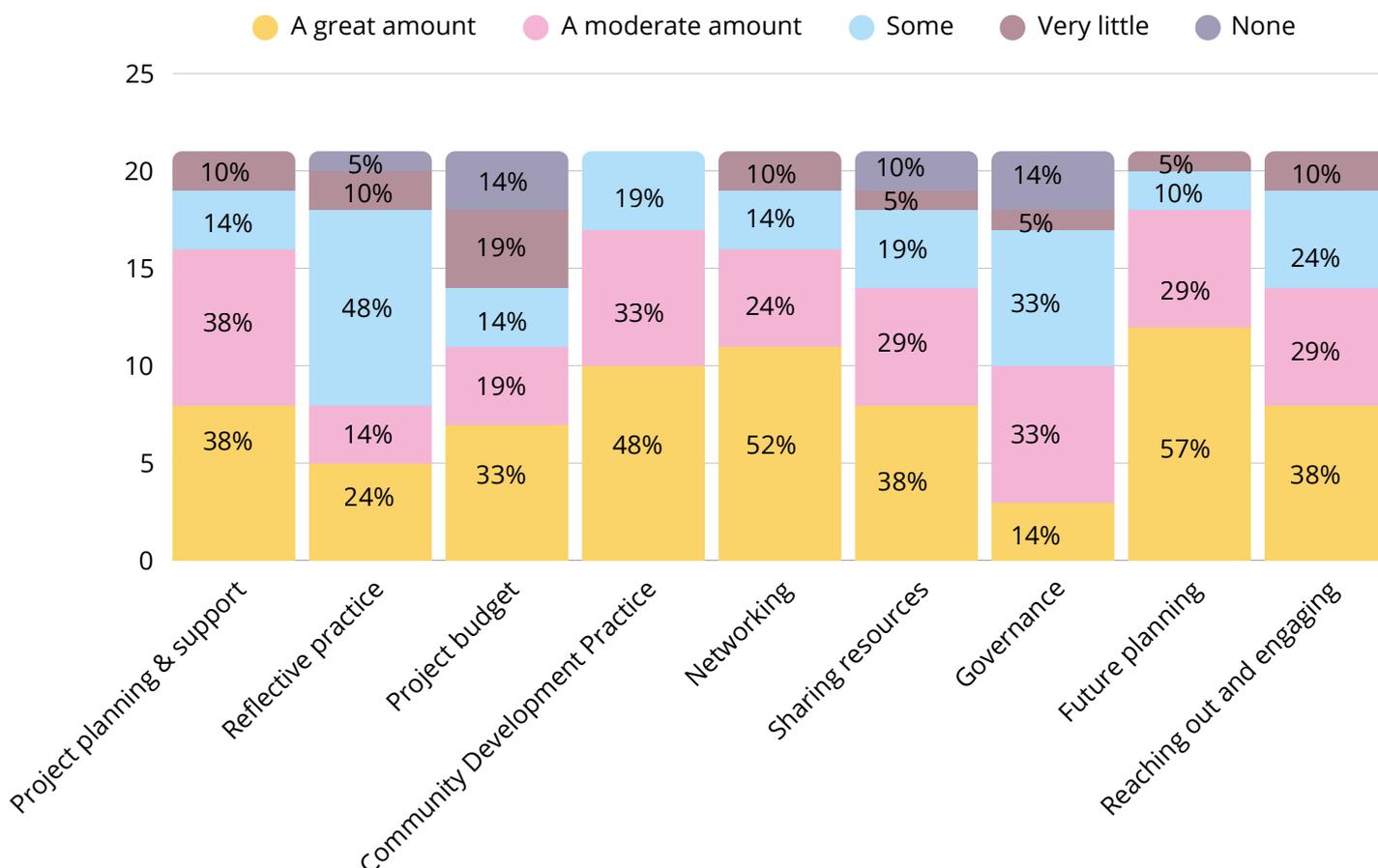
Sharing learning

21 out of 22 groups shared learning with their colleagues

86% agreed the mentoring made their group/organisation more confident to tackle health inequalities (n=21)

Mentoring areas of focus

The bar chart below shows the variety in the focus of the mentoring. The topic with the greatest amount of focus was future planning (57%), followed by networking (52%) and community development practice (48%).



Reflective Practice

CDHN have developed a Reflective Practice Tool (RPT) to enable groups to reflect on their work and think about how they can ensure that community development values underpin, inform, and present in their practice. The RPT is used in the Elevate programme with mentors supporting mentee groups to complete the tool at the start and the end of their project.

The RPT has been evaluated internally through feedback provided by mentees and key insights were used to implement meaningful improvements to the tool. Mentees and mentors are also encouraged to continually reflect on their participation in the programme, and what it has meant for their organisation, participants, and wider community.

Mentee Training

Mentees have access to tailored evidence-based workshops exploring a variety of topics to build their knowledge, skills, and confidence needed to actively contribute to their organisational and community development goals. Session topics include health inequalities and community development, group work, evaluation and impact practice, and finance and monitoring.

Topic			
Health Inequalities and Community Development	1 session	21 mentees	Online
Evaluation and Impact	1 session	11 mentees	Face to Face
Group work skills	1 session	3 mentees	Face to Face

95% of mentees agree that **Elevate training helped them understand how community development approaches can address health inequalities** (n=21)

95% of mentees agree the **learning from the training helped them to deliver our Elevate project** (n=21)

“
[The training] highlighted the **impact of poverty, isolation, and access to services on health** while reinforcing the **value of engagement, peer support, and inclusive programs**. The training provided **key skills** to design needs-led initiatives, strengthen partnerships, and enhance community impact
(**Strathfoyle Women's Activity Group**)

“
The training equipped us with **practical tools** to strengthen our community development efforts. The learning outcomes guided the implementation of our project, ensuring it **aligned with community needs and goals**
(**Antrim Community Fridge**)

Information Sharing and Networking

The Community Mentoring and Grants programme provides a space for mentees to work together and connect with one another. This networking allows them to share ideas, learn from each other's experiences, and make use of each other's strengths, creating a supportive and resource-filled environment.



“ We were able to **raise awareness** for the causes and difficulties faced by **marginalised groups** in our area with our wider community... The groups were able to make connections that they can **use for future reference** if they need help and support (**Portadown 2000**)

“ Participants gained new opportunities for **social engagement**, our organisation developed **stronger partnerships**, and the wider community benefited from **enhanced collaboration** and resource-sharing, fostering greater local impact (**Tempo Community Association**)

Elevate Portal

Mentees were encouraged to explore the Elevate portal for additional information and resources on community-based approaches, social determinants of health, health inequalities, policy, and the impact of previous Elevate projects. They were also encouraged to share the portal with others.



www.elevateni.org

CDHN membership



All mentees avail of free CDHN membership. It provides a connection to over 2400 members working across sectors in NI taking action on the social determinants of health and health inequalities, and the opportunity to be involved to CDHN networking, training, policy, influencing and research.

CDHN Team



CDHN manage and deliver the Elevate programme and provide ongoing support and guidance to Mentors, Mentee groups and training participants, building and maintaining a strong partnership with PHA to ensure a successful capacity building programme is delivered in the heart of the local communities. This includes:

- Building local and regional cross-sectoral connections
- Managing the allocation of the Community Mentoring and Grants programme
- Building essential skills and knowledge through training
- Supporting mentees with monitoring and financial returns
- Updating the Elevate Portal and sharing useful resources
- Support Mentors to provide tailored advice to mentees on achieving their project outcomes
- One-to-one support visits and phone calls to mentees
- Ongoing support and guidance with each of the mentee and mentor organisation
- Measuring and reporting on the programmes impact

100%

rated the **support and guidance** provided by the **CDHN** team as **excellent or very good**

“

CDHN staff are **unique!** They have a **great mix of experience**, delivery, ICT and supporting 'arm round the shoulder' to help people along (**Resurgam Trust**)

“

The support and guidance given by the Elevate team is top **notch**. Communication is **smooth, prompt and uncomplicated**. You are an **amazing team!** (**Swift Hearers Ministries**)



Overall programme experience

Our mentees speak for themselves...

“

FME truly treasures the opportunity to work with CDHN in delivering a high quality project with **positive long term impacts** for health locally. The CDHN model is an example of **exemplary practice** offering opportunities for small organisations like us to take on **meaningful projects** and **expand our capacity** to deliver community development in the longer term
(Fresh Minds Education)



“

The Elevate project has helped to give so many elderly people a **purpose**, it has created a **sense of belonging and inclusion** within the community
(Mid Ulster Wellness Association)



As do our mentors...



“

It is a privilege to work with Mentees in a **two-way relationship** that fosters mutual learning. As a Mentor organisation, we have the opportunity to **build connections, share strengths**, and expand the importance of local networks and our collective action."
(Mentor review meeting)

“

Group mentor sessions were **positive** and the mentee's had **great discussion** and **shared good practice**
(Mentor review meeting)

Impact of the Community Mentoring and Grants programme

The Elevate programme has five high level outcomes:

Outcome 1 | People and communities are better able to identify their own needs and actions

Outcome 2 | People and communities develop their confidence, skills, knowledge and understanding

Outcome 3 | People and communities have greater capacity to take collective action using their strengths and resources

Outcome 4 | People and communities are better able to challenge unequal power relationships

Outcome 5 | People, communities and systems promote social justice, equality and inclusion

The Elevate outcomes are based on the Community Development National Occupational Standards (CDNOS). Community development is a long term process, however, the Elevate Community Mentoring and Grants programme is only for a six month period. The intention is that the six month programme will provide a catalyst for long term change beyond mentoring and grant support.

In the application process, mentees identified the outcomes they wanted to focus on over a six month period, while acknowledging that the work to achieve their goals will take longer. At the end of the programme, each mentee was supported by CDHN staff to record their impact story (all mentee impact stories are available at www.elevateni.org/impact). In addition, each mentee completed an end of project monitoring form in which they were asked if their project had contributed to the above outcomes; and to give examples of how they felt they were achieved. Using this evidence, we present each of the outcomes and demonstrate how they were met across three levels:



Programme participants

People who took part in mentee organisations' programmes funded through Elevate



Mentee organisations

The organisations that received mentoring and grants through the Elevate programme



Wider community

The benefits of the Elevate projects on the wider community



Outcome 1 | People and communities are better able to identify their own needs and actions

A community development approach to health starts with people identifying their own health and social needs and issues, and deciding what matters most to them. It is then about them taking actions to address what is most important to their community.

Programme participants



100% of mentees agree that **participants are more able to identify their own health and social needs** (n=21)

*participants learned about the **Five Steps to Mental Wellbeing**—Connect, Be Active, Take Notice, Keep Learning, and Give—helping them **identify personal strategies to improve mental health** (**Tempo Community Association**)*

100% of mentees agree that **participants are more able to identify actions to improve health in their community** (n=21)

*The LGBTQIA group has been the most successful...They have identified **how little there actually is** for ways for individuals within the community to **connect with each other** much outside of Belfast, and how it can be daunting to join other community groups and sessions if there is **a fear**... The group suggested **setting up a Whatsapp group** so they could stay in touch (**Inspiring Yarns CIC**)*

Mentee organisations



100% of mentees agree their organisation is **more able to connect with people and identify their needs and the community they support** (n=21)

*We heard a lot about the **experiences** women have endured and how that can be used to **better services for others**...As an organisation we learned what was important to our participating families, **this feedback will dictate what our focuses are moving forward** (**Breastival**)*

*A community development approach helped us **identify priorities in the area**, speak with people who will benefit from our programme and help us **understand their needs**. In turn this helped beam to **foster connections** within our community. We were able to **improve access to local support** through relationships built within the community (**Bardic Educational Arts and Media (BEAM)**)*

Wider community



100% of mentees agree their organisation is **more able to identify community needs and implement actions and support for the wider community** (n=21)

*The organisation benefited by the participants feeding their lived experience and identifying needs within the three areas of the programme. The wider community is able to engage with the groups and people have now become the 'go to' people in the community due to their activity in the programme (**Resurgam Trust**)*

Outcome 2 | People and communities develop their confidence, skills, knowledge and understanding



A fundamental part of building capacity in communities for health is developing people's confidence, skills, knowledge and understanding.

Programme participants

100% of mentees agree the project **increased participants' confidence** (n=21)

*Our participants have noted that they now feel more **confident and safe in themselves** to be able to do **additional exercise in their own time**. They realise that they are able to do a lot of basic movements **in their own home** (Mid Ulster Wellness Association)*

95% of mentees agree the project **increased participants' skills to express opinions on their health and social wellbeing** (n=21)

*This project allowed the Deaf Community the opportunity to **express a need** that they had...and develop a plan that would allow that need to be **addressed in a way that was understandable** to the Deaf Community who are Sign Language Users, and where English is not their first language (Foyle Deaf Association)*

95% of mentees agree the project **increased participants' knowledge and understanding of the social factors that impact health in their community** (n=21)

The group shared knowledge of the wider systems and experiences. There were parents/carers...this allowed a peer support function to form whereby knowledge and experience was shared from parents who had been through the system for longer (Moira Community Association)

Mentee organisations

95% of mentees agree their organisation has **provided more opportunities for participants to develop their skills** (n = 21)

*...giving [participants] **real jobs, roles** to take part in, on the farm. Some of the adults now have the confidence and skills able to work towards a **formal qualification**...those involved in the project will be able to graduate in the summer with an **occupational studies qualification** (Fermanagh Fun Farm)*

90% of mentees agree their organisation has **more knowledge and understanding of the social factors that contribute to root causes of ill health** (n=21)

*Our team has gained a deeper understanding of the **importance of physical activity in promoting mental health**, which has **informed future programming [and]** provided insight into how to better **cater to diverse community needs**, particularly regarding health and fitness (Antrim Community Fridge)*

Wider community

90% of mentees agree their organisation is more able to **share knowledge, expertise and learning about health inequalities and community development in the wider community** (n=21)

*We trained community members to become **health champions** who could **lead health initiatives and educate others**. This empowered individuals to take on leadership roles and **spread knowledge** within their communities (iAssist NI)*



Outcome 3 | People and communities have greater capacity to take collective action using their strengths and resources

Collective action happens when people come together to achieve a common goal. It facilitates a shift in emphasis from supporting individuals to supporting communities through their collective voice.

Programme participants

95% of mentees agree the project enabled participants to **come together, identify common issues and develop a collective voice** (n=21)

*Our first session looked at exploring **common goals** for what the men wanted to achieve collectively... The men saw this space as their **opportunity to come together each week and work as a team**... The men wanted a space where they could make new friends, **be able to switch off** from what was happening in their world for a period of time and **feel safe to be themselves** (Flourish NI)*

*This group used their time together to take collective action on **creating opportunities for bereaved people** within the community to come together to **express and acknowledge their loved one** at Christmas, which can be a **difficult time** of year (Fresh Minds Education)*

Mentee organisations

100% of mentees agree their organisation is **more aware of other groups and organisations that can also help the people and communities they support** (n=21)

*We have enabled the local community to **express** their specific needs, concerns, and expectations regarding the cancer support Centre... The **ongoing collaboration** has also enabled us to **identify existing strengths in the local community**, such as local volunteers, health professionals, or networks that can contribute to the success of the new Centre...**the foundations have been laid for future partnership working** i.e. creation of new referral pathways which will ultimately benefit patients (Cancer Focus NI)*

Wider community

90% of mentees agree participants have become **more connected with other groups/activities outside of the project** (n=21)

***Isolation and loneliness** amongst minority and disabled individuals is a problem within our area. We tackled these health problems surrounding mental health by providing an **outlet** for participants of our groups to **socialise with others**. By communicating and expressing ideas with others, this helped to **build community spirit and improve community cohesion** with our groups (Portadown 2000)*

*The project has created opportunities for people to connect, leading to **stronger community networks** that provide **ongoing social support**. Participants now feel **more confident** in organising their own events and activities. The Positive Ageing Programme members have **organised a raffle** to purchase resources for their Creative Craft group. **Parents and families** have broadened their support networks **helping one another with their families** (Strathfoyle Women's Activity Group)*

(n=21)

Outcome 4 | People and communities are better able to challenge unequal power relationships



This outcomes explores how people and communities use their voice for change, become advocates for change in their communities and challenge unequal power relationships. Power in a community is the ability to affect decision making processes using the strengths, skills, assets and resources within, and the capacity to bring about change and the energy that gets things done.

Programme participants

90% of mentees agree participants are more able to **use their voice for change** (n=21)

Participants developed a **more confident means of addressing issues of concern**. Topics that might be **termed delicate** were addressed and discussed, **trainings** were delivered to the group to enlighten and educate them for future opportunities of stepping forward to be **advocates of change**. Young people delivered workshops to older people from the community, leading to shared power and **young people taking action on social issues** (*Swift Hearers Ministries*)

During one of our topics an issue surrounding lack of a supportive partner was discussed amongst the group... women were able to grow in confidence and see how they can **transform their workload** as a parent by **asking for help** and **being more direct** with their partners **about their needs** (*The Be Kind Project*)

81% of mentees agree the project enabled participants to **use their influence and challenge unequal power relationships** (n=21)

In the young women's quilt making project, one of the women's patches read "more queers, more cats, more Irish"; it was a play on the adage "no blacks, no dogs, no Irish". Understanding **shared oppression** and **reclaiming words/phrases** can be a **powerful tool of advocacy and resistance**. (*HEReNI*)

Mentee organisations

90% of mentees agree their organisation is **better able to get decision and policy makers to listen to the voices of the people and communities they support** (n=21)

We have built stronger relationships with **local government bodies**, ensuring that **community concerns**, such as childcare accessibility, mental/physical health support, and funding for grassroots initiatives, are **taken into account in policy planning** (*Strathfoyle Women's Activity Group*)

Wider community

81% of mentees agree their organisation is **more able to influence decision and policy makers to take action on the issues in their community** (n=21)

Through the evaluation and impact of this programme, it enables Beam and other community organisations to **present the evidence** of need that we can **lobby for change in the future** (*Bardic Educational Arts and Media (BEAM)*)



Outcome 5 | People, communities and systems promote social justice, equality and inclusion

In pursuing social justice, community development and health approaches start from the belief that everyone should have equal access to health, wellbeing, justice, wealth and opportunity. Central to community development practice is celebrating diversity, challenging all forms of oppression, discrimination, sectarianism and racism and promoting social justice, equality, social inclusion and giving a voice to those communities that are less often heard.

Programme participants

90% of mentees agree **participants co-designed the Elevate project** (n=21)

*Antrim Community Fridge Walking for Health group was developed **by the community, for the community**, and is run entirely by volunteers. The walking group was established in **direct response to community feedback**, with the primary goal of encouraging **physical activity**, promoting **social connections**, and **improving overall well-being** (Antrim Community Fridge)*

95% of mentees agree **participants' diversity and cultures were more understood and appreciated** (n=21)

*We organised events that celebrated the **diverse cultures within the BAME community**. These events included focus groups, food showcase, fostering a sense of pride and unity... Participants attended workshops that addressed **issues of racism, discrimination, and sectarianism**. These sessions equipped them with the knowledge and skills to **challenge oppressive behaviours and advocate for equality**. (iAssist NI)*

Mentee organisations

100% of mentees agree **their organisation is more aware of hidden, excluded or isolated people in their community** (n=21)

*This project shone a light on the needs of the Deaf Community and the **responsibility** that we as a Hearing World have in order to try and support in the delivery those needs, in a **sympathetic, empathetic way** (Foyle Deaf Association)*

90% of mentees agree **their organisation has widened their reach to include people from different backgrounds and cultures in their work** (n=21)

*The allotment offers a **safe space with policies in place for wellbeing and inclusion**... Elevate has helped us to build an awareness of the needs in the wider community, and provided greater focus for us in terms of **team building and reaching out to others** (Castlewellan Community Allotments)*

Wider community

100% of mentees strongly agree or agree **their organisation has promoted social justice, diversity and inclusion in the wider community**

*...having our **local councillors, Lord Mayor, local community leaders** and member from the Elevate project present at our opening exhibition opening events...provided the groups with the opportunity to address to the wider community the forms of **oppressions and inequalities** that they face... It additionally provided them with the opportunity to **learn about the support** that is available for their groups and **what our local councillors can do to help** them and their causes (Portadown 2000)*

Conclusion

The Elevate programme continues to be incredibly impactful, with the benefits going beyond the training and programme participants to the mentor organisations and wider community, and developing skills, knowledge, and expertise in community development as a way to reduce health inequalities across sectors and throughout Northern Ireland.

It successfully builds capacity in community development approaches to take action on the social determinants of health. For many training participants and mentees it is the beginning of a new way of thinking about health inequalities - understanding and recognising that structural inequity can be addressed through a collective, bottom-up approach in communities that reflects people's lived experiences and local needs, instead of a top-down, individualistic approach.

It is also evident that Elevate creates a cumulative effect, inspiring and motivating people and communities and motivating them into action. The relationships built, the networking, information sharing, support, training, and reflective practice have all contributed to a strong foundation for social change and collective action to achieve health equity.

Whilst community development is a long-term process, Elevate has proven to be a powerful catalyst for change within its limited timeframe. It has largely achieved its high-level outcomes, and the new three-year funding cycle for Elevate, beginning in 2025, provides a valuable opportunity to revisit the programme outcomes and redesign the evaluation framework to ensure it aligns more closely with its future direction and captures the full extent of its impact.



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