Summary of "What Works" Workshops

Facilitated by Community Development and Health Network

2018

Community Development & Health Network

Supported by

HSC Public Health Agency

1. Introduction

Community Development and Health Network (CDHN) are a member of the Community Development Work stream, led by the Public Health Agency (PHA), chaired by Mary Black. The work stream includes representation from across the community, voluntary and statutory sectors and has recently launched a Community Development Framework which sets a clear direction for the expansion of community development approaches to reducing health inequalities in Northern Ireland.

As part of a broader engagement process CDHN suggested a series of "What Works?" sessions in each HSC Trust area, each hosted by a CDHN member, but opened out to the local community.

2. Structure of the Workshops

Each workshop covered the following topics:

- Overview of the policy environment for health inequalities and community development – this was facilitated using an online quiz app called "Kahoot"

- Short introduction to the community development framework

- Small group discussion covering six topics:
    1. What works in tackling health inequalities?
    2. What makes them work?
    3. Who do they work for?
    4. Who do they not work for?
    5. What do we want to keep doing?
    6. What do we want to stop doing?

An opportunity for networking and good practice showcase was also provided at each event.

The table below sets out details of the host organisation, HSC Trust area, the date of the workshop and the numbers in attendance:

Organisation	HSC Trust Area	Date	Numbers
Bogside and Brandywell	Western	30th May 2018	28
Breakthru	Southern	4th June 2018	23
Resurgam	South Eastern	11th June 2018	21
Carlisle House	Belfast	12th June 2018	21
MEAAP	Northern	19th June 2018	22
TOTAL			**115**

3. General feedback

All participants were asked to complete an evaluation form at the end of the workshops. There were 75 responses giving a return rate of 65%.

Participants were asked to list the three things they found most useful about the workshop. Responses included:

- Networking opportunity
- Sharing practice examples
- Hearing the stores of others – identifying common issues

Participants were given a number of words to choose to describe their experience of the workshops. The most popular descriptions were:

- **Motivating**
- **Insightful**
- **Interesting**
- **Interactive**
- **helpful**

Participants were asked to rate the workshop in terms of its:

- Contribution to their understanding of inequalities in NI

79% of participants said the workshop contributed a lot to their understanding

- Contribution to their understanding of local communities in NI

75% of participants said the workshop contributed a lot to their understanding

Participants were asked to rate the following: venue, refreshments, workshop facilitation and networking: All elements were rated either **very good or good.**

4. Summary of discussion

A CDHN staff member facilitated the conversation at each table and recorded key points which were collectively agreed. CDHN then reviewed the notes form each table discussion at all workshops and identified recurring themes and other points of interest.

This report provides an overall summary of the key themes emerging across the five workshops. A summary has also been prepared for each individual workshop

Discussion 1: What works in tackling health inequalities?

Participants identified that having time and resource **to build and maintain connections** as well as **partnership working and collaboration** are core to success. They also highlighted the provision of a **continuum of support and progression routes** as essential in engaging those who would not normally engage.

There was discussion at all workshops regarding the important role of **asset based approaches**, i.e. the **identification, protection and development of assets, resources and skills** in local communities. This was linked to the use of **local knowledge, stories and lived experience** to understand context and conditions of people's lives which was seen by many as critical to tackling health inequalities.

Participants across a number of workshops referred to the importance of **"facilitating"** and **"supporting"** vulnerable people in communities, rather than "helping" or " doing for".

Strong leadership and a **skilled workforce with a mix of knowledge and skills** in relation to both community development principles and practice; and health inequalities and the social determinants of health were frequently stated as important factors . The role of **volunteers** was recognised as a key enabler to the work of many organisations.

The critical role of **long term and stable funding** in order to be able to carry out these roles in communities was emphasised at every workshop.

A number of participants highlighted that interventions / support that are focused on **addressing imbalances in power and resources** are core to tackling health inequalities.

Discussion 2: What makes them work?

Participants at most workshops highlighted the need to use community development principles to underpin actions to tackle inequality.

Participants again emphasised the critical role of **strong leadership** and a workforce with the **right skills** mix. Many participants commented that "people and personalities" are often the key to successful interventions, in other words, people who are **empathetic and non-judgemental** with an **understanding** of the full range of conditions that affect citizens.

Many references were made to the need for communities to have a **sense of ownership** and some means to facilitate a "**collective voice**"

There were reflections at all workshops regarding the necessity of **engaging people where they are at,** not where we think they should be and again providing a **progression route that is relevant**. **Mutual trust and respect** were identified as core building blocks.

Many identified **collaboration with others who have expertise** as key to making their efforts successful, in recognition of the fact that no one person, service or organisation has all of the answers.

Clear, supported and resourced roles for volunteers were highlighted consistently by participants at all workshops, as was the need for volunteer roles to be **separate and distinct from paid worker roles.** However, the importance of **both types of roles** being resourced in communities was seen as crucially important.

Finally, flexible, responsive and long term funding and investment were again identified as key to making any effort to tackle health inequalities a success. Flexible and responsive– to allow those supporting vulnerable people to be able to respond to issues and needs as they arise; and long term as this is long term, time intensive work, which depends heavily on the building of trusting and lasting relationships with vulnerable people.

Discussion3: How do you know it works?

In this part of the workshop people most frequently referred to: people's **stories, testimonies and case studies**, people **engaging on an ongoing basis** and recruiting others, **new people** engaging, people take on **new roles**, e.g. volunteering and **fewer barriers to change** as evidence that something is working.

They also identified people becoming **more visible**, e.g. engaging more frequently in activities, as evidence. **Workers no longer needing to be involved** or their role changing was highlighted.

Evaluations and feedback and **changes in statistics** as well as witnessing a **closing of the gap** between more and less affluent areas we identified as important parts of the evidence base used by groups and organisations.

Discussion 4: Who does it work for?

Participants stated that in their experience current forms of facilitation and support tend to work best for people who are **ready to connect** and be involved; people who have **built relationships** and **developed trust**; people who see the **relevance** of what you are doing; people with **good support networks** and people who are more **sociable and confident** to do make changes.

It was also highlighted that communities that demonstrate strong leadership seem to be in a better position to transform.

Discussion 5: Who is it not working for?

In recognition of the fact that the previous discussion highlighted a gap in support within local communities, and the potential for inequality gaps to widen, if certain parts of the community do not display these characteristics, participants discussed the characteristics of those who are less visible in local communities. In a couple of the workshops the discussion carried on to discuss how less visible people might become more visible in their local communities.

Participants identified that, in their experience, current forms of facilitation and support tend not to work for people who **do not have the confidence or knowledge** to make themselves heard; very **isolated** people (physically due to geographical location, or psychologically); people who do not want to engage through **choice**; people who don't think they have any issues; some older people – due to **stigma or perception;** people with **low literacy** including health literacy; people who are **not ready**; people who are **afraid of systems** due to previous experiences; people who find it **hard to socialise or leave the house.**

What can we do?

The following suggestions were made regarding approaches to engage:

- Very local approaches – building a neighbourhood approach
- Knocking on doors, using existing schemes and initiatives
- Using primary care
- Community navigator type roles
-

Discussion 6: What do we want to keep doing?

The following statements made by participants were identified as the **core elements** required to maintain the role of the community and voluntary sector in understanding and addressing health inequalities:

Participants at all workshops stated that they wanted to continue working in a way that facilitates them to **address the balance of power** in local communities as well as understanding the **impact of poverty and taking action** to address it. They want to continue providing support that identifies and **addresses loneliness** and **understands and responds to needs**. They want to keep being **relevant.**

They highlighted the need to **maintain their levels of sensitivity and empathy** and their role as **advocates for peoples personal stories and lived experience**. They recognise the need for ongoing development of **skills and competencies**.

Participants recognised the need to understand and see their role in the "**bigger picture**" and recognised the usefulness of **maintaining links with politicians**.

They clearly identified the fundamental importance of **joined up working, partnerships and collaborations** and the time and resource needed to **build and maintain connections** and social capital.

The role of volunteers was again mentioned at this point in the workshops specifically in relation **supporting and developing volunteer roles**. Participants also identified the need to **keep people at the centre** of any action to tackle inequality

Discussion 7: What do we want to stop doing?

This final part of the workshop was an opportunity for participants to summarise the main barriers and obstacles to their work to tackle health inequalities.

Participants at all workshops highlighted the need to **stop: looking for a quick fix;** focusing on **quantity not quality**; a **one size fits all** approach; having to **crisis manage** situations; **duplication** of effort and resource and the **inappropriate use of volunteers** often in place of paid staff

They emphasised the challenges posed by i**nconsistencies** across HSC system and a culture of **silo working.**

Unsurprisingly the issues of **bureaucracy, short term funding and planning** and over- reliance on **contract funding** featured heavily in their discussions. Participants recognised that the social enterprise model may well provide a solution for some, but not all, since the nature of community development and support focused on social determinants is often not income generating.

Equally there was significant discussion regarding the **over reliance and focus on delivery of services** within the sector as well competition **between groups** in the sector due to the competitive nature of procurement processes.

In terms of intervention development, participants highlighted their frustration at pressure to **"re-invent the wheel"** in order to demonstrate innovation and their experience of funders re investing in **programmes that make no tangible difference** whilst not investing in pilots that prove their impact. Finally many participants identified the need to **stop focusing on lifestyle issues** and behaviour changes whilst **ignoring root causes** which require a long term and sustained approach.

Appendix 1:   **Agenda**

Date: Wednesday 30th May 2018

Time: 10am – 2pm

Venue: Bogside and Brandywell Health Forum

Timings:

10am – 10.30am

Registration and informal networking over tea and coffee
...

10.30am – 11.45am

What Works? Workshop
…

11.45am – 12.30pm

Speed Networking
...

12.30pm – 1pm

Lunch
…

1pm – 2pm

BCPP Funding Clinic

This is for those interested in applying for BCPP funding.

We hope you enjoy the day!

**Community Development
& Health Network**

Appendix 2

Community Development & Health Network

"What Works for Communities'?" Workshop and Networking Event Evaluation

Date	30th May 2018
Venue	Bogside and Brandywell
Your name: <u>OPTIONAL</u>	

1. **Three things you found most useful about today:**
1.
2.
3.

2. **Circle up to FIVE words that best describe your view of the workshop and networking:**

Interesting   interactive   helpful

   Exhausting   well tutored   boring   challenging

   Motivating   disorganised   insightful   refreshing

irrelevant   rushed   practical   well-presented

   hard work   stimulating   basic   participative

too long   better than work   fun   indifferent

intellectual   waste of time   thorough

	A lot	**A little**	**Not at all**
3. **How much did the workshop contribute to your understanding of health inequalities in NI?**			
	A lot	**A little**	**Not at all**
4**. How much did the workshop contribute to your understanding of what works for local communities?**			

5. **Did you make any new contacts / learn about new organisations today?**

Please tell us about that…………….

6. Please rate the following elements:	Very Good	Good	Average	Poor	Very Poor
Venue					
Refreshments					
Administration					
Workshop Facilitation					
Networking facilitation					

7. **Please share any comments or suggestions that would help us to improve any future workshops and networking events**

Thank you for your feedback

Appendix 3