**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 training  100 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 Addressed  Not 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 outcomes  Poor in mental wellbeing  High levels of social isolation and loneliness  Reduce the gap in life expectancy rates  Address the social determinants of health | 3x0.4 Community Development workers based in CP4/5/6  3 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.io  Referral 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 members  Increased friendships, intergenerational solidarity, community cohesion and neighbourliness  within a community  Robust 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 services  Better awareness and access of Third Sector services  A Greater range of VCS services available  Increased 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 period  Referral route established with CCs/SPs/ Health Providers  Complete (S)Warwick-Edinburgh Mental Wellbeing Scales WEMWBS at beginning and end of training with volunteers  Deliver Community Health Training suitable to the needs of the individual volunteer. Training will include:  RSPH level 1  MECC  Mental health awareness  A module relevant to their need, for example;  Digital skills, first aid, food hygiene  Provide 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 groups  Volunteers working with peers and partners to develop local health initiatives.  An appropriate range of VCS services available which address needs |