Elevate
Working together to build healthier communities

Impact Report 2022-2023

Community Development & Health Network

HSC Public Health Agency
Project supported by the PHA

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.
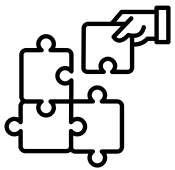
What are health inequalities?
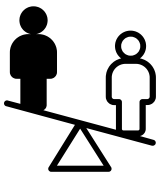
Health inequalities are the **unfair and avoidable differences** in **health status** experienced by people in our society.

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.

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)
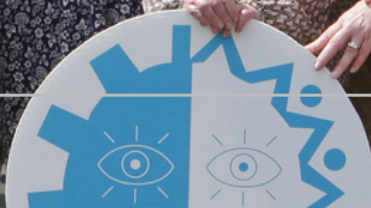
Why Community Development and Health?

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. Often approaches to improving health for the most vulnerable in our society focus on more conventional methods such as information sharing and education for behaviour change, which while important, will not make significant changes to inequality gaps in the longer term. By embodying community development values and principles, we can support real partnership with local communities to identify, understand and take action on root causes of ill health, retaining a specific and strong focus on redressing imbalances of power, wealth and resources.

Community Development...

Uses the **energy, leadership skills, and knowledge of people** to tackle the 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

01   Elevate Training

Evidence-based workshops exploring health inequalities and how community development approaches can effectively help to reduce them. Relevant to anyone with an interest in Community Development and Health Inequalities.

02   Elevate Community Mentoring & 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.

03   Elevate Portal

An online platform sharing evidence-based information, fact sheets, resources, toolkits and training opportunities. **www.elevateni.org**
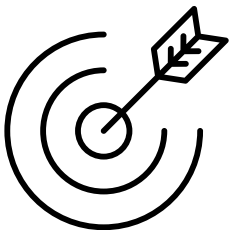
04   Reflective Practice Tool (RPT)

Community development is an ongoing process that has reflective practice at its core. The Tool is designed to get groups to reflect on their work and think about how they can ensure that community development values underpin, inform, and present in their practice.
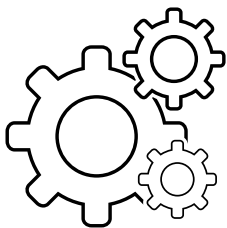
Purpose of the report

Demonstrate the impact of
- Elevate Training
- Elevate Community Mentoring & Grants programme

Identify areas for improvement in the programme

How we measured impact

Measurement tools used

- ***Online surveys*** administered to training session attendees
- Analysis of each mentee's end of year ***monitoring reports***
- ***Mentee Impact story form*** completed by each mentee
- ***Mentor Feedback Meeting*** notes

The measurement tools collected information on the project outputs and outcomes. The findings have been collated to demonstrate impact under the following three headings;

How much did we do?

How well did we do it?

What difference did we make?

Elevate Training

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:

- Health inequalities in a regional and local context
- The social determinants of health
- Community development principles in action
- Practical examples of action across the social determinants of health.

How much did we do?

Open training sessions

17 sessions

203 participants

These community development and health inequalities sessions were open to anyone with an interest. Participants registered through the Elevate portal

10 sessions were online
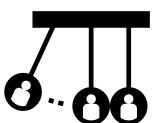7 sessions were face to face

PHA training sessions

3 sessions

36 participants

These community development and health inequalities sessions were specifically for PHA staff and other groups identified by PHA, one group was the Long Term Conditions Alliance NI (LTCANI)

2 online sessions for PHA staff
1 face to face session for LTCANI


Impact measurement session

1 session

24 participants

Delivered by Supporting Communities, this face-to-face impact measurement training for mentee organisations provided an overview of the why, when and how to measure the impact of their project.

How well did we do it?

Figure 1: Elevate community development and health inequalities training participants by sector

Other
1%

Statutory sector
38%

VCSE sector
61%

n=239
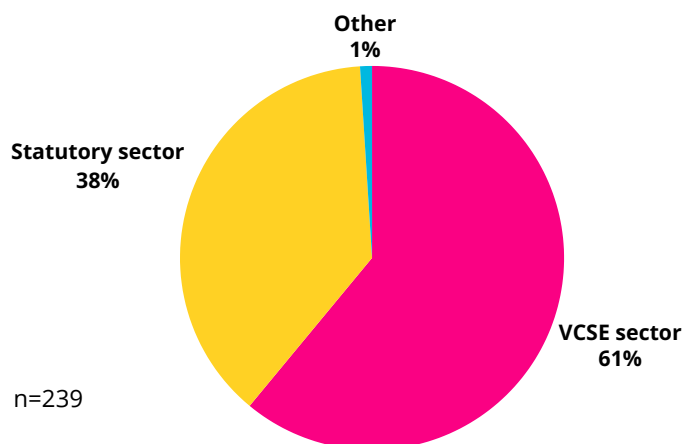
The majority of Elevate community development and health inequalities training participants (61%) worked in the voluntary, community and social enterprise sector (VCSE); with just under two-fifths (38%) from the statutory sector.

In the evaluation survey (95 responses), most respondents stated they were paid employees (88%) rather than unpaid or volunteers. The respondents were based in all five HSC Trust areas; there were also 6 respondents who were based outside NI. This reflects the potential reach of online training for people working outside Northern Ireland.

Participant Feedback

97%

rated these elements of the training as excellent or good
(no. of responses = 94)

☑ **Pitched at the right level**

☑ **Having a good balance between taught elements and activities**

☑ **Using the right presentation style**

☑ **Delivered effectively**

*"The information was **delivered effortlessly** and the course was **very engaging** which made it easily listened to and easily absorbed"*

*"I have taken so much away from the training, made connections, and **felt totally comfortable within the group** to speak out. It always motivates me to hear what others are doing and discussing our interventions"*

"Really diverse group and great to hear all the stories from a variety of groups at different stages of development"

What difference did we make?

Participants' knowledge & understanding increased

Figure 2: Participants who said they had a lot or considerable knowledge and understanding of **community development values and principles**
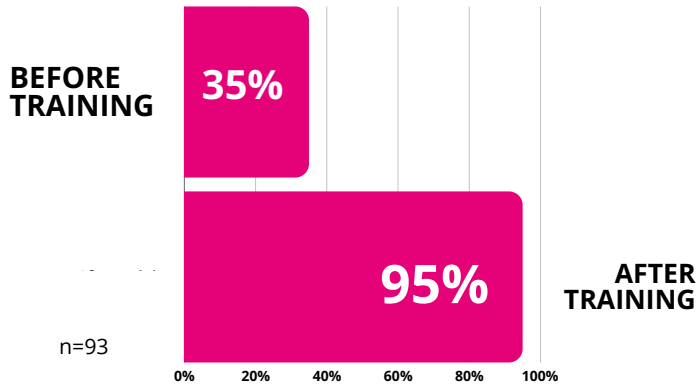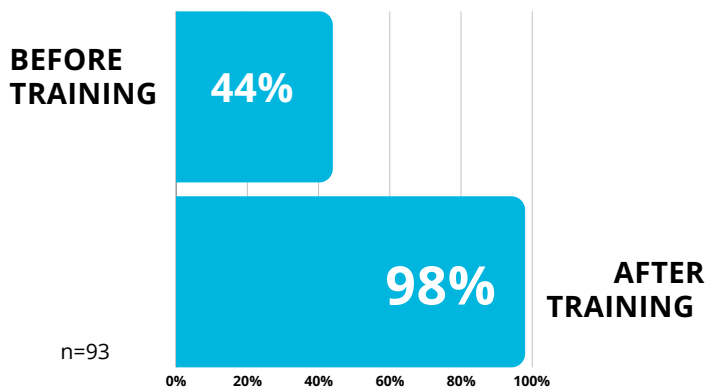
BEFORE TRAINING **35%**

95% AFTER TRAINING

n=93

0%   20%   40%   60%   80%   100%

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

BEFORE TRAINING **44%**

98% AFTER TRAINING

n=93

0%   20%   40%   60%   80%   100%

Feedback from the training participants included:

❝ *"The training was extremely beneficial in helping us to develop our **understanding of health inequalities** and how they impact our rare disease community. We gained valuable insights into how to effectively address these issues and make a positive impact on the lives of those we serve"* ❞

❝ *Before this training session I had **very little insight or understanding of health inequalities** and what this entailed. The training was so informative and well rolled out by the trainers, it made **it very clear to understand.*** ❞

❝ *While I felt I already had a lot of knowledge on community development the training gave me opportunity to **really reflect on what I already know and how I can work better*** ❞

❝ *I hope to convey what I have learnt to our committee members enabling them to have a greater understanding of **working with the community not just for the community.*** ❞

Participants used the learning from the training to inform practice, they:

- Created **action plans** to address health inequalities

- Put **service users at the forefront** of service delivery

- Demonstrated **the need for the service** in the community

- Created a **support network** with other organisations

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

Provide a list of organisations that took part to aid networking and the building of connections

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

Offer a more advanced training course to further develop knowledge and skills

Elevate Community Mentoring & 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 applicants receive six months group mentoring support from one of our six mentor organisations, and funding of up to £5000 to support them to plan and implement a community-based project focusing on health inequalities in line with locally defined needs.

How much did we do?

The **process...**

Information sessions
to promote the programme

4 sessions

48 attendees

Applications
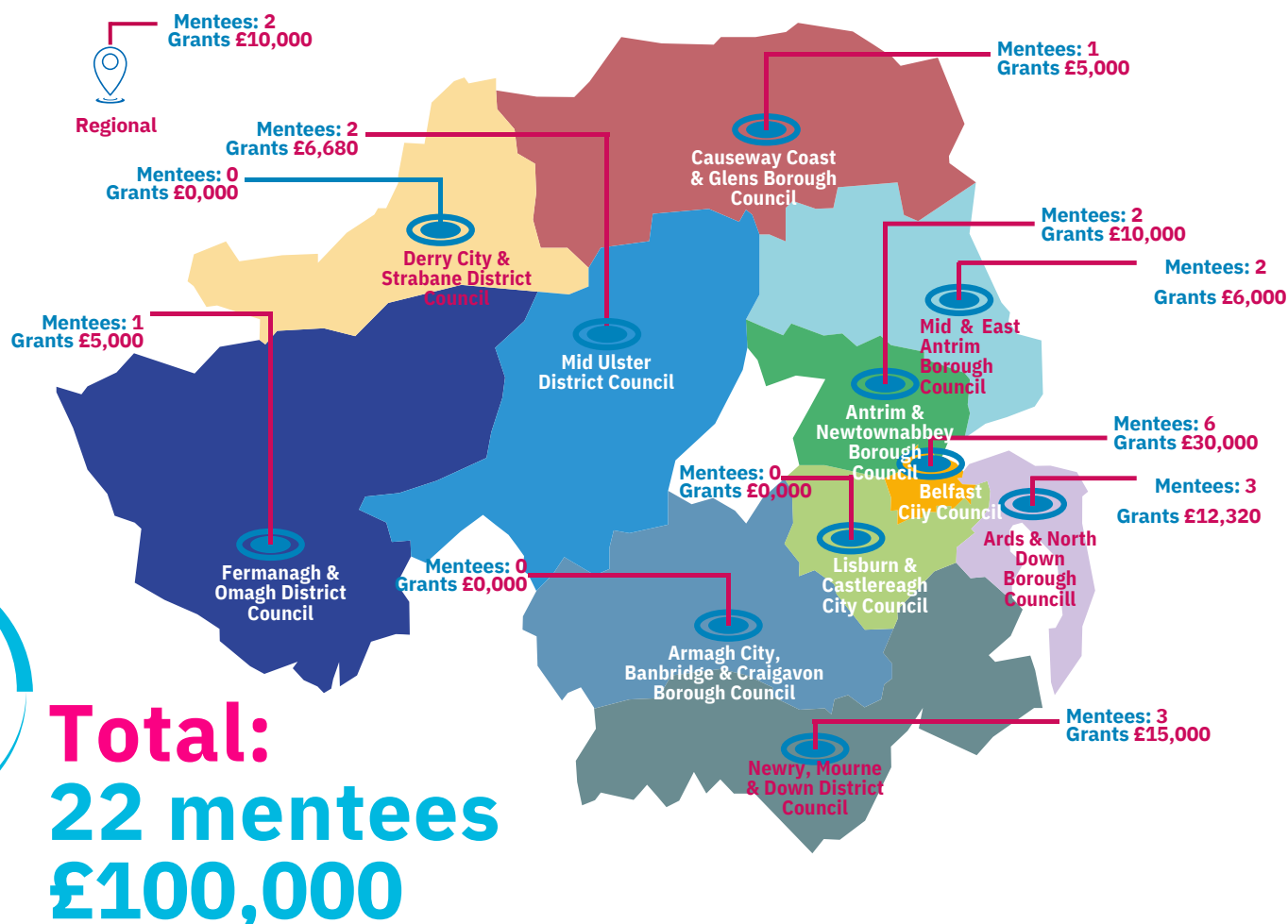*across each HSCT area*

42 applications

22 grants awarded

Followed by the **result...**

A total of 22 community groups were successful in their applications to join the programme as mentees. The mentee groups were granted a total of £100,000, with each group receiving a grant of up to £5,000.

Mentees: 2
Grants £10,000
Regional

Mentees: 1
Grants £5,000

Mentees: 2
Grants £6,680

Mentees: 0
Grants £0,000
Derry City & Strabane District Council

Causeway Coast & Glens Borough Council

Mentees: 2
Grants £10,000

Mentees: 2
Grants £6,000

Mid & East Antrim Borough Council

Mentees: 1
Grants £5,000

Mid Ulster District Council

Antrim & Newtownabbey Borough Council

Mentees: 6
Grants £30,000

Mentees: 0
Grants £0,000

Belfast City Council

Mentees: 3
Grants £12,320

Ards & North Down Borough Council

Mentees: 0
Grants £0,000

Lisburn & Castlereagh City Council

Fermanagh & Omagh District Council

Armagh City, Banbridge & Craigavon Borough Council

Mentees: 3
Grants £15,000

Newry, Mourne & Down District Council

Total:
22 mentees
£100,000

Class of 2022/23

Mentors

The **six** Elevate Mentors this year were:

All the mentors are well established organisations with a proven record in excellent community development practice and commitment to reducing health inequalities. They provided mentees with:

- direct mentoring sessions supporting them to build their community development practice as a group
- networking sessions where groups come together with other mentee groups
- support to complete the Reflective Practice Tool (RPT) and using the results to develop a mentoring action plan
- support to achieve successful outcomes for their project

Mentees

The **22** Elevate Mentees this year were:

All Saints Men's Group	Inspiring Yarns
Antrim and Newtownabbey Seniors' Forum	Jam'n'Ire
Belfast Exposed	Kildress Wolfe Tones GAA
Brookeville Enterprises	NI Rare Disease Partnership
Compass Advocacy Network	Peninsula Healthy Living Centre
Crossfire Trust	Polish Sisterhood
FND Matters	Rural Support
Footprints Women's Centre	The Be Kind Project
Fermanagh Rural Community Initiative	The Parent Rooms
Fresh Minds Education	Warrenpoint Women's Group
Greater Shankill Job Assist	West Belfast Job Assist

How much did our mentees do during the programme...

Mentoring support

Number of sessions

One-to-one: varied between 1 and 4
Group: varied between 2 and 6

Attendance at sessions

Majority of groups had:
2 people (7 groups)
4 people (5 groups)
1 person (5 groups)

Sharing learning

17 out of 22 groups shared learning with their colleagues

Networking

47
people attended launch event

26
people attended networking event

36
people attended celebration event

Health Inequalities & Community Development training

1
session

21
mentees

Reflective Practice Tool

The 22 mentees used the Reflective Practice Tool to **reflect** on and **improve** their **community development practice** to tackle health inequalities in their communities. Elevate mentors played a crucial role in this process.

Project aims

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

- Provide health & wellbeing support
- Create sustainability & strategic plans
- Educate others
- Build knowledge, skills, connections
- De-stress
- Bring people in the community together

- Emotional resilience
- Social inclusion
- Improve mental health and wellbeing
- Build understanding of food and nutrition
- Help self-development
- Combat loneliness and isolation

How well did we do it?

Our 22 mentee groups & 6 mentor organisations were active **throughout Northern Ireland** working with **over 3,200 people** from **all walks of life**

Including those...

- who are older
- from ethnic minority groups and from a mixed ethnic background
- with mental health issues
- with learning disabilities
- experiencing homelessness
- experiencing addiction
- with Functional Neurological Disorder (FND) and their families
- who are children, young people and their families
- with Autism Spectrum Disorder (ASD)
- from the NI Rare Disease Community
- from the Polish community
- experiencing poverty
- who are socially isolated
- in rural areas
- in farming communities
- in socially deprived areas

>...and everyone had **plenty of fun** doing it!

- Therapeutic Photography
- Crochet/knitting
- Residentials
- Physical activity
- Early intervention parent & toddler group
- Gardening
- Afro hair care

- Music/video production
- Support/networking workshops
- Grow your own vegetables
- Cooking, food and nutrition
- Thai Chi
- Lobbying for equality and justice
- Creating promotional materials

Feedback on being a mentee

Mentees had a positive experience of participating in the programme:

> 66 *The support and guidance offered throughout the project has been invaluable in our progress and delivery, the **degree of autonomy** and the ability to make mistakes and be able to discuss why and how we can **improve in the future** is very refreshing when in the community sector things have become so target driven* 99

The value of having a mentor with the funding was emphasised:

> 66 *The funding was important to help us change health inequalities that exist...but **having a mentor for ourselves was the turning point** in our organisation, **she gave us the confidence and encouragement to carry on the important work** of involving people to shape their own services.* 99

CDHN Team

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 and mentor organisations providing them with **ongoing support.**

Most mentees found the CDHN staff **very useful:**

> *The whole team...were excellent and **always responded to questions/queries** no matter how busy they were. So, so helpful.*

> *A friendly, courteous, professional and evidently highly competent team, **affecting change in a very positive way.***

Suggested improvements for staff in providing support to projects:

> *Having a **clear list of dates and time commitments at the start**...especially when trying to work around so many people's diaries, it often meant we didn't get to meet as a full group.*

SIGN UP FOR FREE MEMBERSHIP
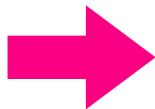
All mentees were entitled to **free CDHN membership** – connection to a strong network of 2,300 regional and local community and voluntary organisations and public sector colleagues working in areas related to community development and health inequalities.

Mentor feedback

An Elevate Mentor Feedback meeting was held in July 2023, giving mentors the opportunity to feedback on their experience of the programme.

Successes

- Smaller/new groups were easier to engage
- Mentees networked with other mentees
- Individual meetings = more understanding of mentee's needs
- Paperwork improved since previous year

Challenges

- Difficult to tease out what was needed from those with higher capacity
- Mentees in geographies outside that of the mentor – more difficult to signpost/give advice on help available in the community

Suggested improvements

- Decide calendar for group sessions at the beginning of the programme
- Be more efficient with meetings – what works best geographically
- Meet with mentees every 6 weeks instead of monthly, but still be available via email/phone

What difference did we make?

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 & 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 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*. 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 the programme at the following three levels:
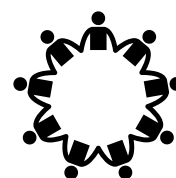
Programme participants

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

*All Mentee impact stories are available at **www.elevateni.org/impact**

Outcome 1: Programme participants

The Elevate programme enhanced **participants' ability to identify their own needs and actions**. It better enabled them to:

Discuss health in the context of their **everyday lives**

➡️ *"We wanted to bring **well-being issues and an overall 'health conversation' into the mainstream of local community life**, rather than leaving them as 'detached issues/concerns, to be dealt with somewhere else by someone else"* (Kildress WolfeTones GAA)

Connect with other people in the community and increase **social interaction** and support

➡️ *I've made friends with mums from the group...I had [name]'s wee one the other day when she had to go to the doctor and I know that if I need to do something like that in the future she'll do it for me. **That's exactly the help we all needed.*** (The Parent Rooms)

Navigate their **health and social needs** and make **better health choices**

➡️ *...participants gained awareness of different factors affecting their mental health and **got tools to cope better or seek help**...participants showed they were able to articulate their needs as the project progressed.* (Polish Sisterhood)

Group collaboration, participation and social capital are key components of the Elevate Programme. As a result of the programme, participants:

Interacted and learned from each other and worked together to identify common needs and aspirations

➡️ *"Opportunities to **talk to others and share experiences** was very helpful...and look collectively for solutions"* (Polish Sisterhood)

Were more aware of their **social needs**

➡️ *"...they [participants] hadn't realised until Elevate how much the cooking together was the **social aspect they missed** and a lot had said it felt like the family together so they felt better connected."* (Footprints Women's Centre)

Identified they need more **social support pathways** to improve their health and wellbeing

➡️ *"...increase in confidence was evidenced across both groups, as was reducing feelings of loneliness/isolation...**many chose to continue into other groups**... continue with other services we offer"* (Inspiring Yarns)

Were motivated to seek appropriate support from **health and social care professionals**

➡️ *"Mental health has been highlighted and **due to new connections** visiting nurse can identify health issues and use her position to access services"* (Crossfire Trust)

Outcome 1: Mentee organisations

Mentees were more **able to identify the needs and assets** of their community:

Through **asking the community** about their needs:

➡️ *Through a **survey** we had seniors complete, they identified their needs...The outcome is that our planned programmes, activities and events will be tailored to address these needs/issues. (Antrim & Newtownabbey Senior's Forum)*

Through exploring **existing evidence and statistics**:

→ *Following the training **we explored NISRA statistics and the latest HSCIMS reports**, and the team were able to break down the specific areas of concern within our geographical remit. This helped us develop more person-centred support (West Belfast Job Assist Centre)*

Using **tools** to identify the needs and provide tailored support in response

→ *By using the Outcomes Star, we were able to identify specific areas of need for our community members and provide tailored support to meet those needs. (NI Rare Disease Partnership)*

Mentees were more equipped to respond to people's and community needs and **identify actions** for their organisations to take forward:

Recognise and support those most in **need**

→ *We wanted the other team members to **understand** what our clients were going through on a day-to-day basis and to be able to **act accordingly for their best interest**...Our organisation waivered the management fee and we were able to assist those most at risk with vouchers. (Greater Shankhill Job Assist Centre)*

Reflect on their aims and overall impact

→ *We have been **gifted the time** as a team to sit down together and **work through the impact of each group** and to consider how we would deliver these sessions in future (Inspiring Yarns)*

Acknowledge their **strengths** and **weaknesses** and identify how to use their learning to **improve** service delivery

→ *...we identified internally that we **lacked knowledge** in specific areas to **fully assist** our clients with their needs and supports... we are attempting to **bridge those gaps** and become a conduit for connecting provision to need within the community. (West Belfast Job Assist Centre)*

Outcome 1: Wider community

Mentees and their staff and volunteers were also able to **identify needs and implement actions** beyond their organisation:

Mentees and their volunteers were able to identify need **beyond their group** and action what works in their community to other communities

→ *Our volunteers also organise the drop ins and have gathered information regarding the areas theses drop ins are needed, therefore starting a new drop in in Portadown. (FND Matters NI)*

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

Outcome 2: Programme participants

Participants showed an **increase in their confidence** with regards to...

Their **general confidence** throughout the duration of the programme

→ *"Seeing service users come along so hesitantly and nervously from the first session to becoming so confident as the sessions progress" (Peninsula Healthy Living Partnership)*

Exploring **diversity and difference** with others

→ *"confidence in trying new things and expressing likes and dislikes (how being different having diverse thoughts are good and ok)" (Footprints Women's Centre)*

Their sense of **belonging**

→ *Parents and their children have felt supported and included in the community. This has increased their confidence and improved mental health and wellbeing. (Fermanagh Rural Community Initiative)*

Increased **self-esteem** through the opportunity and to help and encourage others

→ *We noted by the end the boost to this low self esteem....Many found it particularly rewarding when they were then able to help someone else within the group when they struggled with a technique. (Inspiring Yarns)*

Participants showed a **development of skills** such as...

Ability to take on **volunteering** responsibilities

→ *We have seen many of our participants socially develop and taking up new volunteer roles and responsibilities in putting out the bins, recycling and eating vegetables. (Crossfire Trust)*

Co-design and involvement of projects

→ *Volunteer opportunities were also helping our members to develop the sense of ownership of the project and encouraged them to use their skills in co-designing it. (Polish Sisterhood)*

A wide variety **of new skills**

→ *"they [young people] are creating awards for service users, podcasts, building websites, writing funding applications, attending training, leading sessions etc" (Fresh Minds Education)*

Using imagery to educate others

→ *...using powerful imagery to create an impact on the lives of people but also as a catalyst for dialogue with the community and decision makers, inequality as a statistic often goes unnoticed, inequality as expressed through an image gets greater notice. (Brookeville Enterprises)*

Participants showed an **increase in knowledge and understanding** with regards to...

The **benefits of taking part** in this type of programme

→ *...all men participated fully, showing how individual groups have **created warm and welcoming spaces** that have allowed men the confidence to **speak about the various benefits** of the programme. (Rural Support)*

The **social factors** that impact health and how to **create change**

→ ***now people were talking openly** about social issues affecting services and inequalities **effecting their lives**...this built confidence within people and developed skills and knowledge...empowering people to use their voice to challenge and create changes. (Brookeville Enterprises)*

The importance **of sharing knowledge** and networking with others outside the programme

→ *Many in the group also wanted to **combine learning** to support the role they had within their farms. With the increased dependence on on-line platforms for farming activities the individuals really benefitted from IT training. Some within the group were able to **pass on specific information** in relation to some on-line platforms. (Fermanagh Rural Community Initiative)*

Outcome 2: Mentee organisations

Mentees showed an increase in their **confidence** with regards to...

Their **aim and purpose** and how they complement other work in the community

→ *We know we do something **unique, niche and valuable** and that can **complement** other services out there (Inspiring Yarns)*

Valuing, recognising and **developing peoples skills and strengths**

→ *We have learnt that we are **significantly more resilient than we originally believed** ourselves to be. We recognise how fortunate we are to have a committee made up of volunteers who have **a plethora of knowledge and skills** (Jam'n'Ire)*

Nurturing potential leaders

→ *Our new member **did not believe she had any skills** to bring to our plans for creating a Jam'n'Ire committee. Being part of Jam'n'Ire **gave her confidence to volunteer to take on the role as vice chair**. (Jam'n'Ire)*

Create safe spaces for discussing important issues

→ *...the ability to diversify our previous offer and **tackle some social taboo subjects** (Such as menopause and period poverty) that created a significant forum for people to **express their views opinions and stories.** (Greater Shankhill Job Assist Centre)*

Their **methods of engaging** with communities

→ *The learning gained enabled a new method of facilitator journaling...these new skills improved our evaluation and enabled the facilitator to gain confidence in their methods of engagement **knowing what was instantly working** and **what needed to be changed during the engagement rather than at the project end**. (Brookeville Enterprises)*

Mentees showed a development of **skills** such as...

Using social media

→ *The input was also around our branding and the social media audit was most helpful... focused on **layout, structure and colour themes to help with promotional material** (Crossfire Trust)*

Understanding and **measuring the impact** of their work

→ *We received mentoring in methods of evaluation which would offer great **organizational evaluation, participants evaluation and evaluation of the project itself**. Our mentor provided us with great insight in both **quantitative and qualitative data** (Brookeville Enterprises)*

Mentees showed an **increase in knowledge and understanding** with regards to...

Community development and **Health inequalities**

→ *part of our work is very firmly grounded in **community development,** we just didn't use that language... we are doing important work in helping to tackle some of the issues around **health inequalities** (Rural Support)*

The social factors that contribute to **root cause** of ill health

→ *"it has developed a deeper understanding of **the need to delve further into the cause rather than deal with the effect .....** we sometimes have got lost in the need to connect properly with our service users, **this programme has given us a reboot, allowed us to re-evaluate"** (West Belfast Job Assist Centre)*

Mapping and utilising **community assets**

→ *"...as a new group as **we now are aware of all the services and support available** for our group, and we have built up a good relationship with Clanrye Group" (Warrenpoint Women's Group)*

Outcome 2: Wider community

Mentees recognised the value in sharing their **increased confidence, skills and knowledge** enabled them to **connect** with others in the wider community

More able to share **knowledge, expertise** and **learning** from their work

*All of the **connections have been so valuable** interconnecting communities to help and information share, would never have been possible without the programme (Footprint Women's Centre)*

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

Outcome 3: Programme participants

The programme enabled participants to **come together, identify common issues** and develop a c**ollective voice**, they were able to:

Come together as a group and have a **collective voice** in the community

*People who had previously not met came together through the project forming **peer to peer support,** establishing a new group of people within the community **who as one can progress to use their collective voice**... where previously an individual's voice was not heard or noticed. (Brookeville Enterprises)*

Come together and have a collective voice to **lobby for change**

Several participants have now engaged with our Champions Network, which is a working group of parents who have been through our services with the purpose of joining with other parental mental health organisations to lobby for change. (The Parent Rooms)

Outcome 3: Mentee organisations

Mentees recognise the value of **networking, building relationships** and **sharing learning** and working with other organisations to take collective action to address need, they:

Built relationships and **learned from others**

*We have also made strong relationships with those from Tullygarley allotments. This has given us an opportunity to **see best practice in another organisation** but also to **give us ideas on how we can develop our own activities** (All Saints Men's Group)*

Were more aware of **other support** for people in the community

*We have an increased awareness and knowledge of the other charity and voluntary organisations to whom we can **signpost our service users** and/or **invite to collaborate** to create more holistic and **community development conscious services** throughout the community. (The Parent Rooms)*

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Formed **networks and alliances** with other groups → *… It was important for us to be introduced to more experienced organizations ..we hope this will open the door to cooperation and sharing our work across the network. (Polish Sisterhood)*

Worked **collectively** with other groups → *Both groups within our sessions will be able to **work alongside for future projects**. We are already now working with Be Kind to provide sessions for carers and we hope to work with Jam n Ire perhaps on a heritage project at some point in the future. (Inspiring Yarns)*

Outcome 3: Wider community

The **connections and collective action** were experienced in the wider community, the participants…

Developed connections that went **beyond the project** → *"I have been amazed at what could be achieved with £5000 and the knock-on affect this has had in **building extended relations into the community**" (Footprints Women's Centre)*

Were able to share their resources **with the wider community** due to taking collective action → *they [participants] can **become conduits** to supporting associates, family members and friends with the **growing lists of resources at their disposal**. (Greater Shankhill Job Assist Centre)*

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

Outcome 4: Programme participants

Participants were able to exert influence and **challenge unequal power relationships** as they…

Developed their ability to use their **voice for change** → *"now people were talking openly about social issues affecting services and inequalities effecting their lives…this built confidence within people and developed skills and knowledge within people empowering people to use their voice to challenge and create changes" (Brookeville Enterprises)*

Attended **consultations** to ensure their voices were heard → *Prior to joining limited numbers would have had significant interest in the consultation processes… They would have felt their contribution would never have mad any impact at any level. They all attended the consultation events in various locations. (Fermanagh Rural Community Initiative)*

Were more **vocal in lobbying for change** → *one resident requiring transport was quite verbal to the Translink officer when the much needed bus service was cancelled in order to obtain his medication… he was able to give a full explanation for his dilemma and suggesting more care be taken for the vulnerable in society. (CT, 20D)*

Outcome 4: Mentee organisations

Mentees were able to exert influence and **challenge unequal power relationships** as they…

Were able to ensure **statutory bodies listened** to communities and influence their thinking → *We were approached by the PSNI regarding hate crime week…we did agree to meet up **if they would come and listen to the worries and fears of our members**…it lead to a **very productive meeting** (Jam 'n' Iré)*

Joined **with other groups** to lobby for change

→ *We are also involved with the UK neuro alliance and part of the #back the 1 in 6 campaign and will be personally involved in a petition hand in to UK Parliment, **highlighting the need for better services for those with FND**. (FND Matters NI)*

Used **different tools or mediums** to challenge unequal power relationships

→ *Photography was used as both a Therapeutic Healing process but also a method of creating awareness...inequality as a statistic often goes unnoticed, inequality as expressed through an image gets greater notice. Through this action power in relationship was able to be redressed. (Brookeville Enterprises)*

Think **strategically** about the decision makers who can affect change

→ *Through a more strategic approach informed by our mentoring we are able to begin to reach people and organisations who can **affect change at a decision making level.** (Brookeville Enterprises)*

Outcome 4: Wider community

Mentees and participants exerting their influence and **challenging unequal power relationships** meant that...

Statutory bodies were educated on the challenges faced by vulnerable groups in society

→ *The young people **met with the children's commissioner** to challenge lack of services for young people...We have **provided training for health providers, to equip them with the skills to provide a better service** for people with FND. (FND Matters NI)*

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

Outcome 5: Programme participants

Participants felt they were **treated equally and included** in the project. They felt...

Their culture was more **understood and appreciated**

→ *The Syrian ladies... I believe they feel listened to and understood more and **we provided something that I hadn't realized was such a huge part of their culture**...**They feel like the community is more interested** in trying their food and learning about their culture and I could see the excitement. (Footprint Women's Centre)*

Included, supported and involved in the project

→ *The group of rural women felt they had become significantly isolated and had **drifted into a rut of staying at home**... The project opened an avenue for them to engage with society again and **begin to take control of their lives again.** (Fermanagh Rural Community Initiative)*

Participants gained knowledge of their **social justice, equality and inclusion.** Through the programme, participants...

Increased their **knowledge of diversity and inclusion**

*We provide a space for families to gain **knowledge on their rights** (NI Disability Act) and we hope through our awareness the community will change and **become inclusive of learning disabilities and provide choice and opportunities.** (The Be Kind Project)*

Outcome 5: Mentee organisations

Mentees were able to **promote inclusivity, social justice and equality** on an organisational level by..

Being more aware of hidden, excluded or isolated people **hidden** in their community experiencing health inequalities

*We as an organisation have become **more aware of Health inequalities** and how **exclusion** even with the community people live in is **often hidden** (Brookeville Enterprises)*

Widening the organisation's reach to include p**eople from different backgrounds and learning** from the experience

we had a number of new members from different backgrounds attend. This is a relationship we can build upon in the future to help us identify how we can further support those from other backgrounds/nationalities. (All Saints Men's Group)

Encouraging participants to **co-design** the programme

*I am much more aware of approaching the local community to see what inequalities they are facing, **it can sometimes be pointless in running a programme that I think may be beneficial when actually it may not be what the local community want or in fact need** (Peninsula Healthy Living Partnership)*

Outcome 5: Wider community

Mentees were able to **promote inclusivity, social justice and equality** for wider community by...

Providing an **opportunities** to previously excluded groups

*As an umbrella organisation and through the support of the Elevate project we have been able to provide smaller or more rural groups with opportunities and information that **may have only been available to the larger towns and cities in the past** (Antrim & Newtownabbey Seniors Forum)*

Creating **equal opportunities and access** for those who were not being represented in the community

*We have taken a stand in the community to create an **inclusive stay & play environment representative of children with learning disabilities and/or autism**...our services have been a huge lifeline for families, allowing them to stand up in their community and **fight for a better future for our children.** (The Be Kind Project)*

Promoting **diversity and inclusion with outside organisations**

We are supporting several families who have experienced discrimination, racism and personal harassment within their children's schools... [we] have attended one of our young Jam'n'Ire members school to educate staff and students through counselling and story telling (Jam 'n' Iré)

Conclusion

Community development is undoubtedly a long-term process; however, it is important to emphasise that it is a process often started with small steps. By creating a spark, we can initiate a chain reaction that leads to positive change in our communities. The findings from this evaluation suggest that the Elevate programme does exactly this. Despite time limiting factors, the programme is clearly successful in providing opportunities for the development of skills, knowledge and expertise in community development as a way to reduce health inequalities and has had a positive impact on the training and programme participants, mentee organisations and the wider community. It is also evident that as a training and funding programme, Elevate is more than the sum of its parts. It creates a cumulative effect, inspiring and motivating people and communities and galvanising them into action. The building of relationships, the connections, networking, support and alliances have been hugely beneficial for the people and communities involved and have provided the scaffolding for social change and collective action to address health inequalities, as one mentee summarised:

"It is an amazing programme and whilst the funding is of course always welcome in the charitable sector what Elevate also offers are real networks, mentorships and opportunities to learn from each other and share. Something you couldn't put a price on (especially coming from a very small charity)" NIDRP

Overall, the Elevate program is 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.

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