Full reference:

What are the key defining characteristics of outreach workers (do they belong to a TC group? Is it the same one as the target population? Are they male or female? Do they live where they conduct their outreach work?...)

Do the characteristics of the outreach worker have an impact on the acceptability, reach and outcomes of the programme?

Have outreach workers been trained and to what extent? Are they supervised or do they work closely with other health care professionals?

What organisation initiated / funds / runs the outreach programme?

Full reference:

Theory quadrant 2: To Whom?
What are the characteristics of the target population (TC subgroup, transience, language...)?
How / have the particular health needs of people living on a site been established before the implementation of an intervention?
What are these needs (felt and expressed needs)?
How transient is the population for which the intervention was established? What is the cause of that transience (eviction or lifestyle choice)?
What are the implications of that for outreach provision?

Full reference:

Theory quadrant 3: What for?
What are the explicit aims of the outreach intervention (bridging with standard services, signposting, fulfilling local policy requirements, health improvement etc...)?
Are there any implicit aims (engagement...)?
Have the intervention had any unintended consequences / outcomes?
Are all expressed / felt needs met by the outreach intervention?

Mapping outcomes on the Dalhgren and Whitehead diagram – at what level does the intervention work?

- Individual lifestyle factors (smoking, diet and physical activity, immunisation etc...)
- Social and community networks (interactions with friends, relatives and mutual support within the community)
- General socio economic, cultural and environmental conditions (access to health care services, housing, education...)

Full reference:

Theory quadrant 4: how?

What are the theoretical underpinnings of the intervention? (behaviour change; social leaning / social influence; communication / learning principles; ecological model) – how are these manifest?

How much time / when do workers spend 'doing' outreach?

Have TC members been involved in intervention development? How? (if outreach workers are members of the community, then how did they consult / involve the rest of the community?)

How do outreach workers go about doing their jobs? Do they have particular tricks / techniques?