**Pathways to Health**

**Evaluation**

**August 2015**



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**(Day 2 Community Development)**

1. **Background to the evaluation**

**1.1 Community Development & Health Network**

Established in 1996, the Community Development and Health Network (CDHN) has the strategic mission of ending of health inequalities using a community development approach.

As a membership organisation and by delivering a range of activities and programmes with its members and other stakeholders, CDHN directly and indirectly supports communities to identify their needs and formulate and deliver effective community development responses.

A key aspect of the work of CDHN is to facilitate the sharing of knowledge and experience and support the growth and development of community capacity for tackling health inequalities.

**1.2 Big Lottery Fund Reaching Communities Programme**

In 2007, the Big Lottery Fund launched its Reaching Communities programme in Northern Ireland. Reaching Communities aims to improve communities and the lives of people most in need. The programme framework is expressed in outcomes that Reaching Communities activity is intended to achieve. Each outcome has associated priorities.

The four Reaching Communities outcomes are:

* Outcome A: people have the opportunity to achieve their full potential;
* Outcome B: people can actively participate in their communities to bring about positive change;
* Outcome C: community ownership of better and safer rural and urban environments; and
* Outcome D: improve physical and mental health for all people.

In 2009, CDHN made a successful application to the Reaching Communities programme in respect of the Pathways to Health initiative. While Pathways to Health contributes across all four Reaching Communities outcomes, it is especially focused on Outcome D, improving physical and mental health for all people.

Outcome D has two related priorities. These are:

* help individuals and communities to develop skills to make healthier lifestyle choices; and
* promote mental health and emotional well-being at individual and community level.

All Reaching Communities projects must adhere to the underlying principles of:

* addressing disadvantage and promoting tolerance and social inclusion; and
* contributing to the reduction of poverty.

Reaching Communities is targeted towards those people and communities who are most in need as defined by where they live, the problems they have, the situations they face and the barriers they experience.

**1.3 Pathways to Health**

Pathways to Health is a tiered training programme designed to support participant learning in relation to community development and health at beginner, intermediate and advanced levels. The training levels are reflected in the project outcomes to be achieved as agreed with the Big Lottery Fund upon award of the Reaching Communities grant.

The five Pathways to Health outcomes are:

* 56 beginner level participants from disadvantaged communities will have an increased understanding of the factors impacting on individual and community health;
* 56 intermediate level participants from disadvantaged communities will gain the necessary skills to design and implement local projects that will improve physical and mental health in their local community;
* 56 advanced level participants from disadvantaged communities will have the skills to act as health advocates on behalf of their local community to policy and decision maker audiences;
* the physical and mental health of 2080 indirect beneficiaries in local communities and communities of interest will improve; and
* the physical and mental health in five population groups – age sector, gender, rural, BME and mental health groups will improve.

Pathways to Health was conceived as a five year project and commenced in September 2009. The project was subsequently extended following a response by CDHN to an opportunity to apply for additional funding presented to Reaching Communities projects by the Big Lottery Fund in 2014.

This permitted Pathways to Health to run for an additional year from September 2014 to August 2015 and enabled further outputs to be achieved through the programme in relation to each outcome.

The content and structure of the Pathways to Health programme is described in further detail in section 3.0.

**1.4 Evaluation methodology**

In 2013 CDHN commissioned a final evaluation of the Pathways to Health programme. The evaluation has involved a number of key activities including:

* engagement with the Pathways to Health facilitators at an early stage to discuss the programme;
* support for the facilitators with their consideration of their ‘philosophy of teaching’ or how they set out to facilitate the creation of change by facilitating learning;
* attendance at Pathways to Health networking events or ‘open’ masterclasses during the Level 3 programme including a sustainability themed masterclass, an Assembly Outreach event and a special networking event led by Professor Margaret Ledwith whose work has been a key influence on the content of the Pathways to Health programme;
* review of information collected via the evaluation activities led by the Pathways to Health team;
* collection of primary information from a sample of Pathways to Health participants and the development of short case studies based on participant experiences before, during and beyond the training; and
* analysis of impacts and learning to inform evaluation conclusions and recommendations.

This evaluation report assembles key project information to inform the evaluation including:

* preamble to provide a context for the consideration of the capacity building focus and impact of Pathways to Health and, specifically, the idea of learning as a tool for change (section 2.0);
* background information in relation to the core Pathways to Health content and approach and on other Pathways to Health activities (section 3.0);
* information on key project outputs (section 4.0);
* information from the internal evaluation activities undertaken (section 5.0);
* participant experience profiles derived from interviews with individuals who have engaged in one or more of the Pathways to Health training tiers, with accompanying observations on impacts (section 6.0); and
* issues and challenges identified, or suggestions for change to the programme (section 7.0).

Conclusions are drawn based on these findings and some recommendations made with regard to future Pathways related work (section 8.0).

1. **Learning as a tool for change**
   1. **Capacity building as the development goal**

In its application to the Reaching Communities programme, CDHN described its role in training and supporting frontline staff and volunteers so that ‘*their health improvement work is as good as it can possibly be’*.

For CDHN, achieving best practice centres on the need for recognition of the social model of health and the well documented reality that a range of factors, which are frequently outside the control of the individual, can and do lead to pronounced and persistent health inequalities. This perspective highlights the limitations of lifestyle focused health improvement approaches against a backdrop of health and other social inequalities. How this is integrated into the Pathways to Health training is illustrated in this comment from one of the Pathways to Health trainers:

*‘We reflect on the wider determinants in an attempt to help participants see why health choices are not an automatic response to health promotion advice.’*

Reflecting the mission of CDHN, the Pathways to Health Programme is predicated on the assertion that community development, through which these factors or ‘social determinants’ can begin to be addressed, is an important means of securing positive change in relation to health inequalities for individuals and families, local communities and neighbourhoods.

In a Guardian article in 2011, the international development researcher and writer Jonathan Glennie reflected on the chronology of the development process as well as on the key targets for capacity building – institution, society and individual.

He described capacity development as the process by which individuals and organisations (and communities) *‘develop their ability to set and achieve their own objective*s’. He also reflected on the interesting idea that developed capacity is in fact the *end* of the development process beyond which individuals and communities are equipped to take opportunities and tackle challenges as they emerge. In doing so Glennie recognises that the learning which is intrinsic to capacity building is in itself a tool for change, now and in the future, and places this learning front and centre in its importance to the development process. It is the learning which is key, and development, or addressing disadvantage and inequality successfully as in the Pathways to Health context, cannot happen without it.

By learning, we improve our ability and are more capable. Our capacity to create change in our own lives and in the lives of others increases.

The Pathways to Health model engages individuals in a learning experience and supports the development of their capacity. In doing so it equips them, through a refocusing of their approach, to support the onward building of capacity in their organisations and their communities, or the communities that they work with or volunteer within.

The Pathways to Health programme largely focuses on building individual capacity to support the development of capacity in others at organisational and community level.

As such, Pathways to Health is concerned with:

* facilitating access to and the acquisition of relevant knowledge;
* supporting critical analysis and increased understanding of important issues and concepts;
* developing useful skills for supporting effective responses; and
* encouraging new perspectives on long standing issues and challenges as well and increased openness to opportunities.

For Pathways to Health to be effective, the design of the programme needs to clearly focus on supporting learning effectively. For a learning experience to be effective in this context, we would expect to see a number of characteristics, amongst them the following:

* effective engagement with learners in groups which makes the most of the resource which is learners’ past experiences;
* supportive learning environments including methods used to support learning which take account of the participant’s current level of expertise and which build from their relevant past experience, as well as account of any practical needs the learner may have;
* methods which help learners relate new concepts to their own experiences;
* methods which make provision for a range of learning needs and preferred learning styles;
* appropriately intensive and paced learning experiences;
* negotiated learning experiences;
* reflective and dialogic approaches; and
* opportunities for review and consolidation of learning.

By understanding Pathways to Health as a resource which promotes and supports relevant learning, evaluation can usefully focus on what learning the programme has enabled and how, and how the learning leads to change in approach or practice, or at least the *increased potential* for a change in approach should the participant have the opportunity.

* 1. **Philosophy of teaching**

Capacity building is, by its nature, an educationally driven transaction. As a contributor to the CDHN objective concerned with capacity building, Pathways to Health is about supporting learning – acquisition or modification of knowledge, promotion of understanding or comprehension, and development of skills - which will lead to increased ability to create positive change.

Since Pathways to Health is completely dependent upon the effective facilitation of learning, as part of the evaluation the core CDHN Pathways to Health trainers were asked to reflect on and write down their ‘philosophy of teaching’, an exercise which is widely used in teacher training programmes and to aid the professional development of educators in a range of settings.

The exercise helped the trainers to consider their role in facilitating the learning process for their participants and the values which for them underpinned the role.

The reflections highlighted that:

* the trainers saw themselves as facilitators of the learning process as opposed to ‘teachers’:

*‘We didn’t want to be at the front ‘teaching’ – we recognised that we were not the experts. We had knowledge in key areas, i.e. community development, health, health inequalities, we had broad knowledge of how community development was being used throughout NI and also key political aspects of community development that not all the participants would know of.’*

* reflective practice and supporting skills for critical thinking are vital tools as part of the active learning process;
* the trainers were aware of different learning styles and learning needs as well as the potential barriers to effective learning that might exist for participants;
* there is a very good level of awareness of and attention to the learning process, or how the approach within the different Pathways levels helps to create change in the form of learning outcomes for participants;
* the learning process within Pathways to Health is negotiated with the learner;
* the importance of relating new knowledge to the learner’s own practice and experience and to a ‘bigger picture’ generally, including to the wider social and political context, is well recognised;
* the collective experience of participants is an important learning resource;
* networking between learners is a valuable end in itself.

1. **Pathways to Health programme objectives and content**
   1. **Pathways to Health Levels**

The core Pathways to Health programme is structured within three tiers or ‘levels’ with each level reflecting a set of specific learning objectives tailored to the circumstances and level of experience of intended participants.

CDHN piloted the first Pathways to Health materials via training delivered with South Down Family Health initiative. The Pathways to Health materials have been developed further, year on year, using the learning from the delivery of each course and the findings of ongoing research undertaken by the Pathways to Health staff in order to ensure currency and freshness of content.

Target groups for the programme are age sector groups (older / younger people), gender based groups, rural groups, BME groups and mental health groups. Mapping of participation across these groups had demonstrated that they are well represented within Pathways to Health programmes.

Early delivery experiences pointed up the need to more closely assess the suitability of prospective participants and ensure that the required commitment to the programme was well understood. This was actioned by strengthening the recruitment process to include pre-selection interviews.

CDHN has devised a tailored, ‘distance travelled’ evaluation approach for use within each Pathways to Health level. This is explained below for each programme level. The methodology employed pre- and post-programme is complemented by the collection of additional commentary from each participant in response to a number of qualitatively focused questions. This aspect of the evaluation is also described below for each level.

As well as the assessed outcome areas described below, each Pathways to Health level is also subject to a ‘process’ evaluation aspect. In this case the question areas are concerned with a number of course delivery features including:

* the level of difficulty of the course;
* how interesting the participant found the course;
* the utility of the information covered in the course;
* how enjoyable the participant found the course;
* to what extent the participant felt that they could apply the information that they had learned in their work or community setting;
* the utility of the course handouts;
* the participant’s experience of the group work sessions;
* how well the trainers delivered the sessions;
* how well the trainers facilitated the sessions;
* how well the trainer had actively involved the participant in the learning process; and
* to what extent the participant felt more confident in their capacity to do community development work.
  1. **Level 1 Pathways to Health**

*3.2.1 Level 1 details*

Level 1 Pathways to Health training aims to provide community development workers and volunteers operating at ‘grass roots’ level in communities with an increased understanding of the factors impacting on individual and community health. The concept of health is examined in its widest context. Participants may have some experience of community development or simply be interested in finding out more.

Level 1 Pathways to Health is delivered by the two core Pathways to Health trainers over 2 consecutive days from 10.00am to 4.00pm and the content includes:

* understanding communities;
* understanding the social model of health;
* examining who is responsible for our health;
* investigating the wider determinants of health;
* understanding the concept of community development;
* values and principles of community development; and
* consideration of community health projects and how and why they work.

During year 3 a further iteration of the Level 1 programme was trialled in response to emerging ‘market’ interest in the concept of Community Health Champion roles as a support resource for the achievement of health improvement goals. The broad idea of a Community Health Champion had been reframed as a support mechanism to the statutory Health Trainer role which has been implemented within NHS England in recent years. Interest in this model led to consideration in a number of areas within Northern Ireland as to how the model might be adapted for use locally.

Through Pathways for Health, CDHN set out to build understanding of the Community Health Champion role as a development of the Level 1 Pathways to Health experience, rooting the underpinning rationale for the role firmly in a community development approach and challenging less contextually robust and more behaviourally focused understanding of the scope of the Health Champion role.

Following a trialling of the training late in 2014, the Pathways to Health team delivered Community Health Champion training in Belfast in March 2015 in conjunction with NI Chest, Heart and Stroke. This in turn has generated further interest in this type of training.

*3.2.2 Level 1 evaluation*

The evaluation of the Level 1 Pathways to Health programme is undertaken at the end of the programme. While there has been some slight variation as the Pathways to Health programme has developed, the assessed outcomes are broadly in terms of improvement in knowledge and understanding as follows:

* different types of communities;
* the social model of health;
* who is responsible for our health (e.g. health and social care structures);
* the wider determinants of health;
* inequalities in health;
* community development (e.g. theory, values and principles); and
* what makes a community development project work in practice.
  1. **Level 2 Pathways to Health**

*3.3.1 Level 2 details*

Level 2 Pathways to Health focuses on the values and principles of community development, drawing on the National Occupational Standards[[1]](#footnote-1) for Community Development. The Level 2 programme is designed to encourage participants to examine and reflect on their values and practice from the individual, organisational and community perspectives.

Participants are expected to have experience in community development and health work and are anticipated to be project workers or managers in the community, voluntary or statutory sectors. Volunteers undertaking the Level 2 programme need to be involved in their organisation at a strategic level.

Key to this Pathways to Health Level is that participants are enabled to improve how they design and deliver interventions at the local level. They are also encouraged to examine the evidence for their work.

Level 2 Pathways to Health is delivered by the two core Pathways to Health trainers over five days. This format includes the opportunity to take part in a networking event with participants from other Pathways to Health programmes and other CDHN members. In 2010, participants were also able to attend a major conference on Health Inequalities hosted in conjunction with the Public Health Agency.

The main topics included in the Level 2 programme are:

* understanding and practising community development in relation to health;
* community development practice within organisations;
* understanding and engaging with communities;
* community development approach to group work and collective action;
* community development approach to collaborative and cross-sectoral action; and
* developing, delivering and improving community development initiatives.

Significant effort is expended in ensuring that participants and, where applicable, their organisations are aware of the course attendance requirements and are prepared to commit to attendance over the full period of the programme. This has included meeting with each prospective participant, and their line manager where appropriate, prior to their commencing on the programme. The contact with the line manager was designed to examine how the participant could be supported within their organisation as they completed the Pathways to Health programme and beyond.

*3.3.2 Level 2 evaluation*

The evaluation of the Level 2 Pathways to Health programme is undertaken at the end of the programme. While there has been some slight variation as the Pathways to Health programme has developed, the assessed outcomes are broadly in terms of improvement in knowledge and understanding as follows:

* the five values of community development (as outlined in the National Occupational Standards for Community Development);
* the social / wider determinants of health;
* understanding of community development in relation to health;
* use of a community development approach to tackling inequalities in health;
* importance of participation and engagement;
* importance of embedding community development values and principles in organisational development;
* importance of critical and continual reflection of own practice; and
* promote a community development approach to collective action.
  1. **Level 3 Pathways to Health**

*3.4.1 Level 3 details*

Pathways to Health Level 3 is a training programme aimed at developing leadership capacity amongst community / voluntary sector representatives for tackling inequalities in health using a community development approach. A number of places are reserved for participants from the statutory sector. The training has been developed for individuals who have a strategic and policy development role within their organisation and who are decision makers. It is expected that participants come to the Level 3 programme with a pre-existing level of understanding of community development approaches to health.

The Level 3 programme is described as providing the opportunity to link grass roots practice with operational, strategic and policy working. The programme is intended to support participants to tackle health inequalities in a unified way, underpinned by the principles and practice of community development.

The overarching learning outcomes articulated for the Level 3 programme are:

* opportunity to integrate the values of community development at a strategic level;
* critically analyse and debate the evidence to determine the effectiveness of community development approaches;
* strengthen understanding of community development approaches to tackling health inequalities;
* opportunity to develop their organisation internally by reflecting on practice and implementing change where necessary; and
* identify external opportunities for partnership working and potential allies for their organisation.

Level 3 Pathways to Health is delivered as a series of six ‘masterclasses’ on a fortnightly basis over a twelve week period. Six main themes are utilised to enable the exploration of community development within the context of each. The themes are:

* Health Inequalities;
* Community Development;
* Sustainability and Health;
* Research and Health;
* Economy and Health; and
* Local Government and Health (and, alternatively, Partnership Working).

Five common threads have been identified which draw the themes together and which are discussed as the programme is implemented. These are:

* community development – values and principles;
* evidence;
* partnership working;
* reflection on practice and change; and
* policy.

The masterclass programme is planned and facilitated by the two core Pathways to Health trainers but each masterclass is facilitated by one or more experts in the relevant field. For example, the Level 3 Pathways programme held in 2013 in L/Derry involved a range of experts as shown in Table 1.

Each contributor is supplied with a detailed briefing pack which provides the background to the overall Pathways to Health programme and the Level 3 programme specifically.

|  |  |
| --- | --- |
| **Table 1 Level 3 Pathways to Health Masterclass themes and speakers** | |
| **Masterclass theme** | **Speakers** |
| Health Inequalities | Dr Mike Grady, Principal Advisor, Institute of Health Equity, University College London Institute of Health Equity (Member of the Marmot Health Inequalities Review team)  Dr Eddie Rooney, Chief Executive, Public Health Agency, Northern Ireland |
| Community Development | Professor Margaret Ledwith, Emeritus Professor of Social Justice and Community Development, University of Cumbria |
| Sustainability and Health | Professor Hugh Barton, Professor of Planning, Health and Sustainability, University of the West of England  Ann Marie Crosse, Eco-health Promotion Officer, Health Services Executive, Ireland |
| Economy and Health | Peter Hutchinson, Co-ordinator, Centre for Economic Empowerment, NI Council for Voluntary Action (NICVA)  Stewart Lansley, Economist and financial journalist |
| Research and Health | Professor Mike Kelly, Director of the Centre for Public Health at the National Institute for Health and Care Excellence (NICE)  Dr Eimear Barratt, Centre for Excellence in Public Health at Queens University Belfast |
| Local Government and Health | Dr Fiona Campbell, Director, Policy and Practice (Public Services Improvement Consultancy)  Dr Michael McBride, Chief Medical Officer for Northern Ireland |

The pack also includes information on the contributor’s role in the relevant masterclass and insights for the contributor into the question areas that the participants are likely to need / want to discuss and explore.

The Level 3 Pathways to Health programme has received endorsement from the Institute of Leadership and Management.

*3.4.2 Level 3 evaluation*

The evaluation of the Level 3 Pathways to Health programme is undertaken at the end of each masterclass. While there has been some slight variation as the Pathways to Health programme has developed, the assessed outcomes are broadly as shown in Table 2 for each masterclass.

|  |  |
| --- | --- |
| **Table 2 Assessed outcomes for the Level 3 Pathways to Health Masterclasses** | |
| **Masterclass** | **Level of improvement in knowledge / understanding in relation to:** |
| Health Inequalities | * Proportionate universalism as a way to address the social gradient in health * Social justice and health need to be addressed by policies which tackle the root cause of inequalities * Projects which focus solely on behavioural change will not tackle inequalities in the long term * Investments to tackle inequalities need to have a long term systematic approach * Partnership working – tackling inequalities requires joint working across all government departments |
| Community Development | * Develop an understanding of the role of values within community development work * Understand the balance between asset based and needs based community development models * Need to develop a consistent and collective evidence base for community development as an approach to tackle health inequalities * Understanding the importance of outcomes in community development as well as process * Historical context of community development work in Northern Ireland within the community and voluntary sectors |
| Sustainability and Health | * The relationship between bio-diversity, eco-systems and health * Importance of place – Barton and Grant health map * Valuing what matters – the need to focus on the relationship between planet, people and markets * Importance of identifying European and national legislation which includes health targets |
| Economy and Health | * The importance of the wider economic environment and the impact that it has on our health * Importance of addressing poverty at policy level to tackle health inequalities * Importance of organisations working collectively on areas of common interest to achieve change * Working at three levels – the importance of focusing downstream, midstream and upstream * The complexities of social enterprise – managing the potential values clash |
| Research and Health | * The role of NICE and relevance to our work in tackling health inequalities * Missing evidence – importance of collecting and articulating the tacit knowledge of those working within communities * Methodical diversity – the range of methods employed to gather evidence * Challenges of public health research posed by the academic, medical and economic emphasis and constraints * Range and potential use of statistics and other resources currently available in Northern Ireland which can add value to your work |
| **Table 2 continued** | | |
| **Masterclass** | **Level of improvement in knowledge / understanding in relation to:** | |
| Local Government and Health | * Role of Local Government in tackling health inequalities * Challenges for Local Government of engagement and representation of local communities * What Community Planning could look like at the local level * How Local Government could implement Marmot’s recommendations * Potential for community development within Local Government to address the wider determinants of health | |

**3.5 Indirect beneficiaries**

One of the project outcomes agreed with the Big Lottery Fund concerns the intended positive impact for 2080 (years one to five) ‘indirect’ beneficiaries or, more specifically, beneficiaries beyond those taking part in one of the Pathways to Health ‘Levels’ programmes. It was envisaged at the outset that conference delegates (see section 4.4.1) would represent 500 of this cohort.

In addition to those individuals benefiting from conference participation it was envisaged that each person participating in the core Pathways to Health training would represent a further 9 or 10 indirect beneficiaries as a result of:

* cascading of information within organisations;
* improved practice by participants within communities;
* improved partnership working; and
* learning shared via management boards and committees.

Others were expected to benefit via access to resource materials produced via the Pathways to Health initiative (see section 4.4.2).

**3.6 Impacts for specific target groups**

The remaining outcome agreed with the Big Lottery Fund is in relation to benefits for specific target groups including, for years one to five:

* 14 age sector groups – 7 older people’s groups and 7 young people’s groups;
* 14 gender based groups – 4 men’s groups and 10 women’s groups;
* 10 rural groups;
* 4 BME groups; and
* 6 mental health groups.

Without significant onward tracking and associated evaluation, this outcome is difficult to assess in full. However, noting participant involvements with these groups coupled with assessment of how individuals intend to use their learning, or have used their learning, following on from their Pathways to Health experience provides an insight into the scale of likely onward benefits.

Participant connections or involvements with the relevant target groups are shown in Table 5, section 4.3.1.

In general, the qualitative feedback provided by participants after the completion of each Pathways course is indicative of the intention to apply the learning and in many cases explicit about how this will happen. Furthermore, the interviews for this evaluation revealed more details in relation to how learning had been used and, in some cases, gave an indication of how many people in the target groups that participants came into contact with through their work (section 6.0).

1. **Pathways to Health programme outputs**

**4.1 Programmes delivered**

The eighteen core programmes delivered within the Pathways to Health initiative were as shown in Table 3.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3 Dates and locations of the core Pathways to Health programmes** | | | | | | | |
| **Level** | **Year and date of commencement** | | | | | | **Location** |
| **2009-10** | **2010-11** | **2011-12** | **2012-13** | **2013-14** | **2014-15** |
| Level 1 | 21 Apr 10 |  |  |  |  |  | Bangor |
|  | 16 Mar 11 |  |  |  |  | Dungannon |
|  | 22 Jun 11 |  |  |  |  | Newry |
|  |  | 24 Nov 11 |  |  |  | L/Derry |
|  |  |  | 9 Oct 12 |  |  | Ballymena |
|  |  |  |  | 12 Nov 13 |  | Belfast |
|  |  |  |  | 18 Jun 14 |  | Belfast |
|  |  |  |  |  | 9 Mar 15 | Belfast |
| Level 2 |  | 6 Oct 10 |  |  |  |  | Belfast |
|  |  | 1 Feb 12 |  |  |  | Omagh |
|  |  |  | 7 Nov 12 |  |  | Newry |
|  |  |  |  | 10 Sept 13 |  | Ballymena |
|  |  |  |  |  | 6 Nov 14 | Cookstown |
| Level 3 |  | 11 May 11 |  |  |  |  | Antrim |
|  |  | 18 Apr 12 |  |  |  | Lisburn |
|  |  |  | 10 Apr 13 |  |  | L/Derry |
|  |  |  |  | 26 Mar 14 |  | Armagh |
|  |  |  |  |  | 4 Mar 15 | Belfast |

**4.2 Number of participants**

The number of participants in each Pathways to Health programme is shown in Table 4.

By the end of year 5 (2013-14), **62** individuals has taken part in Level 1 Pathways to Health Programmes, **48** in Level 2 programmes and **62** in Level 3 programmes.

By the end of the extension year (2014-15), a further **20** people had participated in a Level 1 Pathways to Health programme (in the form of a Community Health Champions programme), **14** people had participated in a Level 2 programme and a further **20** in a Level 3 programme.

Table 4 shows that **226** people took part in the core Pathways to Health programmes across the three Pathways Levels.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 4 Number of participants enrolled on each Pathways to Health**  **programme** | | | | | | | |
| **Level** | **Year and date of commencement** | | | | | | **Total number of participants** |
| **2009-10** | **2010-11** | **2011-12** | **2012-13** | **2013-14** | **2014-15** |
| Level 1 | 10 |  |  |  |  |  | 10 |
|  | 19 |  |  |  |  | 19 |
|  |  |  |  |  |
|  |  | 14 |  |  |  | 14 |
|  |  |  | 14 |  |  | 14 |
|  |  |  |  | 12 |  | 12 |
|  |  |  |  | 13 |  | 13 |
|  |  |  |  |  | 20 | 20 |
| Sub-total | | | | | | | **82** |
| Level 2 |  | 11 |  |  |  |  | 11 |
|  |  | 10 |  |  |  | 10 |
|  |  |  | 11 |  |  | 11 |
|  |  |  |  | 16 |  | 16 |
|  |  |  |  |  | 14 | 14 |
| Sub-total | | | | | | | **62** |
| Level 3 |  | 15 |  |  |  |  | 15 |
|  |  | 17 |  |  |  | 17 |
|  |  |  | 14 |  |  | 14 |
|  |  |  |  | 16 |  | 16 |
|  |  |  |  |  | 20 | 20 |
| Sub-total | | | | | | | **82** |
| Total | 10 | 45 | 41 | 39 | 57 | 54 | **226** |

**4.3 Participant profiles**

*4.3.1 Target groups represented*

The Pathways to Health initiative included particular target groups for participation in, and benefit from, the training available. Target groups were agreed on the basis of need as indicated by age, gender, rurality etc. as follows:

* older people;
* younger people;
* men’s groups;
* women’s groups;
* rural groups;
* BME groups;
* mental health groups; and
* other groups.

A breakdown of the project target groups represented at each programme level by year and in total is shown in Table 5.

This analysis shows that all of the groups targeted by the project were represented within the participant cohort across all programmes and levels. This representation comprised either participants drawn directly from the target groups or from organisations working directly with the target groups.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 5 Representation of target groups within each cohort** | | | | | | | | |
| **Level** | **Target group** | **Year and date of commencement** | | | | | | **Total** |
| **2009-10** | **2010-11** | **2011-12** | **2012-13** | **2013-14** | **2014-15** |
| Level 1 | Older people | 3 | 7 | 9 | 7 | 15 | 14 | 55 |
| Young people | 4 | 6 | 13 | 8 | 16 | 11 | 58 |
| Men’s groups | 3 | 6 | 8 | 5 | 11 | 9 | 42 |
| Women’s groups | 3 | 6 | 10 | 7 | 13 | 13 | 52 |
| Rural group | 2 | 6 | 6 | 2 | 8 | 8 | 32 |
| BME group | 2 | 6 | 1 | 3 | 8 | 9 | 29 |
| Mental health group | 3 | 8 | 5 | 3 | 6 | 9 | 34 |
| Other | 7 | 12 | 1 | 7 | 11 | 3 | 41 |
|  | Total participants | **10\*** | **19** | **14** | **14** | **25** | **20** | **102** |
| Level 2 | Older people |  | 7 | 4 | 8 | 8 | 6 | 33 |
| Young people |  | 5 | 5 | 8 | 7 | 8 | 33 |
| Men’s groups |  | 8 | 3 | 6 | 4 | 4 | 25 |
| Women’s groups |  | 8 | 3 | 6 | 6 | 7 | 30 |
| Rural group |  | 4 | 2 | 6 | 8 | 4 | 24 |
| BME group |  | 6 | 3 | 5 | 2 | 5 | 21 |
| Mental health group |  | 8 | 3 | 3 | 8 | 7 | 29 |
| Other |  | 1 | 2 | 4 | 6 | 4 | 17 |
|  | Total participants |  | **11** | **10** | **11** | **16** | **14** | **62** |
| Level 3 | Older people |  | 9 | 9 | 8 | 7 | 10 | 43 |
| Young people |  | 8 | 7 | 7 | 8 | 8 | 38 |
| Men’s groups |  | 7 | 8 | 4 | 5 | 8 | 32 |
| Women’s groups |  | 5 | 7 | 6 | 7 | 11 | 36 |
| Rural group |  | 2 | 6 | 8 | 2 | *8* | 26 |
| BME group |  | 3 | 3 | 2 | 3 | *5* | 16 |
| Mental health group |  | 6 | 4 | 8 | 3 | *7* | 28 |
| Other |  | 3 | 9 | 6 | 7 | *6* | 31 |
|  | Total participants |  | **15** | **17** | **14** | **16** | **20** | **82** |
| Total | Older people | 3 | 23 | 22 | 23 | 30 | *30* | 131 |
| Young people | 4 | 19 | 25 | 23 | 31 | *27* | 129 |
| Men’s groups | 3 | 21 | 19 | 15 | 20 | *21* | 99 |
| Women’s groups | 3 | 19 | 20 | 17 | 26 | *31* | 116 |
| Rural group | 2 | 12 | 14 | 16 | 18 | *20* | 82 |
| BME group | 2 | 15 | 7 | 10 | 13 | *19* | 66 |
| Mental health group | 3 | 22 | 12 | 14 | 17 | *23* | 91 |
| Other | 7 | 16 | 12 | 17 | 24 | *13* | 89 |
|  | **Total participants** | **10** | **45** | **41** | **39** | **57** | **54** | **226** |

\**A further 9 participants were engaged during year one as part of the testing of materials – all of the target groups were also represented within this pilot cohort.*

*4.3.2 Participant organisations / communities*

The Pathways to Health programme has engaged with individuals from a wide range of organisations and communities and who occupy a wide variety of paid and voluntary roles. A full list of the organisations represented across the participant cohorts at each of the three Pathways to Health Levels is shown at Appendix 1. In summary, the types of organisation represented are as shown in Table 6.

|  |  |
| --- | --- |
| **Table 6 Types of organisations from which Pathways to Health participants**  **have been drawn** | |
| **Level** | **Types of organisations represented in overall cohort at this level** |
| Level 1 | * individuals / volunteers * locally based community organisations and partnerships * regional voluntary sector organisations * regional sectoral organisations – e.g. mental health * support groups / organisations * other Big Lottery Fund supported projects * local authorities * Health and Social Care Trusts * Sure Start projects * housing associations |
| Level 2 | * individuals / volunteers * locally based community organisations and partnerships * sub-regional community networks * regional voluntary sector organisations * regional sectoral organisations – e.g. women’s sector * support groups / organisations * other Big Lottery Fund supported projects * local authorities * Health and Social Care Trusts * Healthy Living Centres * Sure Start projects * housing associations * faith organisations |
| Level 3 | * individuals / volunteers * locally based community organisations and partnerships * sub-regional community networks * regional voluntary sector organisations * regional sectoral organisations – e.g. women’s sector * support groups / organisations * other Big Lottery Fund supported projects * local authorities * cross-border initiatives * Health and Social Care Board / Public Health Agency * Health and Social Care Trusts * Healthy Living Centres * Sure Start projects * housing associations * faith organisations |

**4.4 Other Pathways to Health activities**

*4.4.1 Open masterclasses, conferencing and networking*

In addition to the core programmes delivered at each of the Pathways to Health levels, the activities within the project have included a conference and open masterclasses or networking events. These have engaged individuals beyond the cohorts attending full Level 1, Level 2 and Level 3 programmes. This is reflective of the original outcomes agreed with the Big Lottery Fund which made provision for an annual conference opportunity as part of the Pathways to Health model.

As outlined in section 3.3.1, a major conference on health inequalities – ‘Inequalities in Health: Time for Action’ was hosted by CDHN in conjunction with the Public Health Agency in October 2010 (early in year two of the Pathways to Health project), linked to the first Level 2 training.

The conference was opened by the then Minister for Health, Social Services and Public Safety and the keynote address was by Dr Mike Grady, a member of the Marmot Review[[2]](#footnote-2) team responsible for the national review on health inequalities in England at the time. The event aimed to raise awareness of and explain the Marmot Review from a community development perspective and discuss how the objectives of the Review might be implemented in Northern Ireland.

The conference was attended by more than **120** people drawn from community, voluntary and statutory sectors. Feedback from conference participants, to the effect that they would have welcomed closer access to the speakers, influenced the decision to organise smaller scale networking events in subsequent years, linked to the delivery of the Level 2 and 3 Pathways to Health training.

The smaller scale of event was prioritised in subsequent years over the larger scale conference style event supported in 2010. These included themed masterclasses linked to community development, sustainability and health, and research and health.

CDHN also made links with the NI Assembly Outreach team to deliver a number of outreach events within the context of Pathways for Health.

More than **600** individuals attended these additional Pathways to Health events across the lifetime of the project.

The key supplementary events are summarised in Table 7.

|  |  |  |
| --- | --- | --- |
| **Table 7 Key events supplementary to the core Pathways to Health programmes** | | |
| **Year** | **Events** | **Number attending** |
| 2009-10 | Project launch / conference | >100 |
| 2010-11 | Health Inequalities conference  Research themed open masterclass networking event as part of Level 3 programme | >120  45 |
| 2011-12 | Research themed open masterclass networking event as part of Level 3 programme  NI Assembly Outreach networking event as part of Level 2 programme  Follow on visit for Level 2 participants to the NI Assembly | 50  40  10 |
| 2012-13 | Community Development and Human Flourishing - special networking event  Sustainability and Health open masterclass / networking event as part of Level 3 programme  NI Assembly Outreach networking event as part of Level 2 programme  Follow on visit for Level 2 participants to the NI Assembly | 45  44  41  10 |
| 2013-14 | NI Assembly Outreach networking event as part of Level 2 programme  Networking events for CDHN members on the reflective case study template in Carrickfergus, L’Derry and Enniskillen | 58  49 |
| **Total** | | **>612** |

*4.4.2 Information resources*

In addition to the dissemination of information on the Pathways to Health training opportunities, a range of information resources grew out of the project.

By the end of year six, Factsheets had been developed or updated across twenty themes linked to the content of the Pathways to Health programme.

For example, the Pathways to Health team produced a detailed Factsheet resource explaining the role of the emerging Local Commissioning Groups (LCG) infrastructure at an early stage in the project. This LCG information resource was subsequently disseminated to over **1900** contacts at that stage. (We have first-hand experience of the value of this resource and we were able to recommend it to an audience of community and voluntary sector participants taking part in an event we facilitated on behalf of a local Council client on the theme of engagement by local government in community health.)

This level of dissemination of resource information continued throughout the lifetime of the Pathways to Health project.

A specific Factsheet on the NI Assembly was produced in conjunction with the NI Assembly Outreach team.

Other Factsheet themes reflect topics covered during the training such as sustainability, economics and research, and their relationship to health. Key topical issues relating to community development and health, such as welfare reform, have also been explored in Factsheet format.

Following the first Level 3 programme an action planning day was organised for participants to take account of remaining queries and issues. Central to this post-programme gathering, and following on from it, was the work by participants to develop a template for recording and demonstrating the impact of community development approaches with a view to contributing to the collection of evidence for community development as a way of working.

The process included adapting the PICO (population, intervention, comparator and outcome) framework used by NICE to record evidence from clinical trials, to suit the purpose of the template derived from the Pathways to Health experience.

The case study template is discussed in more detail at section 5.4.

*4.4.3 Training for trainers*

Training others to deliver Pathways to Health had formed a key aspect of the steps towards sustainability envisaged at the outset of the project. However, with the experience of delivery of the first programmes, CDHN made the decision to move away from this plan, largely because of the demands attached to ensuring continuing rigour if training were to be delivered by others, and clearer indications of the challenges associated with tasks such as keeping training materials up to date, ongoing quality assurance in the possible absence of ongoing additional investment in a central support hub etc.

The skills needed to create an effective learning experience are frequently not recognised and valued to the extent that they should be. In general, programmes which are intended to help participants learn and ultimately create or support change are frequently designed with insufficient attention to the skills required to deliver them effectively. The prevalence of using presentation style, information giving formats as the end rather than the means to support learning is illustrative of this negative trend.

Training trainers effectively will take months and perhaps years of follow up activity once the initial programme has been completed.

Certainly, if a resource can be identified to support CDHN to act as a central support mechanism for future training and to continue to drive and underpin the quality of the training on offer, then cascading the role of trainer to others could be envisaged.

However with no guarantee of continuing central support (to facilitate continuing practitioner development, practitioner networking, materials development etc.), then creating new trainers needs to be approached with caution if training quality is to be safeguarded and standards protected.

In moving away from the original, perhaps, with hindsight, ambitious plan to train other Pathways to Health trainers, CDHN has taken account of the potential pitfalls which could occur in the absence of support for a continuing Pathways to Health programme infrastructure with time to devote to trainer support and development.

**5.0 Participant feedback across Pathways levels**

**5.1 Overview**

The Pathways to Health team designed and implemented a consistent evidence collection exercises which was applied throughout the lifetime of the programme using a ‘distance travelled’ methodology coupled with collection of narrative commentary from each participant across a number of key question areas.

In addition to this structured monitoring process, Pathways participants from Level 2 were also tasked with preparation of a case study template to support reflection on their community development experiences away from the training environment.. This reflective case study template is described in section 5.4.

In this section, key themes which have arisen through the progress measurement exercise are highlighted.

In section 6.0 further feedback, collected as part of the external evaluation of Pathways to Health, is presented in the form of a number of case stories which illustrate the experience of individual participants and demonstrate how learning from Pathways has been put to use once a programme has been completed.

**5.2 Progress measurement**

A different outcomes measurement tool is utilised for each Pathways to Health level, reflecting the learning goals associated with each level. Results have been mapped and illustrated in radar or spider charts using MS Excel for every Pathways to Health participant.

This is a useful, structured approach as it permits learner progress to be viewed easily and when used consistently across the programme levels can facilitate identification of patterns and interpretation of results at the participant, course and programme levels.

Within Level 1 and 2 Pathways to Health programmes information is collected at the end of the programme while Level 3 participants are asked to complete a questionnaire relating to each of their training days.

By way of example, Figure 1 shows a typical radar diagram based on the self-reported progress by a Level 1 participant.

**Figure 1 Radar chart: learning outcomes for a Level 1 participant**

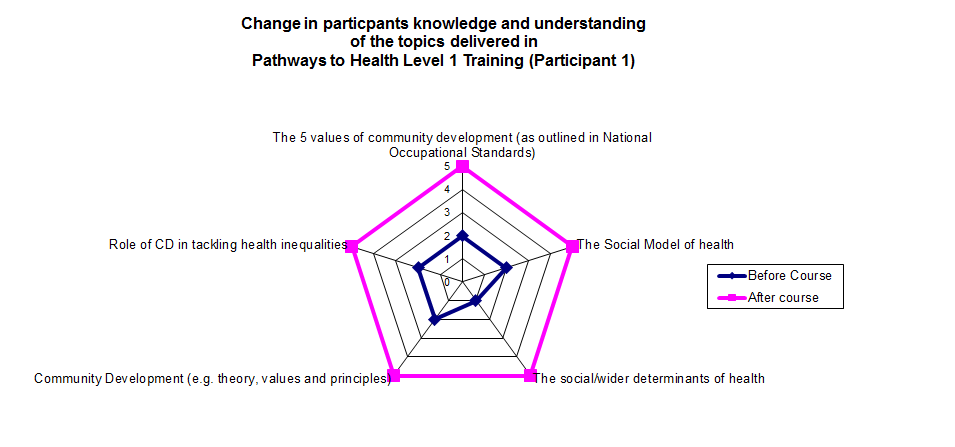
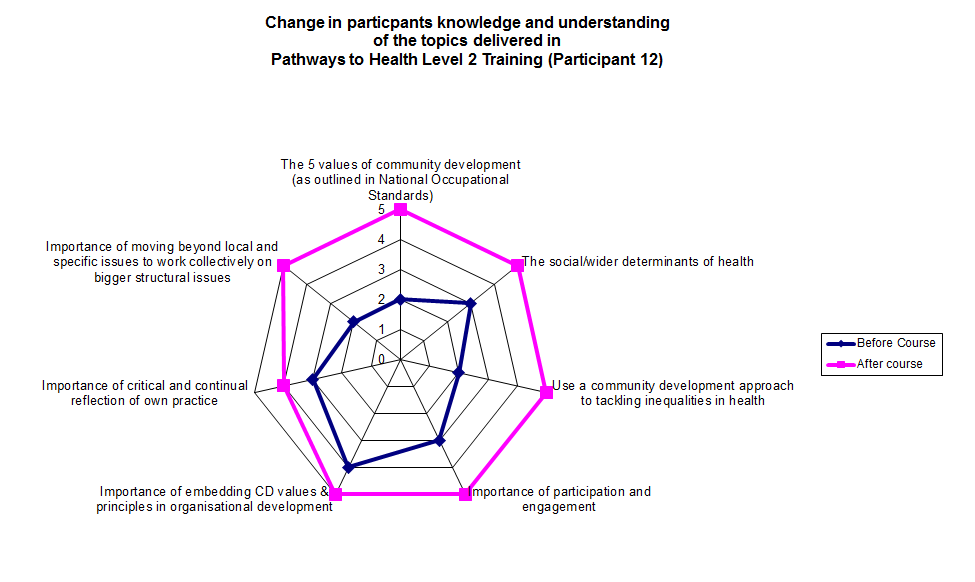


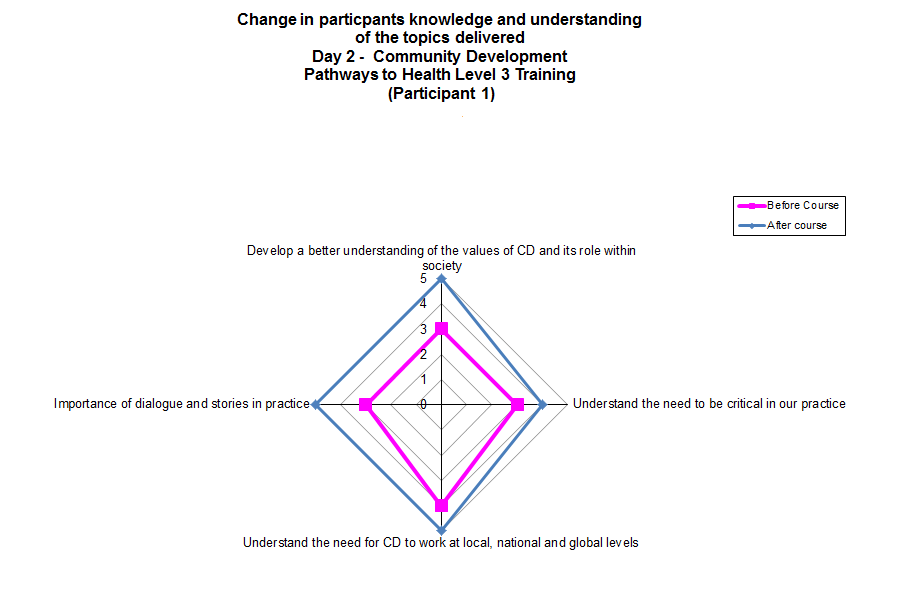
Figure 2 shows a chart for a Level 2 participant and Figure 3 that for a Level 3 participant for one of the Level 3 training days.

**Figure 2 Radar chart: learning outcomes for a Level 2 participant**

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**Figure 3 Radar chart: learning outcomes for a Level 3 participant**

**(Day 2 Community Development)**

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**5.3 General feedback patterns**

The feedback from participants across all Pathways levels indicates learning in relation to all course objectives and high levels of satisfaction with the training provided. Participants describe a range of learning which they felt would be or have subsequently found to be applicable in their job role working with communities in a professional capacity and / or as a volunteer within their own communities. Not all participants are necessarily from disadvantaged communities themselves but those who are not have a role with disadvantaged communities and with the Pathways to Health target groups in particular.

Many participants report beginning to apply their learning before they complete the programme. As is to be expected, the learning is at several levels with participants describing:

* increased knowledge;
* improved understanding of key concepts within the three Pathways to Health levels;
* attitudinal change – especially increased confidence to suggest and discuss community development approaches and to promote community development approaches more strongly, but some participants also report that they have more compassionate attitudes to people in need or living with disadvantage and better understanding generally of issues relating to social disadvantage;
* indications of skills development; and
* reported ability to apply, and application of, new knowledge, understanding and skills through change in their practice as a result of participating in Pathways to Health.

It is important to note that while there is a progression from Pathways to Health Level 1 to Level 2, there is not a straightforward progression from Level 2 to Level 3. Pathways to Health Level 3 is a somewhat different offering.

*5.3.1 Level 1 Pathways to Health*

Examples of learning communicated by Level 1 Pathways to Health participants include:

* greater understanding of community development and health;
* increased understanding of the social model of health;
* increased understanding of the impact of the social environment on health;
* increased understanding of the value of focusing on bringing about change;
* improved ability to ‘see the bigger picture’ and work in a more holistic way with communities and service users;
* greater appreciation of the importance of the prevention of ill health by working ‘upstream’;
* better able to network and make connections;
* improved confidence;
* enhancement of critical thinking;
* encouraged to engage with government on behalf of service users;
* change in own practice;
* a more compassionate outlook; and
* renewed motivation *- ‘reignited my passion for community development’*.

*5.3.2 Level 2 Pathways to Health*

Examples of further learning communicated by Level 2 Pathways to Health participants include:

* improved ability to incorporate community development principles into their work;
* improved understanding of the concept of social justice and the importance of participation;
* better able to advocate for community development approaches;
* improved capacity for reflection;
* increased confidence for networking and engagement with others; and
* able to confirm that their own organisation was using an approach that reflected community development principles and values.

*5.3.3 Level 3 Pathways to Health*

Examples of further learning communicated by Level 3 Pathways to Health participants include:

* more likely to be reflective in relation to own and others practice;
* better able to ‘back up’ own arguments and points of view;
* able to respond more holistically to the needs of service users;
* better equipped for engagement with statutory organisations and political representatives;
* equipped with contacts, information and other resources;
* enabled to act as a better resource for their organisation and for service users; and
* renewed motivation *- ‘inspired and energised’*.

**5.4 Participant reflective case study template**

An important tool designed to aid participants’ reflection on their learning, the application of their learning and the creation of change relevant to their own particular circumstances has been the **reflective** **case study template** which has been developed for use as part of the Pathways to Health experience.

The template provides a platform for the user to consider a situation that they face or have faced from a number of different perspectives. It is a highly useful mechanism for use as an adjunct to a training experience as it is designed to help identify specific change brought about by a process or set of actions – in the case of Pathways to Health, as a result of steps that participants take in response to the learning they have experienced.

The case study content prompts include the following areas:

* background to the participant’s organisation and / or their work and work environment;
* identification of specific needs or other conditions which indicate that change is required;
* articulation of a definition of the community or group that the participant is working with or representing;
* encouragement for context setting;
* consideration of how information was or will be gathered – what information and how it is to be or was collected;
* others involved in finding our more about need and their role in this;
* description of the actions or intervention or process – activities and output;
* reflection on the learning that happened as the process was underway;
* identification of areas for change or improvement in terms of approach;
* identification and description of the change that occurred as a consequence of the intervention and underpinning process; and
* identification of how the learning from the experience can and should be shared.

At all stages the process is viewed from the point of view of the relevant stakeholders – self, own organisation, community, and others involved.

Personal and shared reflection are key tenets of the case study journey.

The case study experience results in a product in the form of the case story itself. The case study acts as a tool to support deeper learning on the experience that the participant has undertaken, and it also acts as a resource which can be shared with others to demonstrate a change process and the links to key Pathways to Health concepts such as the social model of health and community development in practice.

Participants in the Pathways to Health programme have been encouraged to use the case study methodology to make the links between the concepts that they have explored as part of their training, and how the approaches and methods covered have relevance to their own experiences. As such, the case study approach is a potentially powerful means of strengthening and embedding participant learning.

The case study template is illustrated at Appendix 2.

The approach is reflected to a degree in the participant experiences which have been documented specifically to inform this final evaluation, a selection of which are presented in section 6.0.

1. **Participant experiences**

This section includes a number of the participant stories prepared for the external evaluation which explore and analyse the experiences of the training of a set of Pathways to Health participants. As well as recording each participant’s experience of the Pathways to Health programme or programmes that they attended, each description also notes key observations from the recording of the experience. A speculative assessment of the implications of not taking part in Pathways to Health is also included for consideration.

**6.1 Participant experiences presented**

The participants profiled are:

* **Colette** – a volunteer who is engaged with several community based groups;
* **Deborah** – a project development officer in a Big Lottery Fund older people’s project;
* **Annette** – a health and well-being manager in local government (the story includes links to the experience of Annette’s colleague and to a colleague whose charity subsequently partnered with the local authority to take forward specific project work as a result of the relationships formed during the Pathways programme);
* **Angela** – a community development support worker with a regional community development organisation;
* **Evelyn** – a health and well-being manager in a public sector organisation;
* **Sandra** – regional manager is a national health-focused charitable organisation;
* **Erin** – health inequalities officer, based in a local government setting;
* **Fiona** – health inequalities officer based in a local government setting;
* **Wendy** – community health and well-being worker in a sub-regional community network organisation; and
* **Dearbhla** – community health improvement worker in a partnership project funded through the Big Lottery Fund.

The participant’s name has been changed in each case.

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| Participant Experience - Colette  Volunteer – locally based support group |
| Colette is a volunteer with a number of locally based groups including a senior citizens group and a carers’ support group. She took part in a Level 1 Pathways to Health programme and was attracted to the Pathways opportunity as she was keen to build her knowledge in relation to the activities she was undertaking as a volunteer.  Colette feels that participation in this programme has given her confidence to be a better carer:  ‘The course has emphasised the importance of caring in general. This has helped to improve *my* caring. It has given me the *confidence* to improve.’  Colette is especially pleased that the trainers delivering the Level 1 Pathways to Health programme really understood her role as a volunteer and had a good appreciation of the realities of her caring responsibilities:  ‘Great that someone has this much of an idea of what is involved in being a carer and is able to organise a course like this that is helpful to others.’  Colette feels that she gained a much improved understanding of the concept of community development and of a community development approach to health.  A particular area of value has lain in the opportunity to meet new contacts and to network with other participants generally.  Colette describes the value of the course to her work with all of the groups that she is involved with and her intention to bring her learning to bear on her volunteering work from now on, from being clearer about the needs of the people she supports, to being more likely to make connections with others to help get things done.  She describes the course as having been ‘very beneficial’ to her and sees it as a ‘great opportunity’ for other volunteers to improve their knowledge of the context within which they volunteer.  The only suggestion for improvement to the Pathways to Health programme that Colette offered was the possibility of involving carers in discussing the content of future programmes so that their needs and circumstances could continue to inform future training. |
| Notable impacts and other observations:   * Colette has found the Level 1 Pathways to Health programme very useful in terms of giving her increased confidence for her role as a volunteer. * She describes having a greater knowledge and understanding of the context within which she operates as a volunteer. * She has made useful contacts with others who have an interest in community development. * Colette intends to make use of what she has learned through the Pathways to Health programme in her volunteering role. |

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| Without access to Pathways?   * Colette is an experienced volunteer but was aware that she would benefit from increased knowledge of some of the factors that impact on her efforts in her volunteering role, especially how community development is relevant to the particular needs and circumstances of carers. * Colette would not have had ready opportunity to learn together with others with a specific interest in community development and health. * The added value to Colette’s volunteering activity that will be realised as a result of taking part in the Pathways to Health programme would not have been realised – e.g. new contacts/connections made while taking part in the training, opportunity to reflect on key concepts and apply them to own experience, increased understanding of the context for Colette’s volunteering especially the opportunity to build understanding of health determinants affecting the groups that Colette volunteers with, and to consider how these factors affect the approach to the volunteering role etc. |

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| Participant Experience - Deborah  Project Officer – Older People’s Project |
| Deborah is the project lead for a cross-sectoral older people’s project which is funded via the Big Lottery Fund Safe and Well Programme, and which spans a local Council area within Northern Ireland. Deborah has engaged in both Level 2 and Level 3 Pathways to Health programmes. She found out about Pathways to Health via the CDHN Newsletter.  By taking part in the Level 3 Pathways to Health programme, Deborah hoped to build upon the knowledge that she felt she had gained during the Level 2 experience.  Deborah has spent much of her career to date in community development support roles and is well acquainted with working with communities on their identified issues and challenges.  Deborah is currently responsible for a very busy project, juggling interactions with a range of stakeholders with day to day supervision of a range of delivery arrangements for project services, from Good Morning telephone support to home maintenance service, and a support initiative to aid the development of new and existing social activities for older people across the project area.  Deborah comes into contact with a wide range of organisations and agencies and the project is predicated on an understanding of the wide range of factors with the potential to impact upon the health and continuing well-being of the older people that it is designed to serve.  The work is well recognised in its area and Deborah has been very successful in engaging in productive partnership working for specific initiatives designed around specific member / service user needs.  Deborah has had a positive experience of the Pathways to Health programmes that she has taken part in:  ‘All elements worked very well with a good variety of content to spark interest in a range of topics.’  She feels that during the Level 3 programme in particular, the role of the facilitators worked well alongside that of the expert contributors:  ‘The support offered by the CDHN staff complemented the keynote speakers.’  Deborah also highlighted that the course design meant that it fitted well beside other commitments:  ‘The realistic timeframes were very welcome considering many participants were juggling attending the course with managing projects.’  Deborah is able to identify how the programmes have impacted upon her learning:  ‘I have increased my knowledge and capability for showing the link to health in all of the topics covered. The increased knowledge will allow me to make more informed decisions in terms of key lobbying to increase / improve the support available to older people in my local community and hopefully increase the project’s chances of sustainability / successful funding applications for the future.’  As a direct result of taking part in Pathways to Health, Deborah has utilised the contacts that she has made with several of the Level 3 contributors including for specific help to research issues relating to food poverty and elder abuse as part of the work of the Deborah’s project.  A further example of the impact that she has experienced as a result of participating is that many of the reports produced within Deborah’s project have now been amended to include a clear statement of impact.  Deborah also describes having increased confidence in terms of showing the link that all areas of work within the project have to health – from home security and safety to social activities, fuel and food poverty etc.  Deborah particularly valued the opportunity to network with other Pathways to Health participants. She has no suggestions for improvements to the Pathways to Health programmes that she has engaged with. |
| Notable impacts and other observations:   * Deborah has gained an important contextual frame of reference for her day to day work and is able to map her day to day activities, including community development support activities, to their impact on health. * Contacts made during the programme have been followed up to support specific project initiatives aimed at addressing the needs of older people. * Reported increased confidence in describing and demonstrating the link between various factors experienced by older people and their health / well-being. |

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| Without access to Pathways?   * Deborah’s project would have proceeded as planned but without the opportunities offered via Pathways to Health – e.g. contact with other participants, contact with experts, opportunity to apply key learning such as impact practice learning – the possibility of adding value to Deborah’s efforts and those of others within her project would have been lost. * Connection to important information on issues such as fuel poverty and elder abuse would have been more difficult to achieve. |

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| Participant Experience - Annette  Local Council Health & Well-being Manager, colleagues and partner |
| Annette is employed as a Health and Well-being Manager within a local government setting. She has taken part in Level 2 and Level 3 Pathways to Health programmes. Through the programmes, Annette made contact with a fellow participant, Sonia, who works for a voluntary sector organisation with a base in the same Council area.  Within her area, Annette has led on the practical development of a programme between her own and a neighbouring Council in partnership with the Public Health Agency. Through the contact with Sonia via the Pathways to Health programme, Annette identified an opportunity for the joint programme to support a community garden project at the site of Sonia’s organisation which supports people with mental health challenges.  Sonia and Annette worked together to develop the garden concept and project, engaging with service users and involving the joint project team, including senior public health staff, closely in the development of the initiative.  This work which came about as a direct result of their encounter during the Pathways to Health programme has led to a community garden now being established, and service users within Sonia’s organisation playing a lead role in its development and maintenance. Other organisations in the community have supported the garden and the project is overseen by a management structure which includes central representation by the service users involved.  Annette and Sonia have jointly presented on the community garden project during the Sustainability and Health session of a later Level 3 Pathways to Health programme and elected representatives and other stakeholders have been involved in a major garden launch event.  A further outcome of Annette’s involvement is that more than one of Annette’s colleagues also took part in Pathways to Health following her initial engagement with the programme. Sarah works on a community energy efficiency project and describes the Pathways experience as radically changing her approach to her job. In her role, Sarah feels that among other things, she is now more focused on and able to:   * understand and be more sympathetic to the range of needs experienced by the clients that she works with;      * identify barriers to client engagement with her service and respond to remove or reduce barriers; and * confidently make connections with other organisations for the benefit of vulnerable clients.   Across the initiatives described above a consistent message is that the experiences have helped Council officers to understand more about working using a community development approach and have also supported local organisations, service users and other stakeholders to be more aware of the range of services and supports that the Council can offer.  Pathways to Health has helped to underpin the development of social and community capital, initiating and reinforcing new networks of contacts and helping to forge connections across Council areas in advance of the merger brought about by Local Government Reform.  The work continues as the new Council in Annette’s area has worked with CDHN to look more closely at co-production as part of its Community Planning process. |
| Notable impacts and other observations:   * A succession of engagements with Pathways to Health and with CDHN has underpinned, and continues to underpin, learning and development in relation to community development and health in the area in question. * The learning achieved has led to a number of practical impacts in terms of initiation of new partnership working, increased understanding of the role of Council and improved engagement by Council with local organisations and service users and vice versa. * A prominent, new, physical, community resource has been established which has brought very significant benefits to service users (as identified by independent evaluation) as well as improving the local environment. * The individuals identified in this case study are clearly working differently than they otherwise would have. There is a new confidence for a community development approach. * Work is continuing with the exploration of co-production between service providers and service users as a possible key resource within Community Planning processes. |

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| Without access to Pathways?   * A number of opportunities would have been missed – the community garden may have proceeded but without the resource that it has been able to obtain due to the contacts made during the Pathways to Health programme. * The people involved in this case study would be undertaking their job roles in different ways than they currently do, in particular they would be working in isolation from each other and opportunities to add value and synergy would be missed. * Council would lose out on the improved capacity of its staff to work more directly and more effectively with the community to create tangible benefits which are directly related to Council priorities. |

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| Participant Experience - Angela  Community Development Support Worker – regional community development organisation |
| Angela currently works in a community development support role within a regional organisation whose mission is concerned with facilitating faith based organisations to develop and strengthen their community development role. While undertaking the Pathways programme she was working on a social justice focused programme with a different regional community development organisation.  Angela came to the Level 3 Pathways to Health programme with a lot of experience of work in communities and with local groups. She found the programme ‘excellent’ and commented that she felt that CDHN was uniquely positioned to assemble the range of quality contributors that they had achieved for the programme. Despite being very familiar with the community and voluntary sector, Angela felt that she would not have been able to identify where else she would have gained access to the range of insights that she had done by participating in this Pathways course.  Angela noted that the content of the course, the contributors and their approach led to her feeling that she had been afforded an ‘inside track’ view of some of the key issues of the day in relation to community development and health. She observed that participants would not have had any easy means of direct access for engagement with senior government and other figures in statutory health and social care organisations within Northern Ireland but that Pathways had provided this opportunity. The Pathways programme opened up a platform for meaningful and useful interaction between its participants, many of whom were practitioners working ‘on the ground’, and senior policy and decision makers.  Angela also noted that she felt that the openness of the discussions during the programme was a reflection that the speakers had a confidence in CDHN that allowed them to engage freely whereas in other settings public sector representatives often appeared more reticent to engage and more guarded generally. Angela felt that the environment had been created to facilitate this and that, for her, one of the most useful aspects of the course had been this increased accessibility of senior figures. This had given her a good understanding of key changes in the health service ‘landscape’, relating to health improvement in particular, and greater awareness of government plans influencing this area of work within Northern Ireland.  As regards the impact on her day to day work, Angela reflected that she came across a lot of people who would ‘poo poo’ the idea of factors other than lifestyle choice affecting the individual’s health and well-being, reflecting the attitude that personal responsibility was the main factor influencing health status. This then influenced the work of the wider group that she was facilitating, where there was little or no focus on poverty and deprivation as issues, or understanding of their effects. Angela has been able to use key information and materials from the programme to challenge this thinking – for example the ‘changing health fortunes’ Belfast bus journey used by the Public Health Agency to illustrate the health inequalities message.  Angela feels that despite her past experience in community development, the knowledge and, in particular, the understanding that she has gained through the Pathways to Health programme has strengthened her ability to challenge received wisdom around deprivation and disadvantage where understanding of the realities is limited.  This in turn has enabled Angela to work with groups at a different level than she otherwise would have been able to and has led to practical project work being undertaken based on a new understanding of issues such as social justice. Angela has used the materials she has gained from Pathways to support group understanding.  One local group, for example, established a food bank in their area. Angela is clear that this would not have happened (or certainly would not have happened in the foreseeable future) without her bringing her new knowledge and understanding from Pathways to bear in her work with the group concerned.  The food bank work expanded to include a focus on documenting and communicating ‘the story of people’s lives’ through the food bank and the production of a media resource supporting this. Angela related a positive story from the food bank experience where a user had been put in touch with useful services as a result of her contact with the food bank group and was back with the food bank but now as a volunteer helper.  Angela describes this additional knowledge and understanding she has gained as:  ‘Helping to oil the wheels for community development and health projects, supported by a social justice approach.’  She sees the Pathways experience as enabling her to help the groups that she works with to focus on and better understand poverty and disadvantage and their effects, and also to understand the community development and social justice related ‘vehicles’ that can provide ways out of poverty and disadvantage as opposed to simple lifestyle choice arguments.  Angela sums up that Pathways has enabled her to ‘make the argument’ for a community development approach, based on helping others to understand realities around poverty and social justice.  A further useful feature of the Level 3 programme has been in relation to the contacts and leads acquired as a result of taking part. Angela has passed information on to others and had referred people to the project work in Donegal shared by the Health Services Executive representative as part of her contribution to the course.  Angela describes a new understanding of, for example, the Centre for Economic Empowerment at NICVA, which she knew existed while not being clear on its role previously. She feels that this new understanding is valuable to her generally and in her current role.  At the time of the evaluation interview, Angela was to speak at a conference the following day in relation to her previous social justice project work and commented that her presentation has been significantly influenced by her Pathways experience. Angela was better able to communicate the practical experience of her past role having been better able to analyse it as a result of the Pathways learning.  One comment that Angela made for the improvement of Pathways was that in her view the programme was not a ‘course’ as such but a series of highly useful presentations and learning experiences. She felt that there could be a narrative introduced which would tie the different experiences together and further embed the learning for participants. That said, Angela had had a very positive experience indeed of Pathways for Health. |
| Notable impacts and other observations:   * While she already had significant practical grounding in community development and social justice areas, Angela has benefited very significantly from the opportunity to reflect on her past experiences and hold them up to her increased understanding of key underpinning concepts. * She has made use of her new knowledge and understanding to better articulate key concepts (‘making the argument’) and facilitate the groups that she works with to have a deeper understanding of the realities of the lives of people who live with disadvantage and how they as a group can engage with individuals and provide the most appropriate support. * An example was given where the work of a group that Angela had facilitated had led to the empowerment of an individual to the extent that she returned to help with their work having benefited from their collective efforts in the first instance. * Angela has particularly valued the way that the Pathways programme has opened up access for her and others to key policy and decision makers who have an influence on her work. |

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| Without access to Pathways?   * While Angela had significant experience of community development prior to the Pathways programme, her comments for the evaluation indicate that she was missing key underpinning knowledge and understanding that would help place her work in context and help her present it effectively to others. * Angela would no doubt have continued to work in the field of community development, social justice etc. but would not be as well equipped to help others understand her work and the approach underpinning it. * By being in a position to explain key concepts more effectively, Angela is more able now to help others understand them, relate them to their own observations and experiences, and enable them to adjust and modify their own approaches based on the learning that Angela has facilitated for them. Given Angela’s role in community development support this represents important practice development for the role. |

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| Participant Experience - Evelyn  Health and Well-being Manager - Public Sector |
| Evelyn is employed as a Health and Well-being Improvement Manager within a government setting. She has been engaged in this or similar roles over a long number of years. Evelyn took part in a Level 3 Pathways programme for her own professional development.  Evelyn felt that the tone for the programme was set very well by the facilitators from CDHN. The level of engagement with each of the expert speakers was found to be especially useful with Evelyn describing that the exchanges felt as though they were ‘between equals’ despite some very senior contributors taking part. The programme provided access to knowledge, expertise and evidence. Evelyn felt that as new procurement arrangements for health improvement activities focused strongly on evidence of effectiveness, Pathways was responding to this direction of travel with its approach.  Evelyn also felt that the programme provided the opportunity for decision makers to be challenged by their interactions with Pathways participants and to be influenced in terms of the role and value of community development. She felt she could see evidence of this from within her own field where two of the contributors to Pathways Level 3 programme hold senior positions.  In terms of making use of what she learned, Evelyn is a lead for community development in her part of her organisation. She has tried to apply her learning. For example, she found that the inputs on sustainability were well aligned with the current priorities of her organisation and she expected to use the knowledge gained further when the organisation developed structured support mechanisms to help with community based garden projects.  Evelyn welcomed the fact that there were no additional time commitments beyond the course sessions and that the learning experience was well concentrated into each session. She also valued the opportunity to work in groups with others and felt the group of participants overall was a good mix and well-balanced. This contributed to the positive learning environment. Evelyn felt that the diversity of participants was testament to the quality of the programme. She was also of the view that the programme had given her the opportunity to hear about others’ experiences and circumstances, difficulties and challenges, and that this was helpful in terms of her professional role.  By way of suggestions for change, Evelyn felt that there may be the opportunity for Pathways to offer thematic programmes relating to key health improvement areas – e.g. people and environments, people and food - bringing underpinning Pathways principles and content to bear in areas such as these. She also felt that training in governance and how this relates to work on health improvement could usefully be included.  She felt strongly that lessons from Pathways were relevant to other government departments and local government and could help to skill up a range of actors who have a role to play in supporting community health and well-being.  Evelyn also felt that the Pathways programme should be promoted more widely and that stronger links could be made to sub-regional community network organisations to encourage collaboration as well as learning across the sector.  Evelyn felt that she came away from the Pathways programme with renewed enthusiasm for her work. She has recommended the programme to others within her team and beyond. |
| Notable impacts and other observations:   * Opportunity for Evelyn to work with other participants and hear more about their experiences. * Access to new evidence relating to practice and policy and new sources welcomed. * Noted two way effects – contributors influenced by participants as well as vice versa. * Suggestion for consideration of further development of thematically focused strands of programme content. * Overall effect of renewing enthusiasm for community development aspect of work role. |

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| Without access to Pathways?   * Evelyn works in a community development policy and support role in a public sector organisation. Participation in a programme such as Pathways represents a continuing professional development opportunity and keeps the work of Evelyn’s team current and relevant. Without this the distance between policy formulation and the reality of the lives of the people the policy affects is not reduced - eventual policy ends up being less relevant than it needs to be. * Evelyn has gained access to particular evidence and sources in relation to community development / health inequalities that she may not otherwise have easily found. * Interaction with others outside her own organisation has been facilitated – Evelyn has met people and been exposed to views and opinions that she may not otherwise have had access to. |

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| Participant Experience - Sandra  Regional Manager – health focused national voluntary organisation |
| Sandra is the regional manager for Northern Ireland in a national charity. She joined Pathways to Health for a Level 3 programme as she wished to explore her own understanding of community development and how it relates to her work. Others connected with Sandra’s organisation have also taken part in Level 1 and 2 Pathways to Health programmes.  One of Sandra’s work roles is to support a major health development programme, concerned with heart health, at key sites in Northern Ireland. This role involves direct and indirect engagement with community representatives and the management of staff with a distinct community development support role. Sandra’s role also entails working in partnership with a range of statutory and community / voluntary sector agencies in the areas where the regional project is active.  While she might otherwise have considered working through all of the Pathways to Health programme levels, as Sandra’s job is busy, she felt that it was best for her to join the Pathways programme at Level 3. She also felt that this was the most appropriate level for her given her role and confirms, having completed the programme, that this was the right choice for her.  Sandra had previously completed the ‘Involving People’ programme offered via the Investing for Health initiative in the Northern area. She felt that Involving People had given her a ‘good grounding’ in some of the key issues relating to community development, particularly those concerning participation and public involvement in health services.  Sandra felt that the Level 3 Pathways programme that she had undertaken has provided her with a good overview on matters relating to health inequalities. She also felt that the experiences of the course had helped her to ‘think outside the box’ in relation to relevant issues. There were a number of concepts that were new to her – for example, social justice.  Sandra commented that the mix of participants on the programme had been very useful from her perspective and that the learning environment created had been good for encouraging ideas and discussion. She particularly welcomed the opportunity to work with others and in fact felt that further networking opportunities would have been helpful.  Sandra has passed information from the programme to others who have key roles within the project work that she supports – for example, Sure Start managerial staff. She has also passed information on the Pathways programme itself to senior staff with responsibilities for community development in statutory organisations that she works with.  One of the main practical differences that Sandra describes the programme making to her in her role is that it developed her understanding of the strategic context for and position of community development.  Sandra found out for example about how statutory organisations have cast community development as part of their work and how this is represented in government and other organisational strategies.  Sandra has used this information when drawing up plans for the project work that she supervises – for example to provide a clearer and more robust strategic context for the action plan for a locality based health improvement project in partnership with a local District Council. She explains that she would not have had this background knowledge without the Pathways to Health programme.  While Sandra felt that she would not have further time outside the programme to cope with any requirements that accreditation of the programme would bring, she did feel that she would have welcomed a completion certificate which detailed the content of each of the sessions that she had attended.  Sandra also felt that she would have valued more time matched with another programme participant to reflect again on some of the content and further deepen her understanding – a partnering or ‘buddying’ approach based on a reflective practice model.  Sandra felt overall that the contributors to the Pathways programme were excellent and felt that questions from participants were handled particularly well at all stages. She also felt that the timing / structure of the programme was good and facilitated participant involvement.  A further interesting point is that Sandra felt that the balance between local and regional / national perspectives within the Pathways Level 3 programme was good – ‘looking inside, looking outside’. |
| Notable impacts and other observations:   * Sandra has clearly been exposed to a deeper level of knowledge and understanding of key concepts such as community development, social justice and health inequalities as a result of taking part in the Pathways to Health Level 3 programme. * She is better able to relate her day to day responsibilities and experience to a theoretical and strategic context and to understand some of the key influences which affect the effectiveness of her practice and how she supports the delivery of the project work she has management responsibility for. * Her practice as a manager of a programme which is underpinned by the idea of a community development approach has been influenced positively. * As well as the new learning she has gained, Sandra also felt that aspects of her approach within many of the pieces of work that she was involved in or leading on had been affirmed, for example, working in partnership with others, and this gave her further confidence. |

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| Without access to Pathways?   * In her busy role, Sandra would not have had the opportunity / space to stop, think and learn about some of the key concepts and conditions which influence her day to day work very significantly but which she has not been fully equipped to bring to bear on her work to date. * She would not have as much information or understanding on important political and practical considerations such as social justice and the factors which influence health inequalities. * She would not be able to fulfil her job role, which is intended to be based on a community development approach, as effectively as she now feels she will be able to. |

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| Participant Experience - Erin  Health Inequalities Officer (Local Government) |
| Erin has worked for a long number of years in a health inequalities focused role within local government. Her work brings her into contact with local communities and other key stakeholders with an interest in community health and well-being. She organises and facilitates a range of health improvement focused programmes in direct response to needs identified within local communities or communities of interest.    Erin has taken part in Level 2 and Level 3 Pathways to Health programmes. She heard about the Level 2 programme via email and applied to take part to increase her understanding of community development, to wider her awareness and to explore opportunities to work differently in order to maximise benefits to the people she works with, with the ultimate aim of reducing health inequalities.  Erin found hearing from the Level 3 Pathways to Health contributors particularly helpful:  ‘Hearing examples of what is out there and how it is delivered was beneficial. Listening to the way we should deliver in order to *really* address inequalities, as opposed to the way we sometimes deliver, provided food for thought.’  She also reflects on how the experience of participating on the Level 3 Pathways to Health programme has caused her to review the way she normally works:  ‘Prior to the programme a lot of emphasis in my work was focused on inequalities in male health, based on the statistics available around this. However I was taken with the notion, backed with very strong evidence, of the need to work more closely with young women in order to reduce health inequalities. While I have been involved in work to decrease the number of young people leaving school with no GCSEs I realise that additional focus, or a more targeted approach, is required in order to make real improvements.’  Erin has very much enjoyed her Pathways to Health experience and is making use of the learning from the programme in her working life.  Erin reports that she is currently developing a programme of work with a new early years focused organisation as a result of participating in Pathways to Health. One very practical step is that the programme now includes childcare costs to help participants attend. |
| Notable impacts and other observations:   * Erin has been supported to reflect on and analyse the factors at play within her work more deeply and this has led to an opening up of new considerations for the practical design of the programmes that she is involved with. * She has been developing a new programme with an early years organisation as a direct result of taking part in Pathways to Health and the programme design has been influenced by what she has learned. * Taking part in Pathways to Health has led to Erin challenging her own thinking in relation to effectiveness of approaches to tackle health inequalities. |

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| Without access to Pathways?   * Erin would not have been exposed to the opportunity to reflect more deeply on what works in tackling health inequalities and how this relates to her own practice. * The design of the new programme that Erin has highlighted would have remained unchanged from those she had organised in the past. * By removing a practical barrier for participants in the new programme (by offering childcare expenses), attendance should be supported. |

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| Participant Experience - Fiona  Health Improvement Officer (Local Government) |
| Fiona works within a local government context in a health improvement role with a particular focus on addressing health inequalities. She found out about the Pathways to Health programme via an email communication within her workplace. She took part in the Level 3 programme with the aim of increasing her understanding of community development and health and of improving her ability for the health inequalities work that she is engaged in.  Fiona describes how she views her role and the importance of new learning within this:  ‘In my line of work, I am constantly learning about inequalities in the community and how to best address these. Following the completion of the [Pathways to Health] course, I try to incorporate this learning as I develop new programmes. When working with various community groups or individuals, this Level 3 course has given me extra knowledge and experiences to help me achieve my outcome of tackling inequalities.’  Fiona felt that while her job role has been guided to date by targeting based on statistics relating to particular geographical areas of disadvantage, Pathways to Health had encouraged her to ‘think outside the box’ in terms of the other evidence available relating to need and inequality:  ‘I realise that an additional focus / targeted approach is needed to make real improvements.’  She highlights in particular her new thinking as a result of Pathways to Health in relation to the importance of targeting young women if health inequalities are to be tackled effectively at community level.  Fiona describes trying to incorporate her learning from Pathways to Health as she develops new programmes for use in the communities that she works with. She highlights in particular her learning in relation to the importance of measuring impact and how she now makes the effort to prioritise this in her planning:  ‘Not only has the course given me a valued understanding of and provided me with much more knowledge around community development, when developing health and well-being programmes I am more confident at developing strategic plans and evaluation reporting on programmes.’  Fiona would welcome continued, easy access to relevant research to support her work.  Overall, Fiona views Pathways to Health as a very positive experience which has highlighted wider contextual details relevant to her job role:  ‘I found the programme invaluable to me in my work and it has helped me open my eyes to the bigger picture.’ |
| Notable impacts and other observations:   * Fiona has welcomed the opportunity to delve into the area of community development more deeply and improve her understanding of its relevance to her work. * She is using her new knowledge in her planning for health and well-being improvement programmes within the communities where she works. One example of how the Pathways to Health experience has influenced her thinking and practice is in relation to her increased attention to evaluation and measurement of impact. * Fiona has described how taking part in Pathways to Health has led her to consider evidence over and above the area based disadvantage measures that she has relied upon previously. * She has been able to describe how evidence in relation to the importance of work with young women will influence her practice in future and will also draw on the content of the sustainability and economics modules within the Level 3 Pathways to Health programme. |

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| Without access to Pathways?   * Fiona would have continued to focus on area based definitions of need in the absence of ready access to other forms of evidence. * She would not place as much emphasis as she now plans to on evaluation and measuring the difference that her work makes. * She would not have been enabled to deepen her consideration of other key areas such as the impact of the minimum versus living wage. * Fiona would have missed out on the opportunity to hear from and interact with participants from other organisations whose work is related to her own. |

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| Participant Experience - Wendy  Community Health & Well-being Worker – sub-regional community network organisation |
| Wendy is a community health and well-being officer within a sub-regional community network organisation in Northern Ireland. Wendy’s role is supported by the Public Health Agency through its Networks Involving Communities in Health Improvement initiative. As the name suggests, this programme is about facilitating communities to become involved and active in relation to the health and well-being issues and opportunities that they identify as being relevant.  Wendy works directly with people and groups in communities and facilitates connections to resources and contacts which can help with local community based actions relating to health and well-being.  Wendy has been directly involved in community development activities for over 25 years, initially with her local women’s group and latterly with the community network where she has been employed for over 10 years.  Wendy participated in a Level 3 Pathways to Health programme at the same time as a colleague within another network organisation. This shared experience has been valuable in terms of reflecting on and applying the learning beyond the lifetime of the Level 3 Pathways programme.  Wendy commented that she found the programme to be very well thought out and the different elements well linked together. She found the various contributors engaging and their inputs thought provoking. She and her colleague still regularly discuss and consider the information they obtained through the programme and find that the learning from Level 3 Pathways to Health continues to be relevant to their work, even though it is well over a year since they took part. They have also used direct quotes from the Level 3 contributors in materials that they have prepared to support their work.  Wendy describes being able to be much more confident about bringing forward the community development aspect of her work in practice and in discussions with organisations linked to hers which have a policy and resource role. She reports a noticeable difference in her readiness to be more forthright in advocating for community development and the role of community development in addressing health issues and inequalities.  ‘I’ve been more outspoken on the community development angle and on the need for a community development approach.’  Despite being involved in community development roles as a volunteer and for a long period within her working life, Wendy explains that she has been able to use the knowledge that she has gained through the Pathways to Health programme in situations such as groups or committees where she represents her organisation.  She feels that through the opportunity to engage in reflective exchanges with the expert contributors to the Level 3 Pathways to Health programme, her existing knowledge has not only been acknowledged but also validated and this has contributed to her increased confidence in her work role.  Wendy describes this increased confidence as extending to interactions with other stakeholders as well as community groups and organisations and she feels that her role has effectively been enhanced and expanded as a result:  ‘Confidence to assert a view and speak up as a result of the programme.’  The opportunity to meet and have discussions with MLAs through the NI Assembly Outreach networking event represented added value for Wendy. While she knows some MLAs personally and in connection with her work, she found that the format of the Assembly Outreach event encouraged a different form of discussion that was more helpful in terms of understanding the MLA role and the role and operation of the NI Assembly.  Wendy has maintained links with other participants that she met on the programme and continues to exchange information with them. She has also had contact with a representative from a regional public health organisation and has discussed the possibility of joint project work or some form of collaboration in relation to research activity.  Wendy would be keen to see the opportunity for longer term engagement being made available to prolong and enhance the learning journey. During the interview she suggested that a series of optional modules being available over, say, a year- long period where it would be possible to dip in according to interest would be useful to her. Wendy also feels that this format may open up access to the Pathways to Health programme for individuals who cannot commit to the current Level 3 format although she herself found it workable and looked forward to attending each session.  Given some of the key external drivers for her work, Wendy would welcome information being provided within the Pathways context that deals with specific health improvement issues such as nutrition and physical activity in a consistent and appropriate way. She would also welcome accreditation for the Level 3 programme such as that available via the Open College Network. |
| Notable impacts and other observations:   * Wendy is an experienced community development practitioner who nevertheless has gained significant benefit from participation in the Pathways to Health programme. * In particular, Wendy describes the new confidence that she has gained to argue for and promote the community development approach that she already employs. Participation in Pathways to Health has ‘validated’ the approach Wendy uses on a daily basis and provided a narrative and evidence which Wendy has found helpful in explaining and reinforcing the value of the approach to others, including funders and decision makers. * Wendy has gained the confidence she describes by being provided with the opportunity to hear expert perspectives which she was enabled to relate to her own experience, and through the opportunity to discuss course content and concepts with expert contributors and fellow participants to help develop her understanding. * Wendy has also been enabled to develop her understanding through engaging with elected representatives on a different platform than through her day to day work – a platform which was deliberately designed as a learning experience to provide context and promote increased knowledge and understanding. Wendy was able to differentiate this experience from her normal dealings with elected representatives as part of her work role and to recognise its value in terms of her learning. |

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| Without access to Pathways?   * Wendy would continue in her role but without the increased confidence she has described which she feels has led to her acting more effectively in her work. * She would not have the new platform for discussion with her work colleague which they now both value and benefit from. * She would not have made contact as readily with other participants with whom she now is able to share useful information. * Wendy would not have experienced the additional insights that she describes in relation to the role of an MLA or the operation of the NI Assembly, an important consideration given her established community development role. |

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| Participant Experience - Dearbhla  Community Health Improvement worker – regional partnership project |
| Dearbhla is a community health improvement worker employed on a Big Lottery Fund regional partnership project. The project includes the Health and Social Care Trust, local Councils and local community / voluntary sector organisations amongst its partners. Dearbhla works with colleagues in other areas within the region to deliver a range of evidence based health improvement programmes in the community. The project targets a number of specific groups for participation in these programmes including people in disadvantaged areas, those experiencing poor mental health, people with a disability and families with children.  In terms of the scope of her work, Dearbhla comes into contact with hundreds of people in their communities and neighbourhoods each year.  Dearbhla took part in a Level 3 Pathways to Health programme which she describes as having benefited her practice greatly. She has latterly been tasked with developing a Community Health Champions initiative and has been involved again with CDHN which provided the training for the new volunteer Health Champions recruited to Dearbhla’s programme.  Dearbhla is very conscious of having a new perspective on her work generally within the project that she is involved with. She has always been involved in supporting community development throughout her career to date but describes taking part in the Pathways to Health programme has having enhanced her capacity to think critically and to link strategic efforts to actions. Dearbhla provided an example where she had been able to relate a strategic aim in a public health document to her day to day work and had been better prepared to analyse how the actions that she supported in communities related to the strategic framework – ‘critiquing and analysing what is happening’:  ‘It made me think about linking big policy documents such as ‘Making Life Better’ to the work I do on the ground – how do I do what I do, who can I look to for support etc.’  Dearbhla also feels that the learning from Pathways to Health has given her the ‘tools’ and confidence to challenge activities that she witnesses taking place in ‘silos’ and where better ‘joined up’ approaches would lead to more effective support at community level and greater impact in the longer term. She describes how she actively seeks out links, puts people in touch with each other and generally attempts to ensure that strategic intentions to support community development as a key mechanism for health improvement are actually able to be translated into practice and thus impact positively on people’s lives.  Dearbhla has been enabled to articulate a reasoned analysis of why, for example, physical activity sessions in disadvantaged communities on their own will not make a significant difference to the health of the community. She feels that she has had the opportunity to see that there is a need for an ongoing discussion when planning health improvement interventions so that those involved have an agreed and clear understanding of what is meant by ‘health’.  The overall effect for Dearbhla is that she feels that the Pathways to Health experience has ‘added layers’ to her work role – ‘linking, challenging, reflecting’.  ‘Over the last year I have been reflecting on why organisations and services are the way they are and pushing myself to challenge, and encourage others to challenge, where this is needed.’  Dearbhla also feels strongly that taking part in Pathways to Health aided her understanding of the importance of measuring the impact of her work and that of others:  ‘There needs to be more investigation of how we approach things and of what impacts or other effects that our work has’.  She has been evaluating recent work within her project accordingly. |
| Notable impacts and other observations:   * Taking part in Pathways to Health has provided Dearbhla with important contextual information for her day to day work. * She is better able to relate her day to day responsibilities and experience to its strategic context and to challenge the gaps between policy and strategy and frontline work – her own practice and that of others. * She is a more reflective and analytical practitioner. * She has a renewed enthusiasm for and understanding of the importance of supporting links between individuals, communities, groups, organisations, in order to promote better impacts and outcomes. |

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| Without access to Pathways?   * With her long experience of community development work Dearbhla’s work would continue to be influenced by a community development approach. * Dearbhla would not have had the opportunity to consider the wider context for her work. * She would not be making the links between policy, strategy, practice and impact which she now does on a day to day basis. * Dearbhla’s skills for reflection and analysis would not have been enhanced in the way that they appear to have been based on her feedback for the evaluation. |

**6.2 Learning and longer term impacts - overview**

These Pathways to Health participants are able to describe their learning across a range of areas relevant to community development and health. They are also able to envisage or explain how they have already used the learning outside the Pathways to Health programme to inform their work in paid and / or volunteering roles.

Key areas of note include:

* greater participant confidence for their role – volunteer and paid roles – including for experienced community development practitioners;
* enhanced knowledge and understanding of community development and related concepts;
* enhanced knowledge and understanding of the social determinants of health and of how this guides effective prioritisation of actions and resources;
* enhanced awareness of the context for the participant’s work or practice;
* affirmation of existing good practice;
* improved access to relevant evidence;
* improved understanding of the importance of measurement and demonstration of impact;
* enhanced personal and professional effectiveness particularly as a result of improved analytical skills supported by the reflective practice dimension of the Pathways to Health approach;
* benefits to participants’ organisations in terms of direct contribution to the achievement of organisational priorities as learning is applied in practice;
* expansion of personal and professional networks including opening up of access to policy and decision makers that participants would not normally have easy access to;
* new working relationships and examples of new work in partnership and joint projects; and
* increased motivation to use a community development approach to health.

In forecasting the cascade effects of the Pathways to Health training, CDHN had originally estimated that each participant would have some level of positive impact on a further 9 or 10 people.

In fact, the majority of the individuals profiled above have a sphere of influence which is considerably greater with the work of most impacting upon hundreds, as opposed to tens, of other individuals each year.

This fact, coupled with the illustrations of how individual participants have indeed ‘put their learning to work’ indicates that Pathways to Health is having an impact beyond the initial training experience of the participants.

It is safe to say that between the outworking of the core Pathways to Health learning experience and the conference / masterclass / networking opportunities offered, the effects are potentially reaching very significantly in excess of the 2080 secondary beneficiaries planned for in the Pathways to Health project design framework.

1. **Issues, challenges and opportunities**

There were relatively few issues and challenges raised by participants spoken to for the evaluation. A small number of suggestions for changes, improvements or developments to the Pathways to Health programmes were made. During the programme, where participants did have suggestions for change, the Pathways to Health staff were responsive and changes were made along the way to programme content and structure, in response to participant feedback.

Early in the evaluation we commented that a coherent learning experience within and across each Pathways to Health level needed to be promoted. This was raised in response to a few participants finding that networking events as part of a course structure had an impact on the ‘flow’ of the programme overall. On the other hand the networking opportunities themselves were consistently popular so this appeared to be a question of timing and structure as opposed to content. Later evaluation interviewees did not comment on it as an issue.

During the early stages there was evidence of some participants feeling that the level of the programme that they had taken part in was not suited to their level of experience. CDHN responded to this by adjusting their promotional information and by introducing pre-course interviews for prospective participants at Levels 2 and 3. A brief review of the participant satisfaction aspects of the internal evaluation process for later programmes indicates that these actions were successful in helping people to engage with the best level of training for them. Certainly, during the participant interviews for this evaluation there were no issues with the level at which the participant’s Pathways to Health programme had been pitched.

If Pathways to Health is to be sure of achieving sustainable practice and policy changes, CDHN could usefully explore further opportunities for former participants to come together to refresh their thinking and consolidate their learning. This happens to a degree already with the offer of open masterclasses and networking events but there is the opportunity to help people to keep building their practice in a structured way and make further in-roads within their organisations in terms of embedding key aspects and principles. There is scope to explore the feasibility of providing further support for the continued growth of a structured learning community and CDHN is already examining one mechanism in the form of e-learning possibilities.

During the evaluation process, we identified that given the tremendous shifts in the public sector, especially those areas concerned with health and well-being including local Councils, over the last few years, Pathways to Health needs to be looked at in terms of how it ‘connects’ with current narratives and directions of travel within relevant organisations.

There is evidence that CDHN has responded to this challenge with new relationships with Health and Social Care organisations in relation to training needs connected with support for health in communities (Community Health Champions) and improved engagement between statutory organisations for planning and policy making purposes (co-design and co-production and how they relate to areas of work such as Community Planning and the Delivering Social Change policy framework).

We see that there may be an issue in relation to future marketing activity in that the language and values of Pathways to Health may not always be shared by prospective customer organisations or departments with the potential to benefit from this type of training, even where those organisations may have their own community development goals or strategies. This points to a need for clever marketing designed to engage organisations according to where they are in their current thinking on community development as opposed to where we might expect them to be.

As CDHN has already recognised, Pathways to Health may need to change shape to respond to the needs that exist and those which emerge. We reflected earlier in the evaluation process that the strategic emphasis on community development within organisations concerned with health is sometimes not followed through as robustly as it could be and organisational priorities often still centre on specific objectives which have not always been formulated in a community development context. Pathways participants have suggested that new content might include thematic areas targeted at building capacity for support for specific priorities such as environment and health or nutrition and health. CDHN could utilise and build on its Pathways to Health experience to pointedly and specifically challenge approaches which rely too heavily on lifestyle change and proactively and assertively demonstrate how work in relation to these areas could be implemented using a using a community development approach – meeting behavioural models halfway in order to secure engagement from which further learning can follow.

A common suggestion overall is that modules of content could be made available which would be easy to access or dip into according to interests or personal training needs at a particular point in time. CDHN has uncovered considerable latent demand through participants generally, including those from larger organisations identifying possibilities for further training for colleagues.

Finally but centrally, CDHN needs to consider how Pathways to Health can continue to help the organisation deliver its own strategic goals, support the CDHN membership and promote community development approaches to tackling health inequalities further, and more effectively. The experience of delivering the Pathways to Health project over the past six years is a key resource in the delivery of the organisation’s overall strategic mission.

An important area for attention at this stage in a project’s lifetime is normally the preparation of a plan for sustainability or at least to maximise the impact of a long term project such as Pathways for Health. CDHN has already taken the initiative and a business plan has been prepared to map out the legacy and future direction of Pathways to Health within the organisation.

1. **Conclusions and recommendations**
   1. **Conclusions**

Pathways to Health is a well-considered, well-constructed capacity building experience for a wide range of participants with an interest in community development and health, and tackling health inequalities.

The programme is operating in what might be considered to be a niche area but has the potential to expand to respond to a range of current and future challenges facing policy makers, decision makers, practitioners and communities.

Of particular note is the attention to creation of opportunities which stimulate critical reflection as a means to support effective learning, an approach which has the potential to challenge frequently superficial responses to intractable social policy challenges across a range of areas. Pathways to Health has provided routes for more in-depth exploration of key issues which participants do not usually have access to or time for.

*8.1.1 Congruence with CDHN objectives*

Pathways to Health has been designed in keeping with the broader organisational objectives of CDHN and has been successful in supporting progress towards these objectives. Pathways to Health participants are better informed and have developed new understanding in terms of key issues relating to health inequalities, social justice and community development.

Participant practice has been influenced and there are examples at all Pathways levels where this has had direct onward impacts in terms of benefits to people who live with disadvantage and difficult life circumstances which affect their health.

The Pathways to Health programme has also provided the foundation for CDHN to support this capacity building work to continue beyond its funded lifetime and for the learning experience that it provides to be developed and extended to others.

*8.1.2 Contribution to Reaching Communities programme objectives and agreed outcomes*

Pathways to Health has clearly contributed to the Big Lottery Fund Reaching Communities programme objectives of:

* people having opportunities to achieve their full potential:
* ‘improving essential skills to meet social and economic needs’
* ‘increasing opportunity for community based learning’
* ‘building community capacity’
* people participating in their communities to make positive changes:
* ‘increase opportunities for volunteering and for engagement within and between communities’
* ‘build community and voluntary / statutory partnerships’.

The underlying principles of the Reaching Communities programme are addressing disadvantage and promoting tolerance and social inclusion, and contributing to the reduction of poverty. Pathways to Health has been directly focused on these principles throughout its lifetime.

Specifically, it is indicated strongly based on participant feedback that Pathways to Health has contributed to the Reaching Communities objectives by realising or exceeding its five planned outcomes, namely that:

* **62** (target 56) beginner level participants from disadvantaged communities have an increased understanding of the factors impacting on individual and community health with a further 20 participants during year six bringing the total to **82**;
* **48** (target 56) intermediate level participants from disadvantaged communities have gained skills to design and implement local projects that will improve physical and mental health in their local community, with a further 14 participants during year six bringing the total to **62**;
* **62** (target 56) advanced level participants from disadvantaged communities have new knowledge, increased confidence and at least some level of new skill to act as health advocates on behalf of their local community to policy and decision maker audiences, with a further 20 participants during year six bringing the total to **82**;
* the indications are that through participants’ networks of contacts and by the participation of a wider group of individuals in open masterclass, conference and network opportunities, **well in excess** of the target of 2080 indirect beneficiaries in local communities and communities of interest will have experienced some level of positive impact on their physical and / or mental health (see for example, the community garden, food bank, early years programme and energy efficiency project examples noted as part of the participant case studies in section 6.1); and
* the intended population groups have been represented via the participants in every Pathways to Health programme and their networks of contacts.

*8.1.3 Engagement of programme participants*

Pathways to Health has been very successful in engaging a range of participants across its programmes including:

* interested individuals;

* volunteers in local communities;
* volunteers in local organisations – for example, local community groups, support groups;
* staff at all levels from a wide range of community, voluntary and public sector organisations – for example, local and regional charities, Health and Social Care Trusts, Public Health Agency, Health and Social Care Board, local Councils; and
* staff from other Big Lottery Fund projects.

While a wide range of individual involvements has been represented, the engagement has also been well targeted. It is clear how the objectives of Pathways to Health have relevance to the roles represented in the attendance portfolio across Pathways programmes.

Pathways to Health has supported individuals who have recognised public health responsibilities, for example, within Health Trusts and in local Councils, to examine their role and practice, and to better understand how they can, and why they should, support community development effectively within their work.

The mix of participants has added value at all Pathways levels, allowing participants to come into contact with others from different backgrounds and in different roles, permitting experiences to be shared and increasing mutual awareness and understanding as a result. There are examples where new partnerships have been forged and useful work undertaken that would not otherwise have been if the individuals concerned had not met through Pathways to Health.

*8.1.4 Programme approach and underpinning theory of change*

There has been a solid underpinning approach to the engagement with participants during their time with Pathways to Health and to the development and delivery of programme content. This is evidenced by the narrative provided by programme delivery staff as part of a ‘philosophy of teaching’ exercise carried out as part of this evaluation – the staff are able to explain clearly their ‘theory of change’ for Pathways and how they plan their approach to facilitate learning, including demonstration of understanding of key learning related concepts such as learning styles and preferences, setting learning objectives, supporting learning, self-directed learning, tools and resources to support learning, reflective practice etc.

There is clarity around the change to be achieved as a result of the learning experience. Staff are able to describe desired change in knowledge, in understanding, and in participant practice or actions beyond or following their Pathways to Health experience. The potential for change at different levels is also recognised and responded to, from personal and professional change for Pathways participants, to change for the people and communities that they engage or work with.

Pathways to Health is supporting learning, and also creating change through the process of learning, sharing new information and helping participants to build their understanding of key concepts by relating the new knowledge which accrues to their own experiences and to their current practice.

It is refreshing to see this focus on learning and the level of consideration of the underpinning concepts and frameworks which support learning experiences. This can often be neglected in other, ostensibly educational, programmes with the result that, in reality, the learning impact of these programmes is limited.

*8.1.5 Building understanding and challenging unhelpful narratives*

Pathways to Health has introduced participants to concepts such as health inequalities, social justice and community development, and has helped participants to understand terms new to them, and their relevance and application to their work / practice.

The programme has deconstructed what, for some, can be somewhat impenetrable concepts such as community development and has used examples from the field or from the experience of the participant group to provide context and illustrate meaning.

Pathways to Health has also challenged conventional / received wisdom around health and health inequalities – in particular opening up understanding of the social determinants of health and their influence, and critically examining prevailing emphases on lifestyle and individual choice in relation to health.

The Pathways experience has also disassembled and challenged unhelpful political and increasingly populist narratives in relation to disadvantage, for example, ‘strivers and scroungers’, ‘deserving poor’ / ‘hard working families’, by supporting participants to consider these labels and related discourses more critically and in the context of a community development approach.

*8.1.6 Evidence of learning and application of learning*

Participants contacted for the evaluation are consistently able to describe their learning at different levels in relation to areas such as health inequalities, social determinants of health, social justice, community organising and collective action, and community development. This learning is in terms of new knowledge, better understanding of key concepts and new action or changed practice as a result.

Participants who have responsibilities in terms of supporting community development have described how, having taken part in a Pathways to Health programme, they are bringing a new understanding of this dimension to their role, and new clarity in respect of the steps that they can take to further embed a community development approach as part of their practice.

Participants also regularly referred to the idea of having a new motivation or ‘energy’ for their community development role or responsibilities, fuelled by the opportunity for guided/facilitated exploration and reflection, and sharing the learning experience with others working or volunteering in similar areas:

*‘For the first time in a long time I have been really enthused and motivated.’*

This is learning in action, where a previously hazy understanding of an important but complex concept has for some individuals come into much sharper focus to the extent that they can identify and execute clear actions which lead to them fulfilling their community development responsibilities more effectively.

In other circumstances, participants report feeling more empowered to challenge accepted wisdom in relation to the circumstances of their community members and to engage with decisions affecting their lives and the decision makers responsible. Pathways to Health has stimulated individual empowerment and in turn, stimulated collective / community action.

Participants have specifically described feeling better able to articulate the case for a community development approach and now having the evidence to support this.

Some participants report returning to their role in their organisation with the intention to look more closely at the application of stated organisational values and principles.

Others have described being able to more critically analyse the workings and effectiveness of partnerships that they are involved with as a result of their participation on the Pathways to Health programme.

Overall, Pathways to Health has contributed to positive change for its participants and participants are able to describe how their learning on the programme translates into their practice or behaviour. Some of the examples of more considered approaches on the part of participants in terms of the community development aspect of their role also provide an insight into onward positive change for people that the Pathways participant supports or facilitates.

New approaches are percolating into organisational practice as a result of Pathways and there are examples where new projects have been facilitated as a result of new connections made and new partnerships initiated through the programme.

*8.1.7 Evaluation, reflection and iteration*

The progression and development of the Pathways programme has been supported by a reflective, iterative approach by its staff. A solid approach to information capture in respect of each participant’s progress was established from the earliest stage and this was further enhanced with the introduction of the reflective case study template tool. The case study tool serves the purpose of encouraging the participant to reflect on and consider their practice and experiences more critically and deeply, thus supporting the application of their learning.

Each programme has been examined and subsequent programmes changed based on review of what worked best to support learning and the objectives of the programme generally. This meta-level activity has extended to the evaluation itself with changes made to the evaluation tools based on examination and reflection following delivery of early Pathways programmes.

In this sense, Pathways to Health utilises the reflective approach that it encourages and supports its participants to adopt in relation to their practice.

*8.1.8 Engagement with key influencers and decision makers*

The contributors to Pathways programmes have been carefully and well-chosen and their input has brought very significant added value to the Level 3 programme in particular. Participants have welcomed the opportunity to gain access to experts and to senior individuals in government and other statutory organisations that they would not ordinarily have the opportunity to meet or engage in discussion.

Participants at all Pathways levels, and particularly at Level 3, have been enabled to have new or increased access to key influencers and decision makers, from MLAs and other elected representatives to senior officials in statutory organisations, who are concerned with policy decisions and the investment of public funds.

There are indications that there have been positive effects in two directions. The contact and interaction has aided participant understanding of the realities around policy and decision making processes while the elected representatives and officials have had the opportunity to engage with Pathways to Health participants in the context of their learning experience on the programme, and better understand their perspectives. Pathways to Health has provided a platform for discussion on core issues and contributors and guests have been encouraged to understand participants’ experiences and vice versa.

*8.1.9 Growth of a learning community*

With Pathways to Health, CDHN has been further growing and consolidating its learning community in relation to community development and health. New connections have been forged that further enhance and extend the networking platform that CDHN represents and this has been underpinned by the learning which has been facilitated through the Pathways to Health programme. There is scope to support this activity further, especially for a membership organisation and while CDHN is already taking steps to explore new mechanisms, prioritising this activity forms one of the key evaluation recommendations below.

*8.1.10 Sustainability of the Pathways to Health approach*

CDHN is seizing the challenge of protecting the role in capacity building and learning that Pathways to Health has enabled the organisation to further expand. As Pathways has progressed, new programme ideas have been developed in response to observed and emerging needs and demands. These new offers have been in the areas of supporting community health champions, group work skills, and co-production and co-design.

There are very significant known and latent needs in relation to each of these areas across the workforce and volunteer base active in community development and health. As Pathways to Health has demonstrated, these needs exist within community and voluntary sector organisations and statutory organisations, whether these organisations are explicitly concerned with health or with one or other of the recognised health determinants.

As CDHN staff skills and confidence have developed over the Pathways to Health project lifetime, so too has their capacity to offer out a wider service in terms of facilitation, training design and delivery and other related consultancy work.

CDHN has taken the initiative to commission a professionally prepared business plan which charts a way forward for the work developed under the Pathways to Health initiative.

**8.2 Recommendations**

At this final stage, the central recommendation is that CDHN should continue to fulfil the stated capacity building aspect of its mission by continuing to develop the work that it has commenced under Pathways to Health. Pathways to Health has consistently represented capacity building in practice.

As a business plan has already been developed to support the future sustainability of a training function which follows on from Pathways to Health, there is little more to add at this stage other than to restate the need to continue to support previous learners through innovative and workable mechanisms and in so doing to continue to develop a learning community or ‘movement’ which will contribute to CDHN’s strategic goal of ending health inequalities.

Given the focus on creation of change that has been achieved to date and the critical reflective practice approach which has underpinned this, it is worth adding that all future capacity building work should be underpinned by the same level of attention to quality and impact.

**Appendix 1 Participant profile – organisations and groups**

**Level 1 Pathways to Health**

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| Action Mental Health |
| Agewell Partnership |
| An Tearmann |
| Antrim Borough Council |
| Asian Centre |
| Autism Initiatives |
| Aware Defeat Depression |
| Ballymagroarty Hazelbank Community Partnership |
| Ballymena Sure Start |
| Belfast Carers |
| Belfast City Council |
| Betterlife Counselling Support |
| Bryson Energy |
| Carers Working Group |
| Cause |
| Chinese Welfare Association |
| Clanmill Housing Association |
| Community Development and Health Network |
| Community Focus Learning |
| Cookstown District Council |
| Derry Well Woman |
| Early Years - Toybox |
| First Housing Aid and Support Services |
| Good Morning North Belfast |
| Good Morning West Belfast |
| Hearty Lives Carrickfergus (British Heart Foundation / Carrickfergus Borough Council) |
| Letterkenny Community Development Project |
| Lower Ormeau Residents Action Group |
| ME / Fibromyalgia Support Group |
| Mencap |
| Mindwise |
| Northern Health and Social Care Trust (Health Improvement & Community Development) |
| Northern Health and Social Care Trust (Wilson House Day Centre) |
| Northern Ireland Institute for the Disabled |
| Omagh District Council |
| Omagh Sure Start |
| PIPS |
| Portglenone Enterprise Group |
| Rainbow Sure Start |
| Rotary Club of Dungannon |
| Safe and Well Project |
| Sandy Row Community Forum |
| South Eastern Health and Social Care Trust |
| Southern Health and Social Care Trust |
| St John Bosco Community Association |
| The Aisling Centre |
| Time 4 U |
| Trauma Network |
| University of the Third Age (U3A) |
| Western Health and Social Care Trust |

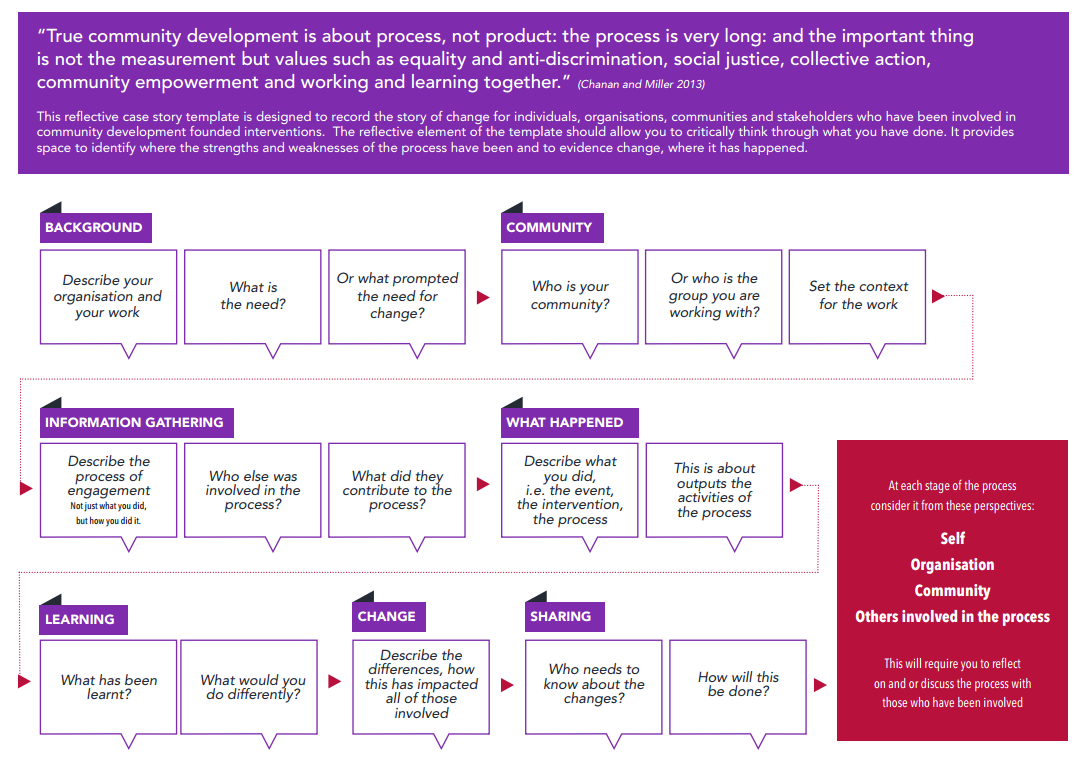
**Level 2 Pathways to Health**

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| Action Cancer |
| Action Mental Health |
| Antrim Borough Council |
| Ardoyne Shankill Health Partnership |
| Barnardos |
| Cause |
| Cedar Foundation |
| Chest Heart and Stroke |
| Community Development & Health Network |
| Cookstown District Council |
| Craigavon Neighbourhood Renewal |
| Dare to Stretch |
| Devenish Partnership Forum |
| Dungannon & South Tyrone Borough Council |
| East Belfast Partnership |
| First Housing Aid and Support Services - Shepherd's View |
| Headway Belfast |
| Hearty Lives Cookstown (British Heart Foundation / Cookstown District Council) |
| Home Start Banbridge |
| Irish Street Community Association |
| Loughshore Care Partnership |
| Mencap |
| Mid and East Antrim Agewell Partnership |
| Newlodge Duncairn Community Health Partnership |
| Newry & Mourne District Council |
| Newry City Sure Start |
| Northern Health & Social Care Trust |
| Oasis Caring in Action |
| Portglenone Enterprise Group |
| SAIL |
| Save the Children |
| South Area Action on Travellers Safe and Well Project |
| South Belfast Partnership |
| South Down Family Health Initiative |
| South Eastern Health and Social Care Trust |
| South Lough Neagh Regeneration Association |
| Southern Health & Social Care Trust |
| Survivors of Suicide Support |
| Women's Resource & Development Agency |

**Level 3 Pathways to Health**

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| Aisling Centre |
| Alzheimers Society |
| An Creagan |
| Antrim Borough Council |
| Armagh City, Banbridge and Craigavon Borough Council |
| Autism Initiatives |
| Beacon Centre |
| Belfast Health Development Unit |
| Belfast Healthy Cities |
| Bogside Brandywell Health Forum |
| British Heart Foundation |
| Bryson Energy |
| Cancer Focus NI |
| Carers NI |
| Carrickfergus Borough Council |
| Cause |
| Chest Heart and Stroke |
| Coleraine Sure Start |
| Community and Voluntary Services (Dungannon) |
| Community Development and Health Network |
| Community Focus Learning |
| Community Foundation for Northern Ireland |
| Conway Education Centre |
| Cookstown & Western Shores Area Network |
| Cookstown District Council |
| Co-operation and Working Together (Outcomes for Children) |
| Craigavon Travellers Support Committee |
| Dalriada Rural Sure Start |
| Damask Community Outreach |
| East Belfast Community Development Agency |
| East Belfast Mission |
| East Belfast Partnership |
| Federation of City Farms and Community Gardens |
| First Housing Aid and Support Services |
| First Steps Women's Centre |
| Health and Social Care Board |
| Home Start Craigavon |
| Knocknagoney Parish Church |
| Koram Centre |
| Larne Borough Council |
| Ligoniel Improvement Association |
| Mid & East Antrim Agewell Partnership |
| Mid & East Antrim Borough Council |
| Mid Ulster Council |
| New Lodge Duncairn Community Health Partnership |
| Newry & Mourne District Council |
| NI Association for Mental Health (NIAMH) |
| NI Rural Women's Network |
| North Antrim Community Network |
| North Belfast Partnership |
| Northern Health & Social Care Trust |
| Playboard |
| Public Health Agency |
| Saol Ur Sure Start |
| Save the Children |
| South Antrim Community Network |
| Southern Area Action on Travellers Safe and Well Project |
| Southern Health & Social Care Trust |
| Survivors of Suicide Support |
| The Rainbow Project |
| West Belfast Partnership Board |
| Western Health & Social Care Trust |
| Women's Resource & Development Agency |

**Appendix 2 – Reflective case study template**

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1. National Occupational Standards for Community Development 2009 [↑](#footnote-ref-1)
2. Fair Society, Healthy Lives – a strategic review of health inequalities in England post 2010 [↑](#footnote-ref-2)