



Communities Improving Health Model Toolkit

**Supported by the
Networks Involving Communities in Health Improvement (NICHI)**

programme supported by

 **HSC** Public Health Agency



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The **Networks Involving Communities in Health Improvement (NICHI)** project supports the involvement of communities in **improving health and social wellbeing and reducing health inequalities**.

The NICHI project operates across the Northern Locality Area and is managed by the Community Support Networks and is supported by the Public Health Agency (PHA).

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The aim of the Communities Improving Health Model Toolkit

The Communities Improving Health Model referred to as 'The Model' was developed within the NICHI project to deliver support directly to 12 - 15 communities annually across the participating network areas. Each of the three NICHI Officers supports five community groups. In doing so, the aim is to facilitate a process through which communities and Officers learn together, developing skills and experiences to enable the community to plan and act towards creating a healthier community.

Section 1: THE APPROACH - COMMUNITIES IMPROVING HEALTH MODEL

Who is this Toolkit for?

This toolkit has been developed for **community based practitioners** who want to support local communities to build a healthier community. The toolkit describes the process of supporting communities through the Model and includes resources used, referred to as 'Tools'. It is based on the experiences of communities and NICHI Project Officers, with the guidance of the NICHI steering group, which includes the managers in the Community Support Networks and the Public Health Agency.

The journey is **cyclical**, which means it can begin again with another issue, or with an extension or unsolved aspect of the original health issue identified by the community.

A summary of the journey travelled by communities towards building healthier communities is shown in the pullout poster in the middle pages.

The parts of the journey will be explored further throughout this toolkit.

How to Use this Toolkit

The toolkit has been broken down into sections which represent the stages of the process. An overview of the process is shared in each section. An electronic resource which contains corresponding tools accompanies the toolkit and is available to download from www.healthallianceni.com. A list of all available Tools is outlined in the Appendices.

The Approach

There are three main approaches which influence the practice of the Officers supporting the groups.

They are:

Community Development | Outcomes Based Accountability | Co-production

Community Development

The Communities Improving Health Model uses a community development approach to improving health and social wellbeing and reducing health inequalities.

"A community-led approach to health improvement is concerned with supporting communities experiencing disadvantage and poor health outcomes to identify and define what is important to them about their health and wellbeing; the factors that impact on their wellbeing and take the lead in identifying and implementing solutions." (Dailly & Barr 2008).

The National Occupational Standards (NOS) for community development state that the key purpose of community development practice is to **enable people to work collaboratively to bring about positive social change** with the outcome of **improving the quality of life** for themselves, their families, community and society. A community development approach to health attempts to work upstream, tackling the root causes of ill health, such as poverty and disadvantage, and supporting the development of conditions that promote wellbeing. **Strong communities, with good social capital and networks, tend to be more resilient and ultimately healthier.**

The NOS presents five values which underpin community development practice; **Social Justice, Equality and Anti-discrimination, Community Empowerment, Collective Action and Working and Learning Together.**



The accompanying key areas of work and standards which outline the knowledge, understanding and skills required to carry out the role are outlined in

Tool 1 (Community Development Standards 2015)

In the process of working through the Model, communities have the opportunity to develop existing knowledge, understanding and skills in community development practice.

At the beginning of the Model process, the Officers facilitate a Community Development workshop with the participating groups. This is an opportunity to raise awareness of the approach and to agree how the values of community development may be useful in practice. The workshop is presented in ***Tool 2 (Community Development Workshop)*** and the evaluation is ***Tool 3 (Workshop Evaluation)***.

Central to using a community development approach is the task of **reflecting on practice** which helps to develop an understanding of the approach and support development of practice. Reflecting on practice is a way for both the Officer and the community group to pause during the process to highlight if, and how the values are evident and what this means for the outcomes. There are many models and tools to support both groups and Project Officers to do this. All approaches consist of three fundamental series

of actions; thinking back on events, attending to feelings through self-evaluation, re-evaluating experiences in this case, through the lens of community development values. This is summed up in Borton (1970) reflective model which asks; **What? So What? And What Now?**. **Tool 4 (Reflective Practice Methods)** describes some of the ways both Officers and communities can reflect on their practice and progress at any stage during the Model process.

Outcomes Based Accountability (OBA)

In response to the Bengoa report on transforming health, the 'Health and Wellbeing 2026: Delivering Together' plan, emphasised the importance of collaboration and planning to achieve real outcomes for patients. Building on Freidman's work on producing measurable improvements, the approach asks communities from the outset, what they want to achieve in relation to health improvement. There is then exploration and agreement on how to measure this change or outcome, followed by actions based on evidence, which move the community towards the outcomes they expressed-referred to as '**Turning the Curve**'. The development of an action plan based on outcomes can be used for both planning and evaluating - See **Tool 15 (OBA Action Plan)**.

Co-production

The **Communities Improving Health** approach **promotes active interventions** to address the personal, social and community conditions that may influence quality of life and, by extension, people's health. The approach will build on the assets and resources that already exist within communities and facilitate opportunities for further capacity development. The process of planning and producing activities and services through the collaboration of equal partners is described as **co-production**.

Co-production is about **involving everyone from the start**. In the Model process, the community identifies early on who else could be involved to create a healthier community such as statutory providers. Moving forward towards a healthier community, each has an equal input into how things should happen. It is a way in which groups are able to develop collaborations and possibly partnerships with statutory providers and influence them.

The overall purpose of **Communities Improving Health** is to contribute to the **creation of healthier, sustainable communities**. The ingredients of a healthy community can be identified as **healthy people, strong community** and **quality of life** and the Model **supports communities to implement actions** that address one or more of these elements.

Tool 5 (Underpinning Approaches) gives a brief overview of the underpinning approaches.



Getting People Interested

It is beneficial to communicate the message about the approach, the process and outcomes of participation in the Model, to a wide range of parties, who can promote the Model and engage in the Model. Communicating the message can be done across many platforms in the community such as social media, community newsletters, Church bullet-ins.

Whatever platforms are used there are two tools available to support this. **Tool 6 (Promotional Flyer)** provides a brief overview of the project and contact details to allow interested communities to find out more about the Model and potentially get involved.

When raising the profile of the Model among potential partners such as service providers, the flyer can be presented and shared in conjunction with **Tool 7 (Model Approach and Steps)** which has more information about the approach and the steps in the Model process.

Managing Expectations

All groups who respond to the Model **Promotional flyer (Tool 6)** are asked to complete **Tool 8 (Expression of Interest Form)** which encourages the group to consider how involvement in the Model may support them to develop their ideas and actions around health improvement.

When this form has been received, the Officer then visits the group for a face to face meeting. This is an opportunity to explore with the group what support they can expect throughout their involvement in the process and what is expected from them. Community groups are mostly managed by volunteers who commit many hours to their community activity.

Previous experience has shown that this meeting or meetings, helps groups to identify if participating in the Model is right for them at that time. It provides a space for open conversation about potential commitment to the project. This conversation is supported by **Tool 9 (What is Expected Information Sheet)**.

This tool also contains a scoring system, for the Officer to gauge the groups motivation and interest in participating in the Model. This scoring can be used to prioritise participants in the event of over subscription. Groups which agree to become participants in the Model are reminded of the roles and responsibilities of both the Officer and the group, when signing the Contract (**Tool 10 - The Model Contract**).





Starting off Well - Assets and Needs

In every community there are existing experiences, knowledge and skills around improving health.

Other assets which can improve health can also be present such as green spaces and existing service providers. The community can start off well in this process by identifying existing assets.

This can be followed by identifying gaps, which highlights health related needs.

A range of methods to identify assets and needs are available and each group can choose which method or methods suit best by considering several factors such as;

- Time available that the group has to complete the action
- Volunteers and other resources available, eg. meeting place
- Target group (everyone or specific groups such as young people, ethnic minorities)

Some examples are included. **Tool 11 (Asset Mapping)** is an asset mapping tool which, once completed can also help to identify gaps in services and skills. For more in depth and specific insights into health assets and needs, community surveying is widely used. **Tool 12 (Community Survey)** is a template for a widely used community survey. Further ideas on what methods to use and when, are included in **Tool 13 (Consultation Methods)** which is adapted from the 'DHSSPS Consultation Guide for Managers' and 'A Guide to Better Consultation' produced by Oldham Borough Council.

These Tools can be used at focus groups, delivered by post or door to door. They have also been introduced to community members by piggy backing on a community activity such as summer fun days. The aim is to identify what needs to change in the community to improve health and creates a shared understanding of the community's lived experience.

The community group members are also an asset. **Tool 14 (Group Skills, Knowledge and Experience Workshop)** is a workshop to identify the existing skills, knowledge and experience of group members and highlights areas for training or collaboration with others who may have assets.

The Tool focuses on the four main capacity building areas within the Model. They are;

- Identifying Needs And Assets
- Outcome Based Action Planning
- Developing Partnerships
- Collaborations and Networks
- Using a Community Development Approach

These skills, knowledge and experiences are assets for bringing about change. In highlighting the existing assets this also identifies areas of need in relation to capacity, which helps the group and the Officer to plan further training and support.

It is also important to consider how the information gathered is going to be fed back to the community. This can be an opportunity to involve new people in the next stage, which is developing an action plan based on the assets and needs identified.



Planning for Change -

Community Action Planning

What is an Action Plan?

An action plan is a detailed plan outlining actions needed to make aspirations become reality and convert the community's assets and needs into actions. It is a series of steps that must be taken, or activities that must be completed, for a programme or project to succeed. It is a clear expression of desired achievements within a specific time. An action plan should use **SMART** principles; **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-bound. It includes stating aims, making those aims achievable and measurable, prioritising the most important aims and taking steps to reach those aims/aspirations. The action plan should include outcomes which state what needs to change and how to measure if and how the group will know if anyone is better off as a result of the actions. An example of an outcomes-based action plan is provided in **Tool 15 (Outcomes Based Action Planning)**.

Basically, it is a timetable of what will happen, why it will happen, when it will happen, how it will happen, what is needed to make it happen and who will be involved in making it happen.

- An action plan shows the way in which aspirations can become reality.
- It shows how to carry out activities to reach those aspirations.

Route to Building a Healthier Community

Route to Building a Healthier Community

Healthy People
Strong Community
Quality of Life

SETTING OFF WELL



AGREEING

ways of measuring if anyone is better off

CHECK

is anyone better off

CELEBRATE

achievements and share learning

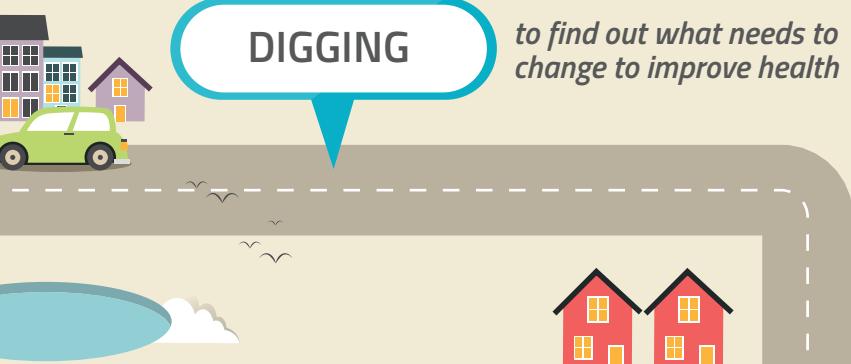
EXPERIENCE





COMMUNITY DEVELOPMENT VALUES

- Social Justice
- Equality & Antidiscrimination
- Community Empowerment
- Collective Action
- Working & LEarning Together



anything in the community which can help to make the change possible

HIGHLIGHT



CREATING

a plan to make the change happen



LOOK AROUND

to see who else can help to get things done

WORK

through the actions in the plan

KNOWLEDGE, SKILLS



www.healthallianceni.com



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Connecting & Involving Communities
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What should Action Plans include?

- Information on the action or change which will occur.
- Person/persons who will carry it out.
- When will the action/change happen?
- What resources are needed? Resources include people, finances, funding, materials etc.
- How does the group communicate on the actions/changes taking place?

Why develop an Action Plan?

- An action plan shows the reliability of the community group / organisation.
- It ensures that details are not overlooked.
- It highlights the usefulness of the planned change.
- It shows that the plan is also efficient.
- It is beneficial to the group's accountability as tasks will be assigned to different people.

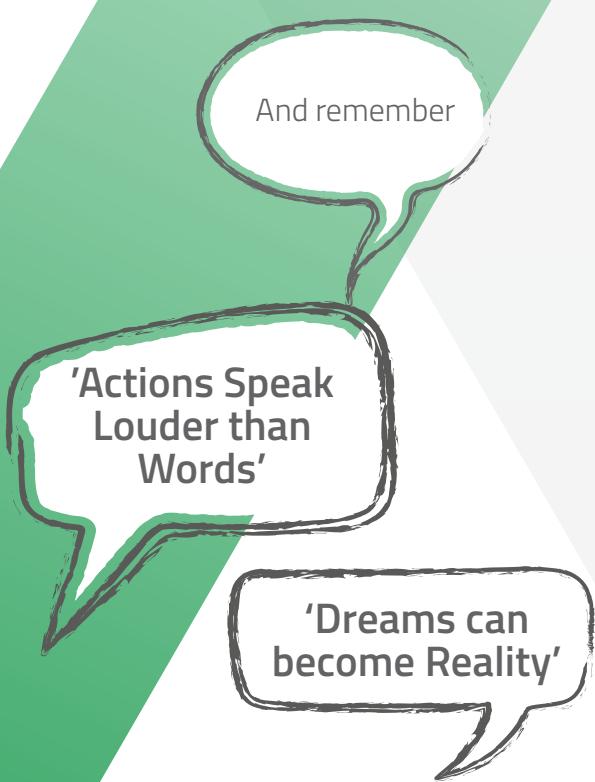
When to Develop an Action Plan?

- An action plan should be drawn up in the early stages of group development, after the change has been identified.
- Ideally, it should be drawn up within the first 6 months of operation.
- An action plan should be revised regularly, ideally on a monthly basis.
- Record what people and sectors of the community should be included.
- Develop an action plan, with action steps for all proposed actions.
- Review completed plan.
- Follow through.
- Keep everyone informed.
- Keep track of what (and how well) you've done.



The action plan should be:

- Well thought out
- Up to date
- Complete
- Clearly understandable
- Written in plain English



*If I don't do something for myself - Who will?
If I don't do something for others - What am I worth?
If I don't do something now - When? (Anon)*

Above adapted from:
<https://ctb.ku.edu/en> and
<https://www.kent.ac.uk/ces/sk/skillactionplanning.htm#WHAT>

"Measuring Up!" is a step by step online self assessment resource designed to help organisations review and improve their impact – that is the way you plan, evidence, communicate and learn from the difference that your work makes. <http://inspiringimpact.org/measuringup/> Applying the 'Cycle of Impact Practice' should focus on the four main areas of: Plan, Do, Assess and Review.

Data Collection: There are many ways of collecting information on the outcomes of the group's work. Some options are case studies, interviews, survey or questionnaire, group discussions etc. Further examples are available at www.inspiringimpact.org

Activity milestones help link the main elements of a project to a wider timetable. These milestones let you measure your progress against your plan. It is useful to make sure that they are **SMART**: Specific; Measurable; Achievable; Realistic; Time bound.

Example of activities and actions completed by the Communities Improving Health Model groups

The Communities Improving Health model groups have completed a range of various programmes and activities under the theme of improving health and wellbeing. Opposite are examples from group's action plans. The progress of groups, through both their action plan and the model, varies depending on the skills, size and capacity of the group. For example, a low capacity group would need more support from the NICHI Officer to book facilitators, hall hire and to assist the group to organise the specific activity identified through the community needs analysis. Therefore, the Model process is cyclical, to enable groups to revisit stages in line with the support needed.

The examples of activities, cover a range of health and wellbeing themes, including **physical activity, Take 5 steps to wellbeing, healthy eating, mental health and wellbeing and self-care**.

Example 1

Aim: To bring those living in the surrounding rural area into a community hub space to participate in health and wellbeing programmes and activities focusing on targeting those most socially isolated

Activities: Living, dealing with stress workshop, relaxation workshops, knit and natter, health checks & talks delivered by the Pharmacist and Living Life To The Full course (delivered by Aware NI)

Example 2

Aims: Increase Well Being and Mental Health within ethnic minorities, and increase Social Inclusion among ethnic groups

Activities: First Aid Training Course, 12 week chair aerobics/yoga class, 4 weeks mindfulness course, 3 sessions pottery/ceramics, 6 weeks wellness course using 'Capacitar Techniques'

Example 3

Aims: Support for family members or carers, in dealing with the emotional impact of cancer diagnosis & treatment, and help them remain strong, to be in a better position to offer support

Where gaps exist in locally based services, offer help to relieve the side effects of treatment and enable people to cope better with the effects that the disease has on their emotional wellbeing.

Activities: 6 sessions of Complementary therapies to reduce stress and improve wellbeing, 6 sessions of one to one talking therapies, to help individuals talk about what they are going through, 4 sessions of Stress Management / Mindfulness to learn techniques to ease the stress experienced by families / carers, monthly support network meetings, to share experiences, offer support and socialise

Example 4

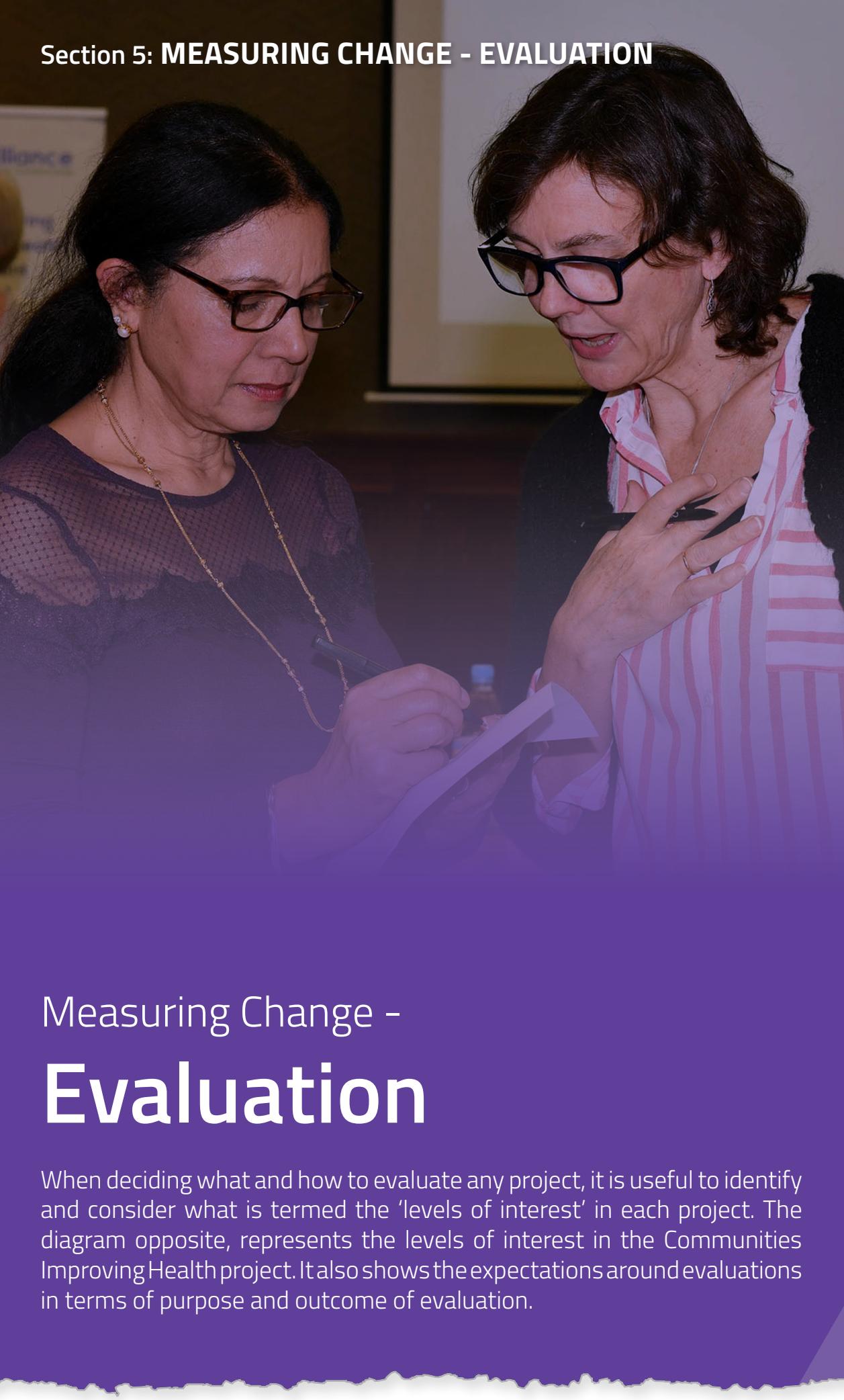
Aim: To develop committee skills and to raise awareness of health and wellbeing opportunities and services locally.

Activities: Good governance support workshops, Drugs and alcohol education for young people, internet safety for adults.

Section 4b: LEARNING THROUGH ACTION

As the groups progress through the Model, it's evident that through a community development approach, the community led actions challenged the social determinants of health and improved health literacy in the community. The Model groups are offered workshops to explore this further and enhance learning from practice. The Community Development and Health Network (CDHN) developed the 'Putting the Social into Health' workshop for Model groups ([Tool 16 - Putting the Social into Health, Tool 17 - Workshop Evaluation](#)). The NICHI project developed a Health Literacy workshop for Model groups whose actions included improving knowledge, access or skills around health improvement ([Tool 18 - Health Literacy Workshop, Tool 19 - Workshop Evaluation](#)).

As the action plans develop, the groups add to their existing network, with new collaborations and partners. To support the development of networks, the NICHI project hosts an annual networking event for Model groups. The event plan ([Tool 20 - NICHI Model Networking Event Plan](#)), flyer ([Tool 21 - Networking Event Flyer](#)), presentation ([Tool 22 - NICHI Model Network Event Presentation](#)) and event resources ([Tool 23 - Human Bingo](#) and [Tool 24 - Network Map](#)) are enclosed. It should be noted that the networking event includes a pause for the groups to reflect on the community development values and identify how they may be evident in the groups practice so far. ([Tool 25 - Reflecting on Community Development in Action and Tool 26 - Networking Event Evaluation Form](#))



Measuring Change - Evaluation

When deciding what and how to evaluate any project, it is useful to identify and consider what is termed the 'levels of interest' in each project. The diagram opposite, represents the levels of interest in the Communities Improving Health project. It also shows the expectations around evaluations in terms of purpose and outcome of evaluation.

NICHI as a demonstration initiative: levels of interest

01

Achievement of community outcomes -
end result is **achievement of community health
and well-being outcomes**
PRIMARY INTEREST IS FROM THE COMMUNITY:
IMPACT IN THE COMMUNITY



02

Achievement of NICHI Model process outcomes -
end result is **group learning and improved capacity,
including for future, independent work**
PRIMARY INTEREST IS FROM THE COMMUNITY
GROUP: **IMPLEMENTATION EFFECTIVENESS
FROM THE COMMUNITY GROUP PERSPECTIVE**

03

Consideration of facilitation of NICHI Model process
by the NICHI Officer demonstrating application of a
end result **community development approach**
PRIMARY INTEREST IS FROM THE COMMUNITY
NETWORK: **IMPLEMENTATION EFFECTIVENESS
FROM COMMUNITY NETWORK FACILITATION /
CAPACITY BUILDING PERSPECTIVE**



04

Identification of NICHI Model process impact and
transferable learning for use elsewhere -
end result is **demonstration of the benefits of a
community development approach and of how a
community can go about using it**
PRIMARY INTEREST IS FROM THE PHA:
**DEMONSTRATION POSSIBILITIES / POTENTIAL FOR
REPLICATION / POTENTIAL FOR LESSONS TO BE
CAPTURED AND UTILISED IN FUTURE OR ELSEWHERE**



To complete the evaluation, the following questions are for consideration at the end of the process. They can also be adapted for mid-way evaluation.

GROUP / COMMUNITY

IMPLEMENTATION EVALUATION

IMPACT EVALUATION

Evaluation Questions

What did we do to make change happen?

How did we work out what needed to change? (*Needs and Assets*)

How did we work out what change should look like? (*Visioning the outcome(s)*)

How did we work out how we would know for sure that change had happened? (*Evaluation planning: choosing indicators of change*)

How did we make the change happen? (*Outcomes Focused Planning: What did we do to create the change / outcome we wanted to see? (Outputs) How did we do it? (Methods)*)

What did we need to do it? (Resources and help from partners)

What change did we make happen?

What is there now that wasn't there before (or what has taken place)? (Outputs - things that we can measure, count, see, touch.)

What difference has this made to people? (Outcomes - in what way are they better off?)

The groups completed Outcomes Based Action plans (*Tool 15*) should act as a Resource to Reflect on the evaluation questions. See *Tool 27 - Communities in Health Model Evaluation Questions*.



IMPLEMENTATION
EVALUATION

IMPACT EVALUATION

What did I do to build community capacity for change creation?

How exactly did I help people **gain knowledge** of the NICHI Model? What did I do that could be useful in other situations and what were the lessons?

How exactly did I help people **develop skills** for using the NICHI Model? What did I do that could be useful in other situations and what were the lessons?

How exactly did I help people **build their experience** of using the NICHI Model? What did I do that could be useful in other situations and what were the lessons?

How has capacity in the community changed as a result of my role?

What does the group know that they didn't know before? (**Knowledge**)

What can the group do that they couldn't do before? (**Skills**)

What has the group done that they hadn't done before? (**Experience**)

Reflecting on Community Development Practice - 'See it to Know it'

Sometimes with implementing a particular approach it may be easier to describe the approach and the impact of the approach when it is seen in action. For this reason, a timeline at the end of the programme may be useful to facilitate reflection on how and when the community development approach was used and its impact.

The What, So What and What Now questioning, which is useful for this timeline activity, is explained in **Tool 28 – Reflective Practice – What? So What? What Now?** It asks reflective questions, such as, what evidence is there that we tackled unfairness or inequality, or discrimination affecting our community, or affecting some people in our community and other questions, based on the values of community development.

The evaluation has a formative dimension, when learning along the way during the project lifetime, shapes next stages and a summative dimension, where final impact and learning is recorded and reported at the end of the project. The skills, knowledge and experiences scores and the reflections of both group's and Officers on the community development approach are combined to produce a summative case study report. See **Tool 29 - Measuring Change – Group Case Study Report**.

This report also highlights the actions and the outcomes from each group's journey through the implementation of the Model. The case study report can be used by all the partners, including the groups, to share the learning from the process and to celebrate the groups achievements.

CONCLUSION

Groups involved in the Communities in Health Model are supported to develop skills, knowledge and through the experience to become **sustainable in setting and addressing their own health and social well-being agenda**.

REFERENCES

Number	Reference
1	Dailly, J & Barr, A (2008) Healthy Communities, Meeting the Shared Challenge Understanding a Community Led Approach to Health Improvement. Scottish Community Development Centre
2	Summary of the Community Development National Occupational Standards- Federation for Community Development Learning
3	Borton, T. (1970) Reach, Touch and Teach. New York: McGraw-Hill Paperbacks.
4	Freidman, M (2005). Trying Hard is Not Good Enough - How to Produce Measurable Improvements for Customers and communities. Trafford.
5	McCready, A (2018) Networks Involving Communities in Health Improvement: a review of the 'Communities Improving Health' / NICHI model
6	Age NI (2018) Steps to Measuring Impact - A practical guide to measuring the difference that you make Available online at www.ageuk.org.uk/northern-ireland/get-involved/age-sector/measuring-impact/
7	Inspiring Impact (2013): The Code of Good Impact Practice. Available online at www.inspiringimpact.org/resources/are-you-leading-for-impact

Action Planning is a detailed plan outlining actions needed to reach one or more goals. It is a process where groups complete a survey and plan programmes/activities that they would like to participate in

Asset Mapping is a tool which will aid a community to identify what they have at a local level or to explore the potential of an identified asset.

Beneficiaries - Direct & Indirect - Direct beneficiaries are people who gain from involvement in the activity.

Indirect beneficiaries are people who do not participate in the action/activity provided but who gain as a result of the involvement of the direct beneficiary.

Community Development strengthens and brings about change in communities

Co-production is about involving everyone from start and combines the strengths of different kinds of knowledge and skill. It aims to build capacity for people to help themselves and each other

An **Evaluation** can use quantitative or qualitative data, and often includes both. Both methods provide important information to assess the performance of a project.

Health Literacy is about people having enough knowledge, understanding, skills and confidence to use health information

Impact - The difference that you will make (could be benefits or changes). The effects of a project's activities, outputs and outcomes.

Impact Measurement - The ways that you work out what difference that you make.

Monitoring - A systematic way to collect and record information to check progress against plans.

Measurement Tools - The ways you collect information and data such as interviews, surveys, questionnaires, case studies.

Milestones - Interim targets (or stepping stones) which show how far you are progressing towards meeting your target goal. Reaching a milestone often signifies the completion of a particular stage of your project.

NICHI - Networks Involving Community in Health Improvement

NICHI Model - This Model supports communities who have identified a local health and social wellbeing need or who are aspiring to work towards addressing health and social wellbeing issues, using a community development approach.

Outcome Based Accountability (OBA) is a planning process that improves quality of life conditions in communities and improves outcomes for service users

Outcomes - Specific changes that you want to achieve as a result of project. They are the result of what you do, offer or provide.

Outputs - Products, services or facilities that result from project activities.

Jargon Buster - More jargon busters available at www.ageni.org/stepstofunding
The Code of Good Impact Practice: www.inspiringimpact.org/resources/are-you-leading-for-impact

APPENDICES - LIST OF TOOLS

Number	Reference
Tool 1	Summary of the Community Development National Occupational Standards
Tool 2	Community Development Workshop
Tool 3	Community Development Workshop Evaluation
Tool 4	Reflective Practice Methods
Tool 5	Underpinning Approaches
Tool 6	Promotional flyer
Tool 7	Model Approach and Steps
Tool 8	Expression of Interest Form / Letter
Tool 9	'What is Expected' Information Sheet
Tool 10	The Model Contract
Tool 11	Asset Mapping Tool
Tool 12	Community Survey Template
Tool 13	Consultation Methods
Tool 14	Group Skills, Knowledge and Experience Workshop

Tool 15	Outcomes Based Action Planning
Tool 16	Putting the Social into Health-Workshop
Tool 17	Putting the Social into Health-Workshop Evaluation
Tool 18	Health Literacy Workshop
Tool 19	Health Literacy Workshop Evaluation
Tool 20	Networking Event Plan
Tool 21	Networking Event Flyer
Tool 22	Networking Event Presentation
Tool 23	Networking Event Resources-Human Bingo
Tool 24	Networking Event Resources-Network Map
Tool 25	Time line-Reflecting on Community Development Practice
Tool 26	Networking Event Evaluation Form
Tool 27	Reflecting on Practice - What, So What, What Now?
Tool 28	Communities in Health Model Evaluation Questions for group/community and NICHI Officer
Tool 29	Measuring Change – Group Case Study Template



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