**RIC Project Logic Model: CLICS**

**Community Focused elements supporting the development of non-medical options for personalised care planning and to increase capacity / capability/ community resilience for self-care**

**Metrics:**

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| **COMMUNITY DEVELOPMENT**  | **VOLUNTEERING**  |
| 100 First Contact Forms Completed *(per CP over 12mths)* No. of local VCS/ Faith organisations identified delivering health/well-being related activities CP area directory created 10 VCS groups supported 6 new groups developed 4 Case studies per CP per 12mths Yearly report indicating co-design/ co-produced interventions 50 participants per 12mths per CP feedback re outcomes from involvement in groups on their personal health/ wellbeing  | 10 volunteers per CP per 12mths completing (S)WEMWS self-assessment distance travelled tool in relation to personal health/ wellbeing 10 volunteers per CP per 12mths completing required training100 community members per CP per 12mths signposted to services 6 volunteers per CP per 12mths leading/ participating in local groups 4 Case studies per CP per 12mths |

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| Key Needs to be AddressedNot needs expressed below | What we will do (inputs & activities) | How we will do it (actions) | How we will know we have done it (outputs) | How we will know we have made a difference (S-T outcomes / proxy measures) | How we will know that we have reduced health inequalities (L-T outcomes) |
| Poor individual health and wellbeing outcomesPoor in mental wellbeingHigh levels of social isolation and lonelinessReduce the gap in life expectancy rates Address the social determinants of health  | 3x0.4 Community Development workers based in CP4/5/63 X £5K budget for area/ asset -based Community Development activities  | Develop Groups’: Governance (inc’ compliance), Marketing/networking, Resources and Membership.* Refresh existing & emerging local support
* Outreach - Complete First Contact Forms (FCF) to identify use/ gaps in services
* Develop a directory/ resource bank which cover the RIC area
* Target involvement of all communities
* Build social capital/ develop new groups
* Work with CLICS/ other RIC initiatives to ensure effective links/referral routes
* New groups developed linked to emerging local issues/ gaps/ referrals from CC/ Social Prescribers
* Community/ existing networks Development Resource funds to build local capacity
* Promoting the social model of health
 | Mapping of existing provision – annual gap analysis completed for RIC area for each CP 100 First Contact Forms – completed in each CP VCS orgs in CP areas linked to DIVA/ CtS CD directory shared across whole of RICS area via web and software such as kumu.ioReferral Routes established and used with CCs/ SPs/ wider health providers Support to 10 existing groups per CP per 12mths – inc. access to additional funding/ links to our volunteers/ access to ABCD &/or Vol training/ informing of RIC initiatives Support development of 6 new groups per CP per 12mths  | Case Studies indicating strengthened communities - *community**acting together on health and the social determinants of health*Reports indicating - *collaborations and partnerships involving communities and local services working together at any stage of planning cycle, from identifying needs through to implementation and evaluation of interventions* Participants Self-reporting – *participants feedback indicating reduced social isolation/ loneliness/ improved connectedness to their community* *Effective follow-on support for people referred by CC/ SPs/ Health providers/ wider RIC Initiatives into new and/or supported groups*Improvements in confidence levels, self-esteem and ability to self-care and live independently.Improved access to community activities and non-medical support.Improved and increased use of physical, environmental and economic resources within a community i.e. external funds secured, use of green spaces  | Improved skills, knowledge, social competence and commitment of individual community membersIncreased friendships, intergenerational solidarity, community cohesion and neighbourlinesswithin a communityRobust local groups and community and voluntary associations, ranging from formal organisations to informal, mutual aid networks such as babysitting circles: growing membership, improved access/frequency of meetings.Increased social capital through community activism Reduced demand on urgent care and secondary care servicesBetter awareness and access of Third Sector servicesA Greater range of VCS services availableIncreased communication between sectors and organisations |
| 3x0.4 Volunteer Coordinators based in CP4/5/6 | Develop Community champions : skills (inc’ health creation knowledge), confidence, networks, voice and ambitions.* Recruit/ support volunteers to deliver wellbeing messages in the community (peer to peer support)
* Link to existing vols to provide additional offer
* Tailored peer health education training for volunteers, suitable for the individual volunteer
* Online training e.g. Safeguarding/ Food Hygiene
* Vols lead on cascading their knowledge to friends/ family/ community
* All vols aware of wider support
* Link vols to CD groups building capacity
* Support to vols
 | Recruit and train 10-15 volunteers per CP area (30-45) per 12mth periodReferral route established with CCs/SPs/ Health Providers Complete (S)Warwick-Edinburgh Mental Wellbeing Scales WEMWBS at beginning and end of training with volunteersDeliver Community Health Training suitable to the needs of the individual volunteer. Training will include:RSPH level 1MECCMental health awarenessA module relevant to their need, for example; Digital skills, first aid, food hygieneProvide access to and support to complete the free CBMDC online training packages Volunteers cascade knowledge to/ signpost 300 community to support (100 per CP area) 6 volunteers per CP area supporting CD work 4 Case studies completed per CP area  | Certificates of Completion – *for all volunteers completing the training modules*Case-studies reporting on volunteer/ peer support roles –*individuals’**providing advice, information and support or organising activities around health and wellbeing in their community*Self-assessment of volunteers – *(S)WEMWS indicating improved wellbeing linked to participation* Volunteers self-reporting – *improved self-efficacy, self-esteem, confidence to change and problem-solving skills and adoption of positive health behaviours and self-care*Reports indicating - *connecting people to community resources, practical help, group activities and volunteering opportunities to meet**health needs and increase social participation**Volunteers from CC/ SPs/ Health providers/ wider RIC Initiatives – supporting community based health initiatives* | Volunteers taking ‘Bridging Roles’ connecting friends and family members to appropriate services Volunteers leading/ participating in peer support groups around specific health/ wellbeing issues Volunteers accessing further training to become befrienders or walk leaders to improve health outcomes for their community Volunteers using their training as a steppingstone into employment and new start up groupsVolunteers working with peers and partners to develop local health initiatives.An appropriate range of VCS services available which address needs  |