



VulnerABLE: Pilot project related to the development of evidence based strategies to improve the health of isolated and vulnerable persons

CAPACITY-BUILDING REPORT

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Introduction

VulnerABLE is set to understand and assess the particular health needs and risk factors faced by people living in isolated and vulnerable situations while also identifying and exploring potential solutions to their challenges and support decision makers in their work towards improving the health of these people. Within this pilot project, particular emphasis has been given to health equity in the development and delivery of actions that improve the health of people in vulnerable and isolated situations as well as their access to services.

VulnerABLE capacity building workshops

Within Phase 3 of the VulnerABLE project, EuroHealthNet, with the support of ICF, lead the organisation and roll out of four capacity building workshops. These workshops aimed to give national, regional, and local authorities as well as stakeholders (e.g. programme designers/developers) insight on, and ability to increase capacities in, specific policy and practice areas to improve the health of people in vulnerable situations. Capacity building activities included guiding information on how to develop and implement actions to improve health, prevention and service delivery to people in isolated or vulnerable situations.

Capacity building within VulnerABLE went beyond simply training or providing technical assistance - it involved assisting people to gain the knowledge and experience needed to solve problems, implement change, build effective actions and achieve sustainability.

We recognise that the time and resources to build capacity is often limited. The aim of capacity-building in the context of VulnerABLE was to encourage professionals to get a better insight into their capacity-building needs, to exchange with and set the basis for potential collaborations with other colleagues, and to progress in at least one priority theme, by applying the resources that are available through the VulnerABLE project and other relevant European work. This approach aims to advance work in organisations, local municipalities, regions or countries in the field of vulnerable groups' health.

Methodology

Target group

The capacity-building workshops targeted key decision-makers, programme designers and/or managers and budget holders working to improve health and health equity in a local, national and/or international capacity. In particular, for the workshops to be the most effective, they were designed to be attended by those professionals who still need to learn about how to better plan to reduce health inequalities and ensure good health for vulnerable groups (e.g. officials with experience in other areas but new to the field of health equity). That is, while experts were called to contribute knowledge, the workshops aimed to build capacity, not just to update experts in the field.

Each capacity-building workshop was planned to allow participation of a maximum of 25 individuals, from between 3 to 5 different EU Member States. We aimed to have a more than one representative from each Member State in attendance, preferably with different sectoral backgrounds within this Member State representation; a diversity of professional perspectives in a Member State representation could enable the development of effective follow-up actions within a national context. Where no more than one representative was able to attend one of the workshops, trainers supplied extra support for them to design action plans which included reaching out to other sectors.

Themes and needs assessment

The workshops focused on specific themes identified as relevant across vulnerable groups from an analysis of good practices, interviews with experts and the focus group discussions earlier in the project, followed by a stakeholders' needs assessment. Referring to specific themes to shape the workshops, rather than focusing only on one or two vulnerable groups, allows to provide support across different situations in the most efficient way, especially as it has been noticed through the various VulnerABLE activities that people often belong to more than one of the vulnerable groups selected for this pilot project.

Preliminary themes identified through an analysis of VulnerABLE research results were:

1. Co-production/target group participation;
2. Reaching the *most* vulnerable;
3. Support to (informal) carers;
4. Intersectoral collaboration (e.g. social prescribing, health sector, community services, transport sector, private sector);
5. Service design (holistic services and training on vulnerability; ongoing needs assessment; universal and/or targeted approach; flexibility; etc); and
6. Reduction of stigma and discrimination.

Cross-cutting themes such as improving accessibility of health and other core services, as well as preventing and mitigating against health inequalities were planned to be addressed across workshops, as they represent the key aspects addressed by the pilot project.

After an initial selection of the six specific themes above by EuroHealthNet, a needs assessment was conducted with key stakeholders across the EU. 40 stakeholders across Europe were asked to select the themes that are most relevant considering their country-specific context, and to indicate priority groups among those addressed by VulnerABLE.

Results of this needs assessment showed that the most relevant themes were inter-sectoral collaboration, service design and reaching the most vulnerable (Fig 1), with interest also in co-production. Most capacity was needed to support children and families facing vulnerable situations, people living in poverty, and people living with physical and learning disabilities or poor mental health (Fig 2).

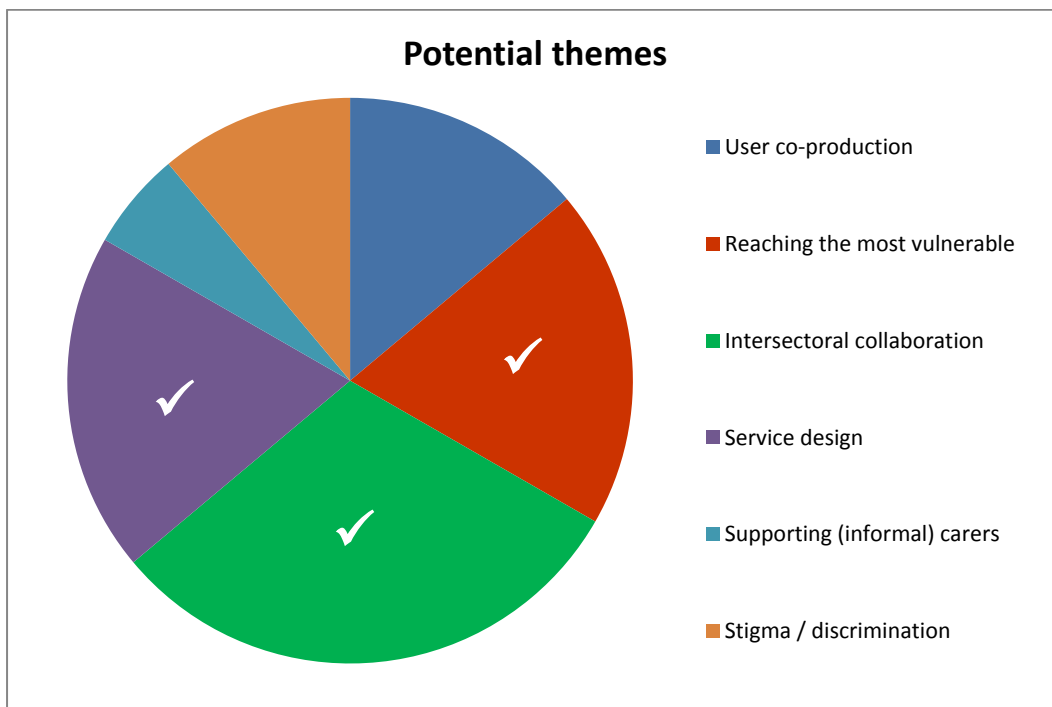


Fig 1 Potential themes for capacity building workshops

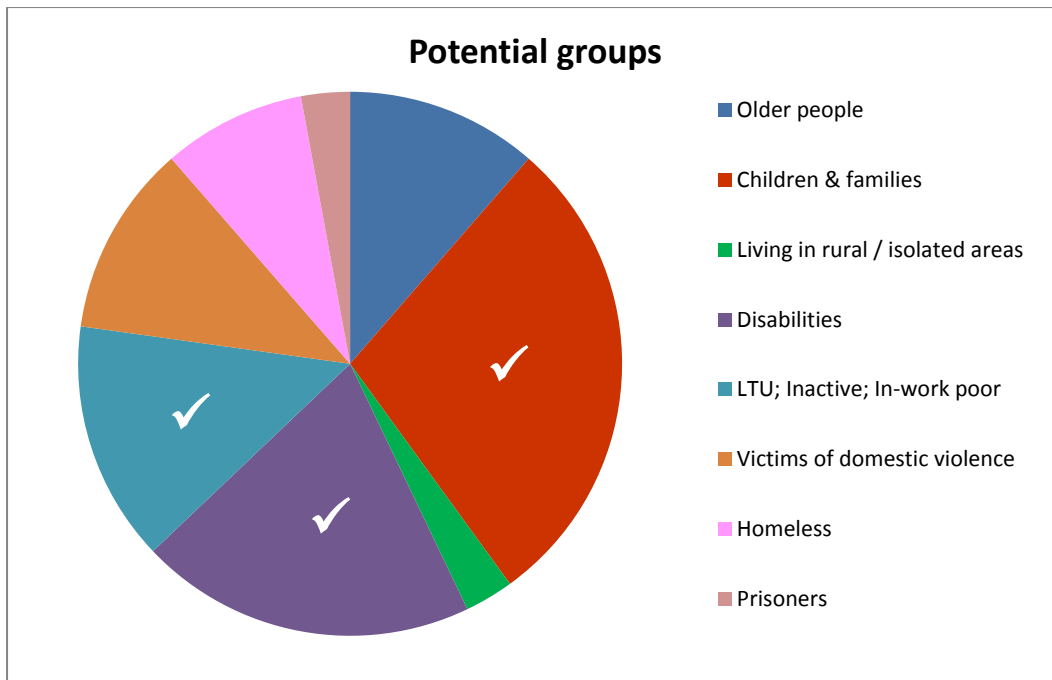


Fig 2 Potential target groups for capacity building workshops

Selection of hosts

The needs assessment exercise was also the occasion to inform key stakeholders about the upcoming workshops. Respondents were asked to indicate whether they'd be interested in hosting one of the workshops or to take part as a participant.

The following organisations expressed interest in hosting one of the workshops:

- Lisbon University Institute-ISCTE-IUL, with support from the Portuguese Ministry of Health (Portugal)
- Federsanità (Italy)
- Public Health Wales (UK)
- National Institute of Public Health: NIJZ (Slovenia)
- Riga City (Latvia)
- National Institute of Public Health: SZU (Czech Republic)

In an effort to ensure geographical spread and representation of a variety in health systems (e.g. centralised vs non centralised), the host countries selected were Portugal, Wales, the Czech Republic, and Italy.

The 2017 dates for the workshops were agreed to be:

- 19 & 20 June in Lisbon, Portugal
- 29 & 30 June in Prague, Czech Republic
- 6 & 7 July in Cardiff, Wales

- 13 & 14 July Venice, Italy.

The themes and target vulnerable groups of most interest to the hosts were:

1. **Public Health Wales (UK)** - *User co-production/participation in solution design*, with regards to [children & families](#) and [inactive people](#)
2. **ISCTE-IUL (Portugal)** - *Intersectoral collaboration and Service design*, with regards to [older people](#) and [those with mental or physical disabilities / poor mental health](#)
3. **SZU (Czech Republic)** - *Reaching the most vulnerable and Intersectoral collaboration*, with regards to [children & families](#) and [victims of domestic violence](#)
4. **Federsanità (Italy)** - *Intersectoral collaboration and Service design*, with regards to [people living in poverty](#) and [children & families](#)

However, hosts were ready to cover other areas, as they are all relevant to their work. Trainers and EuroHealthNet therefore decided on the best approach and themes to address in each workshop, and made an initial proposal to the hosts. All proposals were accepted.

Selection of trainers

In parallel to the launch of the needs assessment and call for hosts, EuroHealthNet sent a call for quotes to a pool of known trainers with expertise in the relevant training fields. After reviewing CVs and conducting interviews with three potential trainers, the following experts were selected:

1. **Lead trainer:** David Pattison, Consultant in management and health, previous Head of International Development and the Chief Executive's Office: NHS Health Scotland;
2. **Ad-hoc trainer:** Tatjana Buzeti, Acting Director General for long- term care at the Ministry of Health of Republic of Slovenia; previous Head of WHO collaborating centre for capacity building in cross-sectoral investment for health
3. **Ad-hoc trainer:** Jo Robins, independent Public Health Consultant with over twenty years of experience at local and national level on service design and system development.

Selection of participants

Information on the possibility to participate in one of the VulnerABLE workshops was circulated in two ways: directly to potential participants known to organisations participating in VulnerABLE and via the Expert Group on Social Determinants and Health Inequalities.

In the first instance, EuroHealthNet used their extensive contact database (11000+ contacts across Europe) to send a "call for interest" to a tailored group of potential participants active in the pilot project topic at local, regional, and national level. The call for interest was also shared via communication channels such as newsletters and

electronic alerts. Other organisations involved in VulnerABLE also spread information on the call via their communication channels.

Secondly, members of the European Commission's Expert Group on Social Determinants and Health Inequalities were asked to help identify those organisations and governmental bodies within their Member State that would benefit the most from the planned capacity building activities. Participants identified by the Expert Group who had not appeared in the original mailing list of EuroHealthNet were then sent the call for interest.

All interested participants received a link to an online "interest registration form", where they had to report, among other details, their job title, name of the organisation for which they worked, country in which they worked, which workshop(s) they would wish to attend and what was their reason for wanting to participate.

Participants were then selected based on their occupation (priority was given to budget holders, implementers and decision makers, as described in the call for interest) and background in order to ensure enough diversity and participation of Member State participants that would be able to implement work directly in their country.

Selected participants subsequently received:

1. A registration form (see Annex)
2. Details for travel and accommodation in the form of an Information Pack tailored for each workshop (see Annex)
3. A pre-questionnaire to assess more specifically current knowledge and needs (see Annex)

Workshop Materials

The workshop materials were developed based on EuroHealthNet's expertise and knowledge of the VulnerABLE outcomes and on trainers' in-depth knowledge of the topics to be addressed during the capacity building.

The content of the workshops reflected the outcomes of the stakeholder needs assessment, in terms of the anticipated themes and vulnerable groups. The workshop material was based on prior knowledge and expertise of the organising team (EuroHealthNet and the trainers) and on the research outputs of the VulnerABLE project. Moreover, a pre-workshop questionnaire was sent to confirmed participants to further tailor the content of the workshops.

The materials were designed to provide:

- Background and descriptive information – based on the literature review, scoping interviews, and pre-workshop questionnaire. Rationale on why the workshop is developed, why a selected theme/vulnerable group is of particular importance to target audience;
- Key objectives and scope of workshop;

- Extensive course content, including learning activities, directions, and timeframes. Support materials for each session was given to participants (e.g. PowerPoint, participant worksheets, and handouts);
- Tools for evaluation – new knowledge / competencies gained and how to apply them.

Materials were tailored to each workshop and adjusted on an ongoing basis following feedback from participants.

The final capacity building material portfolio includes:

- Pre-workshop questionnaires to be disseminated to assess participants' needs and own objectives;
- PowerPoint presentation(s) on background based on literature review, survey, and scoping interviews, as introduction to workshop;
- PowerPoint presentation(s) on objectives and tips for service design;
- Factsheets on Case Studies for presentation and discussion during workshop;
- Toolkit including key thematic areas identified, possibilities for action, and links to available resources, including VulnerABLE outputs;
- Exercise worksheets;
- Action plan guiding template: a tool to help participants draft a systematic action plan at the end of the workshop that can support their decision making once back at work;
- Skill/knowledge post-assessment (included in the evaluation process).

Workshop materials can be found in annex.

Timeline



Capacity building workshops

Structure

Each workshop contained similar content modules which encompassed more general concepts around the selected themes while around a quarter of the content explored topics tailored to the needs of each of the workshop participants, including examples of work that could be implemented to support the groups on which more help seems to be needed.

The lead trainer oversaw and co-ordinated the general structure and content of the workshops, with support from the ad-hoc trainers. Regular contact with the hosts also ensured that the workshops could be carried out in a coherent way across countries.

Each workshop had a similar structure, with some differences that allowed to better fit the specific context of the host and participants. Two of the workshops (Lisbon and Prague) had three good practices presented at the workshop venue, while the other two (Cardiff and Venice) had two practices at the venue and one as an on-site visit somewhere else.

The structure of the workshops **without on-site visit** was as follows:

DAY 1

08:45	Registration and coffee	
09:15	Welcome from <i>Host & EuroHealthNet</i>	15 min
09:30	Aims and Objectives - <i>Trainers</i>	10 min
09:40	Personal introductions from participants	45 min
10:25	Review of the pre-workshop questionnaires – <i>Trainers</i>	30 min
10:55	Presentation of the VulnerABLE project – <i>ICF</i>	20 min
11:15	Coffee break	15 min
11:30	Setting the scene Introduction to health inequalities, challenges facing isolated and vulnerable groups in participating countries, and relevance of this topic to health and other agendas - <i>Trainers</i>	30 min
12:00	40 minutes small group discussion + 20 mins open discussion on issues raised so far and exchange of experience - <i>moderated by Trainers</i>	60 min
13:00	Lunch	60 min
14:00	Top tips in working together with people: Interactive Group Sessions <i>moderated by Trainers</i> <i>‘Internal collaboration and service design: some key principles of good practice’</i> - <i>Trainers</i>	20 min
	Group Session 1 <i>Opening: good practice 1</i>	10 min

	Group discussions on key learning points	45 min
15:15	Coffee break	20 min
15.35	<u>Group Session 2</u> <i>Opening: good practice 2</i>	15 min
	Group discussion on key learning points	45 min
16:35	Review of day one – <i>Trainers</i>	25 min
17:00	End of Day One	

DAY 2

09:00	Welcome back – <i>Trainers</i>	05 min
09:05	<u>Group Session 3</u> <i>Opening: good practice 3</i>	10 min
	Group discussion on key learning points	65 min
10:20	Member State discussions, comparisons and identification of key challenges within countries	40 min
11:00	Coffee break	15 min
11:15	Feedback from each group & open discussion - <i>Trainers</i>	90 min
12.45	Lunch	45 min
13:30	<u>Group Session 4</u> Action-planning and next steps	60 min
14:30	Feedback from groups – <i>Trainers</i>	30 min
15:00	Summary and farewell – <i>Trainers; EuroHealthNet & host</i>	20 min
15:20	Close of workshop	

The structure of the workshops **with on-site visit** was as follows:

DAY 1

08:30	Registration and coffee	
09:00	Welcome from <i>Host & EuroHealthNet</i>	15 min
09:15	Aims and Objectives – <i>Trainers</i>	10 min
09:25	Personal introductions from participants	45 min
10:10	Review of the pre-workshop questionnaires – <i>Trainers</i>	30 min
10:40	Presentation on the VulnerABLE project and its outcomes – <i>ICF</i>	20 min
11:00	Coffee break	15 min

11:15	Setting the scene Introduction to health inequalities, challenges facing isolated and vulnerable groups in participating countries, and relevance of this topic to health and other agendas – <i>Trainers</i>	30 min
11:45	40 minutes small group discussion + 20 mins open discussion on issues raised so far and exchange of experience – <i>moderated by Trainers</i>	60 min
12:45	Lunch	60 min
13:45	Top tips in working together with people: Interactive Group Sessions <i>moderated by Trainers</i> <i>‘Internal collaboration and service design: some key principles of good practice’</i> – <i>Trainers</i>	20 min
	<u>Group Session 1</u> <i>Opening: good practice 1</i>	10 min
	Group discussions on key learning points	45 min
14:55	Coffee break	15 min
15:10	Onsite study visit – good practice 2	3 hrs
18:00	Review of day one – <i>Trainers</i>	15 min
18:15	End of Day One	

DAY 2

09:00	Welcome back – <i>Trainers</i>	05 min
09:05	<u>Group Session 2</u> <i>Opening: good practice 3</i> Group discussion on key learning points	10 min 65 min
10:20	Member State discussions, comparisons and identification of key challenges within countries	40 min
11:00	Coffee break	15 min
11:15	Feedback from each group & open discussion – <i>Trainers</i>	90 min
12.45	Lunch	45 min
13:30	<u>Group Session 3</u> Action-planning and next steps	60 min
14:30	Feedback from groups – <i>Trainers</i>	30 min
15:00	Summary and farewell – <i>Trainers; EuroHealthNet & host</i>	20 min
15:20	Close of workshop	

Exercises

Throughout the workshops a number of group discussion exercises were developed to allow participants to draw on and share their own experiences as well as benefit from knowledge and experience from other participants. All four workshops had two core themes; 'Intersectoral collaboration' and 'Health Care Service Design' in addition there were a number of specific topics in each of the workshops as outlined within this report.

To maximise the benefit to participants, in each workshop the groups were divided in two ways: firstly multi-country groups and then country specific groups. The first grouping allowed participants to share different country/agency knowledge and experiences based on the presentations from the trainers and specific case study presentations. The second grouping enabled participants to work with colleagues from their own country to specifically identify key challenges and then agree and develop an action plan (or more) relevant to their country.

For every group exercise, each group identified a rapporteur and documented their discussions on flip chart sheets which were used throughout the workshop to build the discussions leading to the final action planning session.

In the initial discussions, after trainers or case studies presentations, the groups were given a set of prompt questions to stimulate discussions:

- Consider the learning points in the context of your own country
- Are there differences and if so what are they?
- Are some things the same and if so what are they?
- How can we take the principles we have heard about and apply them to our work?
- What are the challenges and how can we start to overcome them?

The rapporteurs then provided brief feedback and there was an opportunity for questions and discussions during plenary sessions. The feedback sheets were also available to all participants for reference. During the course of the four workshops we adapted the discussion groups in response to participants' feedback. In some cases there was more time for multi-country groups, while in others slightly more time for single country groups.

The final two group sessions of each workshop were country specific. Each group was asked to identify the key challenges facing them at national/regional/local/organisational level. They were then asked to choose one specific priority and share this with the all participants. This was in turn written on flipchart paper with the country name. When all groups had reported back, the sheets were laid out on tables around the main room and all participants as well as trainers/hosts were given time to consider them and where possible contribute potential support/solutions/ideas to meet the challenge by writing on post it pads and applying them to the sheets. This proved to be a very interactive session with many ideas and offers of collaboration identified.

When sufficient time had elapsed, each group had time to review the information that had been attached to their specific challenge. They were asked to identify any of the materials which they felt required further clarification or detail. The final part of this session allowed each group to seek this clarification from the person who had supplied the information. A significant number of collaborations post workshop were agreed during this session.

The final group session allowed the country group to develop an outline of a specific action plan based on all of their discussions including the priority setting exercise. A template was provided to assist this process including these prompt questions:

- **How will you know when your programme/service/project is working?**
- **What outcomes will you see?**

Some groups developed a single action plan while others developed multiple plans, due to the make-up of the group. There was a very brief feedback session at the end to allow groups to share their basic actions.

It is important to note that in the few cases where participants did not have other country colleagues with them, they were provided additional support from the trainers. Moreover, towards the end of the action planning session the trainers identified a 'Critical Friend' country group to allow the solo participants to bounce their ideas and receive constructive observations. This approach seemed successful.

During each workshop the trainers adapted the approach in line with participant's feedback; this was then used to influence subsequent group's sessions in the following workshops.

Outline of each workshop

Workshop 1: Lisbon, Portugal

Dates: Monday 19th – Tuesday 20th June 2017

Host: Centre for Psychological Research and Social Intervention, Lisbon University Institute

Topic: This capacity-building workshop presented examples concerning the wellbeing of vulnerable elderly people and people with poor mental health or disabilities. The aim was to use these examples to guide discussion on accessing care services which are vital for maintaining a good health status for these and other vulnerable groups. Knowledge and practice exchange will be aided through a highly interactive environment.

Participants: 20 representatives from Belgium, Finland, Iceland, Ireland, Latvia, the Netherlands, Portugal, and Serbia

Good practices:

- 1 SEEyourAGE programme: For a more age inclusive society for all (University Institute of Lisbon, ISCTE)
- 2 Service design for the vulnerable elderly in Belgium (Flemish Institute for Healthy Living, ViGeZ)
- 3 PROMove-te: A pilot project with children and young adults with poor mental health (Associação de Reabilitação e Integração Ajuda, ARIA)

Workshop 2: Prague, Czech Republic

Dates: Thursday 29th – Friday 30th June 2017

Host: National Institute of Public Health (SZU)

Topic: A capacity-building workshop designed to shed light on intersectoral collaboration and service design with examples from practices addressing the wellbeing of disadvantaged children, including those from single-parent families and low-income backgrounds.

The specific issues this population faces will guide discussion on accessing care services which are vital for maintaining a good health status for this and other vulnerable groups. Knowledge and practice exchange will be aided through a highly interactive environment.

Participants: 13 representatives from Croatia, Czech Republic, England, Finland, Greece, Romania, and Slovenia

Good practices:

- 1 Health promotion in excluded localities in the Czech Republic (National Institute of Public Health, SZU)
- 2 Program on Food Aid and Nutrition Education in Greece: DIATROFI (Institute of Preventive Medicine Environmental and Occupational Health, PROLEPSIS)
- 3 The unique system of school canteens in the Czech Republic (SZU)

Workshop 3: Cardiff, United Kingdom

Dates: Thursday 6h – Friday 7th July 2017

Host: Public Health Wales

Topic: This capacity-building workshop offered examples concerning the use of co-production and group participation when working with vulnerable groups, including but not limited to prisoners. The aim was to use this specific topic to guide discussion on accessing care services which are vital for maintaining a good health status. Knowledge and practice exchange was enhanced with an onsite group visit to an intervention of relevance in the Cardiff area, as part of the workshop programme.

Participants: 13 representatives from Estonia, France, Greece, Malta, and Wales

Good practices:

- 1 A community-based approach for health in Nantes prisons (Médecins du Monde)
- 2 Embedding co-production into health and social care (Public Health Wales, PHW)
- 3 Mass Unemployment Events – Prevention and Response from a Public Health Perspective (PHW)

Site visit: ACE – Action in Caerau & Ely

Workshop 4: Venice, Italy

Dates: Thursday 13h – Friday 14th July 2017

Host: Federsanità and Emergency

Topic: A capacity-building workshop presenting further examples of service design for different vulnerable groups (e.g. homeless, single mothers, people living poverty), as well as intersectoral collaboration at regional level as a tool to improve the health of these groups. The aim was to use the various issues faced by vulnerable populations across the European Union to guide discussion on accessing care services which are vital for maintaining a good health status. Knowledge and practice exchange was enhanced with an onsite group visit to an intervention of relevance in the Venice area, as part of the workshop programme.

Participants: 18 representatives from Belgium, Cyprus, France, Ireland, Italy, and Latvia

Good practices:

- 1 Emergency: the Italian programme (Emergency)
 - 2 Housing and health (Social Cooperative "Il Villaggio Globale")
- Site visit : Comunità Casa Aurora

Highlights from workshop discussions

In any workshop the interaction between participants is essential, time devoted to both small group discussion as well as full plenary sessions will make the difference between a really successful workshop and an adequate workshop. The 4 workshops did have a significant allocation of time, but as always they could still have benefited from a little more time.

Participants were from a wide range of countries; institutions and had varying levels of experience and yet the interaction between them was positive and dynamic resulting in more similarities than differences being identified. This is not to underestimate the differences, as they were important factors which participants had to consider especially during the last 2 sessions on key challenges and action planning.

Key themes emerged across all 4 workshops:

- The challenge of actively influencing policy development at local, regional, and national level. What opportunities can we take to inform politicians and their advisors before the policies are developed.
- Differing health and social care systems exist across the participant countries which makes inter-sectoral collaboration more difficult. However, many examples of how these could be overcome were shared (e.g. DIATROFI programme; examples of co-production) and future collaborations were agreed between participants.
- Identification and access to vulnerable people/communities was a recurring theme, as it was in the overall project. Co-production in a truly inclusive approach was discussed in great detail and an excellent example was provided during the visit in Cardiff. Participants agreed the true co-production does challenge the established professional service and staff who provide those services, and it was suggested that further capacity building on this specific topic should be considered.
- Resources are an issue at all levels, particularly in countries badly affected by the financial crisis. However, during the workshops participants were encouraged to look at the issue of 'resources' in a more holistic way. Social capital within communities was identified as an underused concept and approach in some countries; in addition participants had the opportunity to discuss the 'Time banking' approach again during the site visit in Cardiff.
- The discussions which took place during the key challenges session were of particular value as all participants engaged with the 'solutions/support' element described within the section entitled "Exercises". This stimulated concrete offers of online and direct support between participants from differing countries, some of which began before the end of the workshops.

Informal feedback from participants confirmed that all discussions that took place were very productive, including participants from the same countries actually having the opportunity to meet and talk for the first time even though they were working in similar areas. The informal discussions which take place during the more social phases of a workshop should not be underestimated. These cannot unfortunately be quantified, but are never the less extremely valuable in building capacity within and between countries.

Evaluation

Summary

EuroHealthNet, supported by the trainers, developed an evaluation questionnaire in order to assess the impact of the workshops and to obtain feedback that would allow the organising team to make adjustments to the programme and material proposed. An immediate analysis of the evaluation forms after each workshop meant that improvements could be applied throughout the workshop implementation period, leading to a set of updated tools by the end of the workshops.

Overall, the workshops were received very well by participants. Many asked for follow up capacity building, possibly with more focus on one or the other themes. All participants seemed extremely keen for the possibility of meeting again at the VulnerABLE final event, and many have been in touch with EuroHealthNet after the workshops to give updates on their action plans. Some participants have also asked to support dissemination of VulnerABLE by inviting speakers to talk about the pilot project within their organisations.

Highlights

The main results of the evaluation are reported by question:

Q1. Please rate the workshop's coverage of the themes.

In general, the four workshops offered participants sufficient coverage of the proposed themes:

Lisbon (n=20)

Vulnerable elderly people: 60% rated coverage as *Good*; 20% rated it as *Excellent* and 20% rated it as *Satisfactory*

People with mental/physical disabilities, and/or poor mental health: 50% rated coverage as *Good*; 25% rated it as *Excellent* and 25% rated it as *Satisfactory*

Service design for vulnerable groups: 40% rated coverage as *Excellent*; 30% rated it as *Good*; 25% rated it as *Satisfactory* and 5% rated it as *Poor*

Intersectoral collaboration: 71.4% rated coverage as *Good*; 21.4% rated it as *Satisfactory* and 7.2% rated it as *Excellent*

Prague (n=13)

Disadvantaged families & children: 61.5% rated coverage as *Excellent*; and 39.5% rated it as *Good*

Service design for vulnerable groups: 46.2% rated coverage as *Excellent*; 30.8% rated it as *Good* and 23% rated it as *Satisfactory*

Intersectoral collaboration: 53.8% rated coverage as *Good*; 38.5% rated it as *Excellent* and 7.7% rated it as *Satisfactory*

Cardiff (n=12)

User co-production: 66.7% rated coverage as *Excellent* and 33.3% rated it as *Good*

Service design for vulnerable groups: 50% rated coverage as *Excellent* and 50% rated it as *Good*

Intersectoral collaboration: 58.3% rated coverage as *Good* and 41.7% rated it as *Excellent*

Venice (n=18)

Service design for vulnerable groups: 57.1% rated coverage as *Good*; 21.4% rated it as *Excellent*; 14.3% rated it as *Satisfactory* and 7.2% rated it as *Poor*

Intersectoral collaboration: 64.3% rated coverage as *Good* and 35.7% rated it as *Excellent*

When additional comment was made in this section, several participants did highlight a desire for greater depth and increased content regarding service design.

"More details and input on practical service design would have been good" – **Venice participant**

Q2. Please rate the usefulness of the workshop training materials (n=63)

Workshop materials were well-received, with the PowerPoint slides from the project presentation sessions deemed particularly useful for participants' learning experience.

	Very useful	Useful	Somewhat useful	Not useful
Case Study factsheets	30.4%	55.4%	12.6%	1.6%
Exercise sheets	30.7%	41.5%	27.8%	0%
Action Plans	39.3%	42.9%	16.2%	1.6%
PowerPoint slides	48.4%	40.7%	10.9%	0%

Q3. Please rate the quality of the training and facilitation during the workshop (n=63)

Facilitation by the consultant trainers was also well-received, with participants holding an overtly positive view towards the trainers.

	Excellent	Good	Satisfactory	Poor
Ability of the trainers to answer technical questions	71.4%	28.6%	0%	0%
Ability of the trainers to discuss different vulnerable	55.5%	42.9%	1.6%	0%

groups				
Ability of the trainers to provide clear and understandable information	66.1%	23.2%	10.7%	0%
Ability of the trainers to accommodate needs	71.4%	27.0%	1.6%	0%

This was also reflected in the additional comments provided to us on the feedback forms:

"Trainers were very committed, knowledgeable and able to pull together and integrate common themes" – Venice participant

"(They were) engaging trainers, with a lot of experience" – Lisbon participant

"More input from their experience would have been great" – Venice participant

Q4. Please rate the quality of the workshop sessions (in terms of structure, levels of organisation, interest and usefulness) (n=63)

Participants took a favourable view towards the basic workshop structure.

	Excellent	Good	Satisfactory	Poor
Background / introductory sessions	42.9%	46.4%	10.7%	0%
Open/small Group discussions	26.9%	41.1%	32%	0%
Project presentations	42.9%	46.4%	10.7%	0%
Action – planning session	44.8%	42.9%	10.7%	1.6%

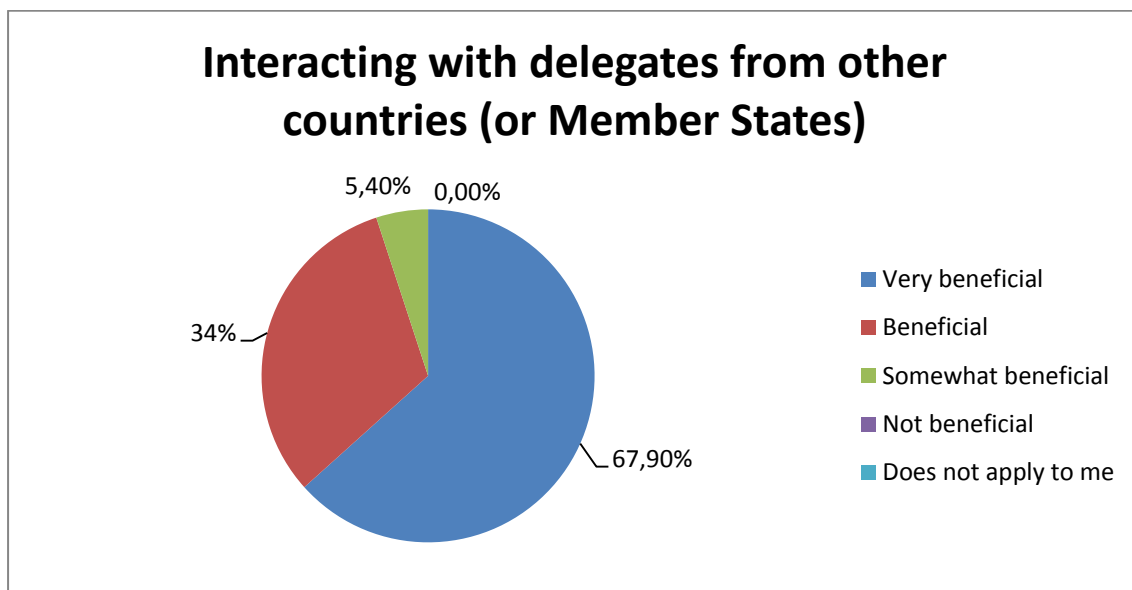
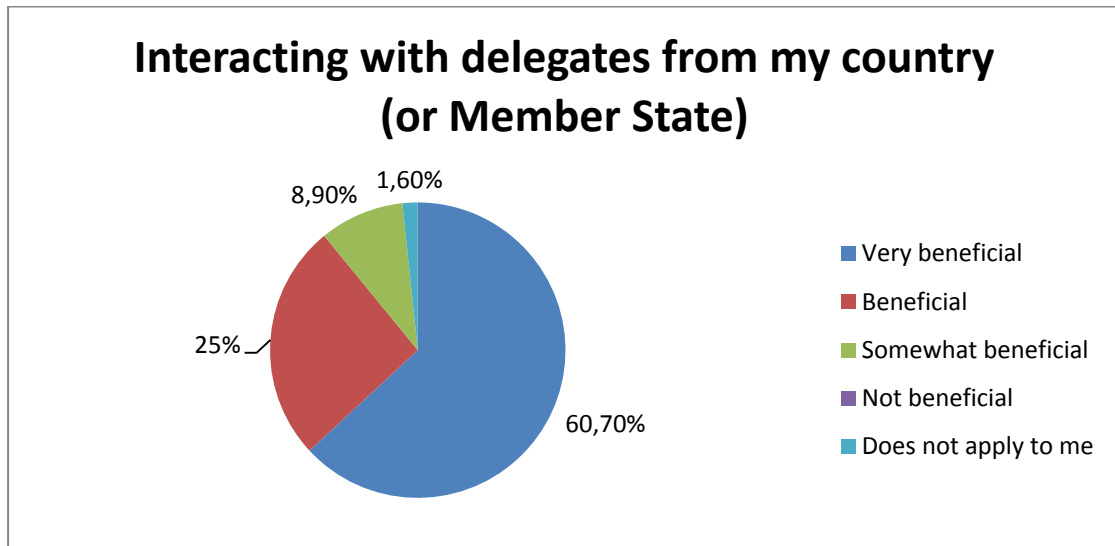
Participants provided several additional comments on the workshop sessions, offering their view on ways in which the experience could have been improved:

"(It) would have been useful to mix the groups so that different perspectives could be shared during group discussions" – Venice participant

"The first (introductory) sessions were long" – Venice participant

Q5. Did you find that interacting with other delegates from your country (or EU Member State) and delegates from other countries (or EU Member States) was beneficial? (n=63)

In general, participants found that interacting with one another was of much benefit, though engaging with participants from other countries (or Member States) was generally viewed as being marginally more beneficial than engaging with others from the same country context.



Q6. Did the workshop meet your expectations?

When responding to this question, participants generally felt that their expectations of the workshop experience were sufficiently met. Some offered details of elements which they feel were missed, the latter two of which echoed comments made earlier on the feedback forms:

"The expectations were met partly. I missed real examples of implementing services in a more difficult way. Discussions on collaboration among sectors were quite abstract" – **Lisbon participant**

"The workshop did meet my expectations. I had hoped that I would hear about experiences from the trainers as well as experiences from different countries, and to ask questions about projects and ideas that I have that I could get feedback from people who have been in this field for much longer!" – **Prague participant**

"Yes, but (the workshop) was a bit short and service design didn't get enough time" – **Venice participant**

Q7. What did you enjoy the most about the workshop?

Many commented on the exchange of ideas, the knowledge gained, the organisation and hospitality of the workshops, as well as new contacts which were made within and between countries. Participants who attended the Cardiff and Venice workshops highlighted the workshops' onsite visits as being a key part of their experience:

"The onsite visit was very inspiring and a great example of community-based work..." – **Cardiff participant**

"I really enjoyed the site visit to Casa Aurora" – **Venice participant**

Recommendations

Workshop success factors and barriers

Like with all workshops, one of the important factors is the flexibility of the training/facilitation team. The four workshops for the VulnerABLE project were planned in advance by the lead trainer and the two ad-hoc trainers in conjunction with colleagues in EuroHealthNet and the host agency in each venue. The process agreed included continued review both during and between workshops. This enabled the two trainers at each workshop to adapt the timings and approach of group sessions in response to the needs of the participants. This was only possible due to the high level of trust between the trainers, a recognition of their respective competencies and a willingness to “dance on their feet” when circumstances, either environmental and or personal occurred. It is important to remember that these workshops were run consecutively over a 4 week period and so the time for reflection and adaptation was tight. A longer period between workshops would be preferable.

Following completion of all the workshops, the 3 trainers spent time reviewing the observations they had made during the workshops they were involved with and reflecting on the overall process. The following is a synopsis of these reflections and are intended to both reinforce existing good practice and perhaps to offer additional areas for consideration:

- Having supportive and flexible hosts is key to any successful workshop.
- It is important that the trainers selected are agile and flexible to the needs of the participants and able to immediately adapt the programme style and content whilst still producing results.
- Pre-workshop questionnaires were sent to all participants and responses sent to the trainers to assist in finalising content and approach; to maximise the benefit of this approach it is important to ensure that pre-questionnaires are received by trainers well in advance (at least 1 full week prior to the workshop).
- External speakers were used to highlight agreed case studies relevant to each workshop; in hindsight it would have been helpful to further emphasise the strictness of the guidelines for speakers especially in relation to the exact time limit and the maximum number of power point slides to be used. On a number of occasions the timings were exceeded with a subsequent knock on effect on the programme. In particular, as reflected in the evaluation responses, the session entitled “Top tips in working together with people” which included an emphasis on service redesign and was often rushed.
- The service design presentation should stand alone and have time for questions and discussions, followed by a good practice presentation and group work.
- The variety, quality and relevance of good practices on different topics to be presented must be carefully considered to ensure maximum benefit in terms of capacity building for participants with differing levels of experience.
- For the future it would be worth considering limiting the good practice presentation to one per day. The rest can be distributed in the written form and used as a reference and trigger for discussion in group work by the trainers.
- If a site visit is included, the first day should if possible start at the premises of the visit, this would especially help make the direct link between the Service

Design and top tips session and the groups could have the opportunity to have a practical exercise immediately after the 'visit' session.

- Study visits were highly appreciated, but future workshops including one should consider the viability of adding half-day to the total length of the capacity building workshop
- Due to the pressures of modern working, many professionals attending workshops often feel compelled to be constantly "online". This is extremely disruptive to group dynamics and in our opinion disrespectful to other participants. Therefore we would suggest that it is made clear in the information pack that participants will be expected to have all mobile devices including laptops switched off except during lunch breaks for the benefit of all participants. Hosts need to be asked in advance to ensure login details for Wi-Fi be withheld and only provided to the trainers and organisers. There needs to be a degree of flexibility and trainers should ensure that all participants who have an identified need to be contactable e.g. they are working on legislation which may need immediate input by Ministers or they have a clinical issue they are dealing with at home; have the appropriate opportunity to connect.
- The workshops were all delivered in English and this was highlighted to all perspective participants in advance of agreeing to attend. In reality on a number of occasions whispered translation had to be provided to some participants, which was distracting. Thankfully between the trainers and EuroHealthNet this was well managed, however for future workshops it is essential to avoid this situation.
- Ensure a minimum list of 'stationary/support' consumables is available in the main plenary room for the start of and throughout the workshop.
- Follow up: capacity building sessions with fewer priorities should be considered to enable more in depth exploration and discussions on specific topics. This feedback was also given by participants, who expressed interest in follow up training.

As a result of a review of the work done, two model programmes have been adjusted for future use. The first applies to a workshop with a site visit, while the second is suitable for a workshop without site visit.

Updated Programmes

Programme One (site visit)

DAY 1	
Registration and coffee at onsite visit	30 min
Welcome from <i>Host & Organisers</i>	15 min
Aims and Objectives – <i>Trainers</i>	20 min
Personal introductions from participants	45 min
Presentation of the VulnerABLE project	20 min
<i>Coffee break</i>	15 min
Setting the scene Introduction to health inequalities, challenges facing isolated and vulnerable groups – <i>Trainers</i>	30 min
Onsite visit including discussion	90 min
<i>Lunch (and transport to host venue)</i>	90 min
Group session 1: 40 minutes small group discussion + 20 mins open discussion on issues raised so far and exchange of experience (Mixed country)	60 min
Top tips in working together with people – <i>Trainers</i>	30 min
Plenary session; feedback from the group discussions and reflection on the site visit – <i>Trainers</i>	45 min
Review of day one – <i>Trainers & Organisers</i>	15 min
<i>End of day one</i>	
DAY 2	
Welcome back – <i>Trainers</i>	5 min
Group session 2: Short (15 min) case study presentation followed by group discussions on key learning points (Mixed country and includes coffee)	60 min
Group session 3: Short (15 min) case study presentation followed by group discussions on key learning points (Mixed country)	60 min
<i>Coffee</i>	15 min
Group session 4: Member State discussions, comparisons and identification of key priority challenges within countries (Single country)	40 min
Plenary session; Feedback on key identified priority from each group followed by “idea and solution focused discussion” - <i>Trainers</i>	90 min
<i>Lunch</i>	60 min
Group session 4; Action-planning (Single country)	60 min
Plenary session; Brief feedback on draft action plans including next steps by country groups – <i>Trainers</i>	30 min

Summary and farewell – <i>Trainers/Organisers/Hosts</i>	15 min
Close of workshop	

Programme Two (no site visit)

DAY 1	
Registration and coffee	30 min
Welcome from <i>Host & Organisers</i>	15 min
Aims and Objectives – <i>Trainers</i>	20 min
Personal introductions from participants	45 min
Presentation of the VulnerABLE project	20 min
<i>Coffee break</i>	15 min
Setting the scene Introduction to health inequalities, challenges facing isolated and vulnerable groups – <i>Trainers</i>	30 min
Group session 1: 40 minutes small group discussion + 20 mins open discussion on issues raised so far and exchange of experience (Mixed country)	60 min
<i>Lunch</i>	60 min
Top tips in working together with people – <i>Trainers</i>	30 min
Group session 2: Short (15 min) case study presentation followed by group discussions on key learning points (Mixed country)	60 min
Plenary session; feedback from the group discussions and reflection on the presentations including coffee – <i>Trainers</i>	60 min
Group session 3: Short (15 min) case study presentation followed by group discussions on key learning points (Mixed country)	60 min
Review of day one – <i>Trainers & Organisers</i>	30 min
<i>End of day one</i>	
DAY 2	
Welcome back – <i>Trainers</i>	5 min
Group session 4: Short (15 min) case study presentation followed by group discussions on key learning points (Mixed country)	60 min
Group session 5: Member State discussions, comparisons and identification of key priority challenges within countries (Single country)	40 min
<i>Coffee</i>	15 min
Plenary session; Feedback on key identified priority from each group followed by “idea and solution focused discussion” – <i>Trainers</i>	90 min
<i>Lunch</i>	60 min

Group session 6; Action-planning (Single country)	60 min
Plenary session; Brief feedback on draft action plans including next steps by country groups – Trainers	30 min
Summary and farewell – <i>Trainers/Organisers/Hosts</i>	15 min
<i>Close of workshop</i>	

