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MPH 9011B: PHSS Evaluation Framework

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Evaluation Framework for Participation House Support Services: 193 Clarke Road, London

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Introduction

The purpose of this program evaluation guide is to provide the materials and instructions required to complete an outcome evaluation of the PHSS location at 193 Clarke Road. The recommended evaluation plan involves collecting qualitative data through focus groups with residents and collecting quantitative data by administering a survey to the residents and staff. The program evaluation plan has been developed based on recommendations from the literature and best practice and informed by materials and information from PHSS.

Justification for Evaluation Methods

Focus Groups

Focus groups are a common method for collecting qualitative data. They usually consist of a small group of people who share similar interests or characteristics, guided by a moderator who asks open ended questions. A focus group was chosen as a data collection method for 193 Clarke Road because the method often facilitates a more in-depth understanding of people's perceptions and experiences (CDC, 2018). Focus groups encourage participants to provide more subjective and personal information, which can ultimately be used to inform future programming at the current and future locations (CDC, 2018). Focus groups can be used to collect qualitative data on the planning, implementation, or outcomes of a project (Peters, n.d.). Focus groups are also useful when combined with quantitative data collection methods, such as surveys, as they complement and expand on the findings. By using a combination of data collection techniques, a mixed methods approach to evaluation helps to increase the validity of the findings (CDC, 2018).

In a community environment, such as at 193 Clarke Road, the group dynamic generated in a focus group can help to provide data that individual interview data collection methods do not (CDC, 2018). The peer environment of a focus group can encourage disclosure of more sensitive and personal information than an individual interview (Guest et al., 2017). Specifically, focus groups are especially useful when group interaction may result in insight into a research topic. Group interaction can lead to a cascading effect in which the conversation is rich in comments that link to each other and help to recall and describe shared experiences among participants (Peters, n.d.). Given the focus on community and shared experiences at 193 Clarke Road, focus groups were judged to be an appropriate and valuable evaluation tool.

The Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB), also known as the Theory of Reasoned Action, was created to explain the behaviours over which people have the ability to exert self-control (LaMorte, 2019). The theory is intended to be used to understand behavioural intentions influenced by attitude (LaMorte, 2019). The TPB is based on the belief that behavioural achievement relies on both motivation (intention) and ability (behavioural control) (LaMorte, 2019). The TPB is commonly used as an empirical tool to measure inclusive behaviours and attitudes towards social inclusion in various settings (Campbell, 2010). Additionally, the TPB has been used to examine the impact of inclusion programs, specifically including people with disabilities in educational and leisure settings (Novo-Corti, 2010).

The TPB was used in the development of the survey and focus group questions for 193 Clarke Road. The focus group employs questions from established scales to test the TPB in the context of PHSS's missions and values. The TPB is built on six constructs which include

attitudes, behavioural intention, subjective norms, social norms, perceived power and perceived behavioural control (LaMorte, 2019). These constructs are applied to the focus group and survey questions to empirically assess whether PHSS fosters social inclusion and community engagement for those living with a disability. The TPB will be used to examine resident and staff attitudes towards inclusion and the perceptions of achieving social inclusion in PHSS. The focus group and survey questions incorporate the constructs outlined in the TPB. The TPB proposes that the act of social inclusion is predicted by the strength of residents' and staff' intention to foster inclusivity. This intention is guided by the residents' and staff' personal evaluation in promoting social inclusion (attitude), the social pressure in the community that the staff and residents perceive regarding the adoption of this behaviour (subjective norm), and the perceived ability to create an inclusive environment based on experiences and anticipated barriers (perceived behavioural control).

Focus Group Guide

Step 1: Organize the Focus Group

A focus group can provide descriptive information about the PHSS supportive housing unit and can identify priorities for action. The following points will help you to organize focus group research to collect valuable and insightful information. The guidelines included have been adapted from the World Health Organization's Age-friendly Cities Project Methodology: Vancouver Protocol (2007).

(I) Recruit Focus Group Participants

- To recruit participants, send an invitation to residents (See Appendix B).
- Due to the small size of the housing unit, it would be ideal to have all 14 residents participate in the focus group(s). Additionally, it would be helpful to divide these 14 participants into two groups, if deemed appropriate.
- A focus group leader is required to guide the discussion and encourage all participants to contribute to discussion. This individual will also be known as the moderator. You will also need one or two note-takers to record field notes.

(II) Manage the Group Session

- Choose a location that is central and accessible, in a room that can comfortably fit the group, with tables, chairs and materials (for example flip charts, projectors, refreshments).
- Take care to adapt the focus group to the abilities of the participants, for example with sign language.
- Plan for the focus group to last about two to three hours in length; this would include a break in between.
- Provide the focus group topics and related questions to participants in advance so they can prepare.
- It is helpful to have audio recorders, a flipchart or white board to record ideas and themes mentioned in the group, and refreshments for participants.

(III) Ethical Principles to Follow

Items A to D have been adapted from the NYLA OMNI Toolkit for Conducting Focus Groups for the purpose of PHSS to guide the focus group process (OMNI, n.d.).

A. Voluntary Participation.

- Individuals have to agree to participate in the focus groups by their own free will. Collecting written consent to participation is best, but verbal consent is acceptable.
- Participants must understand their participation is voluntary and refusing to take part in the study or to answer questions does not have consequences.
- Focus group conductors need to explain the nature of the focus group honestly, in a way that can be understood by the participant. The researcher is responsible for ensuring participants understand the purpose of the focus group, the potential risks and benefits of participating, and that they can withdraw their participation at any point.
- It is helpful to make sure that there is adequate time to answer any questions that an individual may have before and during the focus group.
- It is useful to ask participants who look confused or withdrawn if they have any questions before moving on. Researchers need to respect if a participant does not want to speak about a topic.
- Communicate to participants how the responses collected in the focus group will be used.

B. Confidentiality

- Focus group conductors must agree to maintain confidentiality of personal information shared with them. They cannot share the focus group content with anyone except another researcher involved in the project. As well, they cannot share information that would allow another researcher or outsider to identify the participants.
- The focus group moderator must explain to participants how confidentiality will be maintained. Only the moderator will know their name and only other PHSS staff should have access to their personal information. Importantly, information that would identify the study's participants cannot be reported publicly.
- If the above conditions of confidentiality cannot be applied, the focus group moderator must explain this to participants.

C. Professional Competence.

- The focus group moderator cannot misrepresent or misuse their position or knowledge of PHSS. Researchers should not act as anyone other than as a focus group moderator while leading the focus group.
- Researchers are expected to conduct themselves with the highest of standards. If needed, they should ask for help to maintain quality interactions with participants and quality data is collected.

D. Respect for People's Rights, Dignity, and Diversity.

- Focus group moderators must respect the dignity, rights, and worth of all participants.
- In their work, focus group moderators must respect the right of individuals to have attitudes, values, and opinions different from their own.
- Focus group conductors must aim to improve and guard the public good in their work.
- Make sure the leader has contact information available if participants want to follow up on an issue.

This concludes the guidelines from the *Ethical Principles to Follow* from NYLA OMNI toolkit for Conducting Focus Groups (OMNI, n.d.).

Group Rules

The following rules can be included in your introduction, provided to participants in advance of the focus group, and/or can be re-iterated before the start of the discussion.

- Please take this time to turn off and put away cell phones or other electronic devices.
- Know that there are no right or wrong answers; we expect everyone to have different opinions. Please feel free to share your opinions even if they differ from others' views.
- We will record notes during the focus group because we don't want to miss any important comments. Your name will be included in any reports and your comments will be kept confidential.
- We are here to ask questions, listen, and ensure everyone has a chance to speak. We are interested and excited in hearing from each one of you (WHO, 2007).

Focus Group Tips

- Describe the housing community and give an intro to it in your welcome address.
- Assign each participant a number or letter in order for them to be non-identifiable in the results and to smooth the discussion process.
- Let the discussion develop and explore issues as they are brought up, rather than following a fixed agenda. Plan to allow 10-15 minutes per question or issue.
- If a question does not raise much discussion, even with a few prompting questions, it is best to continue on to the next topic (WHO, 2007).

Characteristics of Effective Moderators

- Strong listening skills
- Good observational skills
- Strong speaking skills
- Ability to foster honest and open dialogue within groups of diverse individuals
- Ability to remain impartial (i.e., do not give their opinions on topics because it can influence what participants think and say)
- Can encourage reluctant participants to contribute to the discussion
- Ability to manage participants who dominate the discussion
- Are sensitive to gender, communication, and cultural issues
- Are sensitive to power differences between and within groups (OMNI, n.d.).

Characteristics of Effective Note Takers

- Possess strong listening skills
- Possess strong observational skills
- Have strong written communication skills
- Ability to record notes that are comprehensive but not word-for-word (OMNI, n.d.).

Step 2: Conduct the Focus Group***Sample Focus Group Introduction***

The following focus group introduction should be stated verbally by the moderator at the beginning of the focus group session. Please tailor the introduction as you see fit.

Hello everyone. Thank you so much for agreeing to participate in this focus group. As you know, this supportive housing unit at 193 Clarke Road has been running for almost two years. The purpose of this focus group is to find out more about residents of the housing unit and how it has or has not met your expectations and our main missions and values for when you first moved in. There are no right or wrong answers as this is a safe space. Each individual's opinion is important and valued. I am (insert name of the moderator), and I will be moderating. (insert names of note-takers) will be taking notes throughout. The session is being audio-recorded so that we don't miss out on anything that you say. Please be assured that your identity will not be revealed in the final report. To make sure we can understand the audio recording, it is important that one person speaks at a time. I will ensure that everyone gets a chance to contribute to the conversation. Please help yourselves to some snacks during the session. Any questions before we begin?

Questions for the Focus Groups

Below are the questions to be used to guide the focus group discussions. A printer-friendly copy is included in Appendix C. The numbered questions are the main questions for the moderator to ask. The lettered questions are sub questions that can be used, if needed, to further develop the discussion and probe for more input from the participants.

1. What do you think of when you hear “supportive housing community”?
 - a. How do you feel about the PHSS housing unit compared to your previous living arrangements?
 - b. How do you feel about the PHSS housing unit now, compared to when you moved in?
2. How has your experience living in the housing community compared with what you were initially expecting when you moved in?
 - a. What do you enjoy about living in this community?
 - b. How does living in this community make you feel?
3. The mission of 193 Clarke Road is “to create a supportive housing community where all people are committed to each other's health, safety, welfare, and belonging.” How do you feel about this mission statement for the housing community?
 - a. How well do you feel it is being fulfilled?
 - b. Can you provide an example of how people contribute to this goal?
 - c. To what degree do you believe this is being achieved?
4. The vision of 193 Clarke Road is “living well, living with purpose, helping each other.” How do you feel about this vision statement for the housing community?
 - a. How well do you feel it is being fulfilled?
 - b. Can you provide an example of how people contribute to this goal?
 - c. To what degree do you believe this is being achieved?
5. How do you share your gifts and talents with community members?
 - a. How often do you share these gifts and talents?
 - b. How do you support the well-being and talents of other community members?

6. Do you feel included/supported by other residents?
 - a. How often do you talk to your neighbours?
 - b. What makes you feel this way?

7. Values such as responsibility, respect, reliability, and open-mindedness are important to PHSS. How do you feel that these values are being shown here at 193 Clarke Road?
 - a. Are there any other shared values amongst the residents? If so, what are those values?

8. How is your relationship with the PHSS Staff?
 - a. How satisfied are you with the contributions of staff?

9. Overall, how do you feel the housing at 193 Clarke Road fulfills the purpose of a supportive community?
 - a. Can you tell me more?
 - b. Is there anything that could be done better?

Step 3: Summarize and Report on Results

When analyzing the results, it is important that the group consensus is separated from a few individual opinions, even if they are expressed strongly. Make sure the audio recording is transcribed as well, by two or more individuals, in order to add onto and clarify anything that was missed by notetakers. Through this, you can check to see the common themes that appear throughout the discussion, and then you can summarize the discussion into the categories mentioned below, or others decided by the researchers.

You will want to summarize the discussion results and report on:

- strengths the supportive housing community
- weaknesses or barriers that demonstrate the community is not inclusive and supportive
- recommendations to improve the problems or weaknesses
- potential priorities for action.

Survey Questions

Overview

The following survey questions were based on the ten goals on the PHSS infographic titled “Building a supportive community through social connectedness and shared responsibility” (Appendix D). It is recommended that the resident survey is distributed in print to each resident of 193 Clarke Road. Staff should ensure each resident receives the support they need to complete the survey, without answering the questions for them. The staff survey should be distributed in print to all staff that have a role in managing, organizing, and running the housing community. The survey questions are listed below, and printer-friendly surveys are included in Appendix E and F. Steps should be taken to ensure the confidentiality of each participants’ responses and they are to be completed anonymously. Each of the surveys uses a 5-point Likert scale to measure participants’ level of agreement, neutrality, or disagreement with each question.

Resident Survey Questions

1. Collective responsibility and shared values of inclusion.

The mission of this community is to “build a supportive community through social connectedness and shared responsibility.” Do you believe residents and staff contribute to achieving this?

2. Full commitment to shared values, acceptance, collaboration and support.

Do you believe all residents and staff are committed to the shared values of accepting, collaborating and supporting one another, regardless of their differences?

3. Network of family, friends and neighbours where trust, teamwork and social support are fostered.

Do you feel your environment at 193 Clarke Road (staff, physical building, organized activities) promotes social gatherings/activities?

Do you believe your environment at 193 Clarke Road encourages its residents to develop friendships, community bonds and social support networks?

4. Decrease loneliness and increase lifespan by creating trusting relationships within a vibrant community.

As a resident of 193 Clarke Road do you feel a sense of community and belonging?

Do you feel encouraged to engage with your neighbors and the staff at 193 Clarke Road?

5. Integration and inclusion for all & Sharing experiences, history and opportunities.

Do you feel that 193 Clarke Road allows you to share your gifts and talents with the community members?

6. To be part of a broader neighbourhood beyond the structure.

Do you feel you are able to make meaningful contributions to the broader community?

Do you feel connected to the broader community, outside of 193 Clarke Road?

7. All members impacting change and contributing to solving problems.

Do you believe the suggestions and recommendations of all members of the community at 193 Clarke Road (staff and residents) are valued and considered equally?

8. Alleviate social exclusion and isolation. The definition of social inclusion: people feel valued, their differences and rights are respected, and their basic needs are met so that they can live in dignity and have their voices heard.

Based on this definition, do you believe the staff and residents at 193 promote social inclusion?

As a resident of 193 Clarke Road, do you ever feel isolated, excluded or lonely?

Staff Survey Questions

1. Do you believe the PHSS program fosters respect, support and friendship among the residents?
2. Do you believe the community gatherings improve the social connectedness between the staff and the residents?
3. Do you believe all residents and staff are committed to the shared values of accepting, collaborating and supporting one another, regardless of their differences?
4. The mission of this community is to “build a supportive community through social connectedness and shared responsibility.” Do you believe residents and staff contribute to achieving this?
5. Do you believe your environment at 193 Clarke Road encourages its residents to develop friendships, community bonds and social support networks?

Briefing Note

We have conducted a needs assessment concerning the demand for supportive housing in the City of London, with Participation House Support Services’ (PHSS) 193 Clarke Road location at the centre of this assessment. This briefing note will present the key findings, identify further information needed, and make recommendations to inform the development of the upcoming program evaluation project. Given Canada’s aging population, combined with the prevalence of individuals with disabilities in London, it is projected that more residents will require supportive housing; understanding the scope and implications of this demographic shift is imperative.

After reviewing the literature and statistics on disabilities at a national, provincial, and local level, several key findings arose. According to the 2017 Canadian Survey on Disability, an estimated one in five, or 6.2 million Canadians aged 15 years and over had one or more disabilities that limited their daily activities (Statistics Canada, 2018). The Government of Canada defines disability as any severe and prolonged condition that inhibits a person from performing normal and routine daily activities (Canadian Disability Benefits, 2014). This includes several conditions that signify a limitation in an individual's full participation in society. It is estimated that more than four in ten Canadians have severe disabilities (Statistics Canada, 2018). Severe disabilities refer to prolonged disabilities that prevent individuals from working at all, or from working on a regular basis and are only able to earn a small income (Steps to Justice,

2019). It is our understanding that PHSS is motivated to assist individuals with severe disabilities. In Ontario, 24.1% of the total population lives with disabilities, which is comparable to the prevalence in Canada as a whole (Statistics Canada, 2018). Similarly, according to Statistics Canada, in 2006, 21% of London's population, or 73,000 people, lived with an activity limitation or disability (The City of London, 2012). While these are the most recent statistics available for London, it is likely this number has increased given the aging population.

Persons with disabilities are more likely to live alone, to have a lower income, and to be unemployed, compared to the general population. In London, almost 25% of persons with disabilities live alone compared to 13% of residents without disabilities (City of London, n.d.). This places a significant percentage of the population at risk for social isolation and loneliness. In 2006, 16% of people with disabilities in London were classified as low income and 35% were employed. In comparison, 12% of people without disabilities in London lived with low income and 62% were employed in 2006. The median income of people with disabilities in London was \$4,000 less than the average population in 2006 (City of London, n.d.). In Canada, the prevalence of disability increases with age, and women were more likely to have a disability than men (Statistics Canada, 2018). This trend also applies to London, where 45% of the people with activity limitations were male and 55% were female (The City of London, 2012). Canada's aging population means more people will be affected by activity limitations than in the past; 60% of people with disabilities in London were 50 years of age or older. Since aging and disability are both associated with social isolation, therefore older adults with disabilities are even more vulnerable to isolation, compared to the rest of the population. People with severe disabilities often have lower rates of employment, and earn a lower annual income (Statistics Canada, 2018). The PHSS location on Clarke Road has the potential to address health effects caused by the intersection of social isolation, low income, and unemployment for London's population with disabilities.

Social inclusion is increasingly recognized as a social determinant of health, along with income, employment, and physical environments (Toronto Public Health and Wellesley Institute, 2019; Government of Canada, 2019). A socially inclusive society is understood as one in which people feel valued, their differences and rights are respected, and their basic needs are met (Toronto Public Health and Wellesley Institute, 2019). This enables them to live with dignity and have their voices heard. Ultimately, an inclusive society enables people to meaningfully participate in social, economic, cultural, and political systems (Toronto Public Health and Wellesley Institute, 2019). This definition aligns with the 193 Clarke Road mission to "create a supportive housing community where all people are committed to each other's health, safety, welfare, and belonging" (PHSS, 2020a). Social connections and civic engagement are associated with positive mental and physical well-being and are essential drivers to address social inequities. Studies have found an association between these dimensions of social inclusion and positive health outcomes. Social inclusion impacts health by promoting healthy behaviours, improving self-efficacy, and impacting physiological responses to biological stress response (Toronto Public Health and Wellesley Institute, 2019). As mentioned above, a disproportionate number of people with disabilities in London live alone and are unemployed, placing them at risk for social exclusion. In this sense, community-based projects, such as cooperative housing initiatives, are inherently designed to address this concern.

Studies have found that housing cooperatives and other community housing units are a promising tool for building an inclusive society because they bring together people with diverse income, race, age, and ability/disability. A six-year case study of an Ottawa housing co-op found that co-op housing provided benefits for its members (Morris, 2015). These benefits included developing safer communities, reducing poverty, increasing social capital through physical and emotional support, encouraging social integration, and skill-building (Morris, 2015). The majority of people included in the study felt a strong sense of belonging to the co-op community and were able to provide concrete examples of how living in the co-op had benefited them. For example, a member who is disabled had members volunteer to clean his apartment, run errands for him and buy him groceries. The co-op housing had a beneficial effect on members from marginalized groups who did integrate into the diverse community and took on leadership roles (Morris, 2015). It provides residents with opportunities to enhance their skills and knowledge, provide opportunities for members living on low incomes and people with disabilities to participate in leadership and decision-making within the housing community (Morris, 2015).

Available literature demonstrates a need for affordable and supportive housing communities for vulnerable populations. The needs assessments showed that people with disabilities in London experience inequity in social exclusion, income, unemployment, and other social determinants of health. Community housing initiatives have the potential to address this inequity by promoting social inclusion and skill-building while providing physical and emotional support. The development of a program evaluation framework will facilitate the assessment of whether PHSS is meeting its mission and values of creating an inclusive supportive housing community. Using a well-designed survey and focus group to collect data, from both residents and staff will provide a holistic understanding of the strengths and weaknesses of this program. Furthermore, a comprehensive program evaluation will inform PHSS on future directions and opportunities for expansion in the city of London and beyond.

Note: Contributions to this report were made by Tiffany Kwan.

References

- Campbell, M. (2010). An Application of the Theory of Planned Behavior to Examine the Impact of Classroom Inclusion on Elementary School Students. *Journal of Evidence-Based Social Work*, 7(3), 235–250. doi: 10.1080/15433710903126554
- Canadian Disability Benefits. (2014). *Types of Disabilities—Canadian Disability Benefits*. Retrieved February 7, 2020, from <http://canadiandisabilitybenefits.ca/types-of-disabilities/>
- CDC. (2018). Evaluation Briefs. Retrieved April 2, 2020 from <https://www.cdc.gov/healthyyouth/evaluation/pdf/brief13.pdf>
- City of London. (n.d.) Statistical Profile of Persons with Activity, Limitations in London <https://www.london.ca/About-London/community-statistics/population-characteristics/Documents/Disability%20Data%20and%20Statistics.pdf>
- Government of Canada. (2019). *Social determinants of health and health inequalities*. Retrieved February 7, 2020, from <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>
- Guest, G., Namey, E., Taylor, J., Eley, N. & McKenna, K. (2017). Comparing focus groups and individual interviews: findings from a randomized study. *International Journal of Social Research Methodology*, 20:6, 693-708, doi: 10.1080/13645579.2017.128160
- LaMorte, W. W. (2019). Boston University School of Public Health: Behavioral Change Models. Retrieved from <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories3.html>
- Mamatis, D., Sanford, S., Ansara, D., & Roche, B. (2019). *Promoting Health and Well-Being*

- through Social Inclusion in Toronto: Synthesis of international and local evidence and implications for future action.* Retrieved from <http://www.wellesleyinstitute.com/health/>.
- Morris, M. (2015). The Cooperative Advantage for Social Inclusion Meets Uncooperative Government Regulation: International Cooperative Principles and Cooperative Housing Regulation in the Province of Ontario, Canada. *The Journal of Entrepreneurial and Organizational Diversity*, 4(1), 28–51. <https://doi.org/10.5947/jeod.2015.003>
- Novo-Corti, M. (2010). Attitudes Toward Disability and Social Inclusion: An Exploratory Analysis. *European Research Studies Journal*, XIII(Issue 3), 83–108. doi: 10.35808/ersj/288
- OMNI. (n.d.). Toolkit for conducting focus groups - New York Library. Retrieved April 13, 2020, from https://www.nyla.org/max/userfiles/Documents/D._Focus_Group_Toolkit.pdf
- Participation House Support Services (PHSS). (2020a). About Us. Retrieved from <https://www.participationhouse.com/about-us>
- Peters, B. (n.d.). Qualitative Methods in Monitoring and Evaluation: How to Conduct Focus Groups for Qualitative Data Collection. American University. Retrieved April 2, 2020 from <https://programs.online.american.edu/msme/masters-in-measurement-and-evaluation/resources/how-to-conduct-focus-groups-qualitative-research>
- PHSS. (2020b). Our History. Retrieved from <https://www.phsscommunity.com/who-we-are/our-history/>
- PHSS. (2020c). Our Principles. Retrieved from <https://www.phsscommunity.com/who-we-are/our-principles/>
- Statistics Canada. (2018). *Canadian Survey on Disability, 2017*. Retrieved February 7, 2020, from <https://www150.statcan.gc.ca/n1/daily-quotidien/181128/dq181128a-eng.htm>

Steps to Justice. (2019). *Learn what a "severe and prolonged disability" is*. Retrieved February 7, 2020, from <https://stepstojustice.ca/steps/health-and-disability/learn-what-“severe-and-prolonged-disability”>

The City of London. (2012). Disability Facts, Figures and Issues. Retrieved from https://www.london.ca/About-London/community-statistics/population-characteristics/Documents/disability_fact_sheet_may_30_2012.pdf

World Health Organization's Age-friendly Cities Project Methodology: Vancouver Protocol (2007). World Health Organization [PDF file]. Retrieved April 2, 2020 from https://www.who.int/ageing/publications/Microsoft%20Word%20-%20AFC_Vancouver_protocol.pdf

Appendix A

Logic Model for PHSS at 193 Clarke Road

Program: Participation House Support Services (PHSS) **Logic Model**

Situation: PHSS wants an evaluation plan that will be implemented to determine whether their 193 Clarke Road supportive housing project is meeting its mission and vision of building a supportive community, through social connectedness and shared responsibility.

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
<ul style="list-style-type: none"> • Time • Human resources (PHSS staff, volunteers, residents, MPH students) • Facilities • PHSS community partners (Voyageur, London Transit, City of London, neighboring church, local businesses) • Research on best practice (Baba Yaga House, Ottawa Police Service) • Other PHSS documents (mission statement, application form, etc.) • Technologies (administration programs, computers) 	<ul style="list-style-type: none"> • Meeting with PHSS staff • Site tour of 193 Clarke Road • Development of indicators to be used in evaluation • Development of focus group guiding documents and focus group questions • Development of survey guiding document and survey questions • Plan for implementation of evaluation program and training guide for staff • Suggested timeline for evaluation implementation 	<ul style="list-style-type: none"> • PHSS Staff at 193 Clarke Road • 193 Clarke Road Residents • Residents' families • Volunteers 	<ul style="list-style-type: none"> • Increased knowledge and ability of PHSS to collect and use data • Increased PHSS resources committed to evaluation and planning • Increased capacity of PHSS to conduct a program evaluation 	<ul style="list-style-type: none"> • Increased understanding of resident and staff attitudes and behaviours towards the housing project • Evidence of success or gaps and barriers in building a supportive community • Integration of evaluation findings into the housing project's operations 	<ul style="list-style-type: none"> • Increased alignment of 193 Clarke Road with PHSS's mission and vision • Improved program delivery • Increased social inclusion and sense of belonging for 193 Clarke Road residents

Assumptions
<ul style="list-style-type: none"> • Staff and residents are aware of PHSS' mission and are working towards establishing social connectedness • Staff and residents will participate in the evaluation program • Program evaluation will effectively measure social inclusion; indicators used in evaluation are reliable and valid • PHSS will act on the findings of the evaluation • PHSS has resources and funding to implement the evaluation

External Factors
<ul style="list-style-type: none"> • Continued funding for the program at 193 Clarke Road • Competing or changing organizational (PHSS) priorities • City of London and provincial policies and requirements for affordable housing and assisted living

Appendix B

Template Focus Group Invitation

Dear **valued resident**,

On behalf of Participation House Support Services, we are excited to invite you to a focus group to discuss your experience living in the supportive community at 193 Clarke Road. The goal of the focus group is to see whether the mission, vision and goals of the community are being fulfilled. The focus group will build off of the survey you each received **in your mailbox**.

Participation House Support Services and the staff of 193 Clarke Road care about your wellbeing and want to ensure you have the best experience possible. Hearing your feedback in the focus group will help us understand what activities are working well and what needs to be improved.

The focus group will be held on **M/D/Y** at _____ **during the time from ___ to ___**.

Please be aware that participation in the focus group is voluntary.

Please contact _____ **at ___ - ___ - ___ if you have any questions or concerns**.

Sincerely,

Appendix C

Printer-Friendly Focus Group Questions

Hello everyone. Thank you so much for agreeing to participate in this focus group. As you know, this supportive housing unit at 193 Clarke Road has been running for almost two years. The purpose of this focus group is to find out more about residents of the housing unit and how it has or has not met your expectations and our main missions and values for when you first moved in. There are no right or wrong answers as this is a safe space. Each individual's opinion is important and valued. I am (insert name of the moderator), and I will be moderating. (insert names of note-takers) will be taking notes throughout. The session is being audio-recorded so that we don't miss out on anything that you say. Please be assured that your identity will not be revealed in the final report. To make sure we can understand the audio recording, it is important that one person speaks at a time. I will ensure that everyone gets a chance to contribute to the conversation. Please help yourselves to some snacks during the session. Any questions before we begin?

- 1) What do you think of when you hear “supportive housing community”?
 - a) How do you feel about the PHSS housing unit compared to your previous living arrangements?
 - b) How do you feel about the PHSS housing unit now, compared to when you moved in?
- 2) How has your experience living in the housing community compared with what you were initially expecting when you moved in?
 - a) What do you enjoy about living in this community?
 - b) How does living in this community make you feel?
- 3) The mission of 193 Clarke Road is “to create a supportive housing community where all people are committed to each other's health, safety, welfare, and belonging.” How do you feel about this mission statement for the housing community?
 - a) How well do you feel it is being fulfilled?
 - b) Can you provide an example of how people contribute to this goal?
 - c) To what degree do you believe this is being achieved?
- 4) The vision of 193 Clarke Road is “living well, living with purpose, helping each other.” How do you feel about this vision statement for the housing community?
 - a) How well do you feel it is being fulfilled?
 - b) Can you provide an example of how people contribute to this goal?
 - c) To what degree do you believe this is being achieved?
- 5) How do you share your gifts and talents with community members?
 - a) How often do you share these gifts and talents?
 - b) How do you support the well-being and talents of other community members?

- 6) Do you feel included/supported by other residents?
 - a) How often do you talk to your neighbours?
 - b) What makes you feel this way?

- 7) Values such as responsibility, respect, reliability, and open-mindedness are important to PHSS. How do you feel that these values are being shown here at 193 Clarke Road?
 - a) Are there any other shared values amongst the residents? If so, what are those values?

- 8) How is your relationship with the PHSS Staff?
 - a) How satisfied are you with the contributions of staff?

- 9) Overall, how do you feel the housing at 193 Clarke Road fulfills the purpose of a supportive community?
 - a) Can you tell me more?
 - b) Is there anything that could be done better?

Appendix D

PHSS Infographic



Appendix E

Resident Survey

1. The mission of this community is to “build a supportive community through social connectedness and shared responsibility.” Do you believe residents and staff contribute to achieving this?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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2. Do you believe all residents and staff are committed to the shared values of accepting, collaborating and supporting one another, regardless of their differences?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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3. Do you feel your environment at 193 Clarke Road (staff, physical building, organized activities) promotes social gatherings/activities?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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4. Do you believe your environment at 193 Clarke Road encourages its residents to develop friendships, community bonds and social support networks?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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5. As a resident of 193 Clarke Road do you feel a sense of community and belonging?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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6. Do you feel encouraged to engage with your neighbors and the staff at 193 Clarke Road?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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7. Do you feel that 193 Clarke Road allows you to share your gifts and talents with the community members?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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8. Do you feel you are able to make meaningful contributions to the broader community?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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9. Do you feel connected to the broader community, outside of 193 Clarke Road?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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10. Do you believe the suggestions and recommendations of all members of the community at 193 Clarke Road (staff and residents) are valued and considered equally?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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11. As a resident of 193 Clarke Road, do you ever feel isolated, excluded or lonely?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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Appendix F

Staff Survey


1. Do you believe the PHSS program fosters respect, support and friendship among the residents?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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2. Do you believe the community gatherings improve the social connectedness between the staff and the residents?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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3. Do you believe all residents and staff are committed to the shared values of accepting, collaborating and supporting one another, regardless of their differences?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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4. The mission of this community is to “build a supportive community through social connectedness and shared responsibility.” Do you believe residents and staff contribute to achieving this?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
--	---	--	---	---

5. Do you believe your environment at 193 Clarke Road encourages its residents to develop friendships, community bonds and social support networks?

 1 Strongly Disagree	 2 Disagree	 3 Neutral	 4 Agree	 5 Strongly Agree
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