# Diploma in Community Development - Resources

## Contents

# Diploma in Community Development - Resources

# Diploma in Community Development - Resources

# Diploma in Community Development - Resources

## Module 01 - Community Development Strategies

### Is a Coalition Right For You?

| Does your community | Yes | No | Undecided |
|---|---|---|---|
| 1. Have broad consensus on a vision of a healthy community | | | |
| 2. Have a community strategic plan in place to achieve that vision? | | | |
| 3. Provide opportunities for lifelong learning and skill development? | | | |
| 4. Encourage members to take on leadership roles? | | | |
| 5. Have a high degree of cooperation and collaboration among its organizations and institutions? | | | |
| 6. Have a high level of civic pride? | | | |
| 7. Consider the well-being rural areas surrounding the municipality in their planning? | | | |
| 8. Ensure all residents are able to meet their basic needs? | | | |
| 9. Encourage youth to take an active role? | | | |
| 10. Plan to protect and enhance all forms of capital; natural, financial, physical infrastructure, human and social? | | | |
| 11. Have a thriving arts community? | | | |
| 12. Have an effective communications network, including media, public consultations and access to information? | | | |
| 13. Welcome newcomers? | | | |
| 14. Invest in economic development and business retention programs to promote a diverse and vital economy? | | | |
| 15. Treat each other with respect regardless of differences? | | | |
| 16. Celebrate its accomplishments? | | | |
| 17. Have Workplaces that are supportive of individual and family well-being? | | | |
| 18. A high level of safety perceived by its residents? | | | |
| 19. Work diligently and creatively towards environmental sustainability? | | | |
| 20. A strong cultural and spiritual life | | | |

### Is a Coalition Right For You?

# Diploma in Community Development - Resources

If you responded "no" to any of the questions below, a coalition might not be an appropriate structure to accomplish your goals.

| Start a Coalition Check sheet | Yes | No |
|---|---|---|
| Does the problem affect a broad range of people? | | |
| Is the problem complex, requiring information and expertise from various sectors of the community? | | |
| Is there a need for broad public awareness or education to accomplish the goal? | | |
| Is there a gap in existing services or programs such that no existing organization is clearly mandated to take on this work? | | |
| Are there other organizations that see this problem as a priority? | | |
| Are there other organizations that are willing to work together to address the problem? | | |
| Is this problem best addressed through the joint ownership and responsibility of a number of organizations | | |
| Are the potential members of the coalition willing to relinquish individual control over the activities and outcomes of the coalition and actively engage in a collective process? | | |
| Are there potential members of the coalition willing to commit to and abide by democratic decision-making procedures? | | |
| Are the organizational goals and policies of the potential members in alignment with those of the coalition? | | |
| Are there resources that can be shared or obtained to assist with the work? | | |
| Is there a true commitment to work together and produce results, irrespective of funder requirements for collaboration? | | |

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## Tool: Collaboration Framework

The following Collaboration Framework [1] compares the purpose, structure and process of different levels of collaboration.

| Level | Purpose | Structure | Process |
|---|---|---|---|
| **Networking** | | | |
| | • Dialogue<br>• Common Awareness<br>• Information flow<br>• Create support base<br>• Non-hierarchical<br>• Loose, flexible link<br>• Roles loosely defined<br>• Concern is primary link<br>• Low key leadership<br>• Low decision-making<br>• Information Communication | | |
| **Alliance** | | | |
| | • Match needs<br>• Provide some coordination<br>• Limits duplicating services<br>• Ensures tasks done | • Central body of<br>• communicators<br>• Semiformal links<br>• Roles somewhat defined<br>• Links are advisory<br>• Develops new resources<br>• Joint budget | • Facilitative leaders<br>• Complex decision-making<br>• Some conflict<br>• Centralized<br>• Communication (formal) |
| **Partnership** | | | |
| | • Share resources<br>• Coordinate activities<br>• Address common issues<br>• Merge resource base<br>• Create something new | • Central body of decision-makers<br>• Roles defined<br>• Links formalized<br>• New resources<br>• Joint budget | • Autonomous leadership<br>• Focus is on issue<br>• Group decision-making by task groups<br>• Communication frequent and clear |
| **Coalition** | | | |
| | • Share ideas<br>• Willing to pull resources from existing systems<br>• Develop commitment<br>• Minimum three years | • All members involved in decision-making<br>• Roles and time defined<br>• Links formal<br>• Written agreement<br>• New resources<br>• Joint budget | • Shared leadership<br>• Decision-making with all members<br>• Communication is prioritized |
| **Full** | | | |

# Diploma in Community Development - Resources

| | |
|---|---|
| <ul><li>Accomplish shared vision</li><li>Develop benchmarks</li><li>Build interdependent system</li><li>Consensus used in shared decision-making</li><li>Roles, time and evaluation formalized</li><li>Links are formal and written in work assignments</li><li>Leadership high</li><li>Trust level high</li><li>Productivity high</li><li>Ideas / decisions equally shared</li><li>Highly developed communication</li></ul> | |

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The following is a list of strengths and weaknesses that happen at each level of a coalition and tips to help you address them.

| | Strengths | Weaknesses | Tips |
|---|---|---|---|
| **Individual Members** | • members are confident in each others' skills<br>• diversity of ideas/perspectives<br>• creativity<br>• humour<br>• openness to feedback, new ideas and criticism<br>• willing to give and take re: time/profile/work/ information/expertise | • personal agendas; people who are in it:<br>– to enhance image<br>– to gain access to resources<br>– to sabotage efforts<br>– to push a certain idea<br>– make them feel good<br>  • Passive aggressive personalities;<br>  • different levels of passion –real or perceived<br>  • undermine decision-process<br>  • personality conflicts<br>  • control issues<br>  • lack of flexibility<br>  • lack of understanding of concepts<br>  • tension between professionals and volunteers | • look at potential coalition members to evaluate suitability; look for commitment towards outcomes and motivation and believe in the objectives of the coalition<br>• terms of reference should include<br>• process for conflict resolution; use/increase skills in conflict management<br>• get to know others on coalition<br>• elect chair with good facilitation skills to manage disruptive members<br>• provide skills training; orientation to members<br>• create a "space" for community volunteers; differentiate role from professional members; provide time on agenda for their input and feedback. |

# Diploma in Community Development - Resources

| | | | |
|---|---|---|---|
| **Group Process** | • trust<br>• respect<br>• shared power<br>• shared ownership<br>• teamwork<br>• team "check-ins"<br>• defined roles<br>• understand investments and benefits<br>• mutual care and concern<br>• have fun<br>• wealth of resources within the group' members willing to share resources | • varying expectations<br>• use of jargon, systems that some nonprofessional members do not understand or are not comfortable with<br>• lack of understanding of stages of group development<br>• role confusion<br>• unequal resources of members<br>• lack of respect for others' viewpoints<br>• lack of investment<br>• lack of commitment to take on tasks, to work towards outcomes<br>• lack of accountability<br>• distrust<br>• power imbalances<br>• racism/sexism<br>• resistance to change | • set terms of reference or agreement that defines roles, investments, benefits<br>• take time to build good group process<br>• set "ground rules" for how group members relate to each other<br>• share ideas, life, "check-ins", build in activities that show care and concern<br>• let people offer what they can instead of expecting a certain level of participation<br>• recognize value of coalition regularly/annually through evaluation and celebration of accomplishments<br>• address issues openly; re-identify goal and objectives, members roles; clarify values, principles, ground rules; if insufficient "common ground", evaluate whether the group has what it takes |
| **Leadership** | • understanding of leadership and role of facilitator/chair | • negative leadership style (e.g. controlling, not allowing input) | • develop understanding of leadership and role of facilitator/chair<br>• ensure all have input<br>• work to consensus<br>• have annual elections for leadership positions |
| **Decision-Making Process** | • everyone has input<br>• work towards consensus | • hasty or inequitable decision-making | • chair has good facilitation skills<br>• actively seek input from all members (silence is not the same as approval)<br>• allow time for discussion; explore reasons for differences of opinion |

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| | | | |
|---|---|---|---|
| **Relationship With Member Organizations' Senior Management** | • | • direction given by outside manager who doesn't know what goes on inside the coalition<br>• members not being able to make decisions have to take it back to own supervisor/board | • need to obtain "buy-in" from senior management of member organizations<br>• request delegation of authority to staff representative on coalition<br>• members sign agreement that states investment, decision-making process, etc. |
| **Achieving Objectives** | • accomplishment creating positive change in community<br>• good reputation<br>• involvement of target group<br>• access to resources<br>• community buy-in<br>• clear focus/purpose | • lack of direction<br>• different agendas<br>• lack of resources<br>• lack of follow-up<br>• lack of evaluation | • Lack of direction: develop strategic plan involving target population<br>• Different agendas – diffuse and change/increase number of members with similar commitment to group goal<br>• Lack of resources:<br>  - Go to agency CEO's to request resources<br>  - Members identify own resources to see what they can contribution<br>  - Review potential membership and their resources<br>• Lack of follow-up: find out why may be the person lacks skills/knowledge/experience: mentor with someone who is learning; if due to forgetting/disorganized, provide check list to follow<br>• Lack of Evaluation – create evaluation plan |
| **Recruitment of New Members** | • new members join coalition to bring in new ideas, perspectives and resources | • need to find new members due loss of members or to obtain needed skills, experience, access to resources, etc. | • identify potential benefits of membership<br>• plan outreach/communications strategy<br>• make use of existing members contacts |

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## Module 02 – Getting Started

### Sample : Sample Visioning Workshop

Generally speaking, the visioning process consists of the following steps:

1        Initiating the process
2        Developing the draft vision
3        Refining the vision and designing implementation strategies
4        Implementation

This section will outline the steps involved in developing and refining a vision and in designing implementation strategies through two possible approaches for a visioning workshop. The primary difference between the two is that the first one, the Single Scenario Approach, is shorter than and not as intense as the second, and it does not use guided imagery. If your group has the time, however, it is worthwhile to go through the second approach, the Creative Visioning Approach, because it requires participants to be more creative and imaginative than the first one. As well, the second approach allows for more group work than the first, developing a stronger sense of collaboration and teamwork. Nonetheless, both approaches help a group to draft a vision of its community and to develop strategies that help build this vision.

### A.  Single Scenario

Approach

The Single Scenario Approach is a process that allows the group to identify the values it would like to see in its community. Each person lists the characteristics of his/her future community and then shares it with the group. From all the lists the group creates a vision statement which combines common elements from each list

| | |
|---|---|
| **30 min** | Icebreake |
| **30 min** | On a piece of paper describe the following: |
| |     1. your idea of an ideal, healthy  community.<br>    2. the services provided in such a  community.<br>    3. the relationships among people, corporations, businesses,  etc.<br>    4. what the local economy is like (i.e. types of businesses, |
| **60 min** | Have everyone share their descriptions with the group.  Have someone |
| **30 min** | Create a common list. |
| **15 min** | Break |
| **30 min** | Create a vision statement that identifies the direction the group would like to see its community take and what the group would like to see its community become. |
| **45 min** | Design a community action plan that outlines the goals the community |

# Diploma in Community Development - Resources

B.  **Creative Visioning**

*Approach*

This workshop takes around 6 hours to complete. You may choose to do the entire workshop in a day although it is recommended to do it over two half days. You may do it over two consecutive half days or one half day one weekend and the next half day the following weekend.

| | |
|---|---|
| **Day 1: Drafting the Vision** (Approx. 3 hours ) | 1. Future |
| **Day 2: Refining the Vision and Designing Implementation Strategies** (Approx.3 hours ) | 2 . Problem Idntification<br>3 . Past Successes<br>4 . Identify Measurable Goals<br>5 . Identify Resources to Achieve Measurable Goals |

## *Day 1 Drafting the Vision*

*30 min Icebreaker and Introduction*
- Begin the workshop with a minimum introduction about the context of a healthy community
- Ask each person to introduce her/himself and give an example of something they have personally experienced that they see as important to a healthy community.
- Record several responses on a flipchart.
- From their examples, indicate to everyone that they already know what a healthy community is and that their examples of health do not necessarily have anything to do with the healthcare system as we traditionally know  it.

*30 min Future Desires Guided Imagery Session*
Through the following set of questions ask the participants to imagine what a healthy community is like. (Note: it is not necessary to ask all of the questions. Select the ones or add others that you feel are most effective.) Speak slowly, giving everyone the chance to travel through the community. Give them time to visualize responses to the questions. Begin by asking to imagine that they're floating, rising away from where they are now, away from the city they are presently in, moving toward a different community in the future. Tell them they are hovering and floating through and around a new community.          Now ask them . .

- how do people get around?
- what's it like to be an old person, a disabled person, a woman, a man, or a child, in this community?
- how do different cultures interact?
- how many people do you see?
- what are they doing?
- what kinds of spaces and buildings do you see?
- how are buildings and spaces arranged?
- who's in charge? who runs the place?
- what's it like in the morning? afternoon? evening?
- what kind of activities are the people engaged in throughout the day?

Now guide everyone back to the present.... Ask everyone to write down the things they saw.

- what words describe your ideal community?
- what are some of the most powerful images?
- what is the quality of life like in the ideal community?
- what specifically improves the quality of life in this envisioned community?

*15 min Break*

## 90 min Group work

- Have the group form smaller groups (6-8 people each) and ask each individual to describe one item from his/her list. Remind everyone to discuss their visions in the present tense.
- After about 20 minutes ask each group to take about 30-40 minutes and create a group drawing. The drawing should represent a shared vision. Everyone adds something to the drawing but nothing is erased or scratched out. This is not an art class so stick figures and one dimension are fine; emphasize that no one should feel embarrassed. Also ask each group to avoid using any words.
- Have someone from each group present the drawing to the larger group. (2030 minutes)

*20 min Wrap up*

- Ask participants to identify common themes that run through all the pictures.
- Record on flip chart

## *Day 2: Refining the Vision and Designing Implementation Strategies*

*15 min Warm up/Icebreaker*

Go around the room letting everyone give one word that sums up how they feel at that moment (i.e. some people may be feeling good about yesterday's workshop so they may say "excellent," "motivated," or "eager." Others may be feeling ambivalent or tired and may use words like "confused" or "overwhelmed."). This warm up lets everyone in the room know where everyone is at and how everyone is feeling.

*30 min Problem Identification*

- This is a brainstorming session that lets the participants identify and storm about current problems in their community. This is a cathartic exercise that lets them express their dissatisfaction with the present.
- Use open-ended questions to enable the community participants to identify health issues that are of particular concern to them. "In your opinion, what would improve the health of your community?" rather than "Which of the issues are important to the health of your community: housing or day-care?"
- Remind the participants, however, that the don't have to make up any problems just to participate. Some people may not find anything to beef about in their community. Let the participants identify things that they like about the community, things that they would want to remain the same in their future community.
- Write down participants' comments verbatim on flipchart.
- Ask the participants to enumerate their concerns.

# Diploma in Community Development - Resources

### 30 min  Past  Successes

- Once the participants have enumerated their concerns, ask them to think of examples of what has helped solve problems in the past in their community. Are there any models of success? Even a circumstance that failed in the past can be a model for future success since it often tells us what not to  do.
- Record participants' examples on the  flipchart.

### 15 min  Break

### 45 min Identify Measurable  Goals

- This exercise enables participants to examine their visions and identify goals. Ask the group to think about how the ideal state of the community works in practice. What are some of the details of the vision? Suggest to the group that every detail has an implied goal.
- The group may prefer to work in smaller groups of 6-8 and then present their ideas to the larger  group.

### 30 min Identify Resources to Achieve  Goals

The last step of the workshop is to identify what resources the participants will need to achieve their goals and what the next steps they should be taking. Let this be a brainstorming session but don't let the participants leave until they've made some concrete plans (i.e. the group plans to meet on a certain day at a certain time to discuss strategic planning). Here are some questions the participants may want to consider while  brainstorming:

- how do we keep the momentum  going?
- what path should be forged to help us reach our ideal  community?
- are there any models within or outside of the community we can  follow?
- what obstacles do we need to  overcome?
- who can be recruited to help build this  vision?

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## Healthy Community Principles

- Health is a state of complete physical, mental and social well-being.
- Social, environmental and economic factors are important determinants of human health and are inter-related.
- People cannot achieve their fullest potential unless they are able to take control of those things which determine their well-being .
- All sectors of the community are inter-related and share their knowledge, expertise and perspectives, working together to create a healthy community.
- The process of developing healthy communities involves:
  - ➢ wide community participation
  - ➢ broad involvement of all sectors of the community
  - ➢ local government commitment.
  - ➢ creation of healthy public policies
- Qualities of a healthy community include:
  - ➢ clean and safe physical environment
  - ➢ peace, equity and social justice
  - ➢ adequate access to food, water, shelter, income, safety, work and recreation for all
  - ➢ adequate access to health care services
  - ➢ opportunities for learning and skill development
  - ➢ strong, mutually supportive relationships and networks
  - ➢ workplaces that are supportive of individual and family well-being
  - ➢ wide participation of residents in decision-making
  - ➢ strong local cultural and spiritual heritage
  - ➢ diverse and vital economy
  - ➢ protection of the natural environment
  - ➢ responsible use of resources to ensure long term sustainability

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## Module 03 – Getting Organised

### Sample Agenda

*XYZ Community Group*
**Monthly Meeting Friday, June 7, 2002: 7:00 9:30 p.m.**

**Community Hall, 123 First St. Room #1**

# Agenda

| Time | Item | Presented By | Anticipated Outcome | Items Sent Out Ahead of the Meeting |
|---|---|---|---|---|
| 7:00 - 7:15 | Call Meeting to Order:<br>· Welcome and Introductions<br>· Review Purpose and Ground Rules | Chair | Members ready to participate | |
| 7:15 - 7:20 | Review Agenda (may be revised as needed) | Chair | Agreement | Agenda |
| 7:20 - 7:25 | Approve Past Minutes | Secretary | Approval | Minutes |
| 7:25 - 7:35 | Business Arising From the Minutes(updates or points of clarification regarding items recorded in the minutes) | Members | Information | |
| 7:35 - 7:45 | Treasurer's Report | Treasurer | Approval | Draft Audit Statement |
| 7:45 - 8:15 | Items For Special Consideration(special activities, discussions or other non-routine business of the board) | Member | | Pertinent information if available |
| 8:15 - 8:30 | BREAK | | | |
| 8:30 - 9:00 | Reports (staff, committees, task groups) | Staff or Committee Chairs | Discussion | Written reports if available |
| 9:00 - 9:15 | New Business | Members | | |
| 9:15 - 9:30 | Wrap-Up Meeting:<br>· Set date, time and location of next meeting<br>· Reminder of preparation needed·<br>· Members give feedback on meeting process; make suggestions for improving next meeting<br>· Meeting Concluded | Chair | | |

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## Some Common Meeting Complaints and Possible Solutions

| Complaint | Possible Solutions |
|---|---|
| **Meetings are too long** | • set a firm time to end the meeting and stick to it<br>• shorten agenda to essential items<br>• schedule more time than you think necessary for each item to give some flexibility<br>• appoint a time keeper to ensure schedule is respected<br>• put less important items at the end and if necessary table to the next meeting |
| **Too many people speak at once** | • chair needs to stop the meeting and ask for one person at time to speak<br>• if a chronic problem, may have to insist that people raise their hands and not speak until r recognized by the chair |
| **Discussion is monopolized by a few** | • chair must interrupt if necessary and politely explain that it is time to let someone else speak; if it continues the chair should speak to the person in private and explain that this behaviour is not acceptable |
| **Hidden agendas** | • if a hidden agenda is suspected the chair or another respected member of the group should meet with the person in private to discuss concerns; if a conflict of interest is apparent the person should be asked to resign from the group |
| **Poor preparation** | • meeting agendas and background materials should go out early enough for members to have a reasonable opportunity to read them; if one or two are chronically unprepared, the chair should inquire as to the reason and assist them to find a solution, or perhaps resign if they are not interested in participating effectively |
| **Discussion goes off on tangents** | • chair needs to re-focus the group as needed; re-state the issue to be discussed; ask if anyone has anything else to add about this particular item and if not, announce the next agenda item. If the chair is ineffective, a respected member of the group may suggest the group get back on track. |
| **Important issues not addressed** | • while it is the chair's responsibility to set the agenda, most groups allow for members to have input and thus the opportunity to place their issue on the agenda. If this is not the case, a member may raise the issues under the "new business" portion of the agenda and, if supported by others, have it placed on a future agenda. |
| **Talking to "neighbours"** | • chair should stop the meeting and focus attention on the "talkers" and ask them to save their side conversations for a break or after the meeting |
| **Lack of commitment or genuine interest by some members** | • attempt to find out what they are interested in and see if there is an activity they could become involved in that matches their area of interest. If they are truly not interested they will eventually stop coming. |
| **Lack of skills - interpersonal, leadership and/or meeting facilitators** | • if the chair is ineffective, don't embarrass him or her in front of the group, but privately suggest some strategies for improvement and offer your support.<br><br>• training is an important part of group development; inexpensive training programs are available for non-profit groups from a variety of sources, such as United Way or volunteer centres. |
| **Chronic complainers** | • talk to the person privately and try to discover if there is a deeper issue or problem that is the root cause of dissatisfaction. If no solution emerges, convey the negative impact the complaints have on the morale of the group and ask that only constructive suggestions regarding the agenda item being discussed be made at the meetings. |
| **Repetition of opinions, especially when decision already made** | • chair needs to firmly remind the person that the decision has been made. Parliamentary procedure requires a 2/3 majority to "re-open the question" i.e. to discuss something that has already been decided. |
| **Inadequate minutes** | • the minute-taker may need training or coaching; use a form that only needs to have the details filled in (see Appendix 2 for sample) to make the job easier. If minutes are late getting out, perhaps a reminder is needed. As a last resort, recruit an alternative minute-taker. |
| **"Old guard" not adapting to changing environment** | • it is important to be respectful of past achievements, but the focus must be on the future. Reflect on the changes we are experiencing and bring in reliable information to back up your proposals for change. Listen carefully to all expressed opinions, but prepare your own case thoroughly and present it persuasively. Try to accommodate their concerns and interests simultaneously with the new plans. |

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## Ontario Healthy Communities Coalition Board
## Meeting Evaluation

**Date of Meeting** _____

*Please rate the following items on a scale from 1-5:*

1 = Strongly disagree  2 = Somewhat disagree 3 = No  opinion
4 = Somewhat agree   5 = Strongly agree      N/A = not applicable

### A. *Content*                                               *Rating*

| | | | | | | |
|---|---|---|---|---|---|---|
| 1.  The matters brought before the Board were  appropriate. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2.  Sufficient background information was available to make decisions. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3.  Information was provided far enough in advance  of the meeting. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4.  The Board meeting was organized  effectively. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5.  The Board agenda was organized  effectively. | 1 | 2 | 3 | 4 | 5 | N/A |

### B.  Process

| | | | | | | |
|---|---|---|---|---|---|---|
| 6.  I had the opportunity to voice my opinion prior to decisions being made | 1 | 2 | 3 | 4 | 5 | N/A |
| 7.  Due consideration of available resources and alternative suggestions was given by Board members prior to making decisions. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8.  Board decisions were well considered and not rushed. | 1 | 2 | 3 | 4 | 5 | N/A |
| 9.  Board members worked together in a constructive manner. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10.  The Board agenda was organized  effectively. | 1 | 2 | 3 | 4 | 5 | N/A |
| 11.  Conflicts, if any, were resolved in a respectful manner. | 1 | 2 | 3 | 4 | 5 | N/A |

### C. *Facilities*

| | | | | | | |
|---|---|---|---|---|---|---|
| 12. Hotel accommodations, if required, were  satisfactory. | 1 | 2 | 3 | 4 | 5 | N/A |
| 13. Food catering was  satisfactory. | 1 | 2 | 3 | 4 | 5 | N/A |
| 14. Meeting room was  satisfactory. | 1 | 2 | 3 | 4 | 5 | N/A |

### D.  Comments

| |
|---|
| |

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## XYZ Organization Meeting
## Minutes

*Date of Meeting: _____ Attendance:*

|  |
|  |
|  |

*Business Arising: from the Minutes:*

| Item | Report |
|---|---|
|  |  |
|  |  |

*Reports:*

| Item | Report |
|---|---|
|  |  |
|  |  |

*Action Items*

| Item | Task | Person Responsible | Time Frame |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Minutes taken by: _____*

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## Parliamentary Procedure

Many groups use a form of parliamentary procedure, usually simplified to a few basic rules. They operate by democratic principles, such as:

- Every member has rights equal to every other member, with justice and courtesy for all
- The will of the majority must be carried out
- The minority must be heard and its rights protected
- Only one topic will be considered at a time

Procedures using this style will generally include:

- Chair calls the meeting to order (minute-taker records the time).
- Quorum is established: This is the number of people required for the decisions of the meeting to be binding on the group. It is up to the group to decide what that number is most often it is a simple majority; i.e. 50% plus one. Sometimes other factors will be involved; for example, one of the criteria for quorum at an OHCC Board meeting is that members from at least three regions of the province have to be present.
- Reports may be "received", meaning there is no commitment made to any of its recommendation, or "adopted", in which case the group approves of its content and commits to taking appropriate action with respect to its recommendations.
- For items that require a decision, a "motion" is made by a member. This is a clear statement of the proposed action. It must be seconded by a second member to show that there is some support for it. If there is no seconder, no further time is spent on it. If it is seconded the chair asks for discussion. The chair may decide to limit the amount of discussion allowed, and call for a vote to be taken. Any member may also call for a vote, but a two thirds majority of the members have to agree before the vote is then taken. Only one motion can be considered at a time. When a motion is "on the table" no other business can be considered. Motions may be tables, withdrawn or amended.

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**XYZ Group
Co-ordinating Committee
Terms of Reference**

**Date:** February 14, 2002

**Chair:** Mary Chang

**Reporting Relationship:** The Committee will report to the members at the monthly Members' Meetings, or at any time as requested by 2/3 of the Members. The Committee will present an evaluation of XYZ's activities and results to the Members at every Annual General Meeting.

**Purpose:**

1) To ensure that the activities OF XYZ are co-ordinated in terms of timing, effort, volunteer involvement, and are integrated as needed to avoid duplication
2) To ensure that XYZ provides is a welcoming environment for members with diverse backgrounds, so that the membership of XYZ reflect the full population of the community
3) To develop and evaluate policies, procedures and action plans that will further the mission of XYZ and
4) To ensure that the finances of XYZ are managed prudently

**Authority:** The Committee will recommend policies, programs and the budget to the Members. Once approved by the Members, the Committee is authorized to carry out the will of the Members and to manage the affairs of XYZ as they see fit.

**Meeting Schedule:** The Committee will meet at least six times per year, with meetings scheduled by the Committee, or as called by 2/3 of the Members. The agenda for each meeting will be set in collaboration with the designated Chair and other committee members.

**Composition:** Committee members will be members in good standing of XYZ Group. Half of the Committee members will be elected by the members each year at the Annual General Meeting, to serve a two year term. The Chair will be elected by the Committee. The Past Chair will remain on the Committee as an ex-officio member.

**Approval/Review Date:** The committee will review the terms of reference of this committee annually.

# Diploma in Community Development - Resources

## Sample Budget

*XYZ Organization Budget 2002-2003*

| | Annual Budget | Project 1 | Project 2 | Other |
|---|---|---|---|---|
| **REVENUE** | **Consolidated** | **Budget** | **Budget** | **Budget** |
| ABC Government Grant | 40,400 | 40,400 | | |
| DEF Foundation | 22,150 | | 22,150 | |
| Fundraising Activities | 18,300 | | | 18,300 |
| **TOTAL REVENUE** | 80,850 | 40,400 | 22,150 | 18,300 |
| **EXPENDITURES** | | | | |
| *Personnel* | | | | |
| Salaries | 44,782 | 20,272 | 13,416 | 11,093 |
| Employee Benefits | 7,992 | 3,577 | 2,410 | 2,004 |
| Fee for Service | 4,724 | 2,250 | 2,374 | 100 |
| *Subtotal Salaries and Benefits* | *57,498* | *26,100* | *18,200* | *13,198* |
| *Transportation & Communication* | | | | |
| Staff Travel | 4,494 | 675 | 1,800 | 2,020 |
| Board of Directors Meetings | 1,590 | 640 | 750 | 200 |
| Telephone | 2,108 | 2,058 | 0 | 50 |
| Postage | 817 | 484 | 0 | 332 |
| *Subtotal Transportation & Communication* | *9,009* | *3,857* | *2,550* | *2,602* |
| *Services* | | | | |
| Office Rent | 4,538 | 3,438 | 620 | 480 |
| Financial Services | 1,230 | 540 | 0 | 690 |
| Printing | 2,738 | 1,838 | 500 | 400 |
| Advertising | 200 | 200 | 0 | 0 |
| Insurance | 327 | 127 | 100 | 100 |
| Professional Development | 500 | 300 | 0 | 200 |
| Translation | 2,100 | 1,790 | 160 | 150 |
| Equipment & Furnishings | 100 | 100 | | |
| *Subtotal Services* | *11,733* | *8,333* | *1,380* | *2,020* |
| *Supplies* | | | | |
| Office Supplies | 775 | 655 | 20 | 100 |
| Computer Software | 1,370 | 1,370 | | |
| Program Materials | 166 | 86 | 0 | 80 |
| *Subtotal Supplies* | *2,310* | *2,110* | *20* | *180* |
| *Other* | | | | |
| Conferences & Memberships | 200 | | | 200 |
| Miscellaneous | 100 | | | 100 |
| *Subtotal Other* | *300* | *0* | *0* | *300* |
| **TOTAL EXPENDITURES** | 80,850 | 40,400 | 22,150 | 18,300 |
| **BALANCE** | 0 | 0 | 0 | 0 |

# Diploma in Community Development - Resources

## XYZ Organization Incomes and Expenses Report for June 30, 2002

|  | Current Month | Year to Date | Budget YTD | Differnce YTD | Budget 2002-2003 | Difference 2002-2003 |
|---|---|---|---|---|---|---|
| **REVENUE** | | | | | | |
| ABC Government Grant | 6,733 | 9733 | 10,100 | 367 | 40,400 | 24.1% |
| DEF Foundation | 2,769 | 4000 | 5,538 | 1,538 | 22,150 | 18.1% |
| Fundraising Activities | 763 | 2785 | 4,575 | 1,790 | 18,300 | 15.2% |
| **TOTAL REVENUE** | **10,265** | **16518** | **20,213** | **3,695** | **80,850** | **20.4%** |
| **EXPENDITURES** | | | | | | |
| *Personnel* | | | | | | |
| Salaries | 3,732 | 8,173 | 11,196 | 3,023 | 44,782 | 18.3% |
| Employee Benefits | 666 | 1,698 | 1,998 | 300 | 7,992 | 21.3% |
| Fee for Service | 394 | 732 | 1,181 | 449 | 4,724 | 15.5% |
| *Subtotal Salaries and Benefits* | *4,792* | *10,603* | *14,375* | *3,771* | *57,498* | *18.4%* |
| *Transportation & Communication* | | | | | | |
| Staff Travel | 375 | 809 | 1,124 | 315 | 4,494 | 18.0% |
| Board of Directors Meetings | 133 | 342 | 398 | 56 | 1,590 | 21.5% |
| Telephone | 176 | 516 | 527 | 11 | 2,108 | 24.5% |
| Postage | 68 | 163 | 204 | 41 | 817 | 20.0% |
| *Subtotal Transportation & Communication* | *751* | *1,831* | *2,252* | *422* | *9,009* | *20.3%* |
| *Services* | | | | | | |
| Office Rent | 378 | 1,259 | 1,135 | -125 | 4,538 | 27.8% |
| Financial Services | 103 | 301 | 308 | 6 | 1,230 | 24.5% |
| Printing | 228 | 513 | 685 | 171 | 2,738 | 18.8% |
| Advertising | 17 | 30 | 50 | 20 | 200 | 15.0% |
| Insurance | 0 | 0 | 82 | 82 | 327 | 0.0% |
| Professional Development | 0 | 50 | 125 | 75 | 500 | 10.0% |
| Translation | 175 | 415 | 525 | 110 | 2,100 | 19.8% |
| Equipment & Furnishings | 0 | 0 | 25 | 25 | 100 | 0.0% |
| *Subtotal Services* | *901* | *2,569* | *2,933* | *364* | *11,733* | *21.9%* |
| *Supplies* | | | | | | |
| Office Supplies | 65 | 174 | 194 | 19 | 775 | 22.5% |
| Computer Software | 114 | 257 | 343 | 86 | 1,370 | 18.8% |
| Program Materials | 0 | 33 | 42 | 9 | 166 | 19.8% |
| *Subtotal Supplies* | *179* | *464* | *578* | *113* | *2,310* | *20.1%* |
| *Other* | | | | | | |
| Conferences & Memberships | 0 | 0 | 50 | 50 | 200 | 0.0% |
| Miscellaneous | 8 | 20 | 25 | 5 | 100 | 20.0% |
| *Subtotal Other* | *8* | *20* | *75* | *55* | *300* | *6.7%* |
| **TOTAL EXPENDITURES** | **6,630** | **15,487** | **20,213** | **4,726** | **80,850** | **19.2%** |
| **BALANCE** | **3,635** | **1,031** | **0** | **-1,031** | **0** | **0** |

# Diploma in Community Development - Resources

## Sample Balance Sheet

### XYZ Organization

### Balance Sheet as at June 30, 2002

| ASSETS | |
|---|---:|
| **Current Assets** | |
| Chequing Aaccount | 483 |
| Savings Aaccount | 775 |
| Aaccounts Receivable | 250 |
| Prepaid Expenses | 0 |
| **TOTAL ASSETS** | **1508** |
| | |
| **LIABILITIES & EQUITY** | |
| **Liabilities** | |
| Aaccounts Payable | 123 |
| GST Payable (50% Rebate) | -48 |
| **Total Liabilities** | **75** |
| | |
| **Equity** | |
| Reserve Fund | 200 |
| Retained Earnings | 54 |
| Designated Fund | 100 |
| Net income | 1031 |
| **Total Equity** | **1385** |
| | |
| **TOTAL LIABILITIES & EQUITY** | **1508** |
| | |

# Diploma in Community Development - Resources

## Module 04 - Community Development Strategies

### Tool: Collaboration check list

| Does your community | Yes | No | Undecided |
|---|---|---|---|
| 21. Have broad consensus on a vision of a healthy community | | | |
| 22. Have a community strategic plan in place to achieve that vision? | | | |
| 23. Provide opportunities for lifelong learning and skill development? | | | |
| 24. Encourage members to take on leadership roles? | | | |
| 25. Have a high degree of cooperation and collaboration among its organizations and institutions? | | | |
| 26. Have a high level of civic pride? | | | |
| 27. Consider the well-being rural areas surrounding the municipality in their planning? | | | |
| 28. Ensure all residents are able to meet their basic needs? | | | |
| 29. Encourage youth to take an active role? | | | |
| 30. Plan to protect and enhance all forms of capital; natural, financial, physical infrastructure, human and social? | | | |
| 31. Have a thriving arts community? | | | |
| 32. Have an effective communications network, including media, public consultations and access to information? | | | |
| 33. Welcome newcomers? | | | |
| 34. Invest in economic development and business retention programs to promote a diverse and vital economy? | | | |
| 35. Treat each other with respect regardless of differences? | | | |
| 36. Celebrate its accomplishments? | | | |
| 37. Have Workplaces that are supportive of individual and family well-being? | | | |
| 38. A high level of safety perceived by its residents? | | | |
| 39. Work diligently and creatively towards environmental sustainability? | | | |
| 40. A strong cultural and spiritual life | | | |

## Module 04 - Community Development Strategies

# Diploma in Community Development - Resources

## Tool: When to Start a Coalition

If you responded "no" to any of the questions below, a coalition might not be an appropriate structure to accomplish your goals.

| Start a Coalition Check sheet | Yes | No |
|---|---|---|
| Does the problem affect a broad range of people? | | |
| Is the problem complex, requiring information and expertise from various sectors of the community? | | |
| Is there a need for broad public awareness or education to accomplish the goal? | | |
| Is there a gap in existing services or programs such that no existing organization is clearly mandated to take on this work? | | |
| Are there other organizations that see this problem as a priority? | | |
| Are there other organizations that are willing to work together to address the problem? | | |
| Is this problem best addressed through the joint ownership and responsibility of a number of organizations | | |
| Are the potential members of the coalition willing to relinquish individual control over the activities and outcomes of the coalition and actively engage in a collective process? | | |
| Are there potential members of the coalition willing to commit to and abide by democratic decision-making procedures? | | |
| Are the organizational goals and policies of the potential members in alignment with those of the coalition? | | |
| Are there resources that can be shared or obtained to assist with the work? | | |
| Is there a true commitment to work together and produce results, irrespective of funder requirements for collaboration? | | |

# Diploma in Community Development - Resources

## Tool: Collaboration Framework

The following Collaboration Framework [1] compares the purpose, structure and process of different levels of collaboration.

| Level | Purpose | Structure | Process |
|---|---|---|---|
| **Networking** | | | |
| | • Dialogue<br>• Common Awareness<br>• Information flow<br>• Create support base<br>• Non-hierarchical<br>• Loose, flexible link<br>• Roles loosely defined<br>• Concern is primary link<br>• Low key leadership<br>• Low decision-making<br>• Information Communication | | |
| **Alliance** | | | |
| | • Match needs<br>• Provide some coordination<br>• Limits duplicating services<br>• Ensures tasks done | • Central body of<br>• communicators<br>• Semiformal links<br>• Roles somewhat defined<br>• Links are advisory<br>• Develops new resources<br>• Joint budget | • Facilitative leaders<br>• Complex decision-making<br>• Some conflict<br>• Centralized<br>• Communication (formal) |
| **Partnership** | | | |
| | • Share resources<br>• Coordinate activities<br>• Address common issues<br>• Merge resource base<br>• Create something new | • Central body of decision-makers<br>• Roles defined<br>• Links formalized<br>• New resources<br>• Joint budget | • Autonomous leadership<br>• Focus is on issue<br>• Group decision-making by task groups<br>• Communication frequent and clear |
| **Coalition** | | | |
| | • Share ideas<br>• Willing to pull resources from existing systems<br>• Develop commitment<br>• Minimum three years | • All members involved in decision-making<br>• Roles and time defined<br>• Links formal<br>• Written agreement<br>• New resources<br>• Joint budget | • Shared leadership<br>• Decision-making with all members<br>• Communication is prioritized |
| **Full** | | | |

| | | | |
|---|---|---|---|
| | <ul><li>Accomplish shared vision</li><li>Develop benchmarks</li><li>Build interdependent system</li><li>Consensus used in shared decision-making</li><li>Roles, time and evaluation formalized</li><li>Links are formal and written in work assignments</li><li>Leadership high</li><li>Trust level high</li><li>Productivity high</li><li>Ideas / decisions equally shared</li><li>Highly developed communication</li></ul> | | |

# Diploma in Community Development - Resources

## Tool: Tips for Improving Coalition Functioning

The following is a list of strengths and weaknesses that happen at each level of a coalition and tips to help you address them.

| | Strengths | Weaknesses | Tips |
|---|---|---|---|
| **Individual Members** | • members are confident in each others' skills<br>• diversity of ideas/perspectives<br>• creativity<br>• humour<br>• openness to feedback, new ideas and criticism<br>• willing to give and take re: time/profile/work/ information/expertise | • personal agendas; people who are in it:<br>– to enhance image<br>– to gain access to resources<br>– to sabotage efforts<br>– to push a certain idea<br>– make them feel good<br>  • Passive aggressive personalities;<br>  • different levels of passion –real or perceived<br>  • undermine decision-process<br>  • personality conflicts<br>  • control issues<br>  • lack of flexibility<br>  • lack of understanding of concepts<br>  • tension between professionals and volunteers | • look at potential coalition members to evaluate suitability; look for commitment towards outcomes and motivation and believe in the objectives of the coalition<br>• terms of reference should include<br>• process for conflict resolution; use/increase skills in conflict management<br>• get to know others on coalition<br>• elect chair with good facilitation skills to manage disruptive members<br>• provide skills training; orientation to members<br>• create a "space" for community volunteers; differentiate role from professional members; provide time on agenda for their input and feedback. |

# Diploma in Community Development - Resources

| | | | |
|---|---|---|---|
| **Group Process** | • trust<br>• respect<br>• shared power<br>• shared ownership<br>• teamwork<br>• team "check-ins"<br>• defined roles<br>• understand investments and benefits<br>• mutual care and concern<br>• have fun<br>• wealth of resources within the group' members willing to share resources | • varying expectations<br>• use of jargon, systems that some nonprofessional members do not understand or are not comfortable with<br>• lack of understanding of stages of group development<br>• role confusion<br>• unequal resources of members<br>• lack of respect for others' viewpoints<br>• lack of investment<br>• lack of commitment to take on tasks, to work towards outcomes<br>• lack of accountability<br>• distrust<br>• power imbalances<br>• racism/sexism<br>• resistance to change | • set terms of reference or agreement that defines roles, investments, benefits<br>• take time to build good group process<br>• set "ground rules" for how group members relate to each other<br>• share ideas, life, "check-ins", build in activities that show care and concern<br>• let people offer what they can instead of expecting a certain level of participation<br>• recognize value of coalition regularly/annually through evaluation and celebration of accomplishments<br>• address issues openly; re-identify goal and objectives, members roles; clarify values, principles, ground rules; if insufficient "common ground", evaluate whether the group has what it takes |
| **Leadership** | • understanding of leadership and role of facilitator/chair | • negative leadership style (e.g. controlling, not allowing input) | • develop understanding of leadership and role of facilitator/chair<br>• ensure all have input<br>• work to consensus<br>• have annual elections for leadership positions |
| **Decision-Making Process** | • everyone has input<br>• work towards consensus | • hasty or inequitable decision-making | • chair has good facilitation skills<br>• actively seek input from all members (silence is not the same as approval)<br>• allow time for discussion; explore reasons for differences of opinion |

# Diploma in Community Development - Resources

| | | | |
|---|---|---|---|
| **Relationship With Member Organizations' Senior Management** | • | • direction given by outside manager who doesn't know what goes on inside the coalition<br>• members not being able to make decisions have to take it back to own supervisor/board | • need to obtain "buy-in" from senior management of member organizations<br>• request delegation of authority to staff representative on coalition<br>• members sign agreement that states investment, decision-making process, etc. |
| **Achieving Objectives** | • accomplishment creating positive change in community<br>• good reputation<br>• involvement of target group<br>• access to resources<br>• community buy-in<br>• clear focus/purpose | • lack of direction<br>• different agendas<br>• lack of resources<br>• lack of follow-up<br>• lack of evaluation | • Lack of direction: develop strategic plan involving target population<br>• Different agendas – diffuse and change/increase number of members with similar commitment to group goal<br>• Lack of resources:<br>  - Go to agency CEO's to request resources<br>  - Members identify own resources to see what they can contribution<br>  - Review potential membership and their resources<br>• Lack of follow-up: find out why may be the person lacks skills/knowledge/experience: mentor with someone who is learning; if due to forgetting/disorganized, provide check list to follow<br>• Lack of Evaluation – create evaluation plan |
| **Recruitment of New Members** | • new members join coalition to bring in new ideas, perspectives and resources | • need to find new members due loss of members or to obtain needed skills, experience, access to resources, etc. | • identify potential benefits of membership<br>• plan outreach/communications strategy<br>• make use of existing members contacts |

# Diploma in Community Development - Resources

**Presenter:** _____

**Date:** _____

**Topic:** _____

## Presentation Effectiveness Criteria

| To what extent did the presentation represent the following features? | Yes | Needs Work | No | Comments |
|---|---|---|---|---|
| 1. Purpose communicated clearly. | | | | |
| 2. Organized and easy to follow. | | | | |
| 3. Presenter exhibited a good understanding of topic. | | | | |
| 4. Presenter was well-prepared. | | | | |
| 5. Presenter spoke clearly/effectively | | | | |
| 6. Time for presentation used effectively. | | | | |
| 7. Slides enhanced presentation. | | | | |
| 8. Presenter responded effectively to audience questions and comments. | | | | |
| 9. Presentation was done in a way that engaged audience. | | | | |

10. What did you like most about the presentation?

11. What areas might you suggest for improvement not listed above?

# Diploma in Community Development - Resources

*For Immediate Release*

## Inspiring Change: Healthy Cities and Communities in Ontario

Toronto, ON (April 3, 1995) Could your community use a little inspiration? The Ontario Healthy Communities Coalition is releasing a new **book** *Inspiring Change: Healthy Cities and Communities in Ontario.*

This book is an illustration of how individuals and communities can rally together to create change. Inspiring Change: Healthy Cities and Communities in Ontario contains stories of communities in Ontario that have confronted challenges such as unemployment, hunger, lack of activities for youth, and pollution. The stories, written by staff and members of the Ontario Healthy Communities Coalition, come from diverse community perspectives -northern, southern, rural and urban Ontario. They celebrate the successes of Healthy Community members, and will inspire others to get involved. All are invited to celebrate with us at our book launch, to be held:

**Date:**       Thursday Dec. 7th, 2000

**Time:**   10:00 am 12:00 p.m.

**Location:** Trent University Bookstore, Peterborough

Susan Hubay and Jacqueline Powell, co-authors of Chapter 8: *"You Can't Start a Revolution on an Empty Stomach: Food Security and Community Mobilization in Peterborough"* will be on hand to answer your questions and personalize your purchases.

Refreshments will be served.

-30 -

**For more information  contact:**

Ontario Healthy Communities Coalition
555 Richmond St. West, Suite 505, Toronto, ON M5V 3B1 Phone: 1-800-766-3418; Fax: (416) 408-4843
Email: info@healthycommunities.on.ca web site: www.healthycommunities.on.ca

# Diploma in Community Development - Resources

## Sample Public Service Announcement (PSA)

A PSA should be typewritten and double-spaced on letterhead stationary, with the name, address and telephone number of the contact person at the top of the page. Under the heading "Public Service Announcement" give all the necessary details of the event: when and where it will happen, by whom it is sponsored, the objectives of the event, etc. Also include any new brochure or new flyer about your group's campaign. The PSA should be no more than 30 seconds in length, read aloud. Attach a cover letter requesting that the PSA be aired and expressing appreciation for this service, then mail it to the appropriate outlets at least two weeks prior to the announcement date.

Here are some examples of PSAs:

• Registration for Woodsley Community College Fall 2002 Continuing Education term begins Saturday August 7th, 9:00 a.m. 1:00 p.m. in the cafeteria.

• The Antler River Conservation Authority welcomes everyone to Antler Conservation Area, Sunday August 28, at 2:00 p.m., weather permitting, for an workshop on identifying and processing natural dyes, plus a short woodland hike. Meet at the Resource Centre in the Conservation Area, 6 ½ km. west of Woodsley on Highway 25. Learn the fascinating art of dying cloth with plants and trees growing in our area.

• The Woodsley Heritage Museum of has scheduled a corn roast and family fun type games Sunday, August 8th, 1:00 5:00 p.m. In addition to being able to view exhibits relating to the history of Woodsley, visitors will be treated to stories of earlier times told by long-time local residents. The Friends of the Woodsley Heritage Museum will provide planned a corn roast with hot dogs, burgers and other refreshments. Rain or shine. For further information please phone 622-2340.

## Sample Public Service Announcement (PSA)

# Diploma in Community Development - Resources

## Sample Summary Project Logic   Model

*XYZ Healthy Community  Group*

| | | | | |
|---|---|---|---|---|
| **CLIENT/ AUDIENCE** | NGO/Volunteers | Local Government | Media | General Population |

| | | | | |
|---|---|---|---|---|
| **ACTIVITIES** | **Public Education**<br>•Presentations, workshops | **Networking**<br>•Organize and attend networking events | **Community Events**<br>•Organize and attend community events | **Internal/Admin**<br>•Fundraising, reporting, volunteer |

| | | | | |
|---|---|---|---|---|
| **SHORT TERM OBJECTIVES** | •Increase knowledge of community issues and solutions | •Exchange info & knowledge<br>•Encourage collaboration | •Increase public awareness of issues<br>•Increase awareness of XYZ group | •Meet financial commitments<br>•Evaluate project outcomes |

| | | | | |
|---|---|---|---|---|
| **LONG TERM OBJECTIVE** | •Motivate behavioural changes<br>•Increase  participation in community affairs | •Increase communication, cohesion and co-operation within community | •Increase shared understanding, vision and community-wide agenda | •Ensure long-term sustainability of group<br>•Ensure tangible progress  achieved |

| | |
|---|---|
| **GOAL** | **To improve the social, economic and environmental well-being of our   community.** |

**Note:** This is a "mock" summary project logic model we have provided it only as an illustration of a format that may be useful to help your group ensure there is a logical link between your day-to-day activities and your long term goals and  objectives.

# Diploma in Community Development - Resources

## Module 09 - Tools and Techniques

### Location Facilities Checklist

| Location Facilities Checklist | ✔ | Comment |
|---|---|---|
| 41. There is adequate lighting (especially if you are meeting at night). | | |
| 42. The wheelchair accessible parking drop- off is close to the front entrance | | |
| 43. Elevators have low buttons, braille markings and are wheelchair accessible | | |
| 44. Washrooms have the following: | | |
|     a. a wide door and low, easy to open door | | |
|     b. sinks and accessories that can be reached by a child | | |
|     c. at least one stall that is adapted for a wheelchair and has a grab bar | | |
| 45. There is a designated quiet area for reflection, meditation and/or multi-faith prayer. | | |
| 46. Public telephones have a coin slot less than 1.23m above floor level and a volume control. | | |
| 47. There are designated places where persons using guide dogs can allow the animals to rest and relieve themselves, and drinking water is available for the dogs. | | |
| 48. Space is provided to meet any child care needs. | | |
| 49. You will be able to meet any technical requirements for audio/visual or other physical aids. | | |

# Diploma in Community Development - Resources

The following Terms of Reference developed by the Diversity Committee of the Ontario Healthy Communities Coalition may help you devise your own processes and language:

<div style="text-align: center">

**Terms of Reference**

**Diversity Committee**

**Ontario Healthy Communities Coalition**

</div>

**Date Revised:** June 20, 2003

**Chair:** Rotated by Committee Members

**Staff Support:** OHCC Diversity Coordinator

**Reporting Relationship:** The committee will report to the Executive Director. The committee will present an evaluation of the implementation of OHCC's diversity policy and practices to the Board of Directors annually.

**Purpose:**

1. To ensure that OHCC is a welcoming environment for diverse groups
2. To ensure that OHCC is a true reflection of Ontario's population
3. To develop and evaluate policies, procedures and action plans that will welcome diverse groups in Ontario to the Healthy Communities (HC) movement
4. To encourage HC members to become more inclusive of diverse groups in their communities
5. To share information, network and offer mutual support to provincial, national and international groups who are working around Healthy Communities and are interested in the areas of diversity and inclusion.

**Authority:** Unless otherwise stated by the Executive Director or the Board of Direc tors, the committee has no direct authority for the allocation of financial or human resources of the organization.

**Meeting Schedule:** The committee will meet at least six times per year, with meetings scheduled by the committee, or called by the staff support as needed. The agenda for each meeting will be set in collaboration with the designated Chair and staff support.

**Composition:** Included on the committee will be two or more staff members, Board

# Diploma in Community Development - Resources

Members (who sit on the committee in a volunteer capacity) and other community members who may come from the general membership of OHCC (50%). The committee will strive to reflect the diverse population of the Province of Ontario.

**Other Resources:** The committee may pursue additional human and financial resources to implement the projects of the committee as needed, in consultation with OHCC's Resource Development Coordinator and with the approval of the Executive Director.

**Specific Areas of Responsibility**:

1. To ensure that OHCC and the HC movement is a true reflection of Ontario's population, thereby bringing diverse perspectives of a healthy community
2. To review the barriers within OHCC that prevent diverse groups from participating
3. To broaden diverse participation within OHCC
4. To raise awareness of the issues affecting those who are marginalized (e.g., through the Community Animation Program)
5. To proactively recruit volunteers to this committee so that it may reflect the diverse population of the Province of Ontario

# Diploma in Community Development - Resources

## Community Demographic Profile

| Population | Your Community | | | Province | | |
|---|---|---|---|---|---|---|
| Total – All persons | 2001 | 1996 | % Change | 2001 | 1996 | % Change |
| | | | | | | |

| Age | Your Community | | | Province | | |
|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total |
| Age 0–4 | | | | | | |
| Age 5–14 | | | | | | |
| Age 15–19 | | | | | | |
| Age 20–24 | | | | | | |
| Age 25–44 | | | | | | |
| Age 45–54 | | | | | | |
| Age 55–64 | | | | | | |
| Age 65–74 | | | | | | |
| Age 75–84 | | | | | | |
| Age 85 and over | | | | | | |
| Median age of the population | | | | | | |
| % of the population age 15 and over | | | | | | |

| Language | Your Community | | | Province | | |
|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total |
| English | | | | | | |
| French | | | | | | |
| Other | | | | | | |

| Visible Minorities | Your Community | | | Province | | |
|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total |
| Chinese | | | | | | |
| South Asian | | | | | | |
| Filipino | | | | | | |
| Latin American | | | | | | |
| Southeast Asian | | | | | | |
| Arab | | | | | | |
| West Asian | | | | | | |
| Korean | | | | | | |
| Japanese | | | | | | |
| Multiple | | | | | | |
| Other | | | | | | |

## Community Demographic Profile

# Diploma in Community Development - Resources

| Education | Your Community | | | Province | | |
|---|---|---|---|---|---|---|
| (% with) | Male | Female | Total | Male | Female | Total |
| Less than high school graduation | | | | | | |
| High school graduation and/or postsecondary | | | | | | |
| Trades certificate or diploma | | | | | | |
| College certificate or diploma | | | | | | |
| University certificate, diploma or degree | | | | | | |

| Income | Your Community | | | Province | | |
|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total |
| Median total income | | | | | | |
| % income from earnings | | | | | | |
| % income government | | | | | | |
| % income government transfers | | | | | | |
| % income from other sources | | | | | | |
| % low income | | | | | | |

| Family Status | Your Community | | | Province | | |
|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total |
| # families | | | | | | |
| Marital status | | | | | | |
| # lone parent families | | | | | | |
| Median total family income | | | | | | |

| Housing | Your Community | | | Province | | |
|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total |
| # single family dwellings | | | | | | |
| Amount paid in rent/mortgage | | | | | | |
| Average value of house | | | | | | |

| Religion | Your Community | | | Province | | |
|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total |
| Catholic | | | | | | |
| Protestant | | | | | | |
| Christian | | | | | | |
| Orthodox | | | | | | |
| Muslim | | | | | | |
| Jewish | | | | | | |
| Buddhist | | | | | | |

# Diploma in Community Development - Resources

## Organizational Inclusiveness  A Self Assessment Tool

Please rank the status of each of the following items on a scale of 0 to 3, according to the ratings shown below:

*0   Not yet started      1   Beginning phase      2   Well underway      3   Fully Developed (including  monitoring/review procedures)*
*N/A -  Not Applicable / Don't know*

| A.  Governance | | |
|---|---|---|
| **MEASURES** | **STATUS** | **COMMENTS** |
| **1.Policy** | | |
| **Vision:** The organization's commitment to creating an environment free of barriers to inclusion is incorporated into the policies, guidelines and practices of the organisation | | |
| **Standard:** <br> **1.1** The organization's commitment to inclusion is understood by all board members, management, staff, volunteers, members and organizational affiliates. | | |
| 1.    The Board has publicly stated their commitment to being an inclusive organization. | | |
| 2.    Opportunities for involvement in the development of organizational policies and strategies have been clearly defined for all members of the organization (board, staff, and volunteers) and the community at large. | | |
| 3.    Principles of diversity, equity and inclusion are contained in the organization's statement of values. | | |
| 4.    Appropriate resources (staffing, time, financial) are allocated to the development and review of polices relating to diversity, equity and inclusion. | | |
| **Standard:1.2** <br> **1.2**  Principles of diversity, inclusion and equity are embedded in all organizational policies and practices. | | |
| 1.    The organization has addressed issues of diversity and inclusion in its strategic plan. | | |
| 2.    Antidiscrimination and workplace harassment policies are in place. | | |
| 3.    The organization has assessed its existing policies, guidelines and practices to determine if they contain any barriers to inclusion. | | |
| **Standard:** <br> **1.3** Progress towards reducing barriers to inclusion is monitored and evaluated. <br> . | | |
| 1.    The Board has established a policy for monitoring and evaluating progress in eliminating barriers to inclusion. | | |
| 2.    All members of the organization have opportunities for involvement in evaluating progress made in the areas of diversity, equity and inclusion. | | |
| **2. Leadership** | | |
| **Vision:** The board and management provide informed leadership in the implementation of anti-discrimination and workplace harassment policies. | | |
| **Standard** <br> **2.1**  Principles of diversity, inclusion and equity are embedded in all organizational policies and practices. | | |
| 1.    The Board has clearly outlined its expectations for management on the implementation of diversity, equity and inclusion policies. | | |
| 2.    The Board has clearly outlined its expectations for management on the implementation of workplace discrimination/harassment policies. | | |
| 3.    The Board has developed clear guidelines to follow if the policies are breached. | | |
| 4.    An action plan to eliminate or reduce barriers to inclusion <br> 5.    has been established, including steps to monitor and review the plan. | | |
| 6.    Resources have been explicitly allocated to the effective implementation of diversity, inclusion, equity and workplace discrimination / harassment policies and programs. | | |
| | | |
| **MEASURES** | **STATUS** | **COMMENTS** |

# Diploma in Community Development - Resources

<table>
<tr><td colspan="3"><b>3. Participation and Decision-Making</b><br><b>Vision:</b> The participation and decision-making processes are inclusive and reflect community needs and expectations.</td></tr>
<tr><td colspan="3"><b>Standard:</b><br><b>3.1</b> Information about the organization, including its governance structure and opportunities to become involved are communicated effectively to members of diverse communities within the service area.</td></tr>
<tr><td>1.</td><td>The organization has developed a communications strategy to inform diverse populations of its activities and invite them to participate.</td><td></td></tr>
<tr><td>2.</td><td>The organization has developed a comprehensive list of community and ethnic media.</td><td></td></tr>
<tr><td>3.</td><td>The organization has developed a comprehensive list of community, regional and provincial groups and organizations that deal directly with diverse and / or marginalized populations.</td><td></td></tr>
<tr><td>4.</td><td>The organization has developed a comprehensive list of other points of access for reaching diverse communities (i.e. places of worship, community centres, social clubs...).</td><td></td></tr>
<tr><td>5.</td><td>The organization has compiled and updated provincial and regional profiles including demographics and social, economic, health and environmental issues.</td><td></td></tr>
<tr><td colspan="3"><b>Standard:</b><br><b>3.2</b> Effective partnerships exist between this organization and other community organizations that reflect the diversity of the population.</td></tr>
<tr><td>1.</td><td>The organization has developed effective and inclusive formal and informal working relationships with diverse community groups and organizations.</td><td></td></tr>
<tr><td>2.</td><td>The organization has developed a two-way consultation mechanism with diverse communities.</td><td></td></tr>
<tr><td>3.</td><td>Partnerships are actively sought with organizations representing diverse populations.</td><td></td></tr>
<tr><td>4.</td><td>Partnership agreements include a process for conflict resolution.</td><td></td></tr>
<tr><td colspan="3"><b>Standard</b><br><b>3.3</b> Members of diverse communities are equitably represented in the different decision-making levels of the organization (i.e., board, committees and management</td></tr>
<tr><td>1.</td><td>The organization has explored the possibility of systemic barriers in the recruitment, selection and retention processes for board, committees and senior management. (e.g., advertising outlets, criteria for selection, interview</td><td></td></tr>
<tr><td>2.</td><td>The Board has explored the possibility of barriers existing in the way the board and committees function. (e.g., time and location of meetings, accessibility of building, availability of child/elder care, meeting style)</td><td></td></tr>
<tr><td>3.</td><td>Orientation and training are provided to members as needed to increase their ability to participate effectively.</td><td></td></tr>
<tr><td>4.</td><td>Time is set aside in meetings for each member to express their perspective and concerns.</td><td></td></tr>
<tr><td>5.</td><td>Ground rules have been established for how group members relate to one another.</td><td></td></tr>
<tr><td>6.</td><td>Terms of reference for committees include a process for conflict resolution.</td><td></td></tr>
<tr><td colspan="3"><b>Standard</b><br><b>3.4</b> Effective procedures exist to handle complaints about incidences of discrimination.</td></tr>
<tr><td>1.</td><td>The organization has explored the possibility of systemic barriers in the recruitment, selection and retention processes for board, committees and senior management. (e.g., advertising outlets, criteria for selection, interview</td><td></td></tr>
<tr><td>2.</td><td>The Board has explored the possibility of barriers existing in the way the board and committees function. (e.g., time and location of meetings, accessibility of building, availability of child/elder care, meeting style)</td><td></td></tr>
</table>

# Diploma in Community Development - Resources

| B. Programs and Services | | |
|---|---|---|
| **MEASURES** | **STATUS** | **COMMENTS** |
| **1. Service Planning** | | |
| **Vision:** Services are barrier-free and appropriate to the needs of diverse communities. | | |
| **Standard:**<br>**1.1** Participation of diverse communities in identifying needs and planning programs and services is supported and encouraged. | | |
| 1. Key members of diverse communities have been invited to participate in the planning of the organization's programs and services. | | |
| 2. The organization has obtained information about the needs and interests of these diverse communities. | | |
| **2. Outreach** | | |
| **Vision:** Diverse communities in the service area are aware of the organization's programs and services. | | |
| **Standard:1.2**<br>**2.1** Effective and appropriate communication strategies are used to increase awareness of programs and services with diverse communities in the service area | | |
| 1. An outreach strategy has been developed and appropriate resources allocated to reach the various communities in an equitable manner. | | |
| 2. A communication strategy has been developed to provide information to various communities within the service area, including:<br>- Targeted media (TV, audio/radio, print)<br>- Community newspapers<br>- Key informants<br>- Community leaders | | |
| 3. The organization has established two-way communication with diverse communities in its service area. | | |
| **3. Service Delivery** | | |
| **Vision:** Diverse communities in the service area are aware of the organization's programs and services. | | |
| **Standard:**<br>**3.1** Programs and services are adapted to take into account and accommodate the values, norms and issues of diverse communities. | | |
| 1. Programs and services are adapted to respond to expressed or identified needs and issues; for example,<br>- Meals/childcare/transportation provided<br>- Faith/spiritual practices respected<br>- Meeting times, locations and structures considered | | |
| 2. Appropriate linguistic resources are provided to reduce or eliminate language barriers. | | |
| 3. The various linguistic groups have been identified within the organization's service area. | | |
| 4. The organization has developed an action plan with members of diverse communities to eliminate language | | |
| **4. Program Evaluation and Monitoring** | | |
| **Vision:** *The organization's programs and services meet the needs of diverse communities.* | | |
| An evaluation plan is in place to monitor the accessibility, appropriateness and effectiveness of programs and services. | | |
| 1. Members of diverse communities have been consulted in the development of an evaluation plan. | | |
| 2. An evaluation process has been established to monitor the accessibility, appropriateness and effectiveness of programs and services to diverse communities | | |
| | | |

# Diploma in Community Development - Resources

| C. Human Resources | | |
|---|---|---|
| **MEASURES** | **STATUS** | **COMMENTS** |
| **1. Staff Recruitment / Retention / Promotion** | | |
| **Vision:** All levels of staff and volunteers reflect the diversity found in the service area. | | |
| **Standard:** <br> **1.1** An evaluation plan is in place to monitor the accessibility, appropriateness and effectiveness of programs and services. | | |
| 3. The organization has explored possible barriers in the recruitment, hiring, promotion and retention of diverse staff, volunteers and partners. | | |
| 4. Paid and volunteer opportunities have been advertised in non-mainstream media. (i.e. target media community) | | |
| 5. The organization has consulted with members of diverse communities regarding the recruitment process. | | |
| 6. The organization has reviewed the interview process for biases (e.g., diversity among the interviewers, bias- free questions). | | |
| 7. Mentoring and conflict resolution systems have been put into place to ensure the retention of diverse staff, partners and volunteers. | | |
| **2. Board / Staff / Volunteer Training** | | |
| **Vision:** All staff and volunteers are knowledgeable about how social, political, economic and cultural differences affect the ability of diverse groups to fully participate in their communities, and are skilled in working with diverse members of the community. | | |
| **Standard:** <br> **2.1** All staff, board members and volunteers are given opportunities to participate in diversity, equity and inclusion knowledge and skill development programs. | | |
| 1. The knowledge and skills of the board, management, staff and volunteers have been assessed in the areas of diversity, equity and inclusion. | | |
| 2. The organization has developed a diversity, equity and inclusion education/training program, attended by all staff, board members and volunteers. | | |
| 3. The organization has involved members of diverse communities in the planning, delivery and evaluation of the diversity, equity and inclusion education/ training | | |
| 4. The organization keeps its resources current for staff, board and volunteers to update their knowledge and skills on appropriate service delivery to diverse communities | | |
| **3. Performance appraisals** | | |
| **Vision:** Improved staff, board and volunteer performance promotes an environment free of all forms of discrimination, workplace harassment and barriers to equity and inclusion. | | |
| **Standard** <br> **3.1** Evaluation of management, staff and volunteers includes an assessment of their adherence to discrimination and workplace harassment prevention policies | | |
| 1. The organization has developed clear guidelines for staff to provide services in an inclusive manner | | |
| 2. Indicators of inclusive practice are included in the performance appraisal of staff. | | |
| 3. Consideration is given to volunteers' contributions to promoting diversity, equity and inclusion during volunteer | | |
| 4. Indicators of diversity and inclusion are included in the performance appraisal of the board of | | |

# Diploma in Community Development - Resources

### Understand the Context Worksheet

1. Why are you going through a planning process at this particular time?

3. What if anything, has already been decided? For example have you decided on audiences, issues, settings, strategies, or activities?

from your potential funder?

5. Are there any other circumstances or expectations that may affect how you must carry out your planning process?

planning ends)?

7. What financial resources (dollars) will be available to implement the program that you plan?

# Diploma in Community Development - Resources

## Identify stakeholder roles and expectations

- Who should be involved?
    Name:
    Interest in program/process:
    Degree of involvement:
    Details of involvement:
- In general, to what degree should the stakeholder be involved in the planning process?
    ❏ Peripheral (needs to be kept informed)
    ❏ Supportive (provides some form of support)
    ❏ Involved (frequently consulted or part of the planning process)
    ❏ Core (on the planning team)

- How will you specifically involve this stakeholder in the planning process in a meaningful way?
- What overall expectations do stakeholders have in terms of the degree of rigour and evidence that will be incorporated into the planning process?
    ❏ High ❏ Medium    ❏ Low

- What overall expectations do stakeholders have in terms of the need for new data (versus compilation of existing data) to inform decisions throughout the planning process?
    ❏ High ❏ Medium    ❏ Low

- What other details are there regarding stakeholder expectations about degree of rigour, evidence and need for new data to inform planning decisions?
- How will decisions be made within the core planning group?
    ❏ Manager veto
    ❏ Consensus
    ❏ Another decision-making process
    ❏ Majority rules of whoever is present
- How, specifically, will the decision-making process work within the core planning group?
- How will decisions be made outside of the core planning group? For example, are there situations when subcommittees will make decisions or individuals will make decisions?

# Diploma in Community Development - Resources

## Assess resources for planning

1. What staff are available to participate in the planning process? What is their approximate available time, and do they have any specific expertise or interests?

2. Are volunteers available to aid in the planning process? If so, how? What is their approximate available time, and do they have any specific expertise or interests?

3. What staff are available to participate in the planning process? What is their approximate available time, and do they have any specific expertise or interests?

4. What partners are available to participate in the planning process? What is their approximate available time, and do they have any specific expertise or interests?

5. What funds are available to support the planning process? Are these funds tagged for a specific purpose?

6. What in-kind contributions are available to support the planning process?

7. What kind of equipment or space is available to support the planning process?

8. When can planning begin?

9. When will planning end?

# Diploma in Community Development - Resources

## Develop a workplan for the planning process

1. What is the planning task you would like to add to your workplan?

   <br>

   **ℹ** Enter tasks and steps that relate to the 6-step planning process. For example:

   > Gather data for situational assessment (worksheet 2.1)
   > Analyse and interpret data (2.2-2.4)
   > Consider how to proceed with planning (2.5)
   > Choose goals and audiences (3.1)
   > Develop outcome objectives (3.1)
   > Choose broad program strategies (4.1)
   > Brainstorm activities (outputs) (4.1)
   > Assess and analyse activity options (4.2)
   > Make final activity (output) choices (4.2)
   > Assign resources to chosen activities (4.3)
   > Develop process objectives for activities (4.4)
   > Choose indicators of success (5.1-5.2)
   > Review and revise overall plan (6.1)

2. Who is responsible (lead) for this task?

3. Who will consult and/or otherwise support the lead on this task?

4. How much time (in total days or total hours) is allocated to this task?

5. When is the deadline for this task?

6. What are the dollars required for this task?

7. What other resources are required for this task?

8. Who will approve the work done related to this task?

## Develop a workplan for the planning process

# Diploma in Community Development - Resources

## Develop a data gathering plan

1. What are your research questions?

    <br><br><br>

2. What method will you use to collect your data?

    > Impact
    > Best practices' synthesis and guidelines
    > Community health status indicators
    > Community stories/testimonials
    > Cost-benefit data
    > Environmental Scan
    > Quantitative polling/survey data
    > Evaluation findings
    > Other type of data

3. What data source(s) will give you the information you want? (Choose one or more than one as appropriate)
    - ❏ Consultation (face to face) using individual interviews, focus groups, and/or forums
    - ❏ Large data sets
    - ❏ Literature searches and reviews, including systematic reviews
    - ❏ Other

4. . What data source(s) will give you the information you want? (Choose one or more than one as appropriate)
    - ❏ Community service organizations
    - ❏ Polling companies
    - ❏ Community spokespersons
    - ❏ Public libraries
    - ❏ Consultants
    - ❏ Websites
    - ❏ Resource centres such as THCU
    - ❏ Researchers
    - ❏ Government departments
    - ❏ Private sector
    - ❏ Canadian Best Practices Portal, Database of Effective Interventions
    - ❏ Other source of data?

5. How, specifically, will you complete this data collection task?

# Diploma in Community Development - Resources

6. Who is responsible (lead) for this data collection task?

7. Who will consult and/or otherwise support the lead on this task?

8. How much time (in total days or total hours) is allocated to this task?

9. When is the deadline for this task?

10. What are the dollars required for this task?

11. What other resources are required for this task?

## Summarize the situation

1. What is the situation? What are the trends (e.g., size, growth), public perception, and stakeholder concerns that describe the situation?

2. What is the situation (continued).

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## List possible actions

1. What possible action might be taken to address this situation?

2. Where did the idea for this possible action come from?

3. What are further details about this possible action?

4. What information do you have about evidence of effectiveness for this possible action?

## Consider how to proceed

1. What are the gaps in data quality or quantity, relative to stakeholder expectations, that may restrict your ability to make evidence-based decisions about goals, audiences, objectives, strategies, activities and resources?

2. What is your current perception about your ability to have an impact on the situation with available time, financial resources and mandate?

3. What are your next steps in the planning process? Will you proceed now, or must you revisit research questions, project scope or resources?

# Diploma in Community Development - Resources

## Set goals, audiences, and outcome objectives

1. What is your goal?

   |  |
   |--|
   |  |

2. Which audiences will require special attention to meet your goal?

   |  |
   |--|
   |  |

3. Who do you want to change? That is, who is your audience?
   - O Parents within X community
   - O Parents
   - O Children
   - O Teachers
   - O Adults
   - O Women
   - O Seniors
   - O Men
   - O Childcare providers
   - O Community decision-makers
   - O Workplace decision-makers
   - O Physicians
   - O Municipal
   - O School
   - O Workplace
   - O Regional
   - O Provincial

4. What do you want to change to help you reach your goal?
   - O beliefs
   - O knowledge (who know how to)
   - O who have talked with a friend/neighbour/family member about
   - O rates of participation
   - O volunteer rates
   - O feelings of support
   - O behaviours
   - O intention to change
   - O awareness
   - O thoughts about a topic
   - O level of confidence
   - O knowledge (who understand that)
   - O perceptions of social pressure
   - O level of comfort talking to friends/family about a topic
   - O level of agreement that change is needed
   - O habits
   - O a law
   - O policies

# Diploma in Community Development - Resources

5. Please provide details about the change you desire (as indicated above).

[ ]

6. In what direction do you want to affect change?

[ ]

7. How much change do you hope to achieve?

[ ]

8. By what month do you plan on achieving this change?

[ ]

9. By what year do you plan on achieving this change?

[ ]

11. Is this a short, medium or long-term objective?

O Short-term
O Medium-term
O Long-term

# Diploma in Community Development - Resources

## Choose strategies and brainstorm activities

1. Create supportive environments - add potential activities

2. Build healthy public policy - add potential activities

3. Health Communication - add potential activities

4. Self-help/mutual support - add potential activities

5. Community mobilization - add potential activities

6. Develop personal skills - add potential activities

7. Education/information - add potential activities

8. Strengthening health services - add potential activities

9. Other strategy (please specify)

# Diploma in Community Development - Resources

## Assess and choose activities

1. Potential Activity

   [ ]

2. Check this box to include this activity as part of your program.
   ❏ Include

3. Strategy

   [ ]

4. What do you know from the available evidence about the expected effectiveness of this activity for meeting your outcome objective(s)?

   [ ]

5. What do you know from the available evidence about the appropriateness of this activity for your intended audience(s)?

   [ ]

6. What do you know about the financial and human (skills, time) resources required to implement this activity properly?

   [ ]

7. What resources, both human and financial do you have available to implement this activity? How does that compare to what resources are required to implement it properly?

   [ ]

8. What resources, both human and financial, will you allocate to this activity

   [ ]

## Assess and choose activities

# Diploma in Community Development - Resources

## Assign outcome objectives

1. Activity code

   [                    ]

2. What will you do or produce?

   [                                        ]

3. Who will you be doing or producing these things for?

   [                                        ]

4. How many will you do or produce?

   [                                        ]

5. What month will you accomplish this by?

   [                                        ]

6. What year will you accomplish this by?

   [                                        ]

## Assign outcome objectives

# Diploma in Community Development - Resources

### Develop outcome indicators

1. Activity code

2. What will you measure?

3. Where is the data available?

4. Are there any concerns about the reliability of this indicator?

5. Are there any concerns about the validity of this indicator?

6. Are there any limitations on accessibility for this indicator?

# Diploma in Community Development - Resources

### Develop process indicators

1. [    ]

2. What will you measure?

3. Where is the data available?

4. Are there any concerns about the reliability of this indicator?

5. Are there any concerns about the validity of this indicator?

6. Are there any limitations on accessibility for this indicator?

# Diploma in Community Development - Resources

## Review your plan

1. COMPLETENESS: Is there a broad goal giving direction to the program (worksheet 3.1)?
   ❏ Yes  ❏ No

2. COMPLETENESS: Does it have audiences including individuals, networks, organizations and/or governments (worksheet 3.1)
   ❏ Yes  ❏ No

4. COMPLETENESS: Does it include SMART (specific, measurable, appropriate, realistic and time-limited) outcome and process objectives (worksheets 3.1 and 4.4)?
   ❏ Yes  ❏ No

3. COMPLETENESS: Does it include a few major strategies identified to advance the outcome objectives and do these strategies reflect your overall guiding health promotion strategy (worksheet 4.1)?
   ❏ Yes  ❏ No

4. COMPLETENESS: Does it include activities that fall within clearly defined strategies (worksheets 4.1 and 4.2)?
   ❏ Yes  ❏ No

5. COMPLETENESS: Does it indicate what resources are required to implement each activity properly (worksheet 4.3)?
   ❏ Yes  ❏ No

COMPLETENESS: Does it include indicators for both outcome and process objectives (worksheets 5.1 and 5.2)?

   ❏ Yes  ❏ No

7. COMPLETENESS: Are all indicators accessible, reliable, and valid?
   ❏ Yes  ❏ No

8. LOGIC: Will the short-term objectives contribute to your medium and long-term outcome objectives (worksheet 3.1)?
   ❏ Yes  ❏ No

9. LOGIC: Will the strategies contribute to meeting the goals and objectives (worksheets 3.1 and 4.1)?
   ❏ Yes  ❏ No

10. LOGIC: Are the activities the best ones to advance each strategy (worksheets 4.1 and 4.2)?
    ❏ Yes  ❏ No

11. LOGIC: Are the activities appropriate for the audiences (worksheets 3.1 and 4.2)?
    ❏ Yes  ❏ No

12. LOGIC: Are there adequate resources in place to properly implement the activities?
    ❏ Yes  ❏ No

13. ALIGNMENT WITH SITUATIONAL ASSESSMENT: Is your plan consistent with the key findings of the situational assessment? In particular, does your program plan take the major influences on your situation into account (worksheet 2.3)? (This check for alignment should also include a review of any new data that arose during the planning process.)
    ❏ Yes  ❏ No

# Diploma in Community Development - Resources

14. ALIGNMENT WITH SITUATIONAL ASSESSMENT: Will stakeholders be satisfied? (worksheet 1.2)
    ❏ Yes  ❏ No

15. PRESENTATION: Is it user-friendly and easy to follow?
    ❏ Yes  ❏ No

16. PRESENTATION: Is it easy to follow the arrows and/or flow of logic?
    ❏ Yes  ❏ No

17. PRESENTATION: Is there enough white space?
    ❏ Yes  ❏ No

18. PRESENTATION: Is it presented in an order that is useful for you and your stakeholders?
    ❏ Yes  ❏ No

# Diploma in Community Development - Resources

## Review your plan using a population health approach lens

1.  FOCUS ON HEALTH (Key Element 1): Did you carefully analyze health inequities and set priorities using good data and explicit criteria? (Worksheets 1.1 and 2.3)
    ❏ Yes   ❏ No

2.  FOCUS ON HEALTH (Key Element 1): Did you assess environments, conditions and circumstances related to your situation? (Worksheet 2.3)
    ❏ Yes   ❏ No

3.  DETERMINANTS OF HEALTH (Key Element 2) Did you consider how the determinants of health, and their interactions, link to your situation and possible solutions? (Worksheet 2.3)
    ❏ Yes   ❏ No

4.  BASE DECISIONS ON EVIDENCE (Key Element 3): Did you use explicit criteria for what to include as acceptable evidence? (Worksheet 1.2 question 7)
    ❏ Yes   ❏ No

5.  BASE DECISIONS ON EVIDENCE (Key Element 3): Did you use a range of the best evidence available (some of which may have been collected/created by you) to inform your planning decisions? (Worksheet 2.1)
    ❏ Yes   ❏ No

6.  BASE DECISIONS ON EVIDENCE (Key Element 3): Did you identify and assess effective activities? (Worksheets 2.4 and 4.2)
    ❏ Yes   ❏ No

7.  UPSTREAM INVESTMENTS (Key Element 4): Does your plan include short, medium and long-term activities? (Worksheets 4.1 and 4.2)
    ❏ Yes   ❏ No

8.  UPSTREAM INVESTMENTS (Key Element 4): Does your plan include roles (and possibly resources) from multiple sectors, not simply health sector alone? (Worksheets 1.2 , 1.3, and 4.3).
    ❏ Yes   ❏ No

You have not worked on this bundle of questions

MULTIPLE INTERVENTIONS AND STRATEGIES (Key Element 5)

9.  Produce comprehensive change through a series of incremental changes.
    ❏ Yes   ❏ No

10. Address the broad determinants of health.
    ❏ Yes   ❏ No

11. Reduce inequities.
    ❏ Yes   ❏ No

12. Be comprehensive across a range of health actions (health care to prevention to protection to health promotion).
    ❏ Yes   ❏ No

13. Integrate common risk factors (e.g. poor nutrition, low physical activity, etc.) across multiple health outcomes.

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❏ Yes  ❏ No

14. Deal with multiple points in the intended population's lifespan.
❏ Yes  ❏ No

15. Work within multiple settings, such as the home, school, workplace and community.
❏ Yes  ❏ No

You have not worked on this bundle of questions

MULTIPLE INTERVENTIONS AND STRATEGIES (Key Element 5)

16. 16. funding
    ❏ Yes  ❏ No

17. 17. technical assistance
    ❏ Yes  ❏ No

18. organization
    ❏ Yes  ❏ No

19. management
    ❏ Yes  ❏ No

20. education
    ❏ Yes  ❏ No

21. communications
    ❏ Yes  ❏ No

22. leadership and promotion
    ❏ Yes  ❏ No

23. political support
    ❏ Yes  ❏ No

24. COLLABORATION (Key Element 6): Have you produced a document outlining values, purpose, objectives, expectations and obligations to create shared leadership, accountability and rewards among partners? (Worksheets 1.2 and 1.4)
    ❏ Yes  ❏ No

25. COLLABORATION (Key Element 6): Has your planning process created commitment such that participants champion the program and have created political and public support for it? (Worksheets 1.2 and 1.4)
    ❏ Yes  ❏ No

26. PUBLIC INVOLVEMENT (Key element 7): Does your plan identify an appropriate level of public involvement, and ways and means to capture public interest and involvement? (Worksheet 1.2)
    ❏ Yes  ❏ No

27. DEMONSTRATE ACCOUNTABILITY (Key Element 8): Does your plan identify baseline measures and targets, with practical indicators for both? (Worksheets 5.1 and 5.2)
    ❏ Yes  ❏ No

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28. DEMONSTRATE ACCOUNTABILITY (Key Element 8): Does your planning process include a results-based evaluation/accountability framework, including a commitment to disseminate findings? (Worksheets 5.1 and 5.2)

    ❏ Yes   ❏ No

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## Planning health promotion programs – Tables and Illustrations

### Examples of data sources

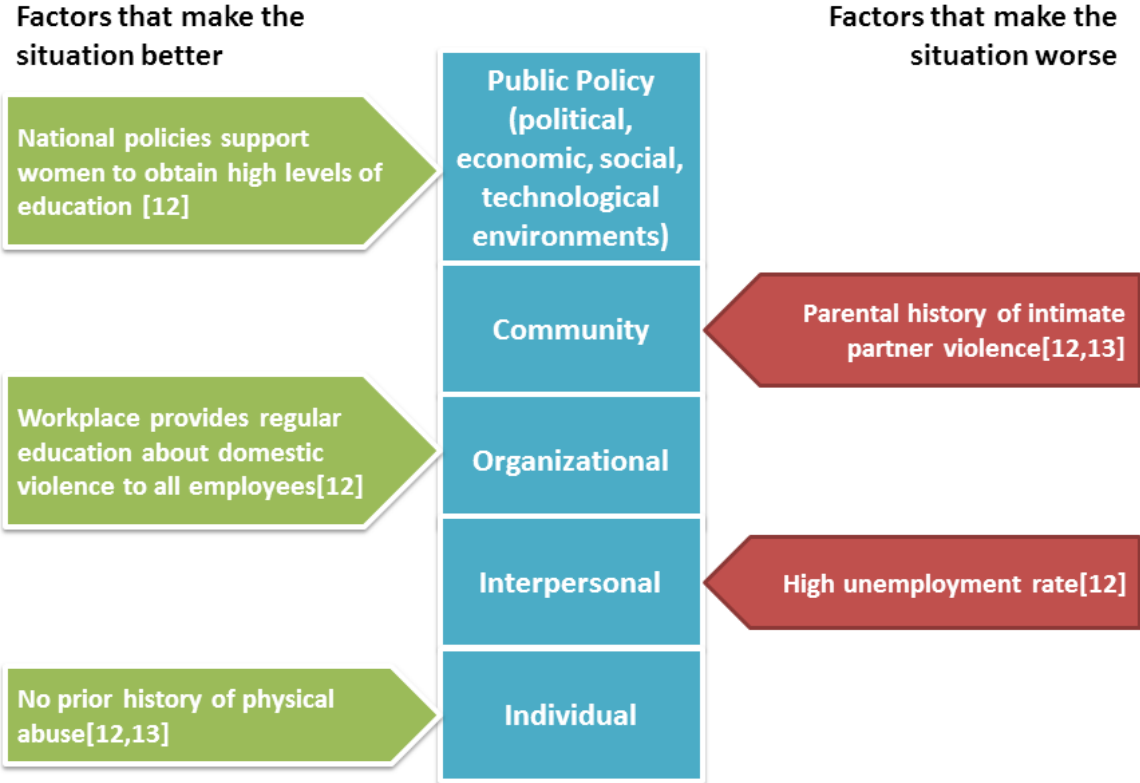| IF YOU WANT | TYPE OF DATA | DATA GATHERING METHOD | EXAMPLES OF SOURCES |
|---|---|---|---|
| Information about community needs | Community health status indicators | Literature search/review | Local Board of Health; Community Health Status Reports; Rapid Risk Factor Surveillance System - (RRFSS)[3] [5]; Canadian Community Health Survey –CCHS[4]; Public Health Agency of Canada (PHAC) infobase[5] |
| Information about what conditions – in the social or, organizational environments or at the broader public policy level – are causing or helping to alleviate the situation | Environmental scan | Focus group; key informant interview | Staff from community service organizations that are already working on the problem; project team; local public health epidemiologist; members of the intended audience; municipal planning department |
| Information about what evidence exists to support various courses of action | Best practice synthesis and guidelines; Summaries of systematic reviews | Search of databases populated with guidelines or pre-appraised systematic reviews | National Guidelines Clearinghouse; Turning Research into Practice (TRIP); Healthevidence[6-8] |
| Guidance about the nature and scope of the final program you develop | Review of stakeholder mandates, policies, guidelines, etc. | Internal document review | Strategic plans from your own, or related organizations; professional standards and guidelines; your own budget documents; documents summarizing the political agendas/priorities of your funder, etc. |

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## Force-field analysis of intimate partner violence

Force-field analysis of intimate partner violence

Factors that make the situation better

Factors that make the situation worse

National policies support women to obtain high levels of education [12]

Public Policy (political, economic, social, technological environments)

Community

Parental history of intimate partner violence[12,13]

Workplace provides regular education about domestic violence to all employees[12]

Organizational

Interpersonal

High unemployment rate[12]

No prior history of physical abuse[12,13]

Individual

# Diploma in Community Development - Resources

## SWOT analysis

| FACTOR | EXAMPLE |
|---|---|
| Strength | Your organization has credibility with funders |
| Weakness | Internal accountability mechanisms make it hard to partner with other organizations |
| Opportunity | The provincial government has a new grant related to your program issue |
| Threat | Your local council has twice refused to fund such a program |

## SWOT analysis with strategies for each quadrant

| | Opportunities | Threats |
|---|---|---|
| **Strengths** | **Invest**<br>Clear matches of strengths and opportunities lead to competitive advantage | **Defend**<br>Areas of threat matched by areas of strength indicate a need to mobilize resources |
| **Weaknesses** | **Decide**<br>Areas of opportunity matched by areas of weakness require a judgement call | **Divest**<br>Areas of threat matched by areas of weakness indicate need for damage control |

# Diploma in Community Development - Resources

## Goals vs. objectives

|  | GOAL | OUTCOME OBJECTIVE |
|---|---|---|
| Scope | General | Specific |
| Time | Not time-limited | Time-limited, relative to goals |
| Purpose | Set general direction (e.g. "to increase or decrease…") | Identify how much of what should happen, to whom and by when |
| Measurability | Need not be measurable | Measurable |
| Number | 1-2 per program | Could be many, at each level of change |
| Link | Links back to strategic directions | Links back to goals |

## Goals vs. objectives

|  | GOAL | OUTCOME OBJECTIVE |
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| Measurability | Need not be measurable | Measurable |
| Number | 1-2 per program | Could be many, at each level of change |
| Link | Links back to strategic directions | Links back to goals |

# Diploma in Community Development - Resources

## Characteristics of objectives at each level

| LEVEL OF OBJECTIVE | TYPE OF OUTCOME, RESULT, IMPACT OR EFFECT | CONTRIBUTING FACTORS | RELEVANT AUDIENCES |
|---|---|---|---|
| Individual | Maintain a personal behaviour change | An individual's:<br>• knowledge<br>• beliefs<br>• attitudes<br>• skills<br>• self-efficacy | Segments most in need.<br>For example:<br>• men<br>• children<br>• lower-income groups<br>• smokers<br>• homeless people |
| Interpersonal | Social networks influence behaviour change | Frequency and content of conversations about a health issue within a social network | Opinions of networks such as:<br>• Families<br>• Groups of friends<br>• Colleagues<br>• Teammates |
| Organization | Develop policies | • Views about costs and benefits of policy change<br>• Confidence and competence in developing effective health promoting policies | Decision-makers (primary) or employees, unions, customers (secondary) of organizations such as:<br>• Schools<br>• Worksites<br>• Places of worship<br>• Primary health care settings |
| Community | Change the social environment | Interactions between organizations and smaller social networks (i.e., families) Community organization and coordination of same | Opinion leaders of communities such as:<br>Geographical communities<br>Shared interest communities (e.g. artists' community)<br>Collective identity (e.g., African American community)[9,15] |
| Society | Develop formal laws | • Actions of special interest groups<br>• Media coverage<br>• Public opinion | Elected officials; the public; special interest groups; media of a town, region, province, country |

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## Sample objectives at each level

| LEVEL OF OBJECTIVE | BY HOW MUCH | IN WHO (AUDIENCE) | WHAT YOU WANT TO CHANGE (OUTCOME) | BY WHEN |
|---|---|---|---|---|
| Individual | To increase by 10% the number of… | …adults between ages 50-80… | …who agree that depression and anxiety are highly treatable disorders that should be discussed with a doctor… | …within 2 years |
| Interpersonal | To increase by 20%, the percentage of… | …people who provide informal care (unpaid caregivers) to the elderly in Ottawa… | …who agree that mental health problems such as anxiety and depression are often closely linked to physical health complaints… | …in the next 12 months |
| Organizational | To increase by 10, the number of… | …physician offices in Niagara Region… | …that give all patients a screening tool for depression to take home once a year … | …within the next 18 months |
| Community | To increase by 5, the number of | …service providers in the Durham Region… | …that participate in collaborative care models for the management of depressive disorders… | …within the next 18 months |
| Public Policy | To increase by 3 the number of… | …Cabinet members… | …who feel that a national mental health strategy is a priority for Canada… | …in the next 18 months |

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## Sample outcome objectives at each level

| LEVEL | SAMPLE OBJECTIVES |
|---|---|
| Individual | • Increase awareness of risk factors, personal susceptibility, solutions, or health problems<br>• Increase knowledge (or recall, comprehension, analysis, synthesis) of ideas and/or practices<br>• Increase awareness of local services, organizations, etc.<br>• Change (increase positive, decrease negative, or maintain) attitudes Increase intention to make and sustain change<br>• Increase information-seeking behaviour Increase perceived social support<br>• Increase confidence about making behaviour changes (self-efficacy) Change behaviour |
| Interpersonal | • Increase favourable knowledge and attitudes held by members of social networks<br>• Increase supportive activity (number of discussions of health issues) Increase number and kinds of health-related interactions within networks |
| Organizational | • Increase the number of gatekeepers, decision-makers and/or other influential people in organization considering policy changes or adopting specific programs<br>• Increase the number of gatekeepers, decision-makers, other influential people and/or organizational members (or students, employees, etc.) who feel that the issue is important and change is necessary (building an agenda)<br>• Increase the quantity and quality of information regarding the issue and the policy change required<br>• Increase organizational confidence and competence in making health-related policy changes<br>• Change/implement policy, and/or adopt/change program |
| Community | • Increase collaboration between organizations and groups of individuals Increase social support for positive changes<br>• Change social norms and behaviours |
| Public Policy | • Increase the importance communities and society attach to an issue by increasing media coverage<br>• Increase societal/public values and norms (attitudes and opinions) that support the policy change you are recommending<br>• Increase the number of politicians who support the policy change you are recommending<br>• Change/implement a policy |

# Diploma in Community Development - Resources

## Health promotion strategies and associated activities

| CLUSTERS OF RELATED STRATEGIES AND TERMS | EXAMPLES OF ASSOCIATED ACTIVITIES |
|---|---|
| Build healthy public policy; By-law development; Legislation; Regulation; Volunteer and organizational policies; Political action | Efforts to influence policies, operating procedures, by-laws, regulations and legislation can have a direct impact on health. For example: <br><br> • Municipal alcohol policies help minimize alcohol-related injuries. <br> • School board cafeteria policies help ensure young people eat more nutritious food and less junk food. <br> • Seat belt and bicycle helmet laws help protect people from injury. <br> • Laws that regulate the handling of hazardous materials combined with company policies and procedures make workplaces safer. |
| Create supportive environments; <br><br> Healthy environments | The places where people live, work and play can impact behaviour. For example: <br> • The design of a community may dictate whether walking is a pleasant experience for residents. <br> • The location of a recreational facility can make it easier or more difficult for children to participate in activities. <br><br> • A gym in a workplace can make it easier for employees to get daily activity. |
| Community mobilization; Community development; Foster public participation; Community organization; Coalition building; Strengthen community action | Communities can mobilize and work together to improve health through projects such as community gardens, healthy lifestyle community projects, neighbourhood anti-drug initiatives, Block Parent associations and community economic development projects. <br><br> Some projects, such as healthy lifestyle and anti-drug programs, are designed to help people change behaviours. Others, such as community gardens and community economic development projects, attack the root causes of poor health, including poverty. <br><br> Organizations that work to help communities mobilize usually act as a catalyst, by: <br><br> • doing outreach in the community; <br> • bringing key people (professionals and people in the community) together; and <br> • helping the community develop the skills (capacity) it needs to organize and manage projects. |
| Develop personal skills; Counselling; Personal empowerment | Working with people – one-to-one or in groups – can help them develop knowledge and skills needed to improve their health, and provide the ongoing support they may need to have more control over their lives. |
| Strengthen community health services; Re-orient health services | The health sector can move toward health promotion, beyond clinical and curative services. It can also be designed in ways that are sensitive to the needs of different cultures and socioeconomic groups. |

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| | |
|---|---|
| Provide information; Education | Fact sheets, brochures, and media can help people become more knowledgeable about health. For example, a copy of *Canada's Food Guide* combined with a cooking demonstration and recipes, can give people both the information and skills they need to eat better.<br><br>Education may include seminars and workshops that professionals organize. It may also involve more general programs from a range of health-related and non-governmental organizations – such as literacy classes, life skills workshops and group counselling – that help people develop the skills to understand and act on health information. |
| Health communication; Social marketing; Risk communication; Communication for social change; Entertainment education; Online, interactive health communication; Tailored communication | Campaigns that use traditional marketing tools and techniques - such as advertising campaigns, slogans and logos – may influence attitudes and encourage social change (social marketing).<br><br>Some campaigns strive to make certain practices socially unacceptable, like drug abuse, social smoking, and texting while driving. Others work to make practices *more* acceptable, such as recycling, using condoms and talking more openly to your sexual partners. |
| Self-care; Self-help; Mutual support | People directly affected by poverty or illness, or who care passionately about an issue, can develop a sense of their own power, control and influence. That can help them and others improve health. |

# Diploma in Community Development - Resources

## Sample process objectives at each level

| LEVEL OF OBJECTIVE | HOW MUCH | WHAT YOU WANT TO DO OR PRODUCE | FOR WHOM (AUDIENCE) | BY WHEN |
|---|---|---|---|---|
| Individual | 2,000 | ...educational pamphlets on the most effective treatment options for depression and anxiety sent ... | ...to adults from 50- 80... | ... next January |
| Interpersonal | 6 | ...training sessions on how to distinguish between physical health complaints and anxiety/depression... | ...to people who provide informal care (unpaid caregivers) to the elderly in Ottawa... | ... next January |
| Organizational | 20 | ...visits to help implement a depression screening system... | ...to physician offices in Niagara Region... | ... next October |
| Community | 1 | ...social networking platform established to increase collaboration... | ...between organizations and groups concerned with the management of depressive disorders in Durham Region... | ... next September |
| Public Policy | 1 | ...breakfast meeting about why a national mental health strategy should be a priority for Canada... | .....for Cabinet members... | ...in the next two months |

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## Sample strategies, with related activities and outcomes

| CLUSTERS OF RELATED STRATEGIES | SAMPLE ACTIVITIES—THINGS YOU DO OR PRODUCE FOR AN AUDIENCE | EXAMPLES OF OUTCOMES— OBSERVABLE CHANGES IN AUDIENCE/ENVIRONMENT |
|---|---|---|
| 1. Build healthy public policy; By-law development; Legislations; Regulation; Volunteer and organizational policies; Political action | • Awareness campaign<br>• Community letter-writing<br>• Deputation to council, board, etc. | • New policies, procedures, by-laws, regulations, legislation |
| 2. Create supportive environments; Healthy environments | Support groups<br><br>Organizational flex time arrangement<br><br>Provide free childcare to allow adults workout time<br><br>Improved school parks | • Increase in perceived support dealing with an illness, situation, addiction, etc.<br>• Changes in organizational procedures<br>• Structural changes in the environment (green space, sidewalks, parks, trees, healthy food choices) |
| 3. Community mobilization; Community development; Foster public participation; Community organization; Coalition building; Strengthen community action | • Create local action group<br>• Train local leaders<br>• Neighbourhood anti-drug forum<br>• Block parents<br>• Community economic development projects<br>• Corporate contribution initiatives (donations of volunteers, money or other resources) | • Increase ability, capacity or confidence of individuals and groups to affect community change, policies, etc. |
| 4. Develop personal skills; Counselling; Personal empowerment | • Parenting skill workshops that include role modeling discipline techniques<br>• Cooking demonstrations<br>• Personal fitness program development and training<br>• Telephone smoking cessation counselling | • Increase confidence in ability to perform a behaviour<br>• Increase in number of attempts to change a behaviour |

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| | | |
|---|---|---|
| 5. Strengthen community health services;<br><br>Re-orient health services | • Promote use of healthy lifestyle screening tools during annual physical exams<br>• Change physician billing rules so lifestyle counselling is billable<br>• Develop/fund multidisciplinary medical team (nurses, nurse-practitioners, dietitians, etc.) who have more time to work on prevention and health behaviour issue | • Increase patient accessibility to a broad spectrum of clinical and prevention services<br>• Changes in patient lifestyle behaviours<br>• Improve linkages between physical health care and social services in community (children's aid, etc.) |
| 6. Provide information;<br><br>Education | Materials that help people become more knowledgeable about health including fact sheets, brochures, newspaper and magazine articles, television programs, etc.<br>• Events, demonstrations, workshops, classes, groups | • Increase understanding of health information<br>• Increase motivation<br>• Increase knowledge about where to get more information |
| 7. Health communication;<br><br>Social marketing;<br><br>Risk communication;<br><br>Communication for social change;<br><br>Entertainment education;<br><br>Online interactive health communication | • Text message campaign about smoking cessation services for teens<br>• Online health assessment and tailored advice tool<br>• Contest to develop your own web video about health conditions on your community | • Increase knowledge and awareness<br>• Change attitudes<br>• Modify behaviours<br>• Increase number of discussions about a topic |
| 8. Self-care;<br><br>Self-help;<br><br>Mutual support | • Create an online community for sharing concerns, questions, etc. about a specific topic<br>• Train community peer support workers on an issue (cooking, prevention, etc.) | • Increase sense of one's own power to affect health or life circumstances<br>• Increase in perceived social support in dealing with an illness or circumstance |

# Diploma in Community Development - Resources

## Example outcome indicators and data availability

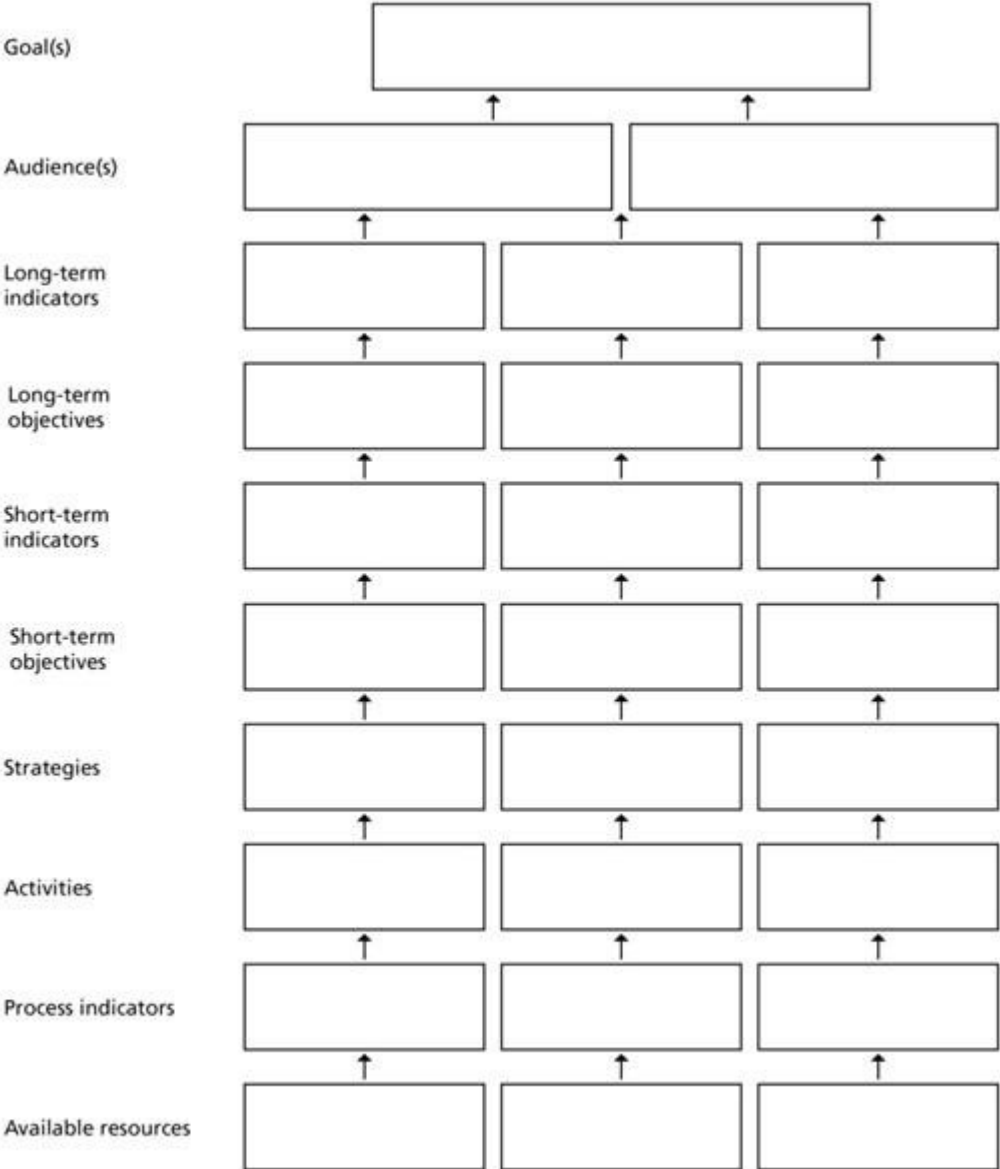| OUTCOME OBJECTIVE | INDICATORS | DATA AVAILABILITY | LIMITATIONS ON DATA AVAILABILITY |
|---|---|---|---|
| To increase by 10%, within 2 years, the number of adults between 50- 80 who agree that depression and anxiety are highly treatable disorders, which they should discuss with a doctor | • Percentage of people who agree that depression and anxiety are highly treatable disorders<br>• Percentage of people who can identify two possible treatments for depression/anxiety<br>• Number of doctor/ patient discussions about depression and anxiety disorders | • Canadian Community Health Survey, Mental Health and Well-Being component, Statistics Canada<br>• Regional Psychiatry Program Annual Survey | • Collected every 5 years<br>• Limited sample from our region, so harder to generalize<br>• A free public access file is available for download, but this omits some data due to privacy reasons |
| To increase by 20%, in the next 12 months, the percentage of people providing informal care to the elderly in Ottawa who agree that mental health problems are often closely linked to physical health complaints | • Percentage of informal caregivers to the elderly who can list three physical health complaints that depression/anxiety may cause | • National Initiative for the Care of the Elderly | • Research study ends before the program is complete, so results could potentially be inaccurate (underestimated) |
| To increase by 10, within 18 months, the number of physician offices in Niagara Region that give all patients an annual take-home screening tool for depression | • Number of physician offices that give all patients a screening tool for depression | • No known source; will have to collect this ourselves | • Physicians are difficult to reach |
| To increase by 5, within 18 months, the number of community partners in Durham Region that participate in collaborative care models for the management of depressive disorders | • Number of organizations and groups engaged in a collaborative effort to manage depressive disorders | • No known source; will have to collect this ourselves | • Types of community organizations providing services may vary greatly between regions<br>• There is no exhaustive list of all organizations that provide these services |
| To increase by 3, in the next 18 months, the number of Members of Parliament who feel that a national mental health strategy is a priority for Canada | • Number of MPs who can name one statistic that indicates a need for a national mental health strategy<br>• Number of mentions in the national news media about lack of mental health services in Canada | • Canadian Institutes of Health Research (CIHR) 15-minute survey of knowledge and attitudes toward health research funding | • A process is underway where survey administrators are prioritizing survey questions; this one may not make the survey<br>• The survey happens three months after our program finishes, so. the effects may have faded<br>• The service has a fee |

# Diploma in Community Development - Resources

## Example quantitative and qualitative process indicators

| PROCESS OBJECTIVE | EXAMPLES OF QUANTITATIVE INDICATORS | EXAMPLES OF QUALITATIVE INDICATORS |
|---|---|---|
| 2,000 educational pamphlets on the most effective treatment options for depression and anxiety, sent to adults aged 50-80 by next January | • Number of pamphlets sent<br>• Percentage (when asked) who remember receiving the pamphlet<br>• Percentage (when asked) who remember reading the pamphlet | • Recipient comments about what they did and didn't like about the pamphlet |
| 6 training sessions, conducted by next January on how to distinguish between physical health complaints and anxiety/depression to people who provide informal care (unpaid caregivers) to the elderly in Ottawa | • Number of attendees at each session | • Facilitator list of topics discussed during each session<br>• Participant ideas about how to improve the sessions |
| 20 visits to physician offices in Niagara Region, by next October, to help implement a depression screening system | • Number of visits completed<br>• Number of offices that declined visit | • Visitor notes about what barriers physicians or their staff mentioned in relation to implementing the screening system |
| 1 social networking platform established by next September, to increase collaboration between organizations and groups that offer services to manage depressive disorders | • Number of members<br>• Number of unique visits to webpage(s)<br>• Time spent on webpage(s) | • List of organizations and groups that joined the social networking platform<br>• List of conversation topics on the webpage(s) |
| 1 breakfast meeting for Cabinet Members in the next two months to present why a national mental health strategy should be a priority | • Cost of the meeting, including planning time, clean-up and follow-up<br>• Number of attendees and invitations declined<br>• Percentage of attendees who stayed for the entire session. | • List of which Cabinet Members attended<br>• Session transcripts showing questions/comments from Cabinet Members |

# Diploma in Community Development - Resources

## Generic program logic model

| | | | |
|---|---|---|---|
| **Goal(s)** | | | |
| **Audience(s)** | | | |
| **Long-term indicators** | | | |
| **Long-term objectives** | | | |
| **Short-term indicators** | | | |
| **Short-term objectives** | | | |
| **Strategies** | | | |
| **Activities** | | | |
| **Process indicators** | | | |
| **Available resources** | | | |

## Generic program logic model

# Diploma in Community Development - Resources

## Generic program logic model B
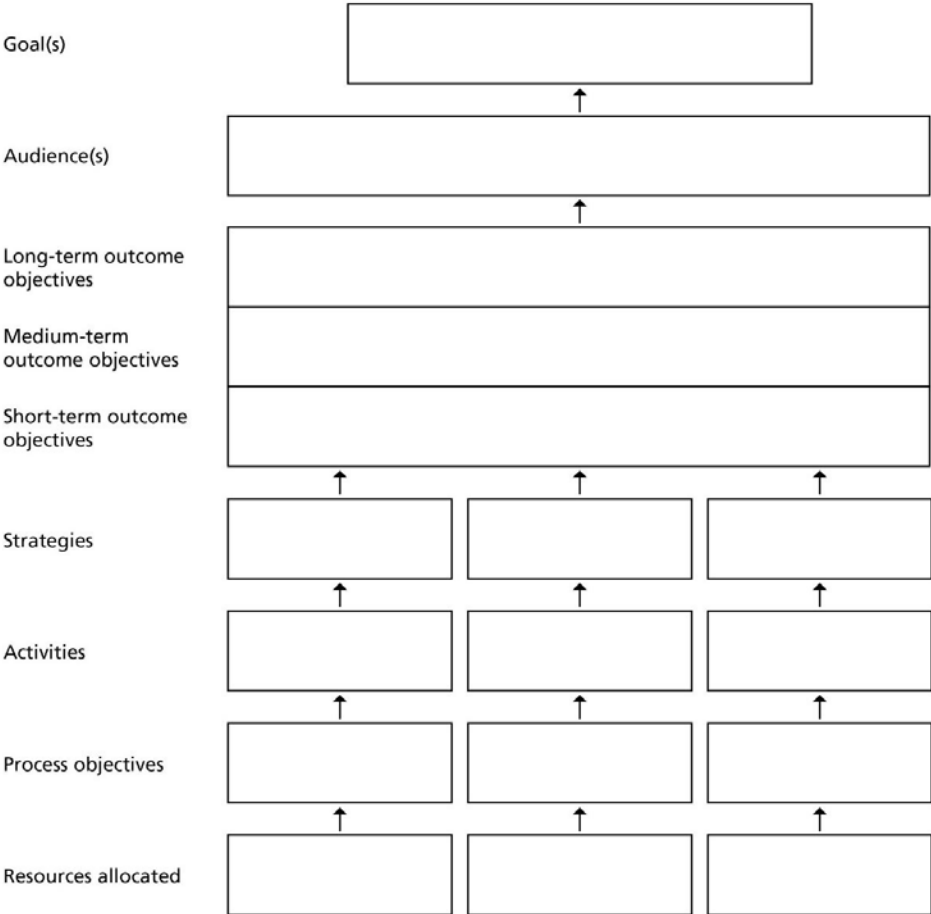
| | |
|---|---|
| Goal(s) | |
| Audience(s) | |
| Long-term outcome objectives | |
| Medium-term outcome objectives | |
| Short-term outcome objectives | |
| Strategies | |
| Activities | |
| Process objectives | |
| Resources allocated | |

# Diploma in Community Development - Resources

**Step One: Project Plan Worksheet**

| | |
|---|---|
| Background<br><br><br><br><br><br><br>Goals | |

| OUR PROJECT | |
|---|---|
| 1. Populations of interest | |
| 2. Geographic area of interest | |
| 3. Specific, measurable outcome objectives that describe concrete changes in populations of interest | |
| 4. Broad strategies (e.g., policy development, education, skill building) | |

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| | |
|---|---|
| 5. Specific activities (e.g., a mass media campaign, a workshop, an event) | |
| 6. Resources required<br><br>Hint: consider space, equipment, and workload implications in addition to dollars, etc. | |
| 7. Timelines | |
| 8. Evaluation indicators | |
| 9. Other program notes | |

Note to desktopper: The idea is to lie these two sheets (steps 1 and 2 worksheets) next to each other to complete the 'fit' score. The participant will complete one for their own project (worksheet 1) and one for EACH funder (worksheet 2) – so thay have to be separate, but compatible. To allow enough room to fill in the information each worksheet will have to be more than one page long. That's fine as long as they can be matched together in hard copy for comparison. I left approximately the amount of room I think is needed to fill in the information on worksheet one. Please make worksheet two match, in terms of space, so that they can be laid side by side (i.e. numbers 1-9 matching).

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| | |
|---|---|
| Funder Name | |
| Funder Address | |
| Contact person | |
| Previous history with your organization | |

| **FUNDER INTERESTS** | | |
|---|---|---|
| | Fit score 1-5<br>5 = excellent<br>4 = good<br>3 = average<br>2 = below avg.<br>1 = poor | Notes |
| 1. Populations of interest | | |
| 2. Geographic focus area | | |
| 3. Outcomes/topics of interest | | |
| 4. Strategies of interest | | |
| 5. Activities of interest | | |

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| | | | |
|---|---|---|---|
| 6.  Resources<br><br>a. Range of grants available<br><br>b. Restrictions on use of money (e.g. staffing, types of organizations which can qualify) | | | |
| 7.  Timelines<br><br>a. Period of funding<br><br>b. Proposal requirements | | | |
| 8. Project evaluation expectations | | | |
| 9. Other administrative or project requirements (e.g., reporting, payroll capacity, financial tracking systems) | | | |

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## Step Three: Stakeholders Wheel

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## Step Three: Management of People Connected to the Proposal ProcessWorksheet

| Person or organization | Contact (if different from column to the left) | Responsibility/ Role in proposal process | Contact is aware of and satisfied with role? | Notes: |
|---|---|---|---|---|
| | | | ❏ | |
| | | | ❏ | |
| | | | ❏ | |
| | | | ❏ | |
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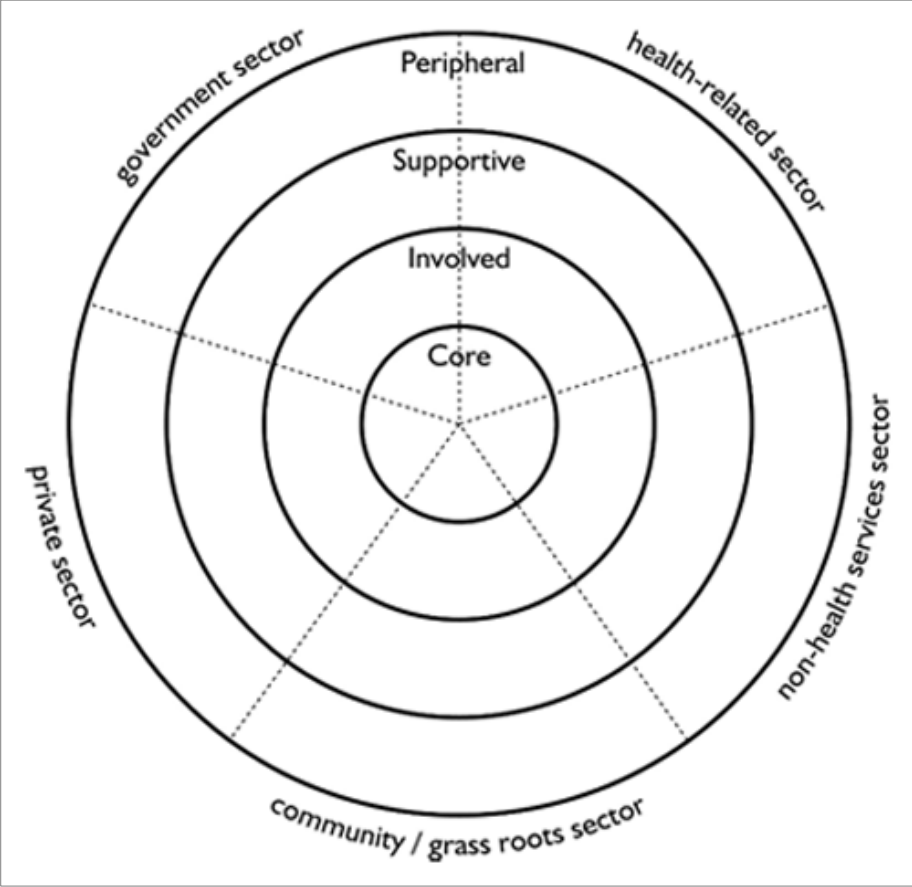
## Step Three: Proposal Work Plan Worksheet

| Proposal section | Person responsible | Due date | Data gaps | Plans for how to fill data gaps |
|---|---|---|---|---|
| **Introduction** | | | | |
| **Project description** | | | | |
| Goals & objectives | | | | |
| Methodology | | | | |
| Staffing & Administration | | | | |
| Evaluation | | | | |
| Sustainability | | | | |
| Other (e.g. logic model) | | | | |
| **Budget** | | | | |
| **Organization Information** | | | | |
| **Appendices** | | | | |
| **Executive Summary** | | | | |
| **Title Page** | | | | |

## Step Four: Proposal Content Checklist

| Cover Letter     Is it…. | ✔ | Notes |
|---|---|---|
| …on organization letterhead? | | |
| …a brief version of what appears in the executive summary? | | |
| …identifying significant benefit to be gained from the project? | | |
| …showing the fit with the funder's goals and interests? | | |
| …showing your excitement for the project? | | |
| … signed by the President or Chairperson of the organizations' Board of Directors? | | |

| Title Page     Does it include… | ✔ | Notes |
|---|---|---|
| …a project title that provides a brief indication of the focus of your proposal? | | |
| …the name of applicant? | | |
| …the name of agency submitted to? | | |
| …a typed name? | | |
| …contact information? | | |
| …the title of authorized personnel approving submission? | | |
| …the signature of authorized personnel approving submission? | | |
| …the date of approval? | | |
| …the date of submission? | | |

**Step Four: Proposal Content Checklist**

| Executive Summary        Does it include… | ✓ | Notes |
|---|---|---|
| …a brief statement of the problem or need? | | |
| …a short description of the project, including what will take place and what outcomes are expected? | | |
| …an explanation of the amount of grant money required for the project? | | |
| …sustainability expectations - your plans for continuing the project in the future? | | |
| … a brief statement of the name, history, purpose and activities of your agency, emphasizing its capacity to carry out this project? | | |

| Introduction        Does it include… | ✓ | Notes |
|---|---|---|
| …a short summary of the problem in terms of the needs of humans and other life? | | |
| …a brief summary of evidence and examples showing the significance of the problem, and demonstrating a precise understanding? | | |
| …an explanation about why this problem should be of special interest to the funder that includes links between your project idea and funder's priorities? | | |
| …a brief overview of what you plan to do? | | |
| …highlights about the unique or innovative aspects to your proposal? | | |
| …highlights of relevant recent experience? | | |
| …highlights about what makes you unique? | | |
| …links between the project and your organizational goals? | | |

| Project Description | ✓ | Notes |
|---|---|---|
| **Goal and outcome objectives        Does it include…** | | |
| …separate goals and objectives? | | |
| …objectives that are specific (i.e. that identify an audience of interest, and the specific change that you plan on effecting in that audience)? | | |
| …objectives that are measurable? | | |
| …objectives that are attainable? | | |
| …objectives that are realistic? | | |
| …objectives that are time-limited? | | |
| …a brief explanation of why these objectives were selected? | | |
| …a brief explanation of why these objectives are of special interest to the funder? | | |
| …indicators that will clearly show whether the objectives were achieved? | | |
| …a summary of evidence showing that your project will result in achieving the objectives (with details in the Appendix)? | | |
| …a realistic assessment of the available resources for achieving your objectives? | | |
| …details about when the objectives will be met? | | |

| Methodology        Does it include… | ✓ | Notes |
|---|---|---|
| …a detailed description of what activities will occur from the time the project begins until it is complete? | | |
| …links between methods and outcome objectives? | | |
| …an explanation of the interrelationships among project activities? | | |
| …a description of why particular methods were chosen? | | |
| …evidence and examples of past experience that justify your choices of methods? | | |
| …notes about who will carry out each project task? | | |
| …chronological presentation of tasks, with clear deadlines attached to critical junctures? | | |

| Staffing and Administration        Does it include… | ✓ | Notes |
|---|---|---|
| …names of people who will undertake the work? | | |
| …qualifications of people who will undertake the work? | | |
| …details of the specific assignments each person will undertake? | | |
| …details about the time each person will devote to the project? | | |

| Evaluation       Does it include… | ✓ | Notes |
|---|---|---|
| …an explanation about who the evaluation is intended to serve, and how the results will assist them? | | |
| …links between evaluation and objectives ? | | |
| …a description of the type of evaluation that will be used? | | |
| …explanation about whether data collection strategies will be qualitative, quantitative, or a combination? | | |
| …a description of evaluation tool use or development? | | |
| …justification (e.g., literature, experience, needs of the people the evaluation is intended to influence or assist) for evaluation types, methods and tools? | | |

| Sustainability     Does it include… | ✓ | Notes |
|---|---|---|
| …evidence that the project fits into one of the following categories:<br><br>D   The project meets a finite need that will be met within the clear start and end dates of the grant.<br>D   The project builds capacity, such that your organization, or others will be able to continue the work, without outside funding.<br>D   The project will increase the likelihood that other funders will provide support. | | |

| *Budget        Does it include…* | ✓ | *Notes* |
|---|---|---|
| **Program Income** | | |
| **Direct costs** | | |
| …personnel costs including salaries, wages for temporary staff, fringe benefits? | | |
| …travel? | | |
| …consultants and contracts (fees for service)? | | |
| …services, supplies, and materials such as advertising, promotion, postage, printing, program materials, supplies, bank/payroll charges, professional fees (audit and legal)? | | |

| …equipment purchase and rental? | | |
| --- | --- | --- |
| **Indirect Costs** | ✓ | **Notes** |
| …overhead and administration? | | |
| …facilities and utilities, including telecommunications? | | |
| …other costs such as repair and maintenance charges for rental equipment, meeting costs, subscription dues, temporary help, insurance, bonding costs? | | |

| *Organization Information      Does it include…* | ✓ | *Notes* |
| --- | --- | --- |
| …mission? | | |
| …relationship between mission and this project? | | |
| …audience served – characteristics and size? | | |
| …organization's structure? | | |
| …activities, programs, and special expertise? | | |
| …board information – size, method of recruitment, level of participation, members (appendix)? | | |
| …role of volunteers? | | |
| …staff - numbers of full and part-time staff, and their levels of expertise? | | |
| …specific relevant experience? | | |
| …when your organization came into existence ? | | |

| *Appendices      Do they include…* | ✓ | *Notes* |
| --- | --- | --- |
| …strong letters of support and commitment? | | |
| …assurances of cooperation provided in instances of inter-agency support? | | |
| …resumes for all key project personnel and consultants? | | |

## Step Five: Producing and Packaging Checklist

| Technical writing skills        Have you…. | ✓ | Notes |
|---|---|---|
| …used ideas consistently, making no contradictions within proposal? | | |
| …used words consistently, always defining terms in the same way? | | |
| …applied formatting consistently (e.g., italics, bold, quotation marks, capital letters, headings, references, footnotes, etc.)? | | |
| …used sentences that are clear and concise? | | |
| …built a logical flow where each point builds on the one that came previously and concepts are not assumed to be 'common sense'? | | |
| …minimized loosely relevant information , staying on topic and ensuring that all supporting material is linked to your proposal? | | |
| …used complete sentences, where each subject has a verb? | | |
| …properly used of pronouns where referent is clear? | | |
| …correctly used grammar, as identified by a skilled proof reader? | | |
| Visual presentation        Do you have… | ✓ | |
| …a font style and size that make your proposal easy to read? | | |
| …headings and subheadings that reveal the main ideas and the organization of your proposal to the reader? | | |
| …page numbers? | | |
| …list format as many places as are appropriate? | | |