



Buckinghamshire
Health & Social
Care Academy



Communities of Practice – Health Inequalities Evaluation report

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1.0 Introduction and background of the programme

Tackling health inequalities requires sustained and collaborative efforts, particularly from those working closest with the individuals and communities most affected. In response to this, the Buckinghamshire Health and Social Care Academy (BHSCA), in partnership with Community Impact Bucks, has developed a series of Health Inequalities Communities of Practice. These CoPs are designed to support frontline professionals and volunteers across Buckinghamshire by enabling shared learning, open dialogue, and practical collaboration around the complex issues driving health disparities.

A Community of Practice (CoP) is a group of individuals who share a concern, challenge, or interest in a topic and who deepen their knowledge and expertise through regular interaction. In the context of health inequalities, these CoPs provide a space for professionals in health, social care, and the voluntary sector to reflect on lived experience, explore emerging challenges, and co-develop solutions that respond to local needs. Importantly, they centre on those working directly with communities—such as health visitors, community nurses, and mental health practitioners—ensuring that learning and action remain rooted in frontline realities.

This report focuses on CoPs that explored themes including trauma-informed practice, multi-faith perspectives on mental health, and the needs of marginalised communities, such as Gypsy, Roma, and Traveller groups. These sessions supported professional development and helped build cross-sector relationships, both of which are vital for effective, place-based approaches to tackling health inequalities.

1.1 Participants

Participation in the Health Inequalities Communities of Practice (CoPs) workshops included a diverse group of individuals working directly with communities across Buckinghamshire. These include frontline professionals and volunteers from health, social care, local authorities, and the voluntary and community sector. Roles represented typically involve direct service delivery and support, rather than senior management or strategic functions.

Participants include community nurses, mental health practitioners, social workers, link workers, housing and benefits advisors, and individuals from local charities and support organisations. Many work with marginalised or underrepresented groups and bring lived insight into the systemic and everyday factors contributing to health inequality. Their shared experience and community-facing roles make them uniquely positioned to contribute meaningfully to the learning and collaboration fostered through the CoPs.

2.0 Evaluation

This report outlines an evaluation commissioned by Buckinghamshire Health and Social Care Academy (BHSCA) and undertaken by the University of Bedfordshire (UoB). The purpose of this evaluation is to assess the effectiveness of the Health Inequalities Communities of Practice (CoPs), with particular focus on:

- How participation in the CoPs influences knowledge, attitudes, and understanding of health inequalities
- How the CoPs support participants in sharing learning and fostering collaboration within their roles, teams, and sectors
- The wider impact of these peer-learning spaces on practice, partnership working, and community outcomes

For this evaluation, a mixed-methods approach was adopted. This included collecting feedback from participants through surveys and conducting focus groups to explore participants' experiences and perspectives in greater depth.

This evaluation employed a mixed-methods approach to gather comprehensive feedback on the training programme. Data was collected through two primary tools: an end-of-training evaluation survey and a post-training focus group. The evaluation survey was carried out immediately after the training and provided quantitative and qualitative insights into participants' initial reactions, perceived value, and areas for improvement. The survey was completed by over 90 participants. The follow-up focus group (attended by 5 participants) enabled a more in-depth exploration of participant experiences, offering rich, qualitative data on how the training was applied in practice, its wider impact, and suggestions for future development. Together, these tools provided a well-rounded understanding of the workshops, effectiveness and areas for enhancement. All data collection was conducted anonymously. In the reporting of results, participants are

referred to using the label “P” followed by their assigned number (e.g., P1, P2) to maintain confidentiality while allowing for clear attribution of quotes and viewpoints.

2.1 Results and Data Analysis

2.1.1 Survey results

The survey findings indicate that the sessions were educational, useful, and highly relevant to attendees. Participants praised the quality of the speakers, the richness of the content, and the experiential and instructive nature of the sessions. Case studies, lived experience narratives, and video materials were highlighted as particularly valuable. Numerous suggestions were made for future topics, and there was clear enthusiasm for the continuation of these workshops.

Survey responses were analysed thematically, with findings presented in relation to different key question.

2.1.1.1 Reason for Attendance

Participants’ motivations for attending the Health Inequalities CoP sessions fell into four key themes: community and networking, educational purposes, interest in specific topics or barriers, and relevance to professional roles.

Community and Networking

Many participants cited “*networking*” as a primary reason for attending, with 21 explicitly using the term and others referencing goals such as “*community awareness*,” collaboration, and relationship-building with individuals and organisations. Attendees saw value in making connections to “*work better together*” and “do more joint working in the future.”

Educational Purposes

A strong desire to “*learn*” underpinned many responses, whether for personal growth, cultural understanding, or professional development. This included interest in cultural competency, trauma-informed practice, and understanding local services. Some also attended to hear from those with “*greater expertise*.”

Topic Interest and Understanding Barriers

Several participants attended due to personal or professional interest in specific topics like public health, SEND, and previous workshop experiences. Others wanted to deepen their understanding of barriers to service access, particularly in relation to mental health, SEND, and marginalised communities.

Relevance to Role or Service

Many participants noted that the workshops were potentially relevant to their job roles, patients, or services. They hoped to gain practical insights and knowledge that could be applied directly in their professional settings. This motivation breaks down into three overlapping areas: relevance to their occupational role, relevance to their patients, and relevance to services.

a- Relevance to The Role

Some participants were encouraged to attend as part of their role, for example: “[was] *Requested by manager*”, while others mentioned: “*It's part of my role and I have a Faith that is important to me*”, “*Project re health inequalities as part of my role*”.

Others attended due to the specific communities or topics directly linked to their day-to-day work: “[want to] *Understand how Adult Mental Health can link better with CAMHS to bridge health inequalities*”, “*I work with tenants affected by trauma*”, “*To understand traveller community to best fill their needs and how to approach them*”.

Some held broader community-based or organisational roles, highlighting the diverse professional landscape represented. Others sought knowledge to improve their practice or services more generally: “[I am] *New to this career and increasing my knowledge*”, and “*gain more awareness around working with people who have experienced sexual abuse*”. A few highlighted community engagement goals: “*understanding of the different communities and how to engage*”.

A small number attended with a focus on offering insight or minimising duplication in community outreach effort: “*we know we fail to reach many communities and we need to do better*”, “*Because we have a genuine solution to the problem*” and “[to] *avoid duplication and consultation fatigue in communities*”.

b- Relevance to Patients/Clients

Several participants attended with the aim to enhance support for their patients and/or clients. These reasons ranged from general intent, *“apply to my practice supporting those who have experienced trauma”*, to more specific objectives: *“To understand experiences of residents and how they can be better supported”*, *“So we know how to better signpost our families”*, and *“Learn more about addiction relevant to working with clients therapeutically”*.

c- Relevance to Services

A small group of participants saw value in attending due to service-level relevance, whether that be addressing barriers, promoting their services, or learning about others. Understanding access challenges was a key aim: *“To identify barriers to accessing and interacting with our services”* and *“how to break down barriers in health”*.

Others attended with a focus on service development and outreach: *“Understanding how to improve outreach”*, *“Interested in adapting services to trauma-informed ways of working”*, *“To identify & better support this community through our commissioned services”* and *“I wanted to learn more about wider services in Bucks.”*, *“Interested in an update on SEND services”*.

2.1.2 How did the sessions increase knowledge and confidence to better support people who are experiencing health inequalities?

All participants agreed that the sessions increased their knowledge and confidence to better support people experiencing health inequalities. Feedback highlighted the sessions as informative, relevant, and professionally useful. Comments such as *“Excellent presentation, Increased my awareness how to signpost”*, *“Educational”*, and *“Very informative session”* reflect the value attendees found in the content.

The use of real examples and case studies was appreciated. One participant noted, *“It was helpful to have all that information and case studies”*, while another commented on the *“great exploration of the culture & barriers, well supported by case studies/examples”*.

There was also feedback about the need for more time to explore complex topics further, including links between specific areas. For example, some suggested, *“more time should have been dedicated to understanding links between SEND and Health Inequalities”*, *“I*

understand time is precious but it may need to be a longer session”, “Would have been good to have time to introduce to each other & swap contact details” and “Definitely worked but perhaps a little longer per breakout session.”

Overall, responses showed the sessions had a clear impact on confidence and awareness, with requests for more time and depth in future events.

2.1.2 Which aspect of the session did was most valuable?

Participants highlighted a range of valuable elements across the sessions, with many naming more than one. Analysis identified some key areas: talks and activities, group work, networking, reflection, and topic-specific insights.

The most prominent response came from 31 attendees who simply stated *“all of it”* when asked what they found most useful, suggesting either a strong overall appreciation for the sessions or difficulty in identifying one aspect that stood out.

Others pointed to specific benefits, including *“general awareness”* and a better *“understanding of other cultural agencies in my community”*, showing that the sessions helped build both individual insight and broader community knowledge.

2.1.2.1 Talks and Activities

Attendees identified a range of valuable activities from the sessions, such as *“The culture tree”, “Icebreakers and team building activities”* and *“breakout sessions”*.

Many highlighted the power of personal accounts and ‘lived experiences’, *“The lived experience testimony of how they have experienced care and support”*.

The use of case studies and videos left a strong impression, e.g. *“The video of the mother trying to access healthcare for her child and the barriers she faced”*.

Specific speakers received praise: *“Peter’s talk”, “AnnMarie’s speech & the activity on effects of trauma”, and “Sarah & Alastair – both amazing”*. Presentations from organisations like LEAP, HI, Gateway, and the Margaret Clitherow Trust were also recognised. The use of statistics also helped to ground learning, with attendees referring to how the statistics helped their learning.

2.1.2.2 Group work

Attendees found specific value in undertaking group work with 20 people offering it as a most valuable aspect. It is clear the value of peer learning and sharing was appreciated by many.

Attendees liked *“sharing of information”, “Getting to know each other and presentations”, “Learning from each others experiences and challenges they face and overcome”* and *“I enjoyed learning about other people's work”*.

2.1.2.3 Networking

Given that networking was a key reason for attending, with 13 participants selecting it as their most valuable aspect of these sessions, attendees appreciated both the personal and organisational connections made. Feedback such as *“meeting people who care”, “Connection and being asked for help by others”,* and *“Meeting other people in the CoP”,* were evident.

The diversity of attendees was also recognised: *“Variety of backgrounds/organisations attending”*. Networking with services and organisations was highlighted; *“Learning types of support offered”* and *“Finding out about other services”*. There were also practical outcomes directly linked to attendees' roles, e.g. *“Talking with others & where I can direct parents within my services to seek information easily”, “Liaising with other services”*.

2.1.2.4 Reflection

Attendees highlighted the value of learning through the experiences of others and interactive elements of the workshops. Several reflected on the impact of lived experience, describing it as “experiential”, with others noting the importance of hearing “Survivor's lived experience” and the “Survivor's story and Q's better to ask”. One participant summed it up: *“The lived Experience session – important for co-production of actions to address inequalities for SEND families.”*

The sessions also prompted reflection on practical challenges, such as “The lack of trust/education/ IDs & how best to navigate that” and “How to communicate”. Attendees appreciated understanding the “Challenges faced by colleagues” and barriers to care. Learning about community-specific issues, such as *“Insights of the Gypsy, Roma, Traveller way of life, barrier of access to health”*.

The importance of trust was highlighted throughout, with comments such *“Trust is vital”* and *“The impact of building trust”*. Communication, culture, and language were reflected upon with a participant commenting: *“It was really insightful to think about different communication styles amongst different cultures and to consider how people view control over their life vs external control over their life. I loved the problem we were presented with as a group too.”*

2.1.3.5 Topic specific insights

The topic-specific content of the workshops was identified as particularly valuable by many attendees, especially in relation to their professional development and practical application. Cultural insights were frequently highlighted, with attendees noting the usefulness of *“Looking at different culture, faith and communities”*, and *“Understanding health barriers, understanding culture, influences of faith”*. Sessions on addiction and substance use were especially impactful, with participants reflecting on *“Learning about the effects of alcohol & drugs & how it affects people's lives”*, *“Simple explanations of drugs”*, and *“Wellness Warriors”*. These focused sessions contributed meaningfully to attendees' understanding of the communities they serve and the challenges those communities face. Some topics really sparked participants attention, e.g. *“It was a real eye opener to see what is available as that information is invaluable to helping SEND children. It is not often shared by organisations I have encountered.”*

2.1.4 Feedback about the content, delivery and facilitation

The sessions were widely described as educational, useful, enjoyable, and engaging. Attendees highlighted them as *“very educational”*, *“informative and engaging”*, and *“comfortable and clear”*. Many valued the opportunity to share experiences and found the content practical and applicable, with one noting it provided *“very informative & practical advice which I can implement”*.

The chosen topics were considered highly relevant and well-received by attendees. Real-life case examples were seen as a particular strength. Participants described the sessions as *“very relevant”*, and *“well-organised, the presentations were relevant”*.

The content was praised for being accessible and well-structured. It was described as *“clear and concise”*, with a *“message clear and very easy to understand”*, and delivered at

a *"good pace"* with *"varied content"*. The sessions followed a *"clear agenda with flexibility to follow discussion"*, supporting active engagement.

The need for a particular focus was made by a participant who noted: *"there needed to be more focus on inequalities and facilitating ideas and actions around this for SEND families and children, in my opinion."*

Speakers and facilitators received strong positive feedback. They were seen as *"very knowledgeable and very passionate"*, with presentations described as *"really simply but very helpful"*. Participants appreciated the *"great balance between learning and discussion of experience"*.

Interactive discussion was another valued element, with attendees noting there was *"lots of opportunity for discussion"*, and that sessions were *"well managed and able to discuss widely with a wide peer group of support"*. Others appreciated the *"clear, interactive"* delivery with *"chance to discuss things"*.

Facilitation was repeatedly commended. Sessions were described as *"well planned, (with the) right people in the room"*, *"well organised and very interactive"*, and *"clear, structured and flexible"*. Facilitators were viewed as *"respectful of time"*, *"very welcoming"*, and *"experienced"*, with one attendee saying the session was delivered *"in a very useful way"*. The overall environment contributed positively to the experience. Participants described it as *"relaxed"*, *"safe"*, and *"friendly"*, with a *"clear outline"*, *"very good set-up"*, and in one case, simply *"just a lovely experience"*.

Participants raised the issue of time, with many suggesting the need for longer sessions. Some proposed specific changes such as *"timing, possibly 2hrs not 1hr"* or *"a whole day event would be great"*. Others simply noted that *"a longer session"*, *"slightly longer session to allow for discussion"*, would have improved their overall experience and to encourage deeper reflections and interaction.

Participants also highlighted their desire to have longer opportunities to network, this was reflected in the following examples:

*“Factored in networking into the time of the meeting, even if it was a longer meeting”,
“Time to meet each other”, “More opportunity to speak to others”, and “Longer networking
times”.*

Some participants mentioned that at times *“things were rushed”* and *“ [session] Slightly
over on time. No time for questions”.*

2.1.5 Future topics suggested by attendees

- Explore faith, culture, and intersectionality in greater depth
- Increase focus on mental health and general health inequalities
“Would love to do more on mental health”
- Cover a broader range of health and wellbeing issues
- Examine the role and use of power by different services
“How power is used by services for good and where it does work”
- Neurodiverse and disabled communities
“Support to neurodiverse and disabled communities”
- Continue with same/similar topics already covered with allowing more time for
discussion and networking
- Explore hidden and unmet needs in communities
“Finding hidden inequalities” and “Unmet demand & engagement. Intel sharing”

There were some suggestions around specific groups or specific area

- *Culture within the elderly community”,*
- *“Homelessness, Housing, Substance misuse”,*
- *“Childers and young peoples health”,*
- *“[understanding] Communities in the Aylesbury Area”*

2.1.6 Impact of CoPs training on Attendees' Roles

Participants reported that the sessions led to significant self-reflection and intent to
apply learning directly within professional roles, through improved practices, deeper
awareness, and further education.

- Applying Learning to Practice
Attendees noted concrete steps to integrate insights into their day-to-day roles,
including signposting, adapting communication, and service provision.

“I will be able to signpost clients to relevant services. Understand and not be judgemental”

- Deepening Cultural Competency

There was clear intent to enhance awareness around faith, culture, trauma, and behaviour—informing both strategic decisions and interpersonal care.

“Consider cultural competency throughout the contracts I manage”

- Behaviour and Attitude Change

The sessions influenced how participants view service user behaviour and interactions, leading to a more trauma-informed and empathetic approach.

“Be aware of physical actions having a deeper root to them e.g. people not turning up, anger”

- Personal and Professional Growth

Several attendees shared aspirations to grow personally, becoming more empathetic, open, and reflective in their professional relationships.

“I will try to have more empathy with the service users I work with”

- Further Learning and Training Needs

The workshops sparked ongoing curiosity and commitment to self-directed learning, with attendees identifying specific resources and topics to explore.

“Look into the voluntary sector as a way of reaching those who need our services”

2.1.6.1 Applying learning to practice

Participants reported a wide range of tangible actions as a direct result of attending the sessions, with a strong emphasis on relationship-building, systemic improvements, knowledge sharing, and further learning.

- Strengthening Relationships and Networks

Many attendees expressed plans to actively follow up with new contacts, e.g.

“Emailing people I met for future collaboration”. Some participants were already outlining collaborative steps such as inviting speakers to forums, updating others on local programmes, or exploring new referral pathways. This networking seems not only to be about staying connected but also about enhancing service coordination and access to support.

- **System-Level Reflection and Adaptation**

Several participants indicated intentions to review their own service structures and communication strategies, recognising barriers that exist within systems. Some planned to promote inclusivity within specific communities (e.g. Roma), adapt referral processes, or engage with commissioned services to explore better support mechanisms. These responses show a clear move toward embedding learning into operational practice. For example, *“Raise with services we commission & identify ways to better support this community”*.

- **Cascading Knowledge to Broader Audiences**

A large number of attendees committed to sharing insights with colleagues, wider teams, local groups, and even directly with families, e.g. *“Share details with other carers and parents”*. This included formal actions such as reporting back to steering groups, incorporating workshop content into community sessions, and inviting speakers or services to present. The variety of dissemination methods suggests a broad and strategic approach to applying and extending the workshop’s impact.

- **Commitment to Continued Learning and Development**

While education was a core part of the sessions themselves, many attendees viewed this as a starting point for deeper exploration. Some planned to revisit specific content in more detail or use insights to shape future training opportunities, both for themselves and their teams. This highlights how the sessions have triggered long-term professional development planning, e.g. *“Some of the workshops to be used within our own [working] Group”*

2.1.7 General Comments related to CoPs sessions

Through the survey results, there were some general comments related to attendees, parking, and venue

- **Session Management and Venue Comfort**

“I feel the session was managed well throughout. Location and availability of refreshments could be clearer.” Another attendee noted the venue was *“Too hot, uncomfortable tables & chairs, stuffy.”* Some suggested considering Lindengate as a venue for future sessions.

- **Encouraging Attendance**

There was a call to *“encourage more front-line workers to come to these sessions.”*

- Session Content and Format Suggestions

Requests for follow-up sessions on particular topics, with one attendee saying, *“I’m extremely grateful for the opportunity to learn about trauma. I wish there would be more sessions.”* A suggestion to allow longer introductions by organisations to better understand their offerings and foster collaboration.

2.1.2 Results from the focus group

The focus group discussions revealed some insightful reflections from participants, highlighting the impact of the workshops on their professional thinking and practice. The analysis surfaced four key themes that cut across individual perspectives: the importance of trust and representation in engagement work; growing awareness of hidden barriers faced by communities; a shift from transactional communication to relationship-building; and the value of shared learning alongside practical limitations. These themes are outlined below and discussed later in the report.

2.1.2.1 Trust, Power, and Representation: Who Speaks Matters

Participants highlighted the central role of trust in community engagement and the impact of power dynamics and representation. The identity of service providers, particularly their association with institutions like the Council or NHS, was often seen as a barrier. Participants emphasized the need to work through trusted community voices and co-produce solutions.

- *“The Council’s name is a barrier... Wearing a Council badge is a barrier to certain communities.”“I understand I’d have to go through a level at the faith setting... it’s got to go through other channels.” P1*
- *“The solution is including the communities and co-designing and co-producing with them... not just this is our agenda top to bottom.”“When they feel appreciated and trust that someone cares about their community, not about ticking a box.” P4*

This theme also highlights the value of representation, and the importance of not assuming authority as professionals.

- *“I just can’t assume I know what they need... it’s more the way to listen what they need.” P5*
- *“You’ve got to think about who the seller of the services is... It can’t be me.” P1*

2.1.2.2 Deepening Awareness of Barriers and Community Realities

Many participants experienced a significant shift in perspective, with increased awareness of hidden or overlooked barriers, including trauma, cultural norms, stigma, literacy, and digital exclusion. These insights often came through lived experience stories and discussion in workshops.

- *"The trauma-informed case study... made me feel very... it was quite an emotional thing."* P1
- *"It's always powerful to hear a lived experience... that brave lady who had suffered the sexual assault."* P3
- *"The language barrier with the gypsies and the travellers... some solutions wouldn't work because of literacy.""People getting letters and not even bothering to open them because they couldn't read."* P2
- *"We know there's a huge part of the population that can't access that Internet."* P3

There was also increased sensitivity to trauma and the need to adapt communication styles:

- *"There needs to be a wider approach to maybe understand why someone's being aggressive." ..."When there's more awareness... your tone or your body language could be adjusted."* P3

2.1.2.3 Shifting from Information-Giving to Relationship-Building

A key transformation for participants was moving away from one-way information delivery toward curiosity, listening, and relationship-building. The concept of "finding the hook" emerged as a new way of engaging: offering something meaningful or relevant as an entry point for connection.

- *"I used to be an information giver... like a protocol. Now I think, what would accommodate them better?"* P5
- *"[thinking] What do people want from us? Not what can I provide." ..."I have to provide free blood pressure checks just to get people to talk to me... once I get them talking, I can then open up that discussion."* P1

This also links to understanding that building relationships takes time, and the shift to co-design and shared ownership of services.

- *"The group for me... initially it was about networking, but it became about awareness of issues."* P1
- *"I went with one of the ladies from the Asian community... she cascaded the information in her language to all the ladies."* P4

2.1.2.4 Building a Learning Culture: Accessible, Shared, and Evolving Knowledge

Finally, participants valued the opportunity for shared learning, especially through storytelling and collective dialogue. The workshops were praised for their structure and organisation, though some called for more time and depth to fully absorb complex issues.

- *"The order of the sessions has been good... starting with faith and building to more difficult topics."* P5
- *"It's been very well organised... emails with enough time in advance."* P4
- *"The team have been very welcoming."* P2

But others noted time constraints limited deeper engagement:

- *"You're almost on a whistle stop tour... as opposed to being able to get into any depth."* P2
- *"Sometimes they are compressing a 1-day presentation... not giving us enough information."* P4

The ripple effect of knowledge-sharing was also recognised as a practical strength:

- *"One person can go out for a couple of hours and come back with all that knowledge and share it."* P2
- *"I went there with one of the ladies from the Asian community... and she cascaded the information in her language to all the ladies."* P4
- *"We're now trying to encourage a self-referral route... but the form sits on the Internet... we're trying to highlight that as a big factor"* P3

3.0 Discussion

The findings from the focus group highlight a clear and significant shift in participants' perspectives and practice following the training sessions. A central theme that emerged was the deepened awareness of barriers experienced by marginalised communities, including those rooted in literacy, trauma, digital exclusion, or past negative experiences with statutory services. This awareness was not limited to surface-level recognition, but rather led participants to re-evaluate their assumptions, communication methods, and routes of service delivery.

Participants described a movement away from a one-direction, provider model of engagement toward a more inclusive and relational approach, with a focus on listening. There was an attempt to focus on partnership and collaboration with service users. As P5 reflected, *"I can share my knowledge but not assume I know what they need."* This

represents a cultural shift toward more understanding in professional practice, especially in health and community-facing roles.

Another key point was the ripple effect of training, both within participants' organisations and out into the communities they serve. P2 spoke about bringing back knowledge to educate colleagues, while P4 described working with community leaders to cascade information in culturally relevant ways. This demonstrates the role of training not just as individual learning, but as a catalyst for wider organisational and systemic change.

There was also practical evidence of change in service planning, design, and delivery. P1 gave an example of adapting some outreach approach (e.g. free health checks) to build trust. P3 highlighted how learning about trauma and digital exclusion prompted rethinking self-referral systems and communication processes.

The challenge of trust, especially in relation to big organisations, was highlighted by participants. Participants focused on the importance of building trust rather than assuming its existence with more efforts aimed at understanding communities local needs which can be changeable over time.

Overall, the discussion reveals how training that centres lived experience, trauma-awareness, and cultural competence can lead to both introspective growth and systemic impact. However, sustaining this momentum will require ongoing support, resource allocation, and structural change to truly embed these principles across services.

Results from the focus group also align with the wider survey results about the impact of training, demonstrating that participants across both methods found the sessions highly educational and relevant to their professional roles. The survey highlighted that attendees gained increased knowledge and confidence to better support people experiencing health inequalities, which echoes focus group feedback praising the practical insights and cultural competency gained. Additionally, both the focus group and survey participants discussed the value of networking and peer learning as key benefits, reinforcing the training's role in fostering collaboration and community connection.

4.0 Conclusion

The combined findings from the focus group and survey provide a compelling picture of the Health Inequalities Community of Practice (CoPs) training's positive impact. Participants consistently valued the sessions for their educational richness, practical relevance, and relevant approach. According to participants, the training played an important role in enhancing knowledge, confidence, and cultural competency. Participants reported that they feel more equipped to better support individuals and communities facing health inequalities.

Those who took part in this training and the surveys/focus group afterwards, have highlight the critical role of networking and peer learning, with participants focusing on the importance of building relationships across different organisations to foster collaboration and improve service coordination. The experiential elements, such as case studies and lived experience narratives, were particularly impactful in deepening understanding and empathy.

There is a clear appetite for more time and space to explore such complex topics in greater depth, alongside expanded coverage of mental health, faith, culture, and neurodiversity. Participants also expressed strong intentions to apply learning directly in their roles and services, demonstrating the training's influence beyond the sessions through tangible changes in practice and ongoing professional development.

Overall, the evidence affirms the CoPs training as a valuable, well-received initiative that not only raises awareness but also inspires action toward reducing health inequalities.

5.0 Recommendations

In addition to the general comments made in section 2.1.7 and in order to build on the success of the CoP sessions and maximise their long-term impact, the following recommendations should be considered for future planning and delivery.

- **Extend session time and networking opportunities**
Allocate more time for workshops to allow deeper discussions, practical reflections, and structured networking to strengthen cross-sector collaboration.
- **Consider expanding the topic coverage**
Continue with core themes (e.g. trauma, cultural competency) while introducing new topics such as neurodiversity, mental health, intersectionality, power dynamics in services, and hidden inequalities.
- **To broaden participation across roles and services**
Actively encourage attendance from a more diverse range of professionals, especially frontline workers and underrepresented services, to enhance the richness and reach of the sessions.
- **Enhance learning environment and follow-up support**
with a focus on clearer communications around practical aspects of training venues (e.g. parking, refreshments, etc) as well as considering follow-up networking opportunities to reinforce learning in the long-term.