

Outline process evaluation of resilience initiatives in the Neighbourhoods for Learning. 11/01/2016

Background.

This note outlines process evaluation questions for the resilience initiatives. The 'resilience intervention' is defined as the process of working with these neighbourhood system players to bring about change, rather than in terms of the specific focus of the action, which will be different in each NFL.

Definitions.

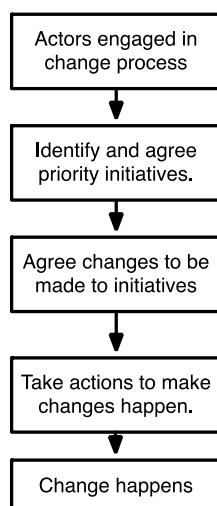
- Institutions – formal organisations such as local authorities, NHS organisations, universities, businesses etc
- Residents – people who live in the NFL
- Initiatives – on-going or planned projects, interventions, policies etc that aim to improve social, environmental, economic, governance systems impacting on the NFL.
- Actors – residents and/or representatives of institutions who are involved in the resilience intervention change process.

The aims and objectives of the resilience intervention.

The resilience intervention is a process of engagement and change with the residents in the NFL and local institutions, to identify priority initiatives and to develop and change those initiatives, based on evidence, local experience / knowledge - so they are more likely to improve system resilience – the social, environmental, economic and governance systems impacting on the NFL.

The overall aim of the intervention is:

To improve social, environmental, economic and governance systems having an impact on the NFL resulting in reduced health inequalities.



Objectives of the resilience intervention.

1. Actors are sufficiently engaged to support the process of change.
2. They reach a common understanding of which initiatives have an impact on system resilience and which initiatives they want to focus on changing.
3. They reach a common understanding based on the evidence, of the changes they want to bring about in the prioritised initiatives.
4. They are able to bring about the changes they have prioritised.

Process evaluation questions.

- Who was engaged in the programme development process and how did this change over time, who was missing / excluded?
- What were the roles of the different actors, what were their positions (formal

- and informal), power, interests and perspectives in the process?
- What enablers and barriers emerged over time in the change process; how did they influence the process of change?
 - What initiatives were considered? Were there different perspectives from different groups of actors (e.g residents compared to institutions, or between institutions – NHS compared to LA).
 - What initiatives were prioritized and why? How did different actors influence this process?
 - How were the prioritized initiatives expected to have an impact on system resilience? i.e what was their theory of change? Did this differ between actors / groups of actors?
 - What were the perceived positive and negative impacts of these initiatives?
 - What was the initial access and use of the prioritized initiatives and how was this distributed by socioeconomic group etc.?
 - What was the initial investment of resources in these prioritized initiatives?
 - What changes to these initiatives were agreed upon? How did different actors influence this process?
 - How were the prioritized changes expected to improve the impact of the prioritized initiatives on system resilience?
 - What external factors influenced these decisions – e.g cuts to funding in other areas, national policies / priorities, economic/ environmental change.
 - How was the evidence considered in deciding on priorities, what forms of evidence/ knowledge were influential?
 - What actions were planned to bring about the prioritized changes, what were the roles of different actors in this?
 - Which of these planned actions were carried out, which were not, and why not?
 - How did the prioritized initiatives change during the programme?
 - What resources have been developed, invested or reallocated (this could be people, time, networks, structures, money...) as a consequence of the change process?
 - How did the level and distribution of access/uptake/coverage/usage of these initiatives change?

Methods.

Sources of data:

1. Quarterly reports to NIHR

2. Minutes / notes from meetings.

- Where there are meetings related to the NFL then notes will need to be/ are being

taken outlining who attended, what was discussed, actions agreed etc.

3. Reflective notes (template to be developed).

- What was the role of different actors in the meeting/event, whose voices were heard, whose weren't?
- How were decisions agreed upon? How did different actors influence this process? What was the rationale given?
- How was the evidence considered in deciding on priorities, what forms of evidence / knowledge were influential to which groups?
- What networks/ connections were made – between residents, associations and institutions?

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Team meetings discussion note.

Specific interviews and focus groups.

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