



# **LEAP** for health

Learning, Evaluation and Planning

## ACKNOWLEDGEMENTS

The development of this resource was made possible with financial support from NHS Health Scotland, and with the assistance of the following initiatives, all of which were involved in piloting and consultation:

- Fife NHS Health Promotion
- Forth Valley NHS Primary Care
- Glasgow NHS Youth Consultation framework group
- Inverclyde Social Inclusion Partnership
- Stirling Health and Well-being Alliance

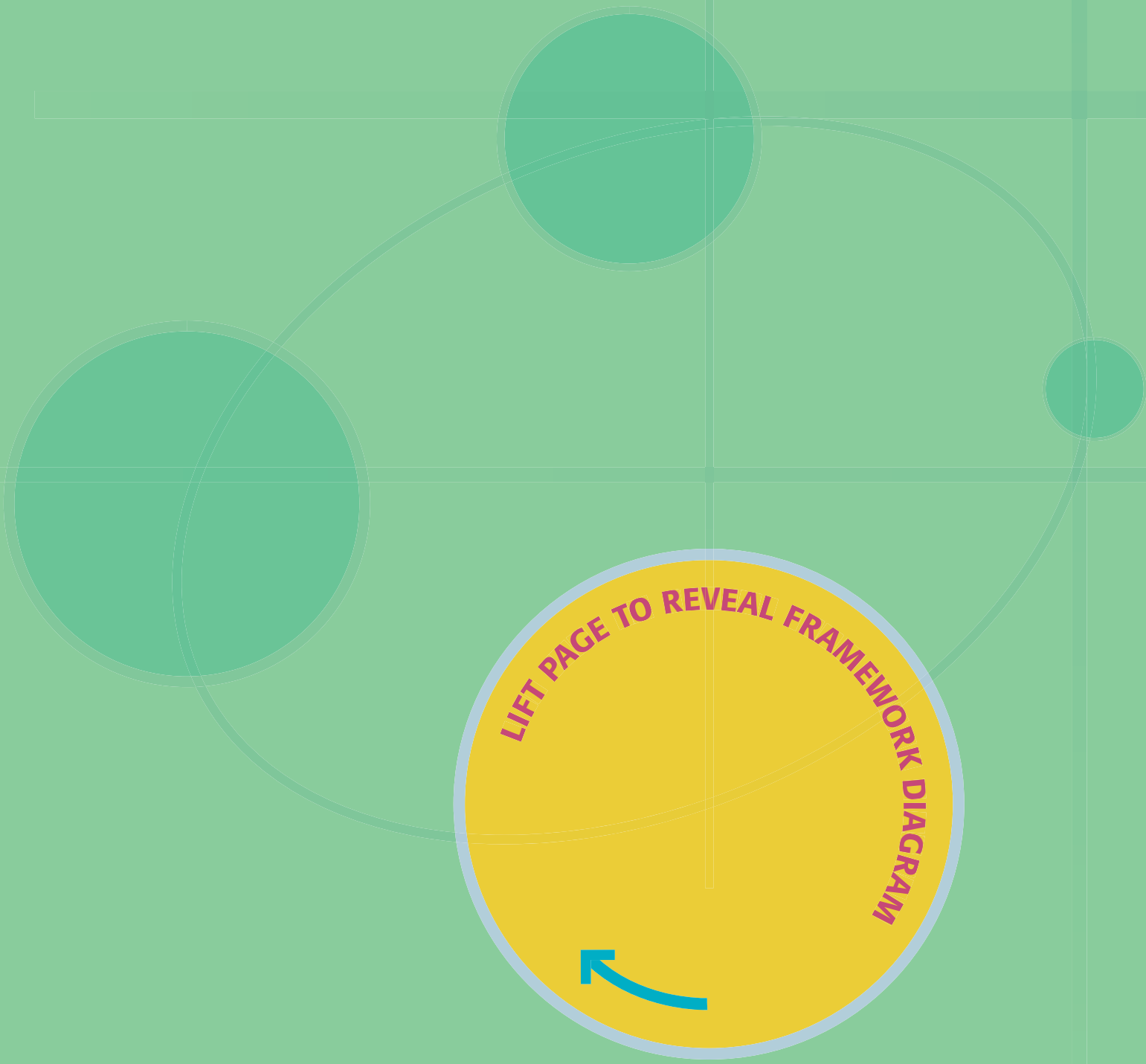
The consultations and pilots were organised and delivered by Jan Beattie, freelance trainer and consultant; Helen Cogan, Education and Training Manager at NHS Health Scotland; and Stuart Hashagen of The Scottish Community Development Centre who also managed the programme and developed the materials from the original LEAP handbook (see Reading and Resources, page 85). This was commissioned by the Scottish Executive to support the development of Community Learning Plans. An adaptation of LEAP for volunteering is also being developed.

Published by Health Scotland,  
Woodburn House, Canaan Lane, Edinburgh EH10 4SG.

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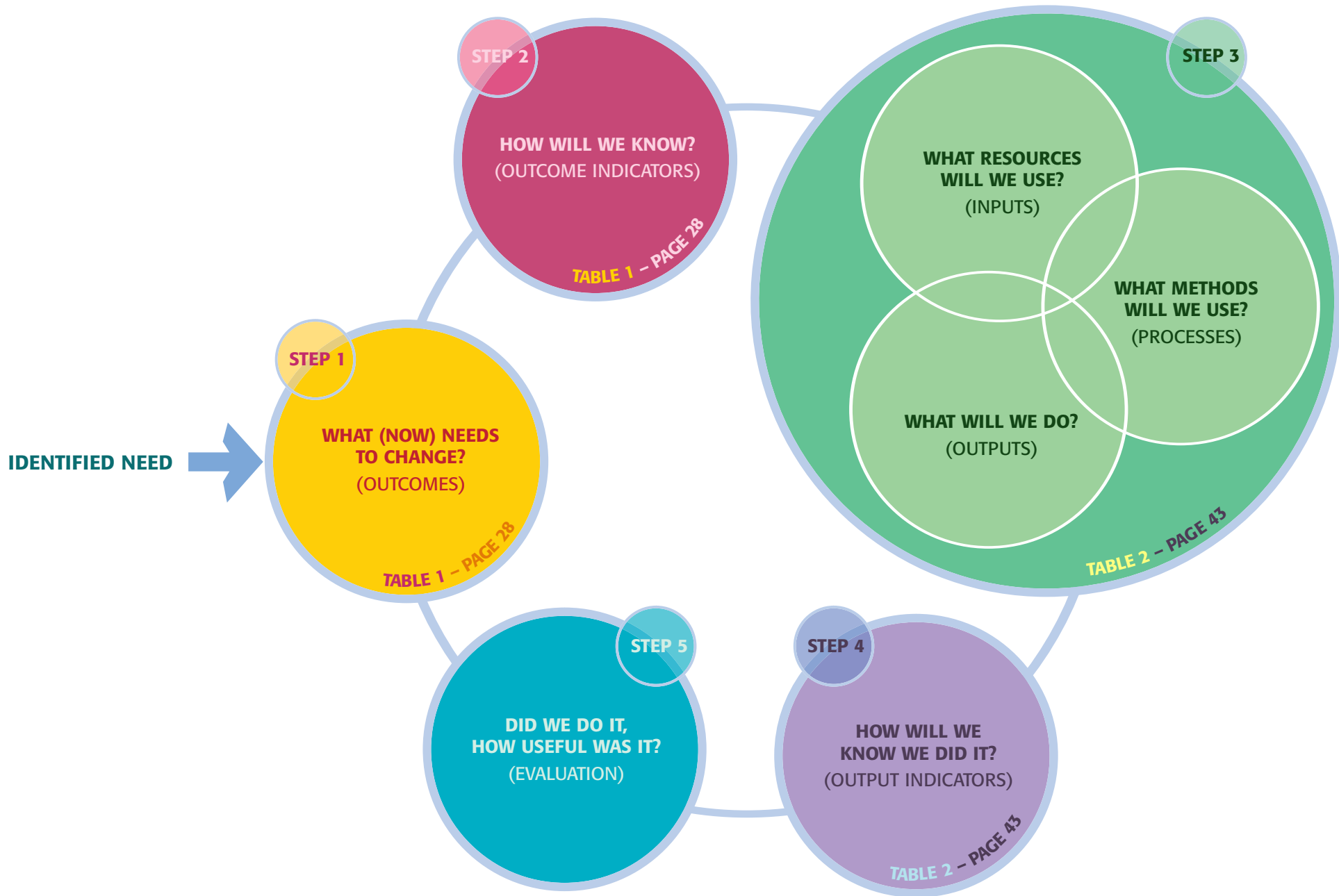
ISBN: 1-84485-026-9  
[www.healthscotland.com](http://www.healthscotland.com)

Text: Stuart Hashagen, Scottish Community Development Centre  
Design: Donaldson Boyce  
Print: M&M Press, Glasgow



LIFT PAGE TO REVEAL FRAMEWORK DIAGRAM





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## INTRODUCTION

This resource is for use by all those involved in promoting health and well-being in community settings, whether in community projects, primary care, clinical practice, health promotion or public health. Some users may be specialists in the field of community health and well-being, but others may work on a broader front.

The LEAP approach to community health and well-being is based on the assumption that agencies and workers should plan and evaluate their own work in partnership with one another and with those they aim to assist. All such people are referred to in this resource as **stakeholders**.

The purpose of this resource is to:

- describe and explain the key components of the LEAP framework
- set out criteria for planning and evaluating processes and tasks
- discuss some of the issues involved in using the framework
- provide information on methods and techniques for using the framework
- consider how evaluation can inform planning, management/supervision, review and development

Above all, this is a practical resource, and one which may be adapted to fit a range of different circumstances. It identifies key activities, and provides guidance and tools for all participants to use when planning and evaluating their work. It also sets out a logical sequence of steps that form a cycle of visioning, planning, implementation and evaluation, and describes what is involved in each step.

The main aims of the resource are to enable those who use it to:

- clarify what is involved in community health and well-being, and help stakeholders to agree an agenda
- plan their activities
- identify appropriate evaluation indicators
- provide evidence of what has been done
- provide evidence of what difference it has made to individuals and communities
- learn from their practice experience to improve their effectiveness

LEAP stands for **L**earning, **E**valuation and **P**lanning, and LEAP for Health is the name given to a framework which aims to help those who work in community health settings to plan and evaluate their work in partnership with one another and with members of the community they seek to help.

The LEAP approach places emphasis on self-evaluation, encouraging participants (or stakeholders) to take joint responsibility for planning and evaluation throughout a project or programme. It is based on the following assumptions:

- evaluation should be an integral part of promoting community health and well-being
- both the providers and the users of a community health programme should take part in its planning and implementation
- the main aim should be for continual improvement in effectiveness and efficiency
- future work should be informed by lessons learned

In one pilot project, participants identified the following as positive attributes of the LEAP approach:

- provides a framework for action
- captures good practice
- boosts the confidence of all those involved
- provides an opportunity to sit back, to look at and to think about what has been achieved
- enables effectiveness to be measured, and exposes defects
- by providing evidence of success, it is rewarding for staff
- enables a convincing case for funding to be made, thus increasing the chances of obtaining funds
- supports and empowers communities, and encourages community decision making

This resource is thus designed to be a useful tool in all aspects of project development, planning and management. It encourages users to ask critical questions about their work and to help to ensure that all those involved are working to the same agenda.

## WHAT IS COMMUNITY HEALTH AND WELL-BEING?

Action on health can be divided into three broad areas:

- **Enabling people to develop and maintain their health on a day-to-day basis through individual and community action**
- **Preventing people from becoming ill by regulating hazards and providing information on risks**
- **Treating them when they are ill or injured, including support to manage their illness**

This resource is designed to assist projects and programmes that focus on the first of these.

There are many ways of defining what is meant by 'community', but in the context of health it is probably best understood as a collective term for people who share a sense of connection and all that goes with that, such as availability of social support, empathy, and identifying oneself as part of a group with shared issues and a common perspective.

The term 'health and well-being' refers both to health in the traditional sense, and to a more general state of health which goes beyond the absence of disease. Thus, 'community health and well-being' refers to a broad range of issues including the way people feel about their lives and where they live, community safety, education, the environment, the local economy, social justice, and other aspects of community life.

The concern of those who work in the community health field is to develop and maintain people's health and well-being on a day-to-day basis through

individual and community action. The underlying assumption is that health and well-being should be defined and owned by the community, and should be approached through policies and practices based on principles of partnership between communities and agencies (stakeholders), and the participation of all.

Promoting well-being is frequently cited as a key aim of community health and other projects that seek to engage with groups and communities where poor health is a defining characteristic. Such projects typically adopt a community development approach, which emphasises the importance of:

- **working to a community-led agenda**
- **developing the knowledge and skills of community members**
- **engaging with public services to develop new approaches to community needs and issues**

The LEAP framework is set firmly within the context of community health and well-being, as defined above, and the activities and initiatives that it relates to are characterised by the following:

- **a concern with health inequalities: a recognition that unacceptable inequalities in health persist, that they affect the whole of society, and can be identified at all stages of the life course from birth to old age**
- **a focus on community development: drawing on the experience of a large number of community health projects and initiatives that have adopted a community development approach; working to support communities**

to take action on needs and issues that they identify as critical

- **adoption of a social model of health:** recognising that good health is a product of social, interpersonal and psychological factors, and is not simply a medical or physiological matter
- **a recognition of the importance of policy and organisational change:** the health and quality of life in communities is affected as much by the policies and practices of the NHS and other organisations as by the nature of the communities themselves
- **an emphasis on partnerships:** acknowledging that effective strategies for change often require a partnership approach – drawing on the knowledge, skills and resources of the community and service agencies, working to a shared vision for change

### A VALUES FRAMEWORK FOR COMMUNITY HEALTH AND WELL-BEING

It is important that work in the field is conducted in the context of an agreed set of values, the purpose of which is to inform policy and to help all those concerned to plan and evaluate their practice. The list below shows those values that should lie at the core of any programme:

- **Empowerment:** this is about supporting and enhancing the ability of participants to exercise influence over their individual, group or community circumstances – including a role in defining what the needs and issues are, and how they should be tackled

- **Participation and citizenship:** empowerment requires that people are involved in the process of their own development, and in working towards community and individual change
- **Equity, equality and justice:** all parties need to place these values at the core of their work, being especially vigilant in relation to groups (e.g. black and ethnic minorities, disabled people, women, children) who have restricted opportunities and influence, often for structural reasons
- **Anti-discrimination:** practice must challenge and combat direct or indirect discrimination of all kinds
- **Self-determination:** people's right to make their own choices should be defended and encouraged
- **Mutuality and reciprocity:** it is important to recognise the limits of self-determination, and the importance of people working together in their common interest
- **Partnership and collaboration:** many different agencies (statutory, voluntary or community) can contribute to personal development and building community capacity and should work together to maximise the value of their resources
- **Learning and influencing:** positive development and change only occurs when all participants are prepared to be open and to learn from each other

The values assumed by the various stakeholders will reflect their vision of the sort of society that they seek to create. Inevitably, there will be differences between parties in terms of their interpretations, choices and priorities, so negotiation may be needed to establish common bases for joint action. This cannot happen unless values are made explicit, and differences of view about them are discussed openly.

### THE POLICY CONTEXT FOR COMMUNITY HEALTH AND WELL-BEING

It is vital that all stakeholders understand and respond to the policy context of their work. Equally, lessons from their practice should be used to influence policy development. This applies both to specific policy for community health and well-being and the wider policy objectives within which it is located.

There is no single policy document or set of guidance devoted exclusively to 'community health and well-being'. Rather, ideas and issues which relate to it may be found in a number of policy and other documents, particularly those that apply to the fields of governance, health, social justice, and equality. Many Scottish Executive policies now refer explicitly to the importance of involving or engaging with communities, and the promotion of well-being is becoming a general policy goal. Promoting well-being, and the importance of engaging with communities, are also seen as having central importance in community planning.

As well as responding to broad policy objectives, it is important that all stakeholders in the community health field should seek to influence the content of future policies, and the way that policy develops. For further information *Understanding the Policy Maze* may be helpful (see Reading and Resources, page 85). This can only happen if there is proper evaluation of practice, to provide feedback and evidence of the relevance of policies to needs, and if this leads to action.

### WIDER INFLUENCES ON COMMUNITY HEALTH AND WELL-BEING

Targeted government policies are only one of a wide set of influences on community health and well-being. Others include changes in economic, social, political, technological and/or cultural circumstances, any of which can have a significant impact on community health and well-being priorities, resources and activities, as well as dominant values.

Listed below are some examples of circumstances that would have a significant impact on health and well-being in communities. While some of these may be relatively local in origin and impact, others relate to the global scale:

- an economic downturn and increasing unemployment or poverty
- a change of government
- a change in population characteristics
- a change in cultural values
- wider spread of information technology

## WHAT IS COMMUNITY HEALTH AND WELL-BEING?

LEAP recognises that community health and well-being is set in the context of these wider influences. Moreover, it recognises that good health should be seen not simply as a product of the effective management and treatment of illness; it must also be viewed in relation to active intervention to deal with the personal, social and community conditions that may influence the quality of life and, by extension, people's health. This involves understanding and working with people, recognising the links between poor health and low levels of engagement in the community. It also involves working with communities, recognising that when they are organised, active and influential, they will tend to be healthier. Finally, LEAP encourages dialogue between various services that have an impact on health, and the communities that receive those services.

The relationship between community health and well-being and the various contexts mentioned above can be expressed visually, as shown here.

People working in the field of community health and well-being, whether at policy level, programme level or project level, need to be aware that the context in which they work will influence their choice and interpretation of key values and policies.



In our work with people and communities, we should keep asking ourselves certain basic questions. These are questions that will almost certainly be in the minds of the agencies that fund our work, and in the minds of the people we are working with. They are as follows:

- Are we gaining a new understanding of community needs and issues?
- Are we being effective in tackling them?
- Are we being inclusive?
- Are the participants achieving their personal goals?
- Are we building community assets and resources?
- Is our work empowering people?
- Are we building a culture of collaboration, participation and sustainable change?
- Are we learning from our experience?
- Are we contributing to health and well-being?
- Are we making the best possible use of the resources we have?
- Do we have the evidence we need to influence future decisions?

Good planning and evaluation help us to answer these questions and to improve our practice. As a result, the individuals and communities we work with will also benefit, as will our partner agencies and co-workers. If we plan effectively, we can be confident that stakeholders will be able to work

together knowing that they share a common vision of the change that is needed. And if we evaluate effectively, we will be able to make well-informed judgements about the value of what we have done, the effect it has had, and the lessons we have learned.

Put simply, good practice requires that all participants:

- have a clear view of what they are trying to achieve (**vision**)
- reach agreement on how they intend to get there (**planning**)
- collect evidence to show whether they have done what they said they would do (**monitoring**)
- use the collected evidence to determine whether what they intended was achieved, whether anything else happened, and whether what happened was helpful or not (**evaluation**)

### DIFFERENT APPROACHES TO EVALUATION

The traditional approach in the health field has been for medical practitioners to invest heavily in evaluation, their main concern being to collect evidence (mostly quantitative) of the impacts and possible side-effects of a particular course of action. In the context of community health and well-being this has meant collecting evidence of the impact of various community health measures on e.g. rates of illness, diet, amount of exercise taken, smoking habits. Viewed from the community development

perspective, such an approach is neither adequate nor appropriate to the task. More qualitative evidence about the quality of people's lives and their overall well-being is needed. Although this is well understood by those working in the field of community health and well-being, it may nevertheless be some time before the value of alternative approaches is understood, or the health impacts of well-being work are properly acknowledged.

This lack of understanding is particularly evident among funders, and has led to the following criticisms of funding agencies from participants and practitioners in the community health and well-being field:

- agendas are imposed that may have little to do with local views of needs and issues
- value for money is emphasised above all else
- more weight is given to the quantity of the outputs than the quality of the outcomes
- too little attention is given to understanding the processes of achieving change

Within the community development and health arena, the approach to evaluation should be characterised by more attention being paid to the process of change, and to the outcomes that improve the quality of life. Such an approach has yet to achieve broad recognition or acceptance. LEAP is such an approach, and it is hoped that by more initiatives adopting it, a broader recognition of the value of community approaches may be achieved.

## WHY PLAN AND EVALUATE?

The LEAP approach advocates that all stakeholders – policy makers, funding bodies, service providers and the community – should start by recognising any differences of view, and discussing the question ‘What needs to change?’ Once this has happened, and once the criteria by which change should be evaluated have been established, there should be shared common ground from which the work can be taken forward with confidence.

Armed with this understanding of the value of evaluation and its link to planning, how can we make it work for us?

### BUILDING PLANNING AND EVALUATION INTO OUR WORK

Evaluation should not be thought of as simply a one-off event that takes place when an activity is completed (‘summative evaluation’). It should be a continuous process, informing the development and direction of activities and feeding back into the planning process (usually known as ‘formative evaluation’).

#### Definitions

- **Formative evaluation:** ongoing evaluation which feeds back continuously into the planning process.
- **Summative evaluation:** evaluation of a policy, programme or project on its completion based on the overall evidence available.

There will of course be times when a summative approach is the most appropriate, for example at the end of a funding cycle. However, LEAP is committed to the formative approach, linked to planning. It also views evaluation as being integral to all practice, not an additional chore. Without it we lack the reference points which enable us to make critical judgements about where we should be going, how we should proceed, and where we have got to.

It is in the nature of community health and well-being work that time-scales for the completion of activities may be long and/or unpredictable. For this reason, feedback and information is needed on an on-going basis. At the same time, there will be critical times or stages when it is important to pause and take stock, to do the following, for example:

- to question what has been achieved by the end of a funding or planning cycle
- to understand the significance of particular events, such as a health fair or a focus group
- to provide information relating to the election of office bearers to a project management committee, or for the annual general meeting

Ideally, evaluation should be happening continuously rather than at fixed points or only infrequently. But is this realistic? Will we spend all our time collecting information instead of getting on with the job?

### EFFICIENCY: PLANNING AND EVALUATING THE EASY WAY

It is often assumed that putting a planning and evaluation strategy into practice will be a drain on resources, and it is certainly the case that time and energy are needed in the short-term for skills training and to set up systems. However, there are clear long-term gains from this process – only by evaluating what we do can we make better use of the resources we have.

Lack of time is often cited as a reason for inefficient planning, but the problem usually lies elsewhere: it is more often due to lack of clarity and agreement about what the outcomes are intended to be. It may also be due to a failure to record the right things or to use records as supportive evidence in the evaluation process. Examples of some recorded items that can be used in this way are listed below:

- minutes of agency and community group meetings, and of ‘participation structures’ such as area committees, community conferences or user forums
- surveys and reports prepared by a range of agencies about local needs
- funding applications and progress reports
- reports for Council committees
- newspaper reports on local events
- training course evaluation forms
- records of requests for assistance, for example at local information centres and other agencies
- statistics of participation in activities

The actual process of record keeping can be as valuable as the records themselves. For example, recording progress against agreed outcomes is part of the on-going evaluation process, and can be stimulated by the simple device of standing agenda items for e.g. community group or partnership meetings.

Ordinary procedures can contribute, often indirectly, to the evaluation process and to the sharing of ideas between stakeholders in a number of ways. For instance, every area committee can be seen at least in part as a focus group, and every funding application can be used as an opportunity to pull information together for other purposes as well. Similarly, discussion and agreement between agencies about which categories to use for the storage of information enables them to share and draw on each other's evidence.

### LEVELS OF EVALUATION: PROJECT, PROGRAMME AND POLICY

Different stakeholders have different needs and interests and, as has already been noted, these will have to be negotiated. Also, stakeholders may be interested in evaluation at different levels. Some may want to focus on what is happening in particular local initiatives for personal development or community capacity building (the **project level**); others may want to know about the overall range of interventions (the **programme level**). Finally, there may be those who want to know whether the political guidance and resourcing which underpin the other levels assist or hinder the achievement of what is intended (the **policy level**).

LEAP addresses all three levels, and enables connections to be made between them. The first focus is the project level. Although projects sometimes exist in isolation, most often they are components of wider programmes. In such cases, evidence built up from individual projects will enable programmes to be evaluated. The programme level is the second focus of the LEAP framework. Evidence about the performance of programmes will lead to considering how far the policy context has encouraged effective practice and how far programmes and their component projects have achieved the intentions of policy. Thus, the policy level is the third focus.

While different stakeholders may have interests at different levels, many will recognise the importance of all three. NHS Boards, Council committees and senior managers will often be primarily concerned with policy and programme levels. But individual elected members, operational staff or community activists may be more interested in specific projects in their areas. However, they will also be aware that success at project level is greatly influenced by the design of the programme and the policy and resource framework. It is essential therefore that all parties recognise the importance of all three levels, and the connections between them. Policies should facilitate effective programmes and projects. Programmes and projects should inform the development of policy.

## TOWARDS COMMUNITY HEALTH AND WELL-BEING

The overall purpose of promoting community health and well-being is to improve the quality of personal and community life. But what do we mean by quality of life, and what determines it? There are several factors involved: who we are, how we feel about ourselves, the communities we identify with, and the environment in which we live – its economic, social, political, recreational, artistic, cultural, religious and physical characteristics.

There is no universally agreed definition of a satisfactory quality of life. Definitions reflect values. Within the value framework of community health and well-being, if we are able to answer all the following questions in the affirmative, it could be said that we have a 'good quality of life':

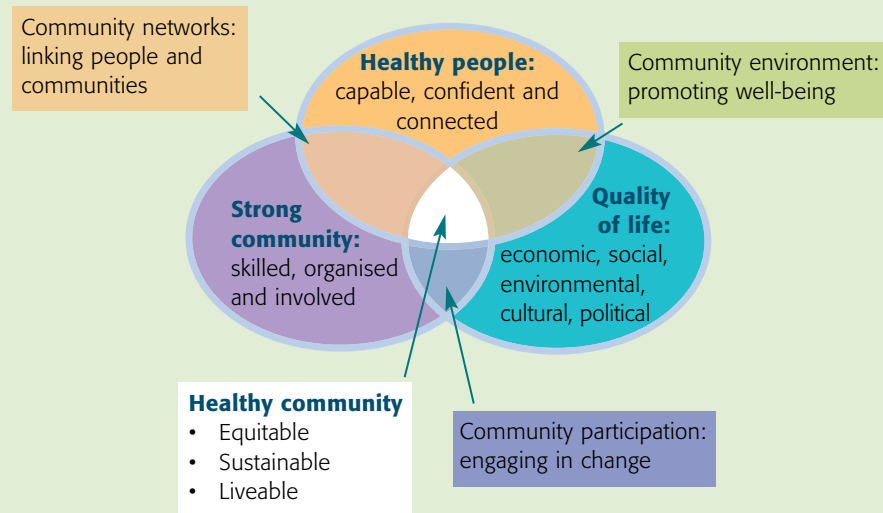
- Can we meet our basic needs for food, shelter and clothing, and sustain our personal health?
- Do we have the opportunity for doing fulfilling work?
- Do we have the opportunity to express ourselves and celebrate our identity?
- Do we have the opportunity to take part in and influence decisions that affect us?
- Can we lead our lives in safety?
- Can we enjoy positive relations with others in the community?
- Do we have access to justice?
- Do we have equal access to essential services?
- Do we have equality of opportunity and equality of treatment by public and private services?

### Discussion point

A community discussion or forum could be organised around exploring such questions.

The above ideas can be expressed diagrammatically, as shown opposite. What the diagram helps to illustrate is the way in which 'healthy people', a 'strong community' and 'quality of community life' are essential ingredients of a 'healthy community', and how different actions by agencies and communities, at different levels, may combine to enhance well-being.

What do we mean by a 'healthy community'? We need to have in our minds a clear and sound understanding of what values, attitudes, and qualities we are trying to promote through our work in the field of community health and well-being, and we also need to have ways to measure our progress in working towards a healthy community. LEAP defines a healthy community as follows:



### HEALTHY PEOPLE

People in a healthy community feel in control of their lives and living circumstances. They are treated with respect and as equals by others. They are able to manage things in a way that avoids stress or dependency. They enjoy networks of support and mutual interest with others. They have the confidence and skills they need to be able to deal with other people and with service providers, so they can use supports and services effectively to meet any needs they have.

### STRONG COMMUNITY

A healthy community is a strong community. It provides its members with an environment where they can lead fulfilled lives. There are networks of support, care and friendship; there is a range of local activities and groups that provide services and represent community interests, and these are well organised and effective. People feel part of a community and enjoy security and safety. These ideas are similar to those commonly referred to as being to do with 'social capital'.

### QUALITY OF COMMUNITY LIFE

The third aspect of a healthy community is the quality of life it enjoys. The LEAP framework suggests that the main components of quality of life are found in the nature of the local economy, in the quality of health, educational, care and other services, in the safety and health of the environment, in cultural and recreational opportunities, and in the quality of participation and citizenship. These things can all be broken down into dimensions and elements, for which indicators can be chosen.

People with different roles in the health and well-being field will be able to use the diagram on page 12 to show how their particular contribution relates to that of other people. For example, a health visitor is concerned primarily with 'healthy people' outcomes and will be providing information and advice to help people find out what supports are available and how to make use of them. But the health visitor should also be aware of the importance of working with other people to help strengthen the community, perhaps by identifying issues or ideas to feed into community groups or partnerships. A community health project or healthy living centre may be primarily concerned with work in relation to 'strong community', but will also be aware of the importance of linking this to quality of life development, and to the way individuals can gain health benefits from their links to community.

Most people employed in the NHS, other public sector agencies and voluntary organisations are engaged in promoting health and well-being by implementing policies on health improvement, environmental quality, economic development or cultural and recreational services. These all relate to aspects of 'quality of life', and should be taken forward recognising their links to stronger communities and healthy people. Again, the diagram helps to show how these links can be made. It also illustrates the importance of partnership between people with different roles in the different sectors. By focusing their tasks on the common goal of health and well-being, working with communities and individuals, the potential for 'adding value' will be maximised.

### THE INTERSECTIONS: COMMUNITY NETWORKS, COMMUNITY PARTICIPATION AND THE COMMUNITY ENVIRONMENT

As we have seen, the main components of our model of community health are people, communities and the quality of life. The connections between them are also important. Community *networks* describes the relationship between people and the communities they are part of. Well-being work should focus on this relationship, so that the possibility for people to benefit from their connection to community is maximised.

Strong communities are interested in the quality of life for their members – thus they often want to take action on these matters. We describe this as community *participation*: the way in which communities seek to achieve change.

The product of this participation can be an improved quality of life: a safer, more welcoming or supportive community *environment* in which it is possible for people to enjoy a healthier life.

## TOWARDS COMMUNITY HEALTH AND WELL-BEING

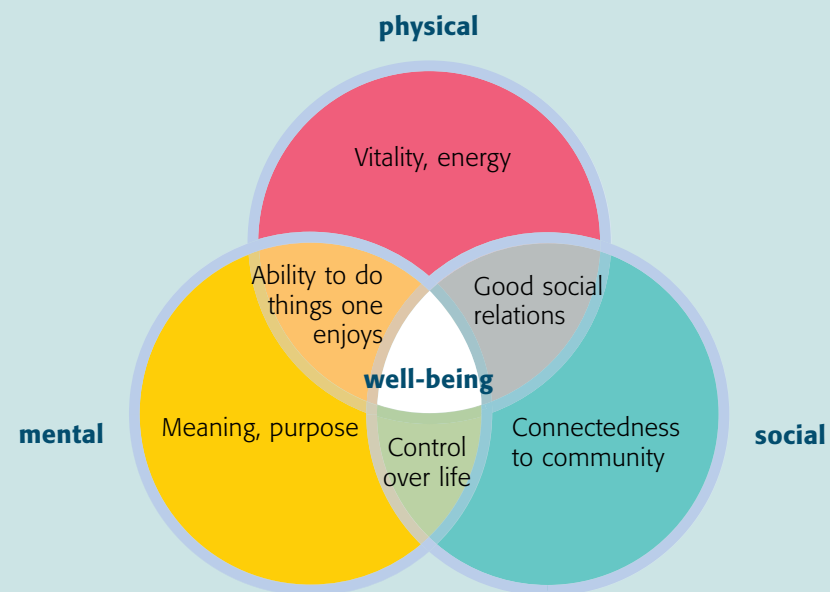
At the core of the model is the notion of a 'healthy community'. Following the World Health Organisation, which defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity', this concept of health encompasses a range of social, economic, political, environmental, cultural and artistic relationships. Taking all this into account, a healthy community might be described as one which has the following broad characteristics:

- **sustainability:** this is about much more than protection of the physical environment. It is also about whether our social, economic, political and cultural infrastructure is stable and has lasting capacity to meet our needs and promote our well-being now and in the future
- **liveability:** this concerns a sense of comfort, and of satisfaction with our life circumstances – where and how we live, work, take our recreation, get our services and so on; whether we feel safe and secure
- **equity:** this concerns our sense of the fairness of our treatment in a variety of dimensions of our lives, including employment, housing, access to services, recreation and so on

Table 1 (on page 28) analyses all these ideas in much more detail, and can be used to help clarify the outcomes that are sought from community health and well-being activity.

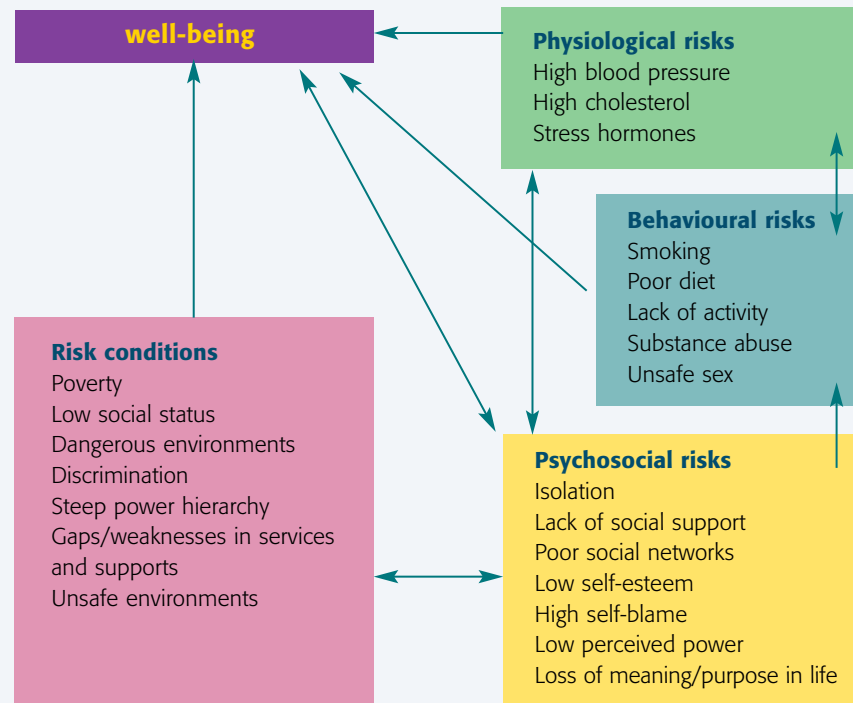
### THE THEORETICAL BASIS

In his book *A Community Development Approach to Health*, Ron Labonte (1998) argues that good health for the individual is a product of physical, mental and social factors. This can be expressed diagrammatically, as shown below:



The diagram shows how people can enjoy a state of well-being when all three factors are in place. As such, it provides a basis for assessing people's health and well-being status; we can explore the extent to which people feel they have a sense of purpose in their lives, have good social relationships, and their responses to the other identified factors.

Labonte also describes the risk factors that prevent people enjoying good health and well-being, as shown in the diagram below.



These risk factors provide a further framework for assessing needs and issues in a community, and the diagram helps us to understand the connection between community health and well-being work and its impact on people's health. For example, if by empowering people in communities they are able to develop skills, confidence, better networks, and to take more control over their lives, there will be a reduction in **psychosocial risks**. Similarly, engagement in well-being activity to improve the quality of community life will have an impact on **risk conditions** such as poverty, pollution and low social status.

Turning to the **behavioural risks** identified by Labonte, a number of points can be made. First, traditional education and publicity strategies in relation to health promotion do not fit comfortably into a well-being approach. People are generally aware of the factors that contribute to a healthy lifestyle, but their motives for e.g. smoking or drinking may be such that they appear to justify the behaviour. Behaviour is influenced by many factors – personal, cultural, medical and economic – and traditional health promotion strategies attempt to address them all. However, in the LEAP approach, particular attention is given to people's attempts to exercise some power and control over negative or chaotic circumstances.

Second, issues relating to diet, drugs and alcohol may not figure highly on a community's list of its main needs and priorities for action – although the barriers to affordable food or the criminality associated with drug use may do so. This makes it inappropriate to justify or expect active community participation in planning for action to deal with such issues.

From the perspective of community health and well-being practice, it may be more helpful to understand behavioural factors as consequences of changes in psychosocial factors and risk conditions. Thus, if people feel better about themselves, and if they are less exposed to external risk conditions, they are more likely to pay attention to their behaviour patterns, and be more prepared to take action. If we can accept this approach, a chain of actions and impacts can be established and built into our evaluation frameworks.

### LINKING INDIVIDUAL WELL-BEING AND HEALTHY COMMUNITY

By developing activities that enhance community networks, strengthen communities and tackle quality of life issues through community participation, the community health and well-being approach that LEAP encourages should be able to demonstrate an impact on people's physical, social and mental factors, and thus contribute to their well-being.

## PARTICIPATION, PARTNERSHIP AND COMMUNITY NEED

The LEAP action-planning cycle is a **need-led** model: it stresses the importance of starting with, and working from a clear understanding of the needs and issues affecting the people and the communities involved. This is the foundation on which the framework is built. It is also a key principle of LEAP that it is **participative** – all stakeholders are involved – and that it is based on **partnership**. All these issues are discussed in this section.

### NEED-LED PLANNING

A critical question is whether plans will be resource-led or need-led. LEAP is based on a need-led model because, to be consistent with the participative and empowering values of community health and well-being, planning should clearly be need-led. *Towards a Healthier Scotland*<sup>1</sup> asserts that 'strong, healthy and safe communities – a key objective for government – are most likely to flourish where goals are shared, views are respected and people are part of new initiatives'.

Need-led planning starts by specifying problems. It builds a plan which deploys resources to respond effectively to those needs.

Need-led planning looks like this:

**INVESTIGATE** → **ENVISION** → **PLAN** → **RESOURCE** → **ACT**

In this approach, resources become a consideration only when all stakeholders have agreed what should be done to improve conditions.

By contrast, resource-led planning starts from an assessment of the resources that are available, and then plans how these resources will be used. There is no clear reference to the needs that have been identified, or to the way a vision might inform the planning.

**RESOURCE** → **PLAN** → **ACT**

It should be clear that this is less likely to satisfy community and individual aspirations, as it has no provision for establishing the basis of needs and issues that are of concern to people, nor does it set out a view of what should change.

Working with a need-led approach to planning requires that we first of all find out what the experiences, aspirations and concerns of individuals and communities are. As well as identifying needs, we should also be careful to identify assets: the strengths on which change can be built. However, it is not enough simply to identify needs, aspirations and rights which are not met. To develop an effective plan we require a clear **vision** of what should change to redress the problems identified. We need to develop and share a vision, in partnership with the other stakeholders, of the outcomes which we will seek. Once those have been identified it is then possible to return to planning what we will do with the resources we have.

However, we need to be realistic. If agencies do not have the skills, knowledge or resources to respond to particular needs they will not be effective. There is no point in pretending that a need can be met if such capacity does not exist. The only result will be failure and perhaps anger that people have felt let down. So it is important to have a clear appreciation of the strengths that different stakeholders bring and to look for the best ways to build on them.

Although the overall approach should be need-led, some short-term pragmatism may be necessary and healthy. This should be based on negotiation with the stakeholders, prioritising needs which they have real potential to address in the short term. Agencies should look at what aspects of need they can meet within existing capacity and develop longer term strategies to acquire competence and resources to meet other needs. This may involve either:

- **developing strategic partnerships with others who do have the skills and resources**
- or
- **developing in-house capacity through training and staff development.**

Even then no plan can respond to all needs. Negotiating and setting priorities is essential.

<sup>1</sup>The Stationery Office (1999) *Towards a Healthier Scotland*

### TOWARDS PARTICIPATION

A fundamental principle of the LEAP approach is that all stakeholders should participate in planning and evaluating activities that they have an interest in. They should do so because they have a stake in what happens, either as contributors to community health and well-being or as beneficiaries. This emphasis on participation does no more than reflect some of the underlying values of community health and well-being.

#### Who are the stakeholders?

**Stakeholders are all those people with an active interest in the inputs, processes, outputs and outcomes of a particular community health and well-being activity. The stakeholders will probably include:**

- individuals in the community
- community organisations
- workers and managers in a range of agencies
- resource providers
- policy makers

When embarking on an activity, all interested stakeholders should jointly consider the following:

- **what should be achieved and how this will be done**
- **how performance in relation to objectives will be evaluated and by whom**

Joint participation of this kind is increasingly required or recommended in policy documents. It should never be regarded as a token gesture. If people and agencies are to be true partners they need to feel fully involved in a shared venture, and their role and authority must be respected.

Stakeholders are motivated to participate because they recognise that by working with others they may improve their chances of gaining outcomes of benefit to themselves. They will usually recognise, however, that there has to be a 'trade-off' for these benefits, such as helping others to achieve the outcomes they most desire.

### BARRIERS TO PARTICIPATION

There are various reasons why some stakeholders are less able to participate than others, and these need to be recognised and accommodated. For example, it is well known, from the literature on participation, that community members and representatives are often the least well supported. Within communities, certain groups will be further excluded by such things as language, disability or poverty. Yet community members are generally required to make the greatest personal investment. While agency staff are paid to be involved, and elected members have to be seen to be active and accountable, community representatives are often expected to give large amounts of time and energy on an entirely voluntary basis. Moreover, staff and politicians usually have administrative support and access to research and information resources, which community representatives do not.

Community participants are also often expected to take part in meetings which use language and procedures that are much less familiar to them than they are to staff or politicians. Also, members of excluded groups may face certain barriers, such as language, physical access and cost. Clearly, there is a need to invest in providing effective support for community participation if it is to be made to work.

### PARTNERSHIPS AND LEADERSHIP

Working in partnership with a variety of stakeholders is increasingly common practice and is central to the LEAP approach. Partnerships are needed for several reasons:

- **problems tend to be complex and cannot be solved by one agency alone**
- **working together can bring added value and different perspectives**
- **partnerships can be designed to involve, and to be responsive and accountable to the communities they are working with**
- **many sectors – the community, voluntary organisations, companies, NHS institutions and other public agencies – will expect to be consulted and may have much to offer**

Partnership working is most effective if leaders are appointed to oversee particular functions, including planning and evaluation. This can be an informal process, especially in the early stages, or more formal, with leadership roles being designated to particular individuals or agencies.

## PARTICIPATION, PARTNERSHIP AND COMMUNITY NEED

Whether informal or formal, leadership has to reflect the principles of equity of participation and influence. A leader's function is not to dominate or direct the form or process of planning and evaluation but to enable it to happen efficiently and effectively. The following are key leadership roles:

- **championing the principles of participative planning and evaluation** – this involves promoting and defending the principles, reminding participants of their importance and benefits, and securing resources
- **encouraging the involvement of all stakeholders, facilitating and supporting their participation** – this may involve organising specific training and capacity building to enable all stakeholders to participate on an equal footing
- **chasing progress and co-ordinating contributions** – this involves preparing timetables of work for all those involved, ensuring that stakeholders are clear about what and when to contribute, and holding all parties to account

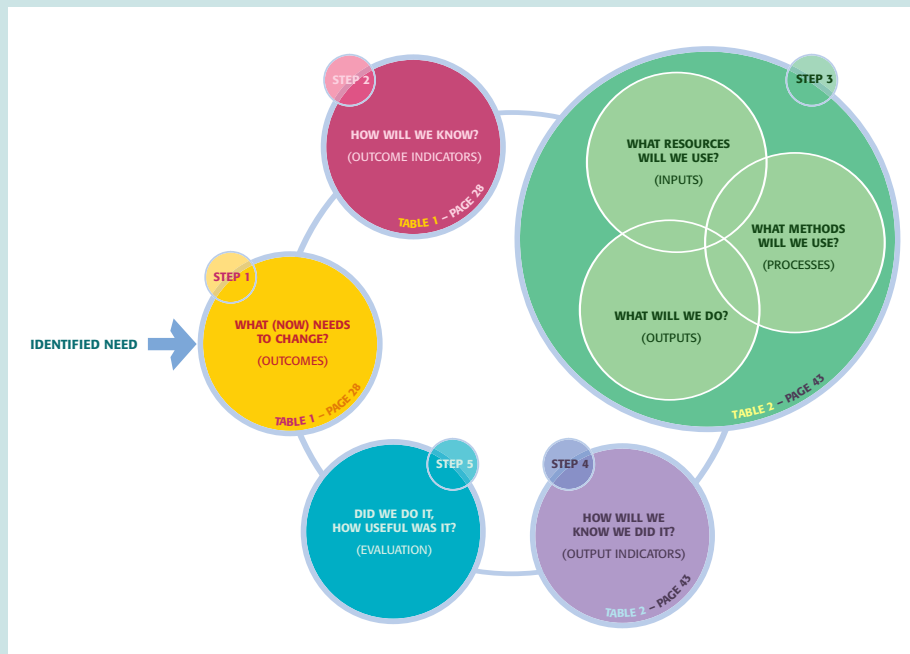
It is important that all partners agree about the need for and nature of the leadership role. Co-operation with leaders may be withheld if stakeholders feel that their interests and needs are not being served. The role of leader therefore requires skills in diplomacy, negotiation and persuasion.

The leadership role is likely to fall to staff in key agencies involved in community health and well-being, whether at policy, programme or project level. It should not be assumed, however, that the role necessarily falls to the lead provider. What matters most is that whoever takes on the role has both the time and motivation to do so, and accepts and is able to exert the authority that is needed to perform it well.

## HOW DOES LEAP WORK?

- Identifying need
- Step 1: What needs to change?
- Step 2: How will we know?
- Step 3: How will we go about it?
- Step 4: How will we know we did it?
- Step 5: Did we do it? How useful was it?
- Review and improvement

This section provides the key to putting the LEAP planning and evaluation framework into practice. There are five steps in the LEAP framework, as shown below. A larger fold-out version of this diagram can be seen inside the front flap of this handbook.



**NOTE:** Steps 1 and 2 are set out in more detail in Table 1 on page 28; Steps 3 and 4 in Table 2 on page 43; and all five Steps are discussed on pages 71-72.

## IDENTIFYING NEED

It is important that the needs are clearly stated at the outset, even if the various stakeholders have different views about the reasons for the needs, and differing priorities in terms of how they should be tackled.

Ways of identifying community needs are widely available. Whether or not a needs assessment exercise is done, all those embarking on a programme of change should ask themselves the following questions:

- Why are we doing this?
- What issues and problems are we dealing with?
- Whose issues are they – the community's, the agency's or the policy maker's?
- Have we checked whether our perception is shared by others?

## STEP 1: WHAT NEEDS TO CHANGE?

Once the needs and/or problems have been identified, the first step is, in partnership with all stakeholders, to decide what we want to achieve in a given project or programme – i.e. our planned goals, or **outcomes**. Outcomes are the main focus of our activity, and evaluation is about checking whether we achieved them, as well as learning from our experiences.

Since they are the reason for doing the work, it is important to understand that outcomes are the critical focus for activity. Too often evaluation focuses only on output performance – in other words simply looking at what has been done. This is pointless because outputs are important only in so far as they lead to the outcomes that are needed; they are not ends in themselves. Their usefulness can only be assessed in terms of whether they produce the desired effects.

But there is no guarantee that people or conditions will change as hoped. In other words, agencies and workers do not control outcomes and what actually happens may be different from what is expected. Nonetheless they need to know what outcomes are being sought, otherwise they cannot judge the value or effect of the outputs that take place.

## HOW DOES LEAP WORK?

Taking the example of a food co-operative (see LEAP Worksheets on page 74), the need is identified as wishing to set up a food co-operative. In this case, ten outcomes were identified, including: that the co-op should provide good quality food and at lower prices than elsewhere; that the co-op should be well managed by a community group; that the co-op should raise the profile of food and health issues in the community.

Another example might be that of a health fair. If the identified outcome is that people should be encouraged to think about and do things which may benefit the quality of community life, holding a health fair might be the means of achieving such an outcome. In this example, the health fair is the output, and it may or may not achieve the outcome that was planned.

LEAP describes the task of Step 1 as **visioning the outcomes**. Visioning should focus on the experience and hopes of participants themselves. It involves answering the simple question: **What difference should our actions make?** This helps to give purpose and direction to a project, and ensures that all stakeholders are involved from the outset.

While visioning should always be tempered by realism, in the context of exclusion and disadvantage there may be very low expectations of the potential for change. So it is important to encourage ambition, and to think creatively.

LEAP recognises that well-being is related to values like self-determination, participation and empowerment. It also relates to particular policies, especially those to do with social inclusion, health improvement and active citizenship. Thus, LEAP provides clear pointers to the types of outcome that participants may want to achieve.

### Summary of Step 1 (see Table 1 on page 28)

- Identify community needs
- Assemble the stakeholders
- Establish a vision of what needs to change
- Describe the vision as a series of outcomes

### STEP 2: HOW WILL WE KNOW?

Step 1 identified outcomes, and in Step 2 we need to decide how we know if these are being achieved. Put another way, we need to know if our actions are being effective in producing the outcomes we planned. For example, how can we judge whether participants have acquired skills that they need, and whether they are able to use them to improve the quality of their personal, family or community life?

To make such judgements we need to collect evidence – known in LEAP as **identifying outcome indicators**. These indicators may be measurable quantities or self-evident facts (e.g. the price of goods in a food co-op relative to other food outlets), or they may be more general, qualitative measures (e.g. a reduction in anti-depressant prescriptions is an indicator of less stress in the population).

Evidence may be obtained from a variety of sources and using a variety of methods, such as:

- records (e.g. case notes)
- observation (of the use of skills, for example)
- through asking questions, both of participants and those who work with them

(See 'Gathering information' on page 83 for more detail.)

Whatever sources of evidence are chosen, it is important to bear the following in mind:

- the value of getting perspectives from several different sources, or in different ways. This helps us be more confident that we understand what change has taken place
- the need to be selective about the indicators we choose, to make the process of assessment more manageable. Some indicators will help us to understand several different outcomes, and some methods of collecting information will provide evidence on several indicators. This is discussed more fully in Step 5.

Once we have agreed our indicators, we should conduct a **baseline** study. This simply means gathering evidence relating to where things stand at the start of the process, *using the indicators that have been chosen*. This information is needed so that when we collect the evidence at a later stage, we will know what has changed.

It is important to think ahead, so that we can plan ways in which evidence can be collected, building these into our activities and procedures. All participants should be involved in the process. The aim is to identify outcome indicators which relate to the following questions:

- how much has changed? (**quantity**)
- how beneficial has the change been? (**quality**)
- who has benefited and who has not? (**equity**)
- what resources have been used? (**efficiency**)
- how far have the planned outcomes been achieved? (**effectiveness**)

It is vital that the stakeholders – in particular the funders, the partners who provide services and support, and the people who benefit – agree on the indicators to be used, and the way they will throw light on whether the activities have the impact expected. Failure to do this may lead to conflicts and problems at a later stage: for example, funders may ask for evidence of change but none can be provided because no records were kept.

Cases in which a project or programme is operating within a context of national targets can present particular problems in this regard. For example, where a project is funded to contribute to national targets on the incidence of heart disease or teenage pregnancy, or is set within social justice milestones, there needs to be a shared understanding of how the outcomes of the project, and the way these are measured, can fall within the wider framework of targets.

### Summary of Step 2 (see Table 1 on page 28)

- Together with other stakeholders, identify and agree on indicators that will provide evidence for measuring whether outcomes are achieved
- Be selective in the choice of indicators used
- Try to gather as much factual and quantitative evidence as possible
- Use a variety of different sources of and ways of finding evidence
- Build the process of collecting evidence into practice and procedures

### STEP 3: HOW WILL WE GO ABOUT IT?

We now need to think about how we are going to go about making the changes that we want to see. In thinking about this, we will be concerned with how to engage with individuals and/or community groups, the level of investment that will be made and by whom. Though ultimately community health and well-being must be measured by its outcomes, we need to know what the relationship is between the resources and methods we use, what we do, and the outcomes which result. Our evaluation therefore needs to include assessment of the inputs, processes and outputs.

Knowing what we want to do doesn't necessarily mean we can do it. So Step 3 is about working out a plan of action and judging its feasibility. LEAP identifies three components of action-planning:

- identifying the resources to be used and who will provide them – these are called the **inputs**

- being clear about the means and methods to be used by stakeholders – these are called the **processes**
- specifying the particular action that each stakeholder will take – these are called the **outputs**.

*NOTE: Table 2, on page 43, provides examples of inputs, processes and outputs in relation to what are described by LEAP as the three core purposes: promoting personal health, building community strengths, achieving change in the quality of life. Table 2 provides details, illustrations and examples of the way inputs, processes and outcomes could be considered.*

### What resources will we use? (inputs)

Inputs are many and varied, but generally come from three main sources, as shown on page 76 in relation to the example of a food co-op.

- from the **community** (e.g. skills, commitment, local knowledge, networks and motivations of local people, the contribution and links to other community-run services)
- from the main provider and its **partner agencies** (e.g. dedicated staff time and skills, funding for or lease of buildings, equipment, services)
- from **other agencies external to the local setting** (e.g. European Community grants, government policy statements and guidance)

## HOW DOES LEAP WORK?

Between them, stakeholders can contribute a wide range of resources including skills, knowledge, energy, time, money, equipment, facilities, relevant and supportive policies.

It is essential to be clear about what each stakeholder is willing and able to contribute, and to try to maximise the benefits that can be gained from combining their resources.

Be careful not to underestimate the value of the community contribution. If you attach a monetary value to the voluntary effort expended, it may well outstrip the contribution of other stakeholders.

Unfortunately, not everyone will necessarily want to use their resources in a positive way, so it is important to think about possible negative inputs and how these can be countered.

### What methods will we use? (processes)

The processes are the means and methods we use to bring about the changes we seek. Examples include:

- investigating needs
- providing information
- building confidence
- identifying opportunities
- project planning
- advocacy and support
- group work
- network development

- training
- action research
- marketing/publicising
- community organising
- campaigning

The processes define the overall approach taken to achieve change, and several are likely to be involved. Before selecting these, the following questions need to be considered:

- Will the processes achieve what we want? (effectiveness)
- In the light of other needs to be addressed, can the level of resources required be justified? (efficiency and equity)
- Will all stakeholders be able/prepared to adopt the chosen processes?

Making such an assessment may lead us to review the inputs available. If they are not suited to the processes we wish to adopt, then we must either identify additional relevant inputs or adjust the approaches we plan to take.

### What will we do? (outputs)

The outputs are the specific things that will be done to achieve the desired change (i.e. outcomes). They include such things as events, services, surveys, conferences, promotional and media presentations, training courses, participation structures, etc.

By definition, outputs are within our control, so we can set targets for them. As well as setting targets for **what will be done**, we can also decide in advance **who will do something** and **when** it will be done (see the examples below).

- The health visitor will undertake an audit of the health needs of refugee families in Upper Muckle and report to the community plan partnership in three months.
- The Public Health Practitioner will organise a public meeting to review proposals for a healthy living centre in Upper Muckle on 7 May.

Output targets can be listed for all key activities, and can be classified in several ways, for example:

- Engagement activities
- Community building activities
- Partnership activities

### Summary of Step 3 (see Table 2 on page 43)

- Identify outputs
- Identify output targets (things we can do, who will do them, and when)
- Identify the means and methods that will be used (processes)
- Identify the inputs required

### LINKING STEP 3 AND STEP 1

In Step 1, we may have identified some fairly broad and ambitious goals for ourselves, so it is vital that we think carefully about how our plans will bring about the changes we seek. For example, our vision might be to build a community that is inclusive and welcoming for asylum seekers. The measures identified in Step 3 may contribute to such an outcome, but we need to bear in mind that there will be many other factors that could shape the outcome, or that what is achieved is not all that we hoped for. We need to check that the actions we have decided at Step 3 are the most likely of all possible actions to lead to the outcomes we seek.

For example, having worked through Step 3 we might find that we do not currently have the capacity to achieve the outcome we envisaged. If this happens, we will need to return to Step 1 to review our position and to identify what progress we can realistically make. While it is right to be ambitious, failure to achieve set goals can breed disillusionment, so it is important to be realistic about our and others' capabilities.

### STEP 4: HOW WILL WE KNOW WE DID IT?

To check if we have achieved the things we planned to do, we need to monitor our progress at intervals throughout a project. The focus here is on monitoring what happened, not on assessing whether it was useful or not, or what impact it had. If we fail to take all the steps we identified at the planning stage, it is likely that we will also fail to achieve the intended outcomes, so continuous monitoring is vital.

Monitoring should be focused on the relationship between the outputs and the inputs and processes that led up to them. Each can be assessed on the basis of efficiency, effectiveness and equity.

Thus, at Step 4 we need to put in place the means of checking that every participant meets the commitments that they have made, and to check that the plan was actually put into action. This involves identifying indicators that will tell us whether the activities we plan are carried out in the manner intended. We will set specific targets for when, where and how we will undertake the activities we plan. The indicators need to give us information which helps us to see whether we have met our targets. We will also want to know whether our approach was efficient and equitable – did we use more or fewer resources than necessary; was everyone who should have been involved enabled to participate?

Participants need to agree on how they will report to one another and establish a way of working that ensures that all their activities are open to scrutiny by others. It may be helpful to have an overall action-plan co-ordinator.

#### Summary of Step 4 (see Table 2 on page 43)

- **Decide what indicators will be used to monitor progress (i.e. to check whether the activities that were planned are actually carried out)**
- **Participants all to agree on a way of reporting to one another, and making their work available for scrutiny by all**

### STEP 5: DID WE DO IT? HOW USEFUL WAS IT?

Step 5 is concerned with **evaluation**, with learning, and with planning ahead. The evaluation of the work done in a project involves assessing progress and achievements to determine whether or not the outcomes were achieved. Using the indicators agreed in Step 2, evidence should have been collected throughout the planned programme of work. This evidence is the basis for assessing how far the inputs, processes and outputs (Step 3) led to the outcomes planned at Step 1.

To take the example of a health fair: if our baseline evidence tells us that the community members interested in running the health fair had no previous experience – in financial management or marketing, for example – and we set out to provide support for the development of such skills, we would need to know how effective our contribution may have been.

Checking whether what happened is what was planned to happen is not the whole, or the end of the story. We also need to know whether some things happened that we did not anticipate, and whether these things were positive or negative in their effects. It is also important to consider how the roles played by the various stakeholders had an impact on what happened and how it happened. This is the 'learning' part of Step 5.

Only when all the above information has been gathered together can participants make a full review of progress and agree on what needs to be done next. This is the point at which the cycle is complete, and a new one begins with the question: **What now needs to change?**

## HOW DOES LEAP WORK?

Although inputs, processes, outputs and outcomes are distinct ideas, taken together they are all parts of a single activity. It is easy to see them simply as having a linear relationship – the inputs determine the process, the process the outputs and the outputs the outcomes. However, this is too simple a view.

The outcomes of every initiative affect the attitude of all of the stakeholders towards future activity. The quality of the current inputs reflect what has gone before. This is why the LEAP diagram (see page 19) shows a continuous cycle of activity in which lessons and experience feed from past into new activities. The cycle can operate over both short-term and long-term time-scales.

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### Summary of Step 5

- Assemble the collected evidence
- Evaluate the evidence to check whether what was done led to the outcomes planned
- Decide whether the work was done efficiently, effectively and equitably
- Think about what has been learnt from the project
- Decide what should happen next, or in future

### REVIEW AND IMPROVEMENT

Promoting and working towards community health and well-being is an on-going process, and new initiatives may be needed from time to time. However, those who participate in them are often people who have already been involved, and whose perception of needs, appropriate action and satisfactory solutions is influenced by their previous experience. A poor experience is likely to reduce motivation and commitment; a positive one is likely to enhance it. This is true for all stakeholders, not just the community participants. Positive collaboration leads to increased confidence, understanding and trust which feed into future joint working. Negative experience undermines partnerships and results in tension, inefficiency and ineffectiveness.

As well have seen, reviewing evidence systematically helps us to find ways of doing things differently or better in future. There is a danger, however, that we simply review the evidence in a way that suits the convenience and planning cycles of the providers, rather than the priorities of the participants.

A balance must be struck between review and developmental improvements for long-term strategic purposes, and more immediate responses to needs. We need to be flexible, and prepared to respond to different rhythms and paces of development, always keeping in mind the LEAP principle that community health and well-being work should be need-led and responsive.

To be consistent with the values and principles of community health and well-being, mechanisms for review must be participative. They need to recognise that partnership means a shared venture involving stakeholders whose relationship to each other is based on mutual respect and understanding. While it may seem simpler for lead providers to take responsibility, to exclude other participants is likely to lead to tension and conflict. It is vital to recognise that volunteers and activists are just as much investors in the process as provider agencies, and that their time, energy and commitment are just as crucial to successful outcomes as that given by agency staff.

The ways in which reviews are conducted will obviously be relevant to this issue of exclusion and inclusion, and the following all have the potential to work well from the point of view of involving all participants:

- community conferences
- stakeholder conferences
- cross-sectoral working groups
- focus groups
- questionnaires and surveys

Realising this potential is another matter, and will involve taking steps to ensure that all those who should be involved, are involved. The following are some of the steps that can be taken:

- support communities and individuals to participate
- help participants to prepare for events
- provide training opportunities
- involve participants from the outset
- bring in new participants as they become active
- use familiar settings
- agree clear objectives from the outset against which review will take place
- agree realistic objectives and time-scales against which review will take place
- allow plenty of time for the process
- keep the structures and processes simple

The review process will enable us to identify a number of things, including the following:

- key issues
- lessons and insights from experience
- action priorities
- which resources to take action forward
- gaps in resources and the means of filling them

The insights we obtain from the review and evaluation process form the basis for deciding how to improve practice and performance in future. This will include identifying the development needs of *all* the participants, asking the following questions:

- What skills and knowledge do workers, managers, politicians, community organisations or activists lack?
- How can these be met?
- Who can meet these needs?
- Can they be built in to future local planning or wider strategy?

Very often, most development needs can be met from the combined resources of the stakeholders, and this is one reason why collaboration and sharing are vital. Another reason is the obvious advantages that collaboration brings in terms of sharing knowledge and skills across organisational boundaries, leading to improved performance. For example, housing workers may require better understanding of health, or vice versa; community organisations may require knowledge and skills for securing funding but be able to provide agencies with developmental support in relation to aspects of local culture or history.

Clearly, within agencies, the identification of development needs is part of the function of management and the supervision of staff. Indeed, a characteristic of good management is that staff development is properly supported and help is given to enable staff to apply their learning. What is often forgotten is that senior managers and policy makers, including politicians, also have development needs – and these must also be met.

## THE LEAP ACTION-PLANNING TABLES: INTRODUCTION

There are two action-planning tables, Tables 1 and 2, both of which may be used by managers and staff, and by community groups, to work out how best to recognise and use the resources and skills that they have, and how to use these when taking action intended to lead to the changes (or outcomes) that they seek. They help clarify what these outcomes might be and how they could be measured, focusing on what is actually to be done and how it can be monitored and assessed.

The tables illustrate how the LEAP framework can be applied in practice. They are intended to serve as prompts or triggers to help workers and agencies that promote community health and well-being to work with stakeholders at local level to discuss and agree what it is they hope to achieve, how they will go about it and how they will evaluate their performance (see the list of key questions below). Any community well-being plan or evaluation framework must bear the stamp of local priorities, as well as reflecting who is involved and the nature of their motivation. It must also make best use of the inputs that are available.

The tables provide a framework of ideas which forms a basis for negotiation between stakeholders. Although the tables lay out a core set of 'dimensions' and 'elements' for action in relation to community health and well-being, they provide only illustrations of processes and outcomes, so users must identify their own inputs, outputs and so on and agree what is important and relevant to their context, resources and needs.

The tables help set out the evidence on which the planning questions and evaluation questions set out below can be answered.

### Planning

- What are the intended outcomes?
- From the perspective of all the partners will the outcomes be desirable?
- In the context of the values and principles of community health and well-being, will the outcomes be desirable?
- What are the intended inputs?
- What are the intended processes to be used?
- What are the intended outputs?
- Will these lead to the intended outcomes?
- Can the outcomes be achieved efficiently and effectively?
- What other outcomes could result?

### Evaluation

- Were the intended inputs made?
- Were the intended outputs delivered?
- Did they lead to the intended outcomes?
- What other outcomes resulted?
- From the perspective of all the partners, were the outcomes desirable?
- In the context of the values and principles of community health and well-being, were the outcomes desirable?
- Were the outcomes achieved efficiently and effectively?
- What has been learned?
- How, in future, will the lessons influence the inputs that are made, the process that is adopted, the outputs that are provided and the outcomes that are sought?



**TABLE 1**

- Outcomes and outcome indicators (LEAP Steps 1 and 2)

## INTRODUCING TABLE 1: OUTCOMES AND OUTCOME INDICATORS (LEAP STEPS 1 AND 2)

### COLUMN 1: ELEMENTS

This column sets out the elements of well-being which provide an overall framework for identifying the outcomes you seek. They are listed in accordance with the dimensions of community health and well-being discussed on pages 6-8.

The column contains illustrations of how participants or community conditions may benefit or change as a result of community health and well-being activities. The word **may** is used because it is essential to understand that there may be other significant influences which could affect the outcomes. You therefore need to assess what the contribution of any particular community health and well-being activity has been. Equally you need to be aware that there may well be outcomes, good or bad, that you did not anticipate or plan for.

#### These definitions apply to the tables:

- **Purpose:** a statement of the core aims of community health and well-being
- **Dimension:** each purpose can be divided into a number of dimensions that are essential to its achievement
- **Element:** in turn, the dimension can be divided into elements: these are at the level needed for detailed planning and evaluation

### COLUMN 2: YOUR OUTCOMES

This is a blank column in which you can record the outcomes you seek in your own context. Alternatively, you may wish to use the worksheets on pages 73-79. You may find it useful to check your planned outcomes against column 1. Here you should be concerned with the effects of community health and well-being activities – what develops or changes for individuals or communities. What is put in this column are the things that you hope community health and well-being activities may achieve for users – does it make a difference, does it reflect the vision for community health and well-being? As has already been stressed, in planning your work it is the outcomes you wish to achieve that should be considered first. You can then identify the processes and outputs that are likely to contribute most effectively to these objectives, and the inputs that will be needed to support them.

### COLUMN 3: POSSIBLE INDICATORS

This provides suggestions for the sorts of indicators that could be used to assess change in the conditions you are trying to influence. These are only illustrations; it is important that you define and agree the indicators that will be relevant to your own outcomes (column 4).

### COLUMN 4: YOUR INDICATORS

This is for you to record the indicators you plan to use to provide the evidence you will need to tell you whether the changes you hoped for have actually taken place. You, together with other stakeholders, need to identify the criteria you will adopt to determine whether you have achieved the intended outcomes. This is critical to the integrated cycle of continuous planning and evaluation. The indicators you will insert will be those you have decided upon in Step 2 of the cycle (see pages 20-21).

Both indicators and measures can be used to assess change. Measures are used when we need, or can get, direct information about an output or an outcome – for example the number of people whose income is below 50% of average national income is a measure of poverty. An indicator is a proxy measure used when the outcomes or (more rarely) outputs cannot be directly measured – for example, levels of truancy could be used as an indicator of satisfaction with a school. In the worked example in the 'LEAP worksheets' section, examples of both measures and indicators are given. In the tables, the relevant columns are headed 'indicators', but they may also suggest measures.

**Table 1: Outcomes and outcome indicators (LEAP Steps 1 and 2)**

TABLE 1	<b>DIMENSION:</b> Awareness and knowledge: people are aware of their own circumstances and of the services and choices available to them			<b>PURPOSE:</b> HEALTHY PEOPLE
1	2	3	4	
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS	
People are aware of their situation and understand the needs they have for physical, emotional or practical support		Appropriate use of services and supports available  Observations and records of primary care staff		
People are aware of the factors that shape their health and well-being, whether behavioural, social, financial or medical		Observations of community health project staff  Question in community health needs assessment		
People are aware of the various forms of support that are available to them in their personal relationships, community setting and public or other services		Patterns of use of existing services  Responses in participatory appraisal exercise		
People are able to make informed choices about which services and supports will best meet their needs		Appropriateness of use of services  Records of health visitors and other staff		

**PURPOSE:  
HEALTHY PEOPLE**

**DIMENSION:** Confidence, choice and control: people are able to exercise their rights and choices in an assertive and autonomous way

**TABLE 1**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
People have the confidence to approach relevant services and supports		Women asylum seekers (or other excluded groups) have confidence to approach and use services	
People effectively communicate concerns, opinions, needs and issues in relation to their health and well-being		People respond positively when asked this question	
People explore options and negotiate agreement over the ways in which their well-being can be secured and enhanced		Observations and record of GPs	
People have confidence that services and supports are responding appropriately to their needs		User satisfaction and feedback procedures	
Individuals are confident that their authority as participants is recognised and valued		Young people's well-being group reflects this	
People are confident about themselves and their ability to exercise control over their health and well-being		As reported in needs assessment	

**TABLE 1**

**DIMENSION:** Self-reliance and independence: people are able to act in their own interests and exercise control over their circumstances

**PURPOSE:**  
**HEALTHY PEOPLE**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
People make positive use of the services and supports that are available		Records of decisions and actions of LHCC	
People are involved in activities that promote their health and well-being		Statement of healthy living centre policy; responses to well-being questionnaire	
People feel in control of their own and their families' circumstances		Records from MSP and councillor surgeries; records of CABx	
People's involvement is sustained over time		Longitudinal tracking of sample of participants	
People's achievements and abilities are recognised by themselves and others		As reported in community group meetings or by contact workers	

**PURPOSE:  
HEALTHY PEOPLE**

**DIMENSION:** Connection to community: people are connected to community supports and networks

**TABLE 1**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
People are aware of community resources and networks		Records of use of resources and networks by range of users	
Excluded groups are aware of community resources and networks		As above, with emphasis on identifying use by excluded groups	
People are actively Involved in community activities		Reports from community groups and organisations	
People recognise that such involvement contributes to their health and well-being		Evidence from user feedback sessions or appraisals	

**TABLE 1**

**DIMENSION:** Community skills: a community with the knowledge, skills and confidence to act in its interests

**PURPOSE:  
STRONG  
COMMUNITY**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
People in communities understand needs, issues and options for change		Views expressed and recorded in community conferences or health fairs	
They have the skills needed to work for change		Evidence of effectiveness of community activity	
They have relevant knowledge of the processes, resources and policies that shape their quality of life		Feedback from workers supporting group development	
They have the confidence and assertiveness necessary to clarify their understanding of needs and issues and to propose alternatives		Outcomes of visioning days or planning sessions	
There is effective leadership for the expression of community needs and interests		Reported perceptions of middle managers in public agencies	

**PURPOSE:  
STRONG  
COMMUNITY**

**DIMENSION:** Equality: a community where there is broad-based participation in community affairs and equality of opportunity

**TABLE 1**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
There is recognition of the principles of equalities and social justice in community and service-providing agencies		Reported perceptions of black and minority ethnic groups	
The views and needs of excluded groups are sought and understood		As above	
Differences are acknowledged and accepted		As above	
Inappropriate use of power is challenged		Observations of partner agencies	
The community adopts equalities policy and practice		Records of formal adoption by community groups	

**TABLE 1**

**DIMENSION:** Community organisation: a community with a sound organisational infrastructure

**PURPOSE:**  
**STRONG  
COMMUNITY**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
The community provides widespread opportunities for informal contacts and support networks		Audit of number of community contacts a representative sample enjoys	
Community organisations provide services meeting community needs drawing on community energies		Record of services offered and taken up	
Community influences the quality of community services		Records of annual general meetings, feedback sheets, recorded changes in service	
Community organisations control and benefit from assets		Value of assets in community ownership	
Community organisations work with wider networks to mutual advantage		Numbers of networks engaged and nature of engagement	
Community organisations are open and democratic		Review of constitutions and evidence of their implementation	
Community organisations work to mutual advantage		Numbers and nature of collaborations and their effect	

**PURPOSE:  
STRONG  
COMMUNITY**

**DIMENSION:** Community involvement: a community able to exercise power and influence

**TABLE 1**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
Community organisations and forums are accountable to the community they represent		Procedures written into their constitutions and plans that protect accountability and transparency	
Community is routinely consulted on policies and services		Records and plans of public agencies, LHCCs, Health Improvement Plans etc.	
Community shares in decisions that are made		As above	
Community is a recognised partner in action and implementation		As above	
Community leads the agenda for change or development		Community representatives in positions of influence and the impact they consider this has	

**TABLE 1**

**DIMENSION:** Community economy: a community that is economically sustainable

**PURPOSE:**  
**QUALITY OF  
COMMUNITY LIFE**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
Increasing community income		Net family/household income	
Reducing community expenditure		Net family/household expenditure	
Enhancing community assets		Value of assets owned by community organisations	
Elimination of waste and wasteful practices		Environmental audit evidence	

**PURPOSE:  
QUALITY OF  
COMMUNITY LIFE**

**DIMENSION:** Community services: a community with good quality services and supports

**TABLE 1**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
Good informal networks of care and support		Reported contacts of vulnerable or isolated people	
Services to community are relevant, accessible, valued		User feedback and complaints records	
Services are responsive to community needs and priorities		User feedback and complaints records	
The community is actively involved in planning and delivery		Evidence of joint planning groups and their decisions	
Services are health promoting: accessible, responsive, focused on need		Feedback from users	

**TABLE 1**

**DIMENSION:** A safe and healthy community

**PURPOSE:**  
QUALITY OF  
COMMUNITY LIFE

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
Safe spaces and routes		Perceptions of parents and vulnerable elderly; police records	
Environmental pollution control		Records of environmental health agency	
Energy efficient housing and community buildings		Records of landlords and surveys of residents	
Knowledge and awareness of healthy behaviours and choices		Responses to health promotion initiatives; records of primary health teams	

**PURPOSE:  
QUALITY OF  
COMMUNITY LIFE**

**DIMENSION:** Community culture: a community with a vibrant culture, including expression, recreation and creativity

**TABLE 1**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
Sense of identity and culture		Observations of outsiders	
Celebration of differences		Perceptions of range of groups in community	
Opportunities for recreation, physical activity, self-expression		Records from participatory appraisal	
Freedom of religious expression		Evidence from minority religious groups	

**TABLE 1**

**DIMENSION:** Local democracy: a community able to participate actively in public affairs and decision making

**PURPOSE:**  
**QUALITY OF  
COMMUNITY LIFE**

1	2	3	4
ELEMENTS	YOUR OUTCOMES	POSSIBLE INDICATORS	YOUR INDICATORS
Elected representatives and policy makers engage with the community		Records of their participation in public meetings, community events and partnership structures	
Organisations adopt democratic and participative practices		Perceptions of organisational staff and service users	
Support for engagement in policy and practice development		Levels of and value of material and non-material support	



**TABLE 2**

- Action-planning  
(LEAP Steps 3 and 4)

## INTRODUCING TABLE 2: ACTION-PLANNING (LEAP STEPS 3 AND 4)

Here we introduce the framework for considering how you will plan your activities regarding the 'core purposes' of community health and well-being, namely:

- promoting personal health
- building community strengths
- achieving change in quality of life

Each core purpose is broken down into several dimensions which are defined and described in the table. Each dimension is in turn divided into elements, and these form the basis for detailed planning.

### COLUMN 1: KEY TASKS (ELEMENTS)

Each of the dimensions is broken down into several elements. These set out the key tasks which workers undertake within each dimension of practice. They identify areas of work that contribute to the overall processes of change. In most circumstances, workers engaged in these tasks would be involved, at some point, with the large majority, and possibly all, the elements identified. In summary:

**Promoting personal health** is split into four dimensions. These are:

- promoting awareness: identifying and engaging purposefully with people
- promoting confidence, choice and control: providing information, opportunities and helping people make choices
- promoting self-reliance and independence: helping sustain continued involvement
- promoting connections to community: helping link into other networks and activities

**Building community strengths** is split into four dimensions. These are:

- building skills: supporting the development of skills and confidence in the community
- building equality: promoting broad-based participation in community affairs
- building organisation: assisting the strengthening of the community infrastructure
- building participation: assisting communities to exercise power and influence

**Achieving change in quality of life** is split into four dimensions. These are:

- working with communities to assess issues, needs and assets
- working to establish a vision for future change
- assisting development of community groups and organisations to plan and carry out action
- identifying and helping access resources to support action

Each of the dimensions in 'Achieving change in quality of life' can be applied to any of the aspects of 'quality of life' set out in Table 1, as follows:

- improving the community economy through community activity on community wealth matters
- improving services through community activity on service quality matters
- promoting healthy environments through community activity on community safety and health matters
- enhancing community culture through activity on expression, recreation and creativity
- extending local democracy through community activity on partnership and citizenship

It is important to note that the distinctions between the dimensions of well-being are primarily to help with clarity of understanding and analysis. In practice there will be extensive links between the dimensions: for example a food co-op may well support activities that have an impact on all the dimensions described.

## INTRODUCING TABLE 2: ACTION-PLANNING (LEAP STEPS 3 AND 4)

### **COLUMN 2: WHAT RESOURCES WILL WE USE? (INPUTS)**

The types of input to a community health and well-being programme were discussed on pages 21-22. The nature of the inputs will depend on local circumstances – the resources of the stakeholders who are contributing to the programme, particular local policy guidelines, and so on – but a few examples are given here to show the sorts of input that may be available.

### **COLUMN 3: WHAT METHODS WILL WE USE? (PROCESSES)**

Here we pose questions about the specific types of things which workers are likely to do to carry out work that relates to the elements of community health and well-being. For example, workers may provide training, organise events, undertake research or provide guidance on funding opportunities. Thus the focus is on examples of the ways in which community health and well-being is promoted.

### **COLUMN 4: WHAT WILL WE DO? (OUTPUTS)**

On page 22 we defined outputs as the specific products or activities involved in a project or programme. Again, these will vary according to local circumstances but some examples have been included here. It is important to remember that outputs are things that you can plan to achieve using the inputs available to you. In other words, you can specify in advance what your work should produce. For example, your output target might be to produce a community health profile of a neighbourhood by a specified date, or to ensure that all premises used for community health and well-being activity are made accessible to wheel-chair users within two years.

### **COLUMN 5: YOUR OUTPUT INDICATORS**

Column 5 is blank because you will need to decide with your stakeholders what indicators you will use to judge your performance in relation to your output targets. You may also wish to complete the blank worksheets on pages 73-79. The indicators should tell you whether you have done what you intended and help make the connection between what you have actually done and the outcomes which resulted.

### **COLUMN 6: POTENTIAL OUTCOMES**

The outcomes you seek will be discussed and agreed in Steps 1 and 2 of the LEAP framework. This column in Table 2 merely suggests examples of the sorts of outcomes that could emerge from the outputs you deliver, thus showing the connection between what you plan to do with what you hope to achieve.

**Table 2: Action-planning (LEAP Steps 3 and 4)**

<b>PURPOSE: PROMOTING PERSONAL HEALTH</b>		<b>DIMENSION:</b> Promoting awareness: identifying and engaging purposefully with people: establishing and maintaining a purposeful relationship with individuals (patients, clients, service users) using techniques to reach the excluded or non-engaged				<b>TABLE 2</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	
<b>KEY TASKS (ELEMENTS)</b>	<b>WHAT RESOURCES WILL WE USE? (INPUTS)</b>	<b>WHAT METHODS WILL WE USE? (PROCESSES)</b>	<b>WHAT WILL WE DO? (OUTPUTS)</b>	<b>YOUR OUTPUT INDICATORS</b>	<b>POTENTIAL OUTCOMES</b>	
Make contact with people, groups and organisations	Examples might include: <ul style="list-style-type: none"> <li>• Worker time</li> <li>• Knowledge</li> <li>• Use of networks</li> </ul>	<ul style="list-style-type: none"> <li>• How will you make contact with people, groups and organisations <b>and/or</b> make your service available and accessible?</li> <li>• What methods will you use – visits, letters, publicity, telephone, attend meetings?</li> <li>• How will you record contacts made and relevant information/evidence?</li> </ul>	For example, specific targets for: <ul style="list-style-type: none"> <li>• Producing an information leaflet about your service or a particular issue and circulating it to a specified group of people within a specified time-scale</li> <li>• A database or other record of contacts made and information gathered</li> </ul>		<ul style="list-style-type: none"> <li>• People aware of services and supports available</li> <li>• Information gained supports planning and other activities</li> <li>• Demand from people for services is generated</li> <li>• Services respond to identified needs</li> </ul>	
Target excluded people and those not yet participating to assess their needs	Examples might include: <ul style="list-style-type: none"> <li>• Research findings on processes of inclusion</li> <li>• Interpreters</li> <li>• Arrangements with service providers</li> </ul>	<ul style="list-style-type: none"> <li>• How will you identify excluded and non-participant groups?</li> <li>• What methods will you use to reach these groups and assess perceptions and needs?</li> <li>• Can you use a variety of techniques to show the value of well-being activity: e.g. outreach work, health fairs, leaflets?</li> </ul>	For example, specific targets for: <ul style="list-style-type: none"> <li>• A month-long programme of streetwork to engage with young people</li> <li>• Primary care staff to undertake short needs assessment surveys</li> </ul>		<ul style="list-style-type: none"> <li>• Barriers to involvement are understood</li> <li>• Attention is given to those with the greatest need</li> <li>• Providers assess the relevance of their programmes and make adjustments</li> <li>• More members of excluded groups are involved</li> <li>• Exclusion diminishes</li> </ul>	

**TABLE 2**

**DIMENSION:** Promoting awareness: identifying and engaging purposefully with people: establishing and maintaining a purposeful relationship with individuals (patients, clients, service users) using techniques to reach the excluded or non-engaged

**PURPOSE:**  
**PROMOTING  
PERSONAL HEALTH**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Gather information on people’s needs, motivations and aspirations	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Knowledge of research techniques</li> <li>• Availability of community researchers</li> <li>• Previous needs assessment exercises</li> </ul>	<ul style="list-style-type: none"> <li>• How will you encourage groups and individuals to express needs and issues?</li> <li>• How will you encourage groups and individuals to become interested in a variety of potential activities?</li> <li>• How will you record information on aspirations and unmet needs?</li> <li>• How will you share information with other providers or community groups?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Case notes taken by primary care staff</li> <li>• Records of problems referred to citizens’ advice bureau or local health council</li> <li>• Discussions with user groups</li> </ul>		<ul style="list-style-type: none"> <li>• Extended and more accurate understanding of community needs and issues</li> <li>• Debate develops about relevance of existing opportunities</li> <li>• Increased collaboration between providers</li> </ul>

**PURPOSE:  
PROMOTING  
PERSONAL HEALTH**

**DIMENSION:** Promoting awareness: identifying and engaging purposefully with people: establishing and maintaining a purposeful relationship with individuals (patients, clients, service users) using techniques to reach the excluded or non-engaged.

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
<p>Review data to assess people's overall needs and aspirations</p>	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Time</li> <li>• Computer equipment and training</li> <li>• Discussion</li> </ul>	<ul style="list-style-type: none"> <li>• How do you intend to analyse evidence of community health needs e.g. food, stress, safety, service availability?</li> <li>• How will priorities be identified?</li> <li>• How will you engage the involvement of community interests and partner providers?</li> <li>• How will the assessment be built into plans?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Open space or visioning events held with service users or community groups</li> <li>• Consultation processes with excluded groups</li> </ul>		<ul style="list-style-type: none"> <li>• Health needs are better understood</li> <li>• Providers respond to priority needs</li> <li>• Collaborative work develops with community and partner providers</li> <li>• Plans inform practice</li> </ul>

**TABLE 2**

**DIMENSION:** Promoting confidence, choice and control: providing information, opportunities and helping people make choices: working to empower people by designing, developing and providing targeted opportunities, in partnership with individuals, groups and agencies

**PURPOSE:**  
**PROMOTING  
PERSONAL HEALTH**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Design relevant and realistic activities, services or programmes based on assessment of needs and issues	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Premises</li> <li>• Staff time</li> <li>• Access to specialist contributors</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Engage with partners and potential participants?</li> <li>• Promote discussion of opportunities?</li> <li>• Identify a relevant programme of activities matched to resources and priority needs?</li> <li>• Build this into your plans?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• A series of planning meetings</li> <li>• Facilitating a youth forum or patient group</li> <li>• Setting up a mental health support group</li> </ul>		<ul style="list-style-type: none"> <li>• Involvement is established</li> <li>• Collaboration is established</li> <li>• Choice of activities is made available</li> <li>• Resources are used effectively and efficiently to meet priority needs</li> </ul>
Build specific activities into an overall programme	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Volunteer motivation and energy</li> <li>• Communication channels</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Negotiate aims, outputs and intended outcomes of activities?</li> <li>• Identify the techniques and methods to be used?</li> <li>• Identify staff/volunteers with appropriate experience and qualifications?</li> <li>• Identify barriers and necessary supports: e.g. crèche, transport for disabled people?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Working with a community transport project to bring older people to a luncheon club</li> <li>• Providing individual support to service users who wish to volunteer</li> </ul>		<ul style="list-style-type: none"> <li>• Participants have a positive experience</li> <li>• Their confidence grows and they are encouraged to sustain their involvement</li> <li>• Partnership collaboration is tested</li> <li>• Barriers to involvement and special needs are understood better</li> </ul>

**PURPOSE:  
PROMOTING  
PERSONAL HEALTH**

**DIMENSION:** Promoting confidence, choice and control: providing information, opportunities and helping people make choices: working to empower people by designing, developing and providing targeted opportunities, in partnership with individuals, groups and agencies

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Develop methods of assessing progress	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Knowledge of evaluation tools</li> <li>• Recording systems</li> <li>• Time for reflection</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Agree criteria for judging progress with stakeholders?</li> <li>• Decide on assessment and monitoring methods for individual progress?</li> <li>• Decide on assessment and monitoring methods for group progress?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• A set of agreed outcome indicators</li> <li>• Feedback sheets; regular monitoring of progress with users</li> </ul>		<ul style="list-style-type: none"> <li>• Participants can measure the change in their confidence and control</li> <li>• They gain confidence and self-esteem from sustained involvement</li> </ul>
Review to ensure that overall programmes and specific opportunities reflect well-being values and principles	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Collated evidence and records</li> <li>• Staff time</li> <li>• Partner time</li> <li>• Interest of participants/ service users</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Engage participants in critical review of proposed programme and opportunities?</li> <li>• Engage partner providers in review as above?</li> <li>• Consider whether proposed programme will be empowering, participative, inclusive?</li> <li>• Refine and adjust plans in light of comments?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• A six monthly stakeholder and user review workshop</li> <li>• Dissemination via notices, newsletter, community website of outcome of the critiques and of the changes made</li> </ul>		<ul style="list-style-type: none"> <li>• Participants recognised as key stakeholders from the start</li> <li>• The authority of the participant is recognised</li> <li>• Partnerships are experienced as genuine</li> <li>• Goodwill is fostered which encourages continuing collaboration</li> <li>• Barriers to participation for excluded people are overcome</li> </ul>

**TABLE 2**

**DIMENSION:** Promoting self-reliance and independence: helping sustain involvement: working to increase people’s level of control and autonomy drawing on community support

**PURPOSE:**  
**PROMOTING  
PERSONAL HEALTH**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Give information and advice to support people to make informed choices	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Word of mouth</li> <li>• Budget for leaflets and newsletters</li> <li>• Contacts with media</li> <li>• Use of contact time</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Provide materials and information about activities and opportunities?</li> <li>• Provide one-to-one advice and guidance?</li> <li>• Ensure people have access to specialised staff where appropriate?</li> <li>• Ensure support and guidance is available at appropriate times and places?</li> <li>• Monitor drop-out rates and reasons?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Establishing a dedicated service for asylum-seekers at time and place suitable for them</li> <li>• Producing an information and support pack on housing options for young people leaving care</li> </ul>		<ul style="list-style-type: none"> <li>• Barriers to participation are overcome</li> <li>• Number of people engaged in activities increases</li> <li>• Number of excluded participants increases</li> <li>• Levels of self-confidence and self-esteem grow</li> <li>• Specific skills are gained</li> <li>• Reasons for drop-out inform future plans</li> </ul>
Use ongoing evaluation to inform planning and delivery of programmes	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Designated time</li> <li>• Review workshop time</li> <li>• Interest of partners and users</li> <li>• Information from monitoring</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Foster continual dialogue and agree monitoring systems with participants?</li> <li>• Establish quality assurance systems based on criteria agreed with participants?</li> <li>• Explore levels of satisfaction, involvement and influence over content and direction of activity with participants?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Designing and introducing an agreed quality assurance system</li> </ul>		<ul style="list-style-type: none"> <li>• Opportunities and activities respond to people’s needs</li> <li>• Programmes meet agreed quality standards</li> <li>• People gain self-confidence and become more self-directing</li> <li>• A culture of responsive and accountable service provision is established</li> </ul>

**PURPOSE:  
PROMOTING  
PERSONAL HEALTH**

**DIMENSION:** Promoting self-reliance and independence: helping sustain involvement: working to increase people’s level of control and autonomy drawing on community support

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Ensure that the environment is appropriate	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Published guidance on settings for confidential or sensitive work</li> <li>• Awareness of health and safety policy</li> <li>• Ground rules on smoking, mobile phones, allowing space etc.</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Ensure that staff are welcoming and friendly?</li> <li>• Use accessible, comfortable, hazard-free premises?</li> <li>• Where possible agree location and timing of activity with participants?</li> <li>• Ensure that appropriate aids are available and used?</li> <li>• Provide ongoing training and support for staff?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Establishing a set of service quality standards after discussion with users</li> </ul>		<ul style="list-style-type: none"> <li>• Participation is a positive experience</li> <li>• Participation is sustained</li> <li>• Reputation of provider(s) is enhanced</li> <li>• New participants are attracted</li> <li>• Policy makers see a positive return for their investment in community</li> </ul>
Enable participants to assess their own development and confidence	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Individual contact time to review</li> <li>• Knowledge and skill in supporting self-assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Provide opportunities to reflect on change and growth?</li> <li>• Explore growth in skills, knowledge and confidence?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Progress review meetings with members of stress support group</li> <li>• ‘Storytelling’ session with community participants</li> </ul>		<ul style="list-style-type: none"> <li>• Levels of self-confidence are identified</li> <li>• Skills and knowledge are compared with self-perceptions</li> <li>• Future needs are identified</li> <li>• Capacity for self-direction is enhanced</li> <li>• Belief in ability to take more control is enhanced</li> </ul>

**TABLE 2**

**DIMENSION:** Promoting connections to community: helping link people into other networks and activities: working to encourage people to engage with community networks and supports

**PURPOSE:**  
**PROMOTING  
PERSONAL HEALTH**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Support participants to reflect and identify how to use their knowledge and skills in the wider community	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Knowledge of range of community groups and organisations</li> <li>• Worker time</li> <li>• Values based on learning and change</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Ensure that programmes are designed to allow reflection and critical review of lessons learned?</li> <li>• Enable participants to think about and share what they have learned about health, family, relationships?</li> <li>• Enable participants to share their learning for wider community benefit?</li> <li>• Celebrate achievements?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• A community health fair organised by local action group</li> <li>• Exchange visits between community groups and user groups</li> </ul>		<ul style="list-style-type: none"> <li>• People recognise their achievements and become more confident</li> <li>• People recognise and draw on networks throughout the community</li> <li>• People have stronger social bonds and networks</li> <li>• People work together to identify the personal and mutual benefits of activity</li> <li>• People recognise that involvement can be satisfying and rewarding</li> </ul>

**PURPOSE:  
PROMOTING  
PERSONAL HEALTH**

**DIMENSION:** Promoting connections to community: helping link people into other networks and activities: working to encourage people to engage with community networks and supports

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Support people to transfer their skills and knowledge	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Suitable premises</li> <li>• Time to help identify lessons and learning</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Provide and encourage sharing of information on opportunities to apply new confidence and skills?</li> <li>• Encourage contact with earlier participants to share experiences of change and lessons?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• One-to-one reflection and group discussions</li> </ul>		<ul style="list-style-type: none"> <li>• People find new ways to use their skills</li> <li>• People develop support networks</li> <li>• Community networks are strengthened</li> <li>• Quality of life and health is improved</li> <li>• Participants contribute to the quality of community life</li> </ul>
Identify routes for progression	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Knowledge of volunteering opportunities and supports</li> <li>• Knowledge of training opportunities</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Identify opportunities for further activity or development?</li> <li>• Sustain contact and monitor progress?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Completed personal logs and/or personal action plans</li> </ul>		<ul style="list-style-type: none"> <li>• Involvement becomes ongoing and valued</li> <li>• People feel supported and respond to new opportunities</li> <li>• Health levels improve</li> <li>• New skills enable wider participation in community and economy</li> <li>• Exclusion and poverty are addressed</li> </ul>

TABLE 2	<b>DIMENSION:</b> Building skills: supporting the development of skills and confidence in the community: to ensure that community members and community organisations learn from and build on personal and group experience, that they can recognise and understand the political and other contexts of what they do, and can apply their knowledge for community benefit				<b>PURPOSE:</b> <b>BUILDING COMMUNITY STRENGTHS</b>	
1	2	3	4	5	6	
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES	
Encourage the development of skills and knowledge from participation in community activity	Examples might include: <ul style="list-style-type: none"> <li>• Worker time</li> <li>• Community Learning Strategy</li> <li>• Energy of participants</li> </ul>	How will you: <ul style="list-style-type: none"> <li>• Work with people to identify and build on skills and knowledge gained from community activities: e.g. working with others, planning and organising activities, writing skills, making and presenting the case for change, publicity, raising funds?</li> <li>• Work with people to identify gaps in skills and knowledge and support their development through community activity?</li> </ul>	For example, specific targets for: <ul style="list-style-type: none"> <li>• Community based training and support needs exercise</li> <li>• Structured reflection on progress of project or user group</li> </ul>		<ul style="list-style-type: none"> <li>• Skills and knowledge are developed through participating in community activity</li> <li>• People’s confidence in their abilities and potential is increased</li> <li>• Skills and knowledge are applied for the benefit of the community</li> <li>• Skills and knowledge are transferred to other aspects of life</li> </ul>	
Ensure that support, advice and training is related to the purpose of the group	Examples might include: <ul style="list-style-type: none"> <li>• Record of needs and issues</li> <li>• Knowledge of suitable supports and sources of advice</li> </ul>	How will you: <ul style="list-style-type: none"> <li>• Provide information and advice on the options available?</li> <li>• Help people and groups choose the supports they need?</li> <li>• Help groups evaluate the outcome of the support they received?</li> </ul>	For example, specific targets for: <ul style="list-style-type: none"> <li>• Circulating information on training and support services offered by local volunteer development unit</li> </ul>		<ul style="list-style-type: none"> <li>• Skills and knowledge are gained from the support provided</li> <li>• Skills and knowledge are applied to the development of community</li> <li>• Skills and knowledge are transferred to other aspects of life</li> </ul>	

**PURPOSE:  
BUILDING COMMUNITY  
STRENGTHS**

**DIMENSION:** Building skills: supporting the development of skills and confidence in the community: to ensure that community members and community organisations learn from and build on personal and group experience, that they can recognise and understand the political and other contexts of what they do, and can apply their knowledge for community benefit

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Encourage the development of conscious belief in the possibility of change – for people, groups and the community	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Worker time</li> <li>• Knowledge of other projects</li> <li>• Budget to attend conferences</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Encourage people to identify their experience of change and improvement – for people, groups and the community?</li> <li>• Help identify the key factors that influence improvement and change – for people, groups and the community?</li> <li>• Provide examples of successful change from elsewhere?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Arranging visits to other community groups, as well as visits from them</li> <li>• Encouraging attendance and participation in regional and national conferences</li> </ul>		<ul style="list-style-type: none"> <li>• A better understanding of the processes of change and the barriers to it</li> <li>• A more positive perception of how self and community change is developed</li> <li>• New and more complex issues are tackled with confidence</li> </ul>

**TABLE 2**

**DIMENSION:** Building skills: supporting the development of skills and confidence in the community: to ensure that community members and community organisations learn from and build on personal and group experience, that they can recognise and understand the political and other contexts of what they do, and can apply their knowledge for community benefit

**PURPOSE:**  
**BUILDING COMMUNITY STRENGTHS**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Support the development of capacity for effective action in people and groups	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Value commitment to continued learning</li> <li>• Knowledge of participation issues and methods</li> <li>• Sensitivity to participants' issues and needs</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Promote critical reflection?</li> <li>• Work with people and groups to identify clear objectives?</li> <li>• Work with people and groups to draw up plans for action?</li> <li>• Work with individuals and groups to resource and implement their plans?</li> <li>• Work with people and groups to access training and other resources?</li> <li>• Work with people and groups to monitor progress?</li> <li>• Provide support and confidence-building to people and groups?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• A regular review and planning session with food co-op management and volunteer group</li> </ul>		<ul style="list-style-type: none"> <li>• People gain the confidence and skills to take an active role in the community</li> <li>• People and groups gain the confidence and skills to take action on specific problems</li> <li>• People and groups apply a planned and reflective approach to new problems as they arise</li> </ul>

**PURPOSE:  
BUILDING COMMUNITY  
STRENGTHS**

**DIMENSION:** Building skills: supporting the development of skills and confidence in the community: to ensure that community members and community organisations learn from and build on personal and group experience, that they can recognise and understand the political and other contexts of what they do, and can apply their knowledge for community benefit

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Support the development of leadership in the community	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Availability of toolkits and training methods</li> <li>• Awareness of leadership issues and needs</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Provide information and advice on leadership skills?</li> <li>• Provide examples of community leadership from elsewhere?</li> <li>• Provide or identify training on groupwork or leadership skills?</li> <li>• Assist with evaluation of the training?</li> <li>• Provide support and confidence building?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Use of the 'partnership appraisal toolkit' to assess perceptions of leadership and direction</li> </ul>		<ul style="list-style-type: none"> <li>• Skills and knowledge are gained from the support provided</li> <li>• Skills and knowledge are applied to the development of community</li> <li>• Skills and knowledge are transferred to other aspects of life</li> </ul>
Work with community organisations to understand how to use power for the benefit of the community	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Worker time</li> <li>• Agreed work programme</li> <li>• Research skills</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Support groups to identify and map the local power structures in the community, and in public agencies and other bodies?</li> <li>• Provide information and advice on the role of action, pressure, campaigning and lobbying?</li> <li>• Provide or identify training?</li> <li>• Provide individual/group support and confidence building?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Provision of information and advice on decision making processes and structures in the NHS, local government and elsewhere</li> <li>• Provision of examples of the successful use of power for community benefit</li> </ul>		<ul style="list-style-type: none"> <li>• Community organisations develop and apply strategies to use power for community benefit</li> <li>• Traditional power holders recognise and respond to legitimate community power</li> <li>• Socially excluded groups gain more influence</li> </ul>

**TABLE 2**

**DIMENSION:** Building skills: supporting the development of skills and confidence in the community: to ensure that community members and community organisations learn from and build on personal and group experience, that they can recognise and understand the political and other contexts of what they do, and can apply their knowledge for community benefit

**PURPOSE:**  
**BUILDING COMMUNITY STRENGTHS**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Support community organisations to ensure that inclusive attitudes and behaviour are encouraged	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>Established equal opportunities policy</li> <li>Confidence to challenge prejudicial attitudes</li> <li>Modelling good practice</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>Help groups identify and engage with excluded or marginalised groups in the community?</li> <li>Provide or identify training?</li> <li>Help with the development of equal opportunity guidelines to promote good practice and encourage greater inclusiveness in community activity?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>Providing information and advice on equal opportunities, diversity, inclusion and justice, and the perceptions of socially excluded or marginalised groups</li> <li>Adopting good examples of inclusive practice from elsewhere</li> </ul>		<ul style="list-style-type: none"> <li>Excluded and marginalised groups are encouraged to participate in community activity</li> <li>Excluded and marginalised people are encouraged to form community groups</li> <li>Excluded and marginalised people develop skills knowledge and confidence</li> <li>Skills and knowledge gained are applied to achieving greater inclusiveness</li> </ul>

**PURPOSE:  
BUILDING COMMUNITY  
STRENGTHS**

**DIMENSION:** Building equality: promoting broad-based participation in community affairs: to ensure effective support networks, promote wider community involvement and develop co-operation between community organisations, based on principles of inclusion, diversity and justice

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
<p>Encourage and support community groups to adopt principles of social inclusion and equal opportunity</p>	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Policy on inclusion from Scottish Executive</li> <li>• Time to enable discussion</li> <li>• Worker support</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Support community groups to work together to affirm and support the principles of social inclusion/equal opportunities?</li> <li>• Support community groups to monitor and evaluate the success of social inclusion/equal opportunities policies in their own organisations and in public agencies and other bodies?</li> <li>• Help community groups celebrate the diversity of cultures and heritage in their community?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Arranging a community conference leading to the adoption of good practice guidelines</li> </ul>		<ul style="list-style-type: none"> <li>• Community organisations and agencies develop and practise equal opportunities</li> <li>• Social inclusion and equal opportunities policies are developed and implemented in relation to community needs</li> <li>• Community organisations and community-based agencies actively monitor social inclusion and equal opportunity policies and practice</li> <li>• Community organisations and agencies are seen to affirm all cultural heritages and identities</li> <li>• Minority groups do not experience discrimination</li> </ul>

**TABLE 2**

**DIMENSION:** Building equality: promoting broad-based participation in community affairs: to ensure effective support networks, promote wider community involvement and develop co-operation between community organisations, based on principles of inclusion, diversity and justice

**PURPOSE:**  
**BUILDING COMMUNITY STRENGTHS**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Encourage wider community involvement in the services and activities of community organisations	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Worker time</li> <li>• Attitude of community organisations</li> <li>• Availability of grants support to community organisations</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Help community organisations identify and address barriers to community involvement in services and activities?</li> <li>• Help community groups develop and implement strategies to overcome barriers?</li> <li>• Support community groups to review whether the services and activities available are relevant to the local community?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• A 'SWOT' exercise carried out with community group</li> </ul>		<ul style="list-style-type: none"> <li>• Increased involvement of the wider community in local services and activities – including excluded and marginalised groups</li> <li>• Increased influence of the wider community in local services and activities</li> <li>• Development and provision of more relevant services to meet community needs</li> </ul>
Work with community members to develop support networks between people in the community	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Established community networks</li> <li>• Local knowledge</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Assist people identify and develop networks appropriate to local personal needs?</li> <li>• Provide/identify training opportunities?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Providing information and advice on support networks</li> <li>• Providing examples of support networks elsewhere</li> </ul>		<ul style="list-style-type: none"> <li>• Wider range and choice of networks to support people and encourage self-help</li> <li>• Increased participation in such networks</li> <li>• Increase in range and extent of neighbourly activity</li> </ul>

**PURPOSE:  
BUILDING COMMUNITY  
STRENGTHS**

**DIMENSION:** Building organisation: assisting the strengthening of the community infrastructure: to ensure that community organisations reflect the circumstances and issues facing their community; that they can develop and manage services and supports that meet community needs, and link to others to strengthen internal and wider networks

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Work with community groups to develop support networks between community organisations	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Information and advice on support networks</li> <li>• Examples of support networks elsewhere</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Provide information and advice on support networks?</li> <li>• Provide examples of support networks elsewhere?</li> <li>• Assist people identify and develop networks appropriate to local community organisations?</li> <li>• Provide/identify training opportunities?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Holding a support network planning meeting</li> <li>• Providing examples of support networks elsewhere</li> </ul>		<ul style="list-style-type: none"> <li>• Wider range and choice of networks to support community organisations</li> <li>• Increased participation in such networks</li> <li>• Learning from networks enhances the work of community groups</li> <li>• Collaborative action is taken on issues of common concern</li> </ul>

TABLE 2	<b>DIMENSION:</b> Building organisation: assisting the strengthening of the community infrastructure: to ensure that community organisations reflect the circumstances and issues facing their community; that they can develop and manage services and supports that meet community needs, and link to others to strengthen internal and wider networks				<b>PURPOSE:</b> <b>BUILDING COMMUNITY STRENGTHS</b>	
1	2	3	4	5	6	
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES	
Support the establishment of structures to sustain long-term action	Examples might include: <ul style="list-style-type: none"> <li>• Grants policy</li> <li>• Long-term funding</li> <li>• Regulation and inspection framework</li> </ul>	How will you: <ul style="list-style-type: none"> <li>• Support and sustain collaborative and partnership work between stakeholders?</li> <li>• Work with community organisations to obtain resources to sustain their work?</li> <li>• Work with community organisations to build strong collaborative organisational structures, e.g. neighbourhood councils?</li> <li>• Establish structures for community participation in agency decision making?</li> </ul>	For example, specific targets for: <ul style="list-style-type: none"> <li>• Establishing an area forum to bring together community views on well-being issues</li> </ul>		<ul style="list-style-type: none"> <li>• Sustained collaboration between stakeholders</li> <li>• Increase in resources controlled by community organisations</li> <li>• Strong collaborative structures</li> <li>• Resolution of conflicting community interests</li> <li>• Effective participation structures</li> <li>• Increase in community influence over nature and allocation of resources</li> </ul>	

**PURPOSE:  
BUILDING COMMUNITY  
STRENGTHS**

**DIMENSION:** Building organisation: assisting the strengthening of the community infrastructure: to ensure that community organisations reflect the circumstances and issues facing their community; that they can develop and manage services and supports that meet community needs, and link to others to strengthen internal and wider networks

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Work with community groups to develop local projects on health and well-being issues	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Knowledge of funding sources</li> <li>• Knowledge of current policy framework</li> <li>• Political support</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Provide information and advice?</li> <li>• Provide examples of similar activity elsewhere e.g. stress centres, breakfast clubs, food co-ops, healthy living centres?</li> <li>• Provide or identify training needed?</li> <li>• Identify funding sources?</li> <li>• Provide support and confidence building?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Making contact with relevant support agencies and networks e.g. CHEX, Community Diet Project</li> <li>• Assisting group to prepare funding bid to Community Fund</li> </ul>		<ul style="list-style-type: none"> <li>• Community projects and initiatives are established</li> <li>• Their activity benefits the community – improves health and well-being; contributes to the local economy; links the community to others</li> <li>• Increased confidence in local skills and abilities</li> <li>• Community becomes more self-determining</li> <li>• Community self-esteem increases</li> <li>• Social economy is developed</li> </ul>

**TABLE 2**

**DIMENSION:** Building organisation: assisting the strengthening of the community infrastructure: to ensure that community organisations reflect the circumstances and issues facing their community; that they can develop and manage services and supports that meet community needs, and link to others to strengthen internal and wider networks

**PURPOSE:**  
**BUILDING COMMUNITY STRENGTHS**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Support communities to control assets or services in the local area	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Access to model constitutions</li> <li>• Relevant training available</li> <li>• Motivation of community members/volunteers</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Provide information and advice?</li> <li>• Provide examples of similar activity elsewhere?</li> <li>• Provide or identify training opportunities?</li> <li>• Identify relevant support agencies and networks e.g. CHEX, Community Diet Project?</li> <li>• Identify funding sources?</li> <li>• Provide support and confidence building?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Running a programme of management training for interim project steering group</li> </ul>		<ul style="list-style-type: none"> <li>• Community gains control over assets and services</li> <li>• Their activity benefits the community – improves health and well-being; contributes to the local economy; provides relevant and realistic services</li> <li>• Increased confidence in local skills and abilities</li> <li>• Community becomes more self-determining</li> <li>• Community self-esteem increases</li> <li>• Social economy is developed</li> </ul>

**PURPOSE:  
BUILDING COMMUNITY  
STRENGTHS**

**DIMENSION:** Building organisation: assisting the strengthening of the community infrastructure: to ensure that community organisations reflect the circumstances and issues facing their community; that they can develop and manage services and supports that meet community needs, and link to others to strengthen internal and wider networks

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
<p>Work with community groups and organisations to develop mutual aid self-help and voluntary service activities – especially for excluded/ disadvantaged groups</p>	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Office equipment</li> <li>• Premises</li> <li>• Volunteer energies</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Provide information and advice?</li> <li>• Provide examples of similar activity elsewhere?</li> <li>• Provide or identify training opportunities?</li> <li>• Identify relevant support agencies and networks e.g. CHEX, Community Diet Project?</li> <li>• Identify funding sources?</li> <li>• Provide support and confidence building?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Providing access to meeting spaces, photocopier and PC for young people’s health group</li> </ul>		<ul style="list-style-type: none"> <li>• Mutual aid, self-help and voluntary service activities are developed</li> <li>• Activity benefits community</li> <li>• Confidence in local skills and abilities increases</li> <li>• Community becomes more self-determining</li> <li>• Community self-esteem increases</li> <li>• Greater sustainability</li> </ul>

**TABLE 2**

**DIMENSION:** Building participation: assisting communities to exercise power and influence: to ensure that community organisations are democratic and accountable, reflect issues of concern to their communities and represent their community’s perspective effectively, and are able to influence agency policy and practice

**PURPOSE:**  
**BUILDING COMMUNITY STRENGTHS**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Support community organisations to be strong, democratic, inclusive, open and accountable to their communities	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Organisation ‘health check’ framework</li> <li>• Trained facilitator</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Provide information and advice?</li> <li>• Provide examples of good practice?</li> <li>• Provide/identify skills training?</li> <li>• Provide group support and confidence building?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Groups supported to produce code of practice and more inclusive constitution</li> </ul>		<ul style="list-style-type: none"> <li>• Community organisations communicate effectively</li> <li>• They encourage inclusive participation</li> <li>• They hold effective and participative meetings and events</li> <li>• They are respected by public agencies and bodies</li> </ul>
Work with community organisations to understand health policies and decision-making systems	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Health Issues in the Community training materials and tutors</li> <li>• Availability of key reports and guidance</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Provide or identify training?</li> <li>• Provide support and confidence building?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Providing information on health and well-being policy and development</li> <li>• Provide guidance notes on key policy areas</li> </ul>		<ul style="list-style-type: none"> <li>• Community organisations respond to policies and structures in a planned and effective way</li> <li>• Community organisations include current policy issues on their agendas</li> </ul>

**PURPOSE:  
BUILDING COMMUNITY  
STRENGTHS**

**DIMENSION:** Building participation: assisting communities to exercise power and influence: to ensure that community organisations are democratic and accountable, reflect issues of concern to their communities and represent their community's perspective effectively, and are able to influence agency policy and practice

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Support community organisations to have strong links with other agencies and bodies	Examples might include: <ul style="list-style-type: none"> <li>• Computer equipment and internet access</li> <li>• Motivation of other organisations</li> </ul>	How will you: <ul style="list-style-type: none"> <li>• Provide information on potential partners?</li> <li>• Facilitate introductions to other agencies?</li> </ul>	For example, specific targets for: <ul style="list-style-type: none"> <li>• Providing information on other community organisations and local bodies</li> </ul>		<ul style="list-style-type: none"> <li>• Networks and partnerships are established</li> <li>• Wider alliances and collaborations are developed</li> <li>• More effective responses are made to needs</li> </ul>
Support community organisations to have an effective influence on public policy and practice	Examples might include: <ul style="list-style-type: none"> <li>• Access to networks</li> <li>• Policy on participation</li> </ul>	How will you: <ul style="list-style-type: none"> <li>• Provide information and advice on means of influencing policy?</li> <li>• Provide or identify skills training?</li> <li>• Promote and support community involvement in participative structures?</li> <li>• Provide group support and confidence building?</li> </ul>	For example, specific targets for: <ul style="list-style-type: none"> <li>• Producing guidance notes on key areas of policy and practice</li> <li>• Providing examples of good practice elsewhere</li> </ul>		<ul style="list-style-type: none"> <li>• Local people's views are reflected in public debate</li> <li>• Local people's views are acted upon</li> <li>• Attitudes of power holders towards community Organisations improve</li> <li>• Local people become partners in policy development</li> <li>• Community organisations become suppliers of services</li> </ul>

**TABLE 2**

**DIMENSION:** Working with communities to assess their issues, needs and assets: ensuring community needs and issues are investigated with particular reference to the experience of socially excluded groups

**PURPOSE:**  
**ACHIEVING CHANGE  
IN QUALITY OF LIFE**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Investigate, analyse and monitor community need in relation to health and well-being	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Worker time</li> <li>• Community organisation motivation</li> <li>• Joint health improvement plan</li> </ul>	<p>How will you do:</p> <ul style="list-style-type: none"> <li>• Systematic investigation and recording of general community needs?</li> <li>• Systematic investigation and recording of specific community needs e.g. women, disabled people, ethnic minorities?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Conducting a community appraisal</li> </ul>		<ul style="list-style-type: none"> <li>• All stakeholders are better informed about needs and issues – especially those faced by excluded groups</li> <li>• Gaps in the information base are identified leading to new research</li> </ul>
Prioritise community need	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Worker time</li> <li>• Community organisation motivation</li> <li>• Joint health improvement plan</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>• Facilitate means of agreeing priorities?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Conducting a participatory research programme</li> </ul>		<ul style="list-style-type: none"> <li>• Priority needs are agreed and recorded</li> <li>• These influence service planning and are used as a baseline to measure progress</li> </ul>

**PURPOSE:  
ACHIEVING CHANGE  
IN QUALITY OF LIFE**

**DIMENSION:** Working to establish a vision for future change: to ensure that communities and agencies have contributed to a shared vision of what should change

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
<p>Assist communities and partner agencies to establish a shared vision of the outcomes they seek</p>	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>Existing partnerships</li> <li>Framework for visioning change</li> </ul>	<p>How will you:</p> <ul style="list-style-type: none"> <li>Convene gatherings of community and partners?</li> <li>Identify priorities of each partner?</li> <li>Facilitate negotiation of shared vision?</li> <li>Establish which partner could lead on action in relation to each part of the vision?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>A future workshop/ open space event</li> </ul>		<ul style="list-style-type: none"> <li>A shared vision for the future is established</li> <li>All partners are accountable to each other and the community for their role in working for change</li> <li>Plans and expectations are clearly and publicly stated</li> <li>A framework exists for agreeing policy, practice and resource allocation</li> </ul>

**TABLE 2**

**DIMENSION:** Assisting development of community groups and organisations to plan and carry out action: to ensure that community organisations have a key role in contributing to plans for development, and that their organisational capacity is increased through such involvement

**PURPOSE:**  
**ACHIEVING CHANGE  
IN QUALITY OF LIFE**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Prepare and agree plans for action based on community need	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>Existing plans of groups and agencies</li> <li>Budget for planning events</li> </ul>	<p>How will you ensure:</p> <ul style="list-style-type: none"> <li>Planning meetings, involving stakeholders, are facilitated to identify actions, roles and responsibilities?</li> <li>Plans are formulated to respond to needs, based on realistic assessment of resources?</li> <li>Where possible, plans inform local health plans, community planning etc?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>Running a Planning for Real© event</li> </ul>		<ul style="list-style-type: none"> <li>Plans are seen to reflect community needs and priorities</li> <li>Better understanding and use of existing services and resources</li> <li>Opportunities to identify and pursue other joint initiatives of community benefit</li> </ul>

**PURPOSE:  
ACHIEVING CHANGE  
IN QUALITY OF LIFE**

**DIMENSION:** Identifying and helping access resources to support action: to ensure that adequate resources – of funds, information, worker time, volunteer effort, are available and committed to the changes required

**TABLE 2**

1	2	3	4	5	6
KEY TASKS (ELEMENTS)	WHAT RESOURCES WILL WE USE? (INPUTS)	WHAT METHODS WILL WE USE? (PROCESSES)	WHAT WILL WE DO? (OUTPUTS)	YOUR OUTPUT INDICATORS	POTENTIAL OUTCOMES
Identify and access resources in the community and from external sources	<p>Examples might include:</p> <ul style="list-style-type: none"> <li>• Availability of information on grants and funding</li> <li>• Worker time</li> </ul>	<p>How will you do:</p> <ul style="list-style-type: none"> <li>• Systematic investigation and recording of existing and potential resources relevant to needs – buildings, equipment, staff, volunteers, information, funding, policies?</li> </ul>	<p>For example, specific targets for:</p> <ul style="list-style-type: none"> <li>• Conducting a community assets audit</li> </ul>		<ul style="list-style-type: none"> <li>• Stakeholders better informed about available resources and gaps</li> <li>• Plans are developed on the basis of realistic assessment of resources</li> <li>• Stakeholders investigate new resources</li> </ul>

Please note, in relation to 'Achieving change in the quality of life' only general guidance is given to the tasks involved. Changes in the quality of life may be achieved through a wide range of initiatives, for example:

- A new community-led project
- A strategy for a Healthy Living Centre based on community need
- Changes in the level and nature of primary care services offered
- A more robust policy on equal opportunities being introduced by a local authority

Such changes may also be taken forward on an almost limitless range of topics, for example:

- Access to safe routes for exercise and journeys to work or school
- Money advice and the promotion of credit unions to maximise individual income
- Availability of food of good quality at reasonable cost
- Support groups to help people cope with illness or stress
- Housing insulation to enhance comfort, reduce cost and reduce vulnerability to infection
- Services and development to respond to the needs of particular groups, for example travellers



**LEAP WORKSHEETS:  
INCLUDING A WORKED EXAMPLE**

## LEAP WORKSHEETS: INCLUDING A WORKED EXAMPLE

This section provides you with the tools to work with your partners to consider how your own project or programme will plan and evaluate its work. Blank space is provided, which you may use for recording your responses as you work through the LEAP steps. You may wish to photocopy these pages so that you can reuse them in the future.

A worked example accompanies each stage to help you in the right direction. The worked example is based on a project setting up a food co-operative whose aim is to strengthen the community infrastructure and provide health and wealth gains.

The left-hand column on each page shows this worked example. There are also notes and questions at the bottom of each page for you to consider.

Identifying need is the first crucial step in planning any project and it is vital for focusing your vision for change and your methods of action. In the example given on page 73, the identified needs are around access to good quality food in the local community, and a need to address food poverty. Establishing a food co-operative is an accepted approach to addressing this need.

The example goes on to show how, at **Step 1**, the question of 'What needs to change' can prompt answers that relate to the individual, the community and to policy-change. Suggestions are given for ways of measuring such changes (**Step 2**), and examples are provided to show how the changes might be achieved in terms of resources, methods and activities (**Step 3**). For **Step 4**, output indicators are suggested for monitoring progress.

**Step 5** (Evaluation) is not included in the example since it is not possible to evaluate something which has not yet happened! However, in reality, it will be helpful to think about how the evidence that you assemble will shed light on whether, or to what extent, you have achieved the outcomes you sought. For example, taking the first output indicator under **Step 4**: 'Level of participation in conference, participants' evaluation of its quality and relevance', if the evidence demonstrated that participants thought it was highly relevant and well-organised, but only a small number of people had attended, what conclusions might be drawn? And if the conference was key to authorising further work, how might the team respond? Preparing for evaluation thus means more than simply recording outputs; their effect on the wider outcomes that are being sought must also be taken into account.

The example relates to priorities at project level. If the same exercise was carried out in relation to a broader programme concerned with community well-being, or in relation to adopting a broad policy on developing food co-operatives, you would be looking for wider outcomes and would have different kinds of input, process and output. For example, these might be associated with promoting a network of food co-operatives and collaboration between them. Your indicators would be concerned with performance and impact of the programme or policy as a whole rather than specific local food co-ops. Because of this difference, it is possible that particular local projects would produce different evidence from that which would come from an evaluation of the broader programme or policy of which it may be a part. There can be failed projects within successful programmes or policies, and vice versa.

The worked example relates to the following (see page 27 for a full explanation of the terms used here, and see also Table 2):

**Purpose:** building community strengths

**Dimension:** building organisation: assisting the strengthening of the community infrastructure

**Element:** work with community groups to develop local projects on health and well-being issues.

As you work through the example you will find that although the focus is on just one element of one dimension, the indicators that you identify will often provide you with evidence that would be relevant for planning and evaluating other elements across a range of dimensions. For instance, in the example we have identified the importance of providing information, supporting development of activists, building leadership skills, accessing training opportunities, and the development of networking. All of these relate to *Building skills: supporting the development of skills and confidence in the community*. Equally, the approach taken would lead to identifying resources and discussing priority needs and action in the community which are all part of *Achieving change in the quality of life: assist development of community groups and organisations to plan and carry out action*. Similarly, in identifying a community conference as a starting point we are also involving ourselves in activities highlighted under *Building community strengths: building equality – promoting broad-based participation in community affairs*.

In this way it becomes clear that to focus on a particular activity – in this case the development of a food co-operative – provides evidence in relation to many aspects of practice which you will be planning and evaluating. This interconnectedness of the dimensions and elements means that the tasks of planning and evaluation may not be as daunting as they appear.

Identifying need	Your notes
Food co-op example	
Work with community groups to develop local projects on health and well-being issues	
Food outlets need to respond directly to the needs of local people	
There needs to be good quality food at an affordable price for local people	
The profile of food and health needs to be raised in the community	
	<div data-bbox="1880 177 2044 341" style="border: 1px solid gray; border-radius: 50%; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> <p><b>WHAT (NOW) NEEDS TO CHANGE?</b></p> </div> <div data-bbox="657 1126 821 1291" style="border: 1px solid gray; border-radius: 50%; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> <p><b>THINGS TO THINK ABOUT</b></p> </div> <ul style="list-style-type: none"> <li>• What needs and issues is your project designed to address?</li> <li>• Who defined these needs and issues, and on what evidence? Managers, staff, partners, others?</li> <li>• Were the service users, community members and/or potential beneficiaries involved, and if so, how?</li> <li>• What is the relevant policy context in which the needs can be addressed?</li> </ul>

**Step 1**

**Your notes**

What needs to change? (outcomes)

**Food co-op example**

A food co-operative is established by the community

The co-op is well managed

The community has access to a wider range of food

Food is supplied at lower cost

The service is valued and used

The profile of food and health issues is raised

Child and adult health is improved

The organisers gain confidence and skills

Confidence and skills are transferred to other community needs

New community activists become involved

**WHAT (NOW) NEEDS TO CHANGE?**

**THINGS TO THINK ABOUT**

Is change desired in:

- the quality life for individuals, groups and communities?
- the confidence and capacity of people and communities to control their circumstances?
- the culture and understanding of service agencies and/or partners?

- attitudes and perceptions of the general public?
- Who has defined the changes that are needed?
- Is this a shared vision among users, volunteers, staff, managers, partners, funders, others?
- Have the underpinning values been considered?

- If not, what can you do to develop ownership of the vision and accountability to it?
- Can you define your vision as a set of anticipated outcomes?
- Is your vision clear to you, your partners, users, and more widely?

## Step 2

## Your notes

### How will we know? (outcome indicators)

#### Food co-op example

The existence of the food co-op

Evidence of the necessary skills – audited accounts, records of decisions, marketing and publicity, sales and turnover, consumer satisfaction

The condition and nutritional value of the foods available

Prices relative to other food outlets

Number of users, frequency of use, loyalty

Food and health issues on the agenda of community and partnership meetings, community media report on food issues, evidence of community members discussing food issues

Evidence from nurseries and schools about sickness and absence rates, comments and records from primary care staff, long-term change in diets and health

Level of expressed need for worker support, expansion of the co-op

Frequency of transition of activists to other community activities

Number and turnover of participants

HOW WILL WE KNOW?

#### THINGS TO THINK ABOUT

- Are these the **critical** things you need to know about?
  - how much has changed? (**quantity**)
  - how beneficial has the change been? (**quality**)
  - who has benefited and who has not? (**equity**)
- what level of resources has been used? (**efficiency**)
- how far have the planned outcomes been achieved? (**effectiveness**)
- Are they shared and owned by the partners and stakeholders?
- Can they be readily measured – using existing information sources, observation, questioning (using a range of participative methods)?
- Can you establish a baseline using these indicators?

### Step 3

### Your notes

What resources will we use? (inputs)

#### Food co-op example

Worker time (20 days) and admin support; funding and use of community centre for conference; crèche

Worker time (5 days) and admin support, internet and other information sources, funding; policy framework on food and health

Worker time (10 days) and admin support

Worker time (10 days) and admin support, internet and other information access; funding. Policy framework on food and health

Worker time (10 days) and admin support

Worker time (5-10 days) and admin support; access to resources of training provider (e.g. FE college)

Worker time (3 days) and admin support; commitment from Community diet project

WHAT  
RESOURCES  
WILL WE USE?

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#### THINGS TO THINK ABOUT

- Think about material and non-material resources
- Think about user/ community resources and assets; the resources of your project and its partners; other agency resources that could be engaged; external resources
- Think about the quality and quantity of each, and how they could if necessary be improved
- Bear in mind that your answers to this may lead you into a mini-LEAP cycle if you need to improve resources

Step 3	Your notes
What methods will we use? (processes)	
Food co-op example	
Enable discussion of options	
Provide information	
Support creation of community organisation	
Provide ongoing advice and organisational support	
Give personal support where necessary to individual participants	
Develop specific training opportunities with participants	<div data-bbox="1873 172 2033 336" style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center;"> <b>WHAT METHODS WILL WE USE?</b> </div>
Develop network contacts with other community groups	<div data-bbox="657 1145 816 1310" style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center;"> <b>THINGS TO THINK ABOUT</b> </div> <ul style="list-style-type: none"> <li>• Incorporate any particular methods that your project has developed (or should develop)</li> <li>• Consider and state why you believe the methods you choose will have an impact on the change you seek (as defined in Step 1)</li> <li>• Assess your proposed methods in the light of your project's skills and capacity, relationships with key stakeholders, resources available, equality considerations</li> </ul>

**Step 3**

**Your notes**

**What will we do? (outputs)**

**Food co-op example**

A community conference will be held within 3 months to discuss models for food co-operatives

An information pack on food co-operatives will be created and available by the time of the community conference

Work with community organisations to hold elections to a food co-op steering group at the end of the conference and establish the group

Attend all steering group meetings for 6 months following formation to give advice on funding, resources, training and skills development. Review involvement after 6 months

Be available as consultant to steering committee members for the first 6 months. Review involvement after 6 months

Audit training needs of steering committee members; identify or provide suitable training to meet particular needs. Ongoing support task

Identify successful co-ops and supply contacts to steering groups; promote contact with Community Diet Project as a support agency within 3 months

**WHAT WILL WE DO?**

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**THINGS TO THINK ABOUT**

- Consider regular activities as well as occasional or one-off activities
- Record what you will do in the short term, medium term, long term
- Check that the activities are consistent with the methods you have chosen – and do you have the capacity to do them?
- Think about how and why these activities should lead towards the outcomes you seek – have you thought about and planned for likely obstacles and risks?

## Step 4

## Your notes

How will we know we did it?  
(output indicators)

### Food co-op example

Level of participation in conference, participants' evaluation of its quality and relevance

Quality and relevance of written materials supplied

Number of people seeking election, drop-out rate, leadership in committee; energy and enthusiasm shown, targets set and delivered

Provide ongoing advice and organisational support

Records of frequency and nature of contact with individual activists, satisfaction expressed

Quality and relevance of training materials to needs of participants (measure). Time and resources allocated, user satisfaction records, numbers of participants

Records of nature and substance of contacts made

HOW WILL WE KNOW WE DID IT?

### THINGS TO THINK ABOUT

- This is monitoring – tracking your outputs.
- What do you really need to know about and how will you build it into your recording and information systems?
- How can you ensure it will be manageable, and that those who need to produce records will be well-disposed to doing so?
- Are there conflicts – or shared opportunities – in the record-keeping systems that funders or managers require?
- Can a system be developed that all partners can sign up to?



## **PRACTICE NOTES**

- Action-planning and management
- Gathering information

### ACTION-PLANNING AND MANAGEMENT

To have clear and mutually agreed criteria for measuring our progress helps us to plan and evaluate; it can also be helpful for management of staff and other resources. However, some organisational structures and management practices are more likely than others to enable the purposes of community health and well-being to be achieved. The diagrams below illustrate alternatives.

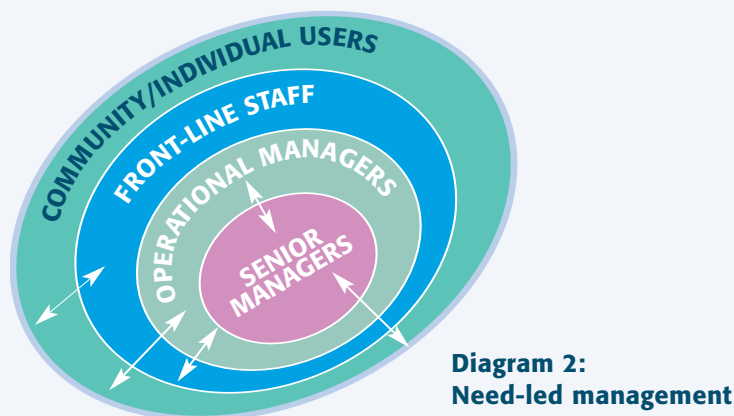
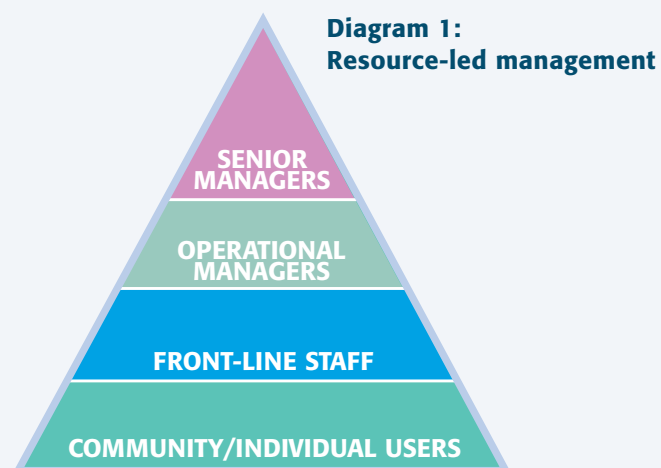


Diagram 1 illustrates an organisation that takes a conventional, 'top-down' approach. Here, senior managers and politicians set policies, middle managers implement these policies by exercising control over front-line staff who, in turn, deliver the service to users in the community.

In relation to community health and well-being, a different approach is needed – one which responds much more effectively to the concerns of users. This is illustrated in diagram 2. Here, front-line staff work in partnership with users to understand their issues, needs and aspirations, and to identify and implement effective strategies for change.

The role of the operational manager is to support and enable such practice and to act as the link between practice and strategic planning and policy development. In this approach, policy should in large part be developed in the light of understanding of community needs and aspirations gained through contacts between front-line workers and individual users or community organisations. However, as the diagram illustrates, senior and operational managers also need to retain active contact with the community and service users. It is important to appreciate that their contacts will be with a wide range of workers, communities and user representatives. This enables them to take an overview of needs and aspirations.

In the need-led approach, workers are not therefore simply servants of a top-down system, nor are users simply beneficiaries. Both are **participants** whose knowledge and experience of the community contributes centrally to deciding policies and determining priorities. It is essential for managers to enable them to participate effectively. From this viewpoint, good management involves active listening and creating space for initiative. However, managers and policy makers are also responsible for an equitable use of resources across the whole community they serve. In addition, the outcomes which are sought by a community health and well-being approach are not just defined by the motivations and interests of the participants, though these must always be central.

As the LEAP framework recognises, the wider policy context and the values of community health and well-being also exert major influence. Identifying what a community health and well-being programme seeks to achieve, and

how it will go about it, has to be a product of negotiation and must take account of the resources which are available. While managers and policy makers must have authority to take decisions and offer direction, their credibility will depend on their decisions – and the principles and evidence on which they are based – being open to scrutiny and being demonstrably fair.

Successful practice is dependent on policy makers, workers and users agreeing priorities and methods. Management of a community health and well-being programme needs to resolve any tensions between user responsiveness, policy goals and practitioner values. Management practices in which authority and control are centralised and vertical are not compatible with this consensual approach. Though it may be more demanding, an approach based on participation, dialogue and open decision making is essential. This does not mean that management does not exercise authority or ensure accountability – it does so in the context of a common understanding of the principles, purposes and methods of a community health and well-being approach.

Key management roles are to:

- **engage participation of all stakeholders**
- **facilitate the definition and agreement of what should change and how**
- **allocate resources to achieve the changes agreed**
- **support the staff engaged in the delivery of programmes and projects which seek to achieve these changes**

- **supervise and hold staff to account for the delivery of the projects and programmes.**

How then can the LEAP package assist in the development of effective and responsive management and supervision? It can:

- **provide a framework within which the stakeholders can identify needs, agree the outcomes, and plan the outputs**
- **enable managers and staff to be clear about priorities**
- **enable staff, users and all stakeholders to identify and be clear about who is responsible for delivering what**
- **enable resources to be allocated strategically in collaboration with other providers**
- **enable managers to have a clear view of the operational responsibilities and objectives of particular workers or groups of workers**
- **ensure that there is a clear framework within which workers can be held to account for the quality of their practice**
- **ensure that workers feel that the work for which they are to be held accountable relates to the needs of the individuals and communities with whom they work**
- **enable staff development needs to be identified in a way that is relevant to the purposes of the programme or project.**

This list emphasises that management should be a 'two-way street'. Workers and participants have a right to expect that the exercising of authority

within agencies will be consistent with the policies, plans and strategies which they have contributed to and agreed. Equally, managers have a right to expect that staff will operate within these priorities. However, both have to recognise that their work takes place in a changing context and that effective practice has to respond to changing needs and changing perceptions of what it is appropriate to do about them. It is here that the role of continuous, integrated evaluation comes into play.

Workers should be engaged in the collection of evidence about performance throughout their work. This evidence is the basis on which progressive supervision can be conducted. Workers should also be encouraged to feed the evidence of their experience to their managers, in order to review the following on a continuous basis:

- **how work is being undertaken**
- **what it is being directed towards**
- **what skills, knowledge or other resources are required**
- **what implications there are for current policies, strategies and plans**

In this way, clear connections can be made between the way tasks are planned and carried out, and the outcomes that they are being directed towards, within a framework of partnership practice and an agreed agenda.

### GATHERING INFORMATION

This discussion applies to the gathering of evidence that relates to Steps 2 and 4 of the LEAP cycle. Information is needed for two purposes:

- to identify current conditions in the areas where change is desired. We call this the baseline
- to provide evidence of change over time relative to the baseline

So, we need data at the start of evaluation, and the data need to be collected throughout the process of the work. It is important to recognise that the baseline against which we evaluate progress will need to be revised from time to time in the light of any changes. In other words, we may have to review evidence from time to time to establish where we have got to and use that as a new baseline against which to measure progress over the next period. It is also important to measure the baseline with the same set of criteria and indicators that you intend to use to track progress throughout the activity.

There are three basic ways to get information. They are:

- to observe
- to ask questions
- to consult records

No single approach will meet all needs, so it is best to choose more than one method. The advantages and disadvantages of each approach, and some of the ways they could be used, are as shown below.

### OBSERVATION

In this approach, the evaluator is present, watches events and actions, and writes down, films or tape-records what happens. Actually being there has obvious benefits. There are some problems, though. First, by being present, the observer may affect what happens. Second, it can be hard to observe and take accurate notes at the same time. Third, what the observer records may be biased by his or her own views of what is important.

Other sources of information are based on observation. For example, the records of meetings taken by participants will be based on their own observations.

### ASKING QUESTIONS

Asking questions is a good way of finding out information, and getting a range of comments from people involved in or affected by a programme. There are many ways of asking questions.

- Written questionnaires, ranging from the formal ones with boxes to tick, to informal ones that invite general comments and responses. They can be used with funders, workers or community members.
- Asking questions face-to-face with individuals. Again, the approach may be formal or informal, and it could be used with any of the interested parties.
- A very powerful form of questioning, which is often used in community development evaluation, is to work with groups. These may be existing community organisations, members of several organisations, or mixed groups of community members, project workers and programme managers. The advantage is that this allows different views to be expressed, discussed and explored. It can be a good way of getting a sophisticated view of what is happening. There are many methods available to maximise involvement in such group evaluation and to make sure every voice is heard.

- Interactive approaches and participatory appraisal. There is a significant body of practice emerging, particularly in the community health field, of non-verbal and interactive ways to explore issues and assemble evidence. Techniques such as story-telling, diagrams, charts and maps can all be used in ways that engage and empower community members.

### USING RECORDS

A lot of useful information will already be available, although it is not always easy to get. Census information, agency statistics, funding applications, policy documents, records of meetings and newspaper reports all have their place. However, they are not written for the purposes of evaluation so they will not always provide the right sort of information. If it is intended to use existing records it is important to think about how they will be used and how readily they are available.

Projects and programmes can help themselves by setting up a good internal recording system. This can include project plans, reports of meetings and reviews, weekly or monthly records of activity and progress, reports to committees or funders, reports on resources and information about the community with which they are working.

### ACHIEVING BETTER COMMUNITY DEVELOPMENT

A toolkit that offers a model of community development practice, and guidance on establishing indicators and measures for community empowerment and the quality of life. *Community Development Foundation, 2000.*

### LEARNING EVALUATION AND PLANNING

The original document on which LEAP for Health is based. It was commissioned by Scottish Ministers and was the basis of a Scotland-wide training programme for community learning partnerships. *Community Development Foundation/Scottish Community Development Centre, 2002.*

### COMMUNITY PLANNING

Several useful documents on community planning may be found at website: [www.communityplanning.org.uk](http://www.communityplanning.org.uk)

### A COMMUNITY DEVELOPMENT APPROACH TO HEALTH PROMOTION

The source of the material in *LEAP for Health* on individual and community well-being. Ron Labonte, *Health Education Board for Scotland, 1998.*

### UNDERSTANDING THE POLICY MAZE

An accessible and useful guide to the policy context for health and well-being in Scotland. *Health Education Board for Scotland, 2002.*

### ASSESSING COMMUNITY STRENGTHS

A framework for assessing the capacity of communities in relation to skills, equalities, organisation and participation, and to inform community-building work. Steve Skinner and Mandy Wilson, *Community Development Foundation, 2001.*

### THE EVALUATION JOURNEY

A user-friendly guide to evaluation primarily designed for community groups. Linda McKie, Joy Barlow and Paula Gaunt-Richardson, *ASH Scotland, 2002.*

### FILLING THE GAPS: INDICATORS OF DISABILITY, WELL-BEING AND SOCIAL CAPITAL

A current project being carried out by NHS Health Scotland (formerly the Health Education Board for Scotland and the Public Health Institute of Scotland) to identify robust indicators for individual and community well-being, social capital and disability. Further information at: [www.healthscotland.com](http://www.healthscotland.com)



