

Utilizing the Twelve Attributes of Effectiveness Framework to Evaluate a Small
Non-profit Residential Program: A Case Study and Analysis of the Process

by


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ABSTRACT

This thesis is a descriptive case study and analysis of the process of conducting an evaluation utilizing the Twelve Attributes of Effectiveness framework. An explicit assumption was made that the Twelve Attributes of Effectiveness framework works and is a useful tool for evaluation. The setting for this study is the Garden Gate Residence program set within the context of the Victoria Cool Aid Society in Victoria, British Columbia. Although an evaluation was conducted of the Garden Gate Residence program, the focus of this thesis is on describing, discussing and analyzing *the process* that I, as manager, experienced in conducting this evaluation.

Legislation was enacted in 1984 to improve the direction, control and accountability of Federal Crown Corporations. Effectiveness was a dominant issue in all parts of the public sector. Experience in dealing with complicated and sensitive issues raised by the concept of effectiveness had not created positive results.

The Canadian Comprehensive Audit Foundation established an Independent Panel to study and report on the subject of effectiveness. In 1988, the Panel developed a framework identifying the relevant components of effectiveness and provided a basis for reporting. Neither the Canadian Comprehensive Auditing Foundation nor the Independent Panel has presented a process for implementation of the framework.

This case study answers the research question: Can utilization of the Twelve Attributes of Effectiveness framework result in a process that demonstrates the adequacy of the framework as an evaluation tool for the small, non-profit social service program? It concludes that using a participatory approach to planning and implementation as well as understanding the program from a theory-driven perspective are important facets in the application of the framework.

Implications for social service agencies, program managers, or others who apply the framework in future evaluations are drawn from the conclusions. Evaluators should be knowledgeable about the theory (or theories) that underlie the success or failure of the program and be able to utilize a participatory approach. Effort and commitment are required to refine the Twelve Attributes of Effectiveness to satisfy program-specific requirements.

Recommendations for future research include consideration of (a) a participatory approach, (b) the development of a research planning team, (c) including a broad range of diverse and responsive stakeholders on the research and planning team, (d) a four-day workshop, and (e) the use of theory to explain evaluation results.

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Dedication

I dedicate this thesis to the memory of David Collin Smith--a man who sought change, and to the residents of Garden Gate who in their own ways taught me about life and about change.

Life is measured by the rapidity of change,
the succession of influences that modify the being.

George Elliot (1866)

Special thanks to:

My husband Michael for knowing me so well—for knowing I needed that little push to cross the finish line and for loving me no matter what; my children Cheryl (Franco), Scott and Ryan (Tammy) for making me laugh when I felt too busy to smile; my grandchildren Hadyn and Santaya for bringing me joy; and Lynne, Marlene, and Raymond for their unfaltering friendship.

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Chapter One

Introduction

This thesis is a descriptive case study and analysis of the process of conducting an evaluation utilizing the Twelve Attributes of Effectiveness framework. An explicit assumption was made that the Twelve Attributes of Effectiveness framework works and is a useful tool for evaluation. The Garden Gate Residence program, to be discussed later, is the research setting for this case study. This particular program is set within the context of the Victoria Cool Aid Society in Victoria, British Columbia. Although an evaluation was conducted of the Garden Gate Residence program, this thesis focuses on describing, discussing and analysing *the process* that I, as a manager, experienced in conducting this evaluation. The significant role of non-profit organizations and their need for evaluation is also outlined.

Non-profit organizations constitute America's "third sector" (Clark, Dorwart, & Epstein, 1994; Etzioni, 1972; Orans, 1980), the other two being government and the economy. This sector constitutes "that vast array of institutions and associations whose common characteristics are that they are private, do not operate for profit, and are devoted to serving the general welfare—not simply the welfare of their members or supporters" (Nielsen, 1979, p. 1).

The pressures of today's economy result in funding sources and decision-makers placing great emphasis on effectual program performance and accountability practices when choosing community mental health providers (Clark

et al., 1994). Federal and Provincial expenditures are down and funding is becoming harder to obtain. There is an expectation that non-profit agencies will do more with less and be more efficient in their service delivery. This increases competition between providers of mental health services and raises questions about how non-profit agencies can respond to these pressures. How can accountability practice better meet demands by government funding sources and other stakeholders for demonstrated effectiveness in program performance?

Social service program evaluation results will influence decision-makers and social policy development and strengthen levels of service to consumers. Increased interest is likely in obtaining sound and persuasive evaluations to justify existing programs and to make any changes efficient and less costly. Today's economy and political conditions will not afford poorly done and useless evaluations (Hennessy, 1982). Program evaluation, then, plays an increasingly important part in funding and policy making. It is essential that individuals consulting with policy makers around contracted services understand the role of evaluation in creating policy and funding decisions on program continuance and development.

Decision-makers base their determination of the value and worth of programs on program outcome data and available funding. They want proof that the resources they provide to programs engaged in direct service delivery are producing positive change in the lives of individuals. Therefore, government and agency policy decisions about the types of programs or services they can afford to provide are based on the relationship between program costs and success rates (Hosie, 1994). Interest in planning, defining and measuring the

effectiveness of organizations, social programs and service delivery systems is growing (Anspach, 1991). New models and research strategies in studying effectiveness are needed and being pursued.

David Poje was a member of the Victoria Cool Aid Society Board of Directors in 1994. Employed in the public sector, he was aware the Canadian Comprehensive Auditing Foundation had developed a framework to measure and report on effectiveness and that it was being promoted in the public sector. Believing program evaluation would soon become an expectation for non-profit organizations he presented the concept of the Twelve Attributes of Effectiveness framework to the Victoria Cool Aid Society. Les McAdams, of the Auditor General's staff in Victoria was invited to make a presentation on the Twelve Attributes of Effectiveness framework to the Research and Planning Committee of the Victoria Cool Aid Society. I attended the meeting as the manager representative on the committee. Interested in this as an evaluation tool the Society decided to pilot the framework in the Garden Gate Residence program. As manager of that program, I met with Mr. McAdams after the presentation to discuss the framework as it might pertain to Garden Gate. A process for implementation of the framework is not presented by the Canadian Comprehensive Auditing Foundation. Therefore, the decision to utilize the framework meant refining the concept to make it work satisfactorily in the specific context of the Garden Gate Residence program. Les McAdams organized a workshop to provide an explanation of the fundamental objectives of the framework and the meaning of the twelve attributes. Garden Gate Residence program staff, one member of the Victoria Cool Aid Society Board of

Directors and I attended the workshop. Implementation of the framework was delayed until 1996 due to various program changes such as the relocation of the home and the union certification process.

Although at least one agency, the Catholic Families Association in Victoria, British Columbia in 1994 -1995, used the Twelve Attributes of Effectiveness framework for evaluation purposes, the results are not public. This research, therefore, will be among the first to apply the Twelve Attributes of Effectiveness framework in the evaluation of a small non-profit social service program in British Columbia and to make the findings public. This study will pilot a new framework for carrying out program evaluations and if it proves beneficial in this application, I hope it will encourage its use in further evaluations.

This research is also relevant on a personal level. As a social work practitioner I want to offer the best and most appropriate service to clients I can. Practice interventions must be effectual. As program manager, I want to be sure the program performs as intended. Whether service is through therapeutic intervention or other program activity, evaluation is an important part of good practice (Bloom, Fischer, & Orme, 1995). More social workers are becoming evaluators responsible for the planning, development, implementation and evaluation of programs in non-profit social services. Evaluation research is becoming an integral part of social work organizations and practice. However, "research-in-use, how we actually do what we do, is not often discussed in the literature...We rarely go public with our methods and their limitations, preferring to talk about those things among ourselves in informal settings" (Jinkerson,

Cummings, & Neisendorf, 1992, p. 284). This study, then, is another source of knowledge upon which to build competence in evaluation research practice.

Application of the framework to the Victoria Cool Aid Society's Garden Gate Residence program will answer the research question: Can utilization of the Twelve Attributes of Effectiveness framework result in a process that demonstrates the adequacy of the framework as an evaluation tool for the small, non-profit, social service program? To clarify, this thesis is not an evaluation of the Garden Gate Residence, but rather a descriptive case study and analysis of the process developed in utilizing the Twelve Attributes of Effectiveness framework in the evaluation of the Garden Gate Residence program.

Chapter two introduces the Twelve Attributes of Effectiveness framework and notes an absence of prior research of the framework in the literature. The third chapter describes the context of the study and the methods used in the pilot of the Twelve Attributes of Effectiveness framework. Firstly, the chapter presents an overview of the Victoria Cool Aid Society and a more detailed picture of the Garden Gate Residence program and then, secondly, focuses on the methods and processes used in the study. Chapter four is a discussion about the methods and processes. The implications for policy and practice are drawn from my findings and are presented in chapter five.

Chapter Two

Literature Review

The Twelve Attributes of Effectiveness Framework

Not all evaluation models and approaches evaluate effectiveness as comprehensively as the Twelve Attributes of Effectiveness framework. For example, the goal attainment model emphasizes efficiency and output measures, but tells only a limited story of effectiveness. Anspach (1991) explains that according to the goal attainment model, a program is effective to the extent that it achieves a specific set of objectives. This model has been criticized mainly because participants define goals differently, have differing views of what the organization is trying to do, and often try to achieve multiple and competing goals at the same time. While more relevant than the goal attainment model, using a stakeholder approach places a major emphasis on social references and extraneous measurements and is, therefore, very subjective. This approach does, however, indicate the extent the program meets the needs of the program recipients. A systems approach to evaluation helps evaluators become more attentive to the important function that internal processes play in improving organizational effectiveness. The systems model assumes that social programs are complex systems with multiple conflicting goals. It is criticized for difficulties in choosing effectiveness criteria. Anspach conducted a study based on 106 in-depth interviews with 12 administrators of established agencies in five sites, 20 case managers, 43 clients, and 31 family members. The findings concluded case managers and other members of various occupations measure success by the

extent to which a client's personal life's course changes. These assessments were personalized and showed consideration of each client's particular situation. (This also demonstrates why so many programs invest a lot of financial resources in clients whose prospects seem limited.) The assessments made by the participants in the study contrasted with the use of objective indicators of effectiveness used in some evaluation research. Proclaiming effectiveness and down playing ineffectiveness is seen as sheltering a program from strict examination by evaluators and program participants while resources necessary to a program's survival are secured. A competing values framework tries to synthesize major evaluation paradigms, but succeeds only at demonstrating how value trade-off is intrinsic in the selection of evaluation strategies (Alschuld & Zheng, 1995). These models and approaches define effectiveness very broadly. In program evaluation, effectiveness tends to mean attainment of objectives. What is different about the twelve attributes approach is that it excludes achievement of objectives, but includes eleven other attributes of effectiveness. The Twelve Attributes of Effectiveness framework, therefore, provides a comprehensive view of effectiveness and still maintains the capacity for use when evaluating programs for practice intervention, impact assessment or administrative reasons.

There is much written about the meaning of the term *effectiveness*, and how the term has been applied in various evaluation studies (Anspach, 1991; Sechrest, 1993; Altschuld, 1995; Rogers, 1995; Rosen, 1979; Weiss, 1972). However, despite a thorough review of the literature, I could locate no evidence of previous studies conducted using the Twelve Attributes of Effectiveness framework

that describe the process of applying the framework. I did, however, locate literature that indicates the Office of City Auditor in Seattle, Washington, conducted an evaluation using a framework that “a City-wide task force developed in 1995” (The Office of City Audit, 1996, paragraph 10). This article refers to ten “facets of effectiveness” (paragraph 7) and cites them as: relevance, appropriateness, achievement of intended results, acceptance, secondary impacts, costs and productivity, responsiveness, financial results, working environment and monitoring and reporting. The questions posed by each facet are similar to the definitions (see pp. 9–10) provided for the Twelve Attributes of Effectiveness framework. The framework developed in Seattle is outlined as having three steps:

1. Setting the right goals and objectives and explicitly prioritizing and balancing them.
2. Linking goals and objectives at all organizational levels.
3. Viewing programs and functions from a balanced set of perspectives (The Office of City Audit, 1996, paragraphs 3-5).

There is no written indication, however, that the framework is based on the Twelve Attributes of Effectiveness framework developed by the Canadian Comprehensive Auditing Foundation.

My review of the literature was unsuccessful in locating other articles by individuals in either the public or non-profit sectors, detailing the procedures used in applying the Twelve Attributes of Effectiveness framework. This chapter, introduces the Twelve Attributes of Effectiveness framework as developed by the Independent Panel established by the Board of the Canadian Comprehensive Auditing Foundation.

The Canadian Comprehensive Auditing Foundation

The Canadian Comprehensive Auditing Foundation (CCAF) is a national

body created in 1980 whose interests lie in organizations that carry out public policy objectives with public funds. The focus of the CCAF is on ways managers can ensure cost-effective administrative practices and how they report their accountability for achieving economy, efficiency and effectiveness. The CCAF is also interested in the role audit plays in that reporting.

In 1984, there was legislation enacted to improve the direction, control and accountability of federal Crown corporations. It was clear that effectiveness was a dominant issue in all parts of the public sector, and that experience in dealing with complex and sensitive issues raised by the concept of effectiveness had not produced positive results. The federal initiative and degree of public sector interest in understanding what effectiveness meant and how to report on it led the Canadian Comprehensive Auditing Foundation to establish an Independent Panel to study and report on the subject.

The Independent Panel

The Panel suggested information (management representations) that can be easily substantiated be provided to governing bodies to show management accountability and to help them form judgements about effectiveness. According to the Panel, managers, not auditors, are in the best position to measure and report on effectiveness, therefore, managers should carry this responsibility. To support management representations with audit assurance, the Panel felt there was need for a reporting framework and guidelines on how to apply it. Consequently, they developed a framework identifying the relevant components of effectiveness and providing a basis for reporting. Five broad guidelines direct the use of the framework and the ultimate interpretation of the management representations.

Defining the Framework

The panel reviewed the literature and consulted with practitioners looking for greater understanding of what effectiveness meant. They found that “effectiveness is not a single, indivisible concept. It contains subjective, value-laden components that will change with time and with viewpoint. Forming judgments about effectiveness often involves weighting multiple, competing and sometimes contradictory objectives and measures” (Canadian Comprehensive Auditing Foundation, 1988, p. 18). Rather than adding another definition of effectiveness to what was in the literature, the panel broke effectiveness into various elements encapsulating information from the literature. The literature pointed to specific attributes thought to be important to understanding effectiveness. Research led the panel to develop twelve attributes of effectiveness—a framework for effectiveness:

Management Direction: the extent to which the objectives of an organization, its component programs or lines of business, and its employees, are clear, well-integrated and understood, and appropriately reflected in the organization’s plans, structure, delegations of authority and decision-making processes.

Relevance: the extent to which a program or line of business continues to make sense in regard to the problems or conditions to which it is intended to respond.

Appropriateness: the extent to which the design of a program or its major components, and the level of effort being made, are logical in light of the specific objectives to be achieved.

Achievement of Intended Results: the extent to which goals and objectives have been realized.

Acceptance: the extent to which the constituencies or customers for whom a program or line of business is designed judge it to be satisfactory.

Secondary Impacts: the extent to which other significant consequences, either intended or unintended and either positive or negative, have occurred.

Costs and Productivity: the relationships among costs, inputs, and outputs.

Responsiveness: an organization’s ability to adapt to changes in such factors as markets, competition, available funding or technology.

Financial Results: the matching of, and the accounting for, revenues and costs and the accounting for and valuation of assets, liabilities and equity.

Working Environment: the extent to which the organization provides an appropriate work atmosphere for its employees, provides appropriate opportunities for development and achievement, and promotes commitment, initiative and safety.

Protection of Assets: the extent to which important assets--such as sources of supply, valuable property, key personnel, agreements and important records or information—are safeguarded so that the organization is protected from the danger of losses that could threaten its success, credibility, continuity and, perhaps, its very existence.

Monitoring and Reporting: the extent to which key matters pertaining to performance and organizational strength are identified, reported, and carefully monitored (Canadian Comprehensive Auditing Foundation, 1988, pp. 20-21).

Each of the twelve attributes is useful in forming judgments about effectiveness but individual program models and requirements shape the framework:

There is no single regime that can be adopted without modification by different organizations. As a result, the decision to use this approach involves a commitment to a substantial amount of effort to refine the concept and make it work satisfactorily in each specific context (Canadian Comprehensive Auditing Foundation, 1988, p. 15).

Evaluators using the framework must adapt it to meet the individual needs and capabilities of the individual program to which it is applied. A fair estimation of effectiveness will not be possible if information provided is pertinent to only a few of the attributes. However, with information on all the attributes, or on all that are relevant in the circumstances, judgments can be made about an organization's effectiveness. However in some cases, according to the Panel

individual circumstances may determine that it would not be useful, cost-beneficial or otherwise appropriate to make representations on certain attributes. In such cases it would not be sensible to invest time and effort in preparing or making representations that both the governing

body and management would regard as irrelevant. Such instances should be handled as considered exclusions, with an explanation offered for the absence of information on those attributes (Canadian Comprehensive Auditing Foundation, 1988, p. 23).

Guidelines for Reporting Effectiveness

Although the program's situation and circumstance will direct how the framework is best used, the panel developed five guidelines:

1. All applicable attributes of effectiveness should be considered in making management representations and an explanation should be given where any attribute, otherwise expected, is not used.
2. Representations should reflect the full range of information generated in their preparation and contain whatever explanations or qualifications about the information and analysis that may be necessary to allow users to make informed judgments.
3. Representations should be prepared in such a way as to take into account the interests of governing bodies.
4. Representations should be made at the highest meaningful level, and to accomplish this top management must be involved in preparing them.
5. Each organization should establish a comprehensive strategy for reporting management representations on effectiveness over an agreed period of time (Canadian Comprehensive Auditing Foundation, 1988, pp. 23-25).

The guidelines are as broad as possible to help programs refine the framework in a manner that is most sensible in recognition of their specific requirements and capacities. For instance, Guideline 1 allows for the exclusion of particular attributes: "individual circumstances may determine that it would not be useful, cost-beneficial or otherwise appropriate to make representations on certain attributes" when an explanation is "offered for the absence of information on those attributes." Guideline 3 recognizes the funding body has "specific objectives and priorities" and allows consideration of how the program "may be

pertinent to these objectives and priorities” (Canadian Comprehensive Auditing Foundation, 1998, p. 24).

The approach suggested by the Panel wherein management makes representations of the effectiveness of the organization is similar to the financial statements produced by many organizations. Auditors in the public sector should examine the accountability representations to provide the governing body affirmation as to appropriateness and reliability of information reported (Canadian Comprehensive Auditing Foundation, 1988).

The Panel noted that the “mandate for direct reporting of any lack of economy, efficiency or systems to report on effectiveness, shared by the federal Auditor General and a number of his provincial counterparts, requires drawing attention to deficiencies (Canadian Comprehensive Auditing Foundation, 1987, p. 27). They go on to say, “use of the Twelve Attributes of Effectiveness approach offers a provision of assurance” because it is an approach similar to one used by auditors in “auditing financial statements than that normally taken to value-for-money issues” (p. 27). The Twelve Attributes of Effectiveness framework is a logical evolution, then, consistent with legislation and the interests of governing bodies.

Implementation of the suggestions made by the Panel “constitutes a practical starting point to improve substantially the quality of management and the accountability of managers to their governing bodies” (Canadian Comprehensive Auditing Foundation, 1988, p. 36).

Currently, there is no legislation or funding requirement that non-profit programs conduct evaluations of effectiveness for funding sources. However, change in legislation may happen in the future. Therefore, it is appropriate that the

Victoria Cool Aid Society has interest in evaluation and wants to pilot the Twelve Attributes of Effectiveness framework.

Chapter Three

The Application of the Framework

This chapter describes the context and the methods and processes used in piloting the Twelve Attributes of Effectiveness framework.

A description of the Victoria Cool Aid Society that includes the services they provide is presented. The organization's internal structures are offered in point form and some of the changes made within the Society's internal environment are outlined. This is followed by an expanded view of the Garden Gate Residence program with emphasis placed on the details of its operational structure and organization. Also presented are some of the more significant changes in the history of the program. The descriptions of the Victoria Cool Aid Society and the Garden Gate Residence program are meant to provide context for the study. Having done so, the remainder of the chapter describes the methods and processes used in the study.

The Research Setting

The Victoria Cool Aid Society
"Building Hope, Building Lives, Building Community"

The Victoria Cool Aid Society bridges the gaps in society by offering quality, holistic and essential services and advocacy to children, youth and adults. Recognized as providing a safe, respectful and empowering environment, the Society offers services through flexible programs designed to respond to individual and community needs. An unsullied reputation demonstrated over its

30 year history has earned Cool Aid recognition as a cutting edge agency that identifies new trends and needs in the community; one that responds by providing appropriate and professional quality service. Born from an idea to provide short-term shelter to young travelers, Cool Aid is a vibrant, community based social service agency serving the Capital Region by embracing the future with enthusiasm and commitment.

Programs and Services

The doors of Cool Aid opened for the first time in 1968. By 1976, Cool Aid was incorporated as a non-profit society and on its way to becoming a leader in the non-profit social services sector. Today, the Victoria Cool Aid Society has nine programs.

1. The Streetlink Emergency Shelter (1976) provides short-term emergency accommodation for up to 11 women and 44 men aged 18 and older. The shelter promotes the health and well being of homeless persons in the Victoria area through the provision of shelter, food and social support services.

2. The Garden Gate Residence program (1981) provides a home-like setting where six chronically mentally ill men are encouraged to recognize their strengths and build upon their skills.

Swift Street Medical Clinic (1981) provides supportive primary health care, mental health services, social advocacy and counseling services to individuals in the community who are socially disadvantaged and least likely to access the health care system.

3. Offering high-quality care in a nurturing, stimulating environment, the Cool Aid Daycare (1981) is a resource and support for children and their families.

They advocate for high-quality childcare. The Daycare accepts children between three and five years of age.

5. The Kiwanis Emergency Youth Shelter (1983) provides a safe, supportive environment and access to community resources for youth that are in transition due to crisis. This program was opened in partnership with the Kiwanis Club.

6. Through long-term supportive relationships, advocacy and ongoing availability, the Outreach program (1987) helps connect the community to people who are disadvantaged and least likely to have their needs met.

7. Swift House (1987) is a 26-unit apartment complex offering affordable housing to single adults who are homeless or managing a mental illness. The program provides advocacy and opportunities for lifestyle changes.

8. Cool Aid Employment Services (1993) assist chronically unemployed individuals in their transition to meaningful, casual, part-time and full-time employment.

9. The Pandora Housing Project (1997) is a 32-unit apartment complex providing appropriate support to adults who are chronically homeless and/or managing a mental illness.

The programs are diverse in client population and service delivery models. They vary in size, budget, staffing and hours of operation. Each program is distinct and operates independently. Some are licensed and regulated by program specific Legislation. For example, the Garden Gate Residence program is licensed under the Community Care Facility Act, Adult Care Regulations, as Specialized Adult Residential Care. Streetlink Emergency Shelter is not licensed and therefore not governed by

Legislation. Each program pays an administration fee to the Society from their individual budgets based on program size and budget. Although the Victoria Cool Aid Society is attempting to create service delivery linkages between and among the programs, this inter-connectedness is not present at this time. Program linkages are present in the sense that the Society has one policy and procedure manual. However, each program also has its own internal policy and procedure manual to address program specific policy and procedures. Although another linkage of programs could be identified through recognition of the Society's stated hiring practices, many program managers do not follow the hiring process as defined by the Society. Even program linkages through BCGEU union contract are varied since four programs share the same contract, one program is in a separate bargaining unit and the others are not unionized. Some managers do not wish to have an "inter-connectedness" between their program and other programs within the Society. Other managers are beginning to recognize that in these difficult economic times, programs could be stronger and more secure if program service delivery and operational linkages between programs was developed and promoted.

Internal Structures

The Board of Directors is responsible for the management and administration of the affairs of the Society. Communication and involvement between Board and staff of each program are fundamental to the Society's performance.

The Executive Director reports to the Board of Directors and is a liaison between the Directors and Society staffs. She oversees Society operations,

participates in various external committees, and prepares and presents funding proposals.

Accountable to the Executive Director, program managers have responsibilities in two primary areas. They are leaders and practitioners of specific program or service sectors and collective members of the Managers' Group. The Manager's Group (formerly, the Manager's Team Committee) supports the corporate performance of the Society through discussion and action. The Executive Director and managers attend regularly scheduled meetings to discuss issues pertinent to the operation of the Society, individual program concerns or new initiatives.

Occasionally, task force teams or small ad hoc committees develop as a result of these meetings. The Manager's Group presents recommendations to the Executive Director that she presents to the Board of Directors. Each program manager prepares a monthly report to the Board of Directors through the Executive Director.

Committees are an important part of the Society. Standing Committees of the Board of Directors are Executive, Finance, Human Resources, Planning and Research, Foundations and Fundraising, Public Relations and Housing. At least one Director sits on each Standing Committee. Special or ad hoc committees are appointed whenever an issue requires special consideration. Each committee reports to the Board of Directors.

Changes in the Internal Environment

Wanting to ensure it remained a leader in the social service sector, and believing it important to define its preferred future, in 1995, the Society began 'Cool Aid 2000', an ongoing, multiple level process. The goal of 'Cool Aid 2000' was to advance, implement and influence the necessary changes required to attain that

preferred future. The process included the Board of Directors, Management Group, and front line staff. It has produced a Vision Statement (Appendix B) and identified a set of Values and Beliefs (Appendix C) inherent in Cool Aid's Vision. 'Cool Aid 2000', then, created the foundation that is to move the Society into the future and a greater leadership role.

The Leadership Development Council is a new addition to the Society and has the potential to influence change within Cool Aid. Participation on the Council is voluntary and open to participation by any Society staff member. The Council's focus is to encourage staff to become involved in the Society by bringing forward their ideas and proposals for new projects. To date, the Council can credit itself defining three major core competencies identified on a Society-wide basis that are a measure of what the Society does exceptionally well. The Leadership Development Council's biggest challenge is facilitating changes necessary within the organization to achieve the Society's preferred future. The challenge involves examination and analysis of key factors defining the Society's role with the Capital Region and identification of external and internal pressures that must be addressed in the process of moving to the preferred future.

A Financial Picture: The Year Ending March 1997

The financial statements for 1997 show the Society produced a surplus of approximately \$71,000. The Society's equity (the difference between assets and liabilities) was \$1.4 million. At the end of the fiscal year, most individual programs reported a budget surplus. (See Appendix D for the Schedule of General Fund Operations.) Cool Aid has relied on the provincial government for approximately 85% of its funding. To minimize this dependence, the Society took part in a number

of fundraising endeavors (e.g., casino nights, Cool Art and a Winnipeg Social) and will receive United Way funding in the 1997-1998 fiscal year. No longer is it sufficient to simply provide assurances of appropriately used funds; social service agencies must prove positive results. Therefore, each of the Victoria Cool Aid Society's programs has developed its own business plan. Each business plan provides the basis for reporting results achieved to meet the requirements of ministry funders.

The Victoria Cool Aid Society's Culture and Norms

The Executive Director is a strong presence in the Society and it is through her direction that the Society has developed most of its culture and norms. She tries to present the need for collaboration, partnerships and involvement of staff. It is under her direction that Society staff has come to realize the importance placed on participation and commitment. Over the ten-year period of her employ as Executive Director she has often encouraged staff to decide their own actions and to call upon others for solutions to problems and help.

Although the Society is seen as progressive in service delivery, a leader in creating and maintaining community partnerships, the Society does suffer from systemic problems. For instance, there is an honest belief that staff is, and should be, committed to the Society and to the programs under its auspices. This is not always the case as there is internal conflict and lack of agreement in various areas at various times. Collaboration and participation are expected norms. The culture often dictates that whatever the administrative heads of the organization decide to do, is done and the rest of the Society should participate. This has created a situation for some, where the inter-connectedness sought by the Society between

programs, and between programs and the Society, is not as strong a priority as it should be. As one manager commented, "I like to keep my program as separate as possible so the politics of the Society can't interfere anymore than necessary with the operations here." There are other managers who feel the same way. This is an area little talked about since, as another manager stated, "We don't really want things to change because there is more benefit in not changing." I have only been employed by the Society since 1993, but it is my understanding that this culture and these norms have existed for many years.

The Garden Gate Residence Program "A Gateway to the Community"

Known as the 1921 Fernwood Road Group Home from 1981 until 1995, the Garden Gate Residence program has undergone many changes. When first established in 1981 it was in an upstairs apartment across the street from the shelter and provided accommodation for those individuals of the Cool Aid Shelter who needed a more permanent living arrangement. On February 28, 1995, the group home moved to a new residence on Garden Street.

Originally the focus of care was custodial in nature—primarily providing food, shelter and safety. Residents accustomed to a more transient lifestyle found the structure and routine of a group home setting uncomfortable and confining. The program followed the standard medical model—a model focused on treatment of the illness before rehabilitation of the person often resulting in delaying re-establishment of 'normal life activity' indefinitely while medical cures are being found. However, many service providers commonly used the model in the 1980's. Although medications were plentiful they were not very effective. Staff often dealt

with extreme behaviors and on occasion found it necessary to use authoritarian principles to protect vulnerable residents from the aggressive behavior of others. The staff worked 16-hour shifts, which began at 4:00 p.m. and ended at 8:00 a.m. The manager or relief staff provided coverage from 8:00 a.m. until 4:00 p.m. Front line staff was hired, as they were in many group homes in the early 1980's, on the basis of physical size rather than knowledge or skill. There was little turnover in line staff. However, the home had several managers and or assistant managers especially between 1990 and 1993. I became manager of 1921 Fernwood Group Home in August 1993. The program has responded to new service needs. Martin Golder, Chair of the Board in 1997, wrote in the Victoria Cool Aid Society's Annual Report:

I can hardly even remember the reality of the Fernwood Group Home as I walk into Garden Gate. The former was only rescued by the dedication of the staff. The other speaks volumes about the worth of the people who live and work there (The Victoria Cool Aid Society, 1997).

Today, staff work 7.5 hour rotating shifts and actively encourage resident participation in activities of daily living, skills building, and social interactions. Physicians prescribe medications at the lowest dosage required by individual residents. Residents are learning non-medical alternatives to manage minor pain and stress complaints. Staff practice a philosophy of psychosocial rehabilitation and residents work collaboratively with staff and volunteers to reach their fullest potential.

The Mission Statement

Garden Gate Residence provides a stable, supportive environment for

chronically mentally ill residents requiring supervision and direction in achieving self-esteem, dignity and hope for the future.

Program Objective

Individuals with chronic psychiatric disabilities will achieve their maximum potential and independence through therapeutic interaction, social support and community involvement.

Program Values and Beliefs

Residents can reach their highest potential and fulfill their greatest dreams with appropriate support. For one individual this means working toward a move to the Pandora Project apartments; for others, it means working at improving the quality of life they have at Garden Gate. No matter what the dream or potential, every resident wants and deserves the opportunity to move forward. The Garden Gate Residence program offers that opportunity. Achievement may be slow, but gradual, unhurried progress is more likely to render results that will last a lifetime. Empowerment is the door through which residents will grasp the opportunity for a greater quality of life.

Psychosocial Rehabilitation Process

Psychosocial rehabilitation (PSR) is a central activity in community mental health today and Mental Health is promoting and encouraging its use in residential programs. PSR is the result of consumer reaction against the psychiatric establishment. Psychosocial rehabilitation is an anti-medical model where empowerment is a major theme and the focus is on strengths not weaknesses, people not illnesses.

According to the Mental Health Division Guidelines for Rehabilitation

Services (1996) the goals of rehabilitation services are “to assist the individual to maximize his strengths, re-establish, develop and/or maintain skills and abilities, and foster personal supports, resources and community involvement” and the focus is on “assisting the individual to restore his/her hope for the future, ability for independent living, socialization and effective life management” (p. 10). Residents are taught skills to master deficits and diminish stress so illnesses become less symptomatic. In this way, residents can become more adept in the activities of daily living. At Garden Gate we adapt medication, psychotherapy and case management to the psychosocial rehabilitation model. Medication is a process of education, consultation and collaboration. For instance, residents are encouraged to learn about their medications and how they respond to them; case management is through individualized care plan goal setting, support and facilitation; and, psychotherapy is seen in a variety of therapeutic relationships in more natural settings. Community integration is an important aspect of the model, therefore, we must put ourselves beside our residents and work to fight stigma and to better our communities. PSR offers residents the opportunity for change, growth, increased self-esteem and self-confidence by focusing on wellness instead of illness.

a) Principles

The principles of psychosocial rehabilitation (PSR) are taken from the International Association of Psychosocial Rehabilitation Services (IAPRS) Ontario Chapter position paper on psychosocial rehabilitation and the psychosocial rehabilitation literature and include the following:

- Involvement of the person with a psychiatric disability in every aspect of the rehabilitation process is critical to a positive rehabilitation outcome.

- Persons with psychiatric disabilities benefit from having control over decisions that affect their lives.
- Persons with psychiatric disabilities have needs that are ongoing, unique and multi-dimensional.
- Persons with psychiatric disabilities have the potential for growth and the capacity to improve their level of functioning.
- Skills and supports can be developed to enable the individual to develop the confidence to take the lead in his/her rehabilitation.
- Belonging is an essential ingredient in a psychiatrically disabled person's growth and development.
- The relationship between practitioner and client is a partnership within which a client-centered approach is developed.
- Each individual has the right to live and function in the setting that is least restrictive, and that as closely as possible approximates a regular community setting.
- PSR advocates normalization, restructuring and re-educating the environment to facilitate integration of people with emotional disabilities.
- The opportunity to aspire to and achieve gainful employment must be a central theme in any rehabilitation process.
- PSR focuses on utilizing the person's strengths and abilities for overall better independent functioning and fulfillment of social roles (Government of British Columbia. Rehabilitation Services. Mental Health Division, 1966, pp. 38-40).

b) Rehabilitation Stages

Rehabilitation services can be described as a series of stages or categories:

1. **Basic support:** the resident is provided whatever assistance is needed if, when and how it is needed. The responsibility of staff primarily is to create a safe, low stress environment and opportunities that encourage the resident to become involved at his level of ability and or interest. At this stage, staff are also responsible for assessing when a resident's is ready to move beyond his present situation and engage more formally in the rehabilitation process.
2. **Rehabilitation Readiness:** the resident is helped to believe in and to develop a commitment to pursue personal goals and increase his quality of life. Residents vary in terms of their readiness for rehabilitation because readiness is a

matter of interest in rehabilitation rather than the capacity to complete a rehabilitation program successfully. Work at this stage helps the resident understand enough about themselves and their recovery so that they perceive change as desirable and possible. During this stage, staff assists the resident to determine his readiness for rehabilitation. The learning environment is structured to create opportunities in which the resident can explore options, develop confidence, identify personal hopes and dreams and build a belief and commitment to achieving his goals.

3. Rehabilitation Process: the resident is helped gain the experience and skills to manage his illness and environment in order to meet the demands he will face in everyday life. The process actively involves the individual and the staff in the identification, interpretation, development, confirmation and pursuit of the resident's personal goals in his personal life, leisure, education and work.

4. Ongoing Support: after completing the rehabilitation process, an individual often requires follow-up services and supports that are available on an ongoing and flexible basis. The purpose of ongoing support is to provide opportunities for him to get advice, feedback and assistance regarding progress and or issues. During this stage, staff may make visits to the individual's home, telephone calls, meet with him and his peer support groups. The main role of the staff at this stage is to respond to the needs of the resident as he has expressed them, to provide information regarding relevant supports and resources and to encourage individuals to support one another. The process here requires great flexibility.

encourage individuals to support one another. The process here requires great flexibility.

There are residents in the Garden Gate Residence program who are at various stages of the rehabilitation process. Residents often slide back and forth between stages or they may be working in more than one stage at any one time.

c) Service Domains

The rehabilitation process consists of four service domains: personal life, leisure, education and work.

- Personal life includes personal care, home management, relationships and community resources.
- Leisure refers to free or unoccupied time when the resident can choose to do what he wants.
- Education refers to the supports that make it possible for the resident to determine his educational goals based on personal values, abilities and past educational experience, to access educational programs of his choice and to acquire the supports necessary to complete those programs.
- Work may include therapeutic work, volunteer work, supported work or supported employment.

In-house Activities

At Garden Gate Residence, residents are encouraged to recognize their strengths and build upon their skills. The focus is on mental wellness rather than mental illness. In-house activities are designed to encourage success. The following in-house activities aim to:

1. Provide opportunities that encourage the resident to become involved at his level of ability and interest.

2. Help the resident understand enough about himself and his rehabilitation so they perceive change as desirable and achievable.

(a) Assertiveness Skills Training:

The purpose of the group is to assist residents in regaining, strengthening or developing skills in assertiveness, decision making, problem solving and communication. The facilitator of the group uses a variety of techniques and learning tools (i.e., games, role-playing and discussion forums).

(b) Hobby Club:

The hobby club provides weekly opportunity for skill building and fun. Participation in the hobby club promotes skill development in socialization, problem solving, teamwork, planning and more. The club holds monthly committee meetings. During these meetings, residents put into practice skills learned (i.e., assertiveness, planning and decision-making). The hobby club committee meets monthly. A staff member facilitates the meeting. One resident is treasurer and another takes minutes.

(c) Volunteer Program:

Volunteers play a vital part in the Garden Gate Residence program. The objective of this program is to have volunteers work directly with residents and to provide one-to-one friendships, act as role models and encourage greater community involvement by the residents. The volunteers are an active part of the hobby club along side staff and residents. They document their work with residents. They know staff appreciates their comments and observations.

(d) Newsletter:

A newsletter is published four times yearly. It is sent to the residents' family members and is available to residents, staff and volunteers. The objective of the newsletter is to develop better lines of communication between staff, volunteers, residents and their families. Everyone who receives a newsletter can make submissions for its content.

Resident Composite

Residents living in Garden Gate are males between 40 and 50 years of age. There are six residents with a chronic mental illness, such as Schizophrenia, Obsessive Compulsive Disorder or a combination of mental disorders. They may have a poor self-image, lack confidence, be self-doubting or have eccentric thought content. When ill, they may have delusions of persecution, paranoia or grandiosity. They require constant reminders about their strengths. They feel comfortable with staff and other residents. They are often fearful in crowds but enjoy small groups and one-to-one interactions. They like to laugh, share stories and look at photograph albums.

Program Operations

There are four full time staff positions, one permanent part time position and an average of five on-call positions. Staff unionized in 1994 and are members of the British Columbia Government Employees Union (BCGEU). There is one union staff on duty per shift. Three individuals who provided relief coverage in 1994 are now full time employees. There is very little staff turnover and the relationship between union and management is sound. The non-union weekend supervisor works four hours each Saturday and Sunday and is the only other professional staff at Garden Gate.

Manager of Facility and Manager of Care

As manager of the facility, approved under the Community Care Facility Act, I have “full authority to operate the Residence in accordance with the Policy Manual, the Community Care Facility Act and Regulations, and the Residential Agreement” (Government of British Columbia. Residential Programs. Mental Health Division, RES.9.2.1). As manager of care staff I have “specific responsibility for supervision of the care staff and for the coordination and monitoring of all activities relating to the day-to-day care of the residents” and accountable for the “effective operational management of the facility to ensure a high standard of quality care,” and “for maintaining a high standard of resident care through the direction and supervision of care staff and the coordination of all resident care activities and services” (Government of British Columbia. Residential Programs. Mental Health Division, RES.9.3.3). The manager's job description is located in Appendix E.

Professional Staff

The weekend supervisor, under my direction as manager of care staff, “directs and maintains resident care routines including, e.g. administration of medications, assessment of residents’ care needs, implementation of resident care plans” (Government of British Columbia. Residential Programs. Mental Health Division, RES.9.4.2). The responsibilities of the weekend supervisor include direction and supervision of other care staff. (The ‘Weekend Supervisor Job Description’ is in Appendix F.)

Non-Professional Staff

Psychiatric Care Workers (P.C.W.) “contribute towards comprehensive

psychiatric residential care by assisting in the provision of a safe, comfortable, and planned therapeutic environment for residents; this may include rehabilitative, remotivative, and self-care training programs, both in the facility and the community” (Government of British Columbia. Residential Programs. Mental Health Division. RES.9.5.2). The job description for the Psychiatric Care Worker is located in Appendix G.

This section of the chapter has provided a description of the Victoria Cool Aid Society and the Garden Gate Residence program that is the setting for this case study. The following section describes the process with which I chose to implement the Twelve Attributes of Effectiveness framework in the evaluation of the Garden Gate Residence program.

Methods and Process

With the increasing emphasis on effective program performance and accountability practices (Anspach, 1991), it is essential that social service organizations improve effectiveness and accountability practices if they are to survive today’s economic pressures and compete for resources.

The Twelve Attributes of Effectiveness framework could prove a valuable evaluation tool for the small, non-profit social service programs if an implementation process can be defined for its use. Although an evaluation of the Garden Gate Residence program was conducted using the framework, the purpose of this case study is to describe and analyze the process developed in utilizing the Twelve Attributes of Effectiveness framework in the evaluation of the

Garden Gate Residence program. Consequently, the question addressed in this case study is, "Can utilization of the Twelve Attributes of Effectiveness framework result in a process that demonstrates the adequacy of the framework as an evaluation tool for the small, non-profit social service program?"

The methods and the processes utilized in this study are presented in three phases. The first phase represents the initial process, the second involves planning for the program evaluation and the third concerns the analysis. Before implementing the framework in the evaluation of the Garden Gate Residence program, two important points were considered. Firstly, the framework must be adapted to suit program-specific requirements (see p. 11). This process, which is described under the Phase One heading, necessitates a great deal of commitment because no process was proposed with the development of the framework by the Canadian Comprehensive Auditing Foundation. In fact, because the framework is considered to be a managerial responsibility, the Canadian Comprehensive Auditing Foundation would see management representations (including the methodologies of those representations) as an organizational, and not an auditors' responsibility. Secondly, although I believe the attributes provide a basis for judging effectiveness, I do not believe the framework alone will provide any indication of how to make modifications to intervention strategies or other program operations should they be warranted based on the effectiveness results. To interpret effectiveness findings, it is necessary to determine whether effectiveness or ineffectiveness is due to the success or failure of program theory, to its implementation or both. The process undertaken to determine and use program theory in the interpretation of effectiveness results is described under the heading of Phase Three. A participatory

approach, to be discussed in Chapter Four, was used in this study as a process of involving one resident and three staff members.

Phase One: Initiating the Application Process

Figure 1 provides a visual summary of the methods used in phase one.

Research Planning Team

The creation of a research planning team was an important element in the process of using the Twelve Attributes of Effectiveness framework. This process included a request (Appendix H) for individuals interested in being on a research planning team to help plan, design and implement the evaluation process. I 'posted' the request because I felt it encouraged voluntary participation on the research team and in the research planning process by promoting the understanding that the request was by me as researcher and not by me as program manager. I felt it gave staff and residents opportunity to make their decision to volunteer or not, based on their interest in the project—not because they felt it was an expectation of their position as either staff or resident. The posting explained the nature and purpose of the research.

The research planning team participated in a two-day workshop and completed a workshop assessment at its conclusion. They were also interviewed. Use of a participatory approach allowed the research planning team opportunity to administer a questionnaire and conduct interviews. The research planning team did not, however, participate in data analysis.

Three out of twelve program staff and one out of six residents responded positively to the posted request. I met with the four individuals, again informing them of the purpose of the research, my role in the research, my perception of

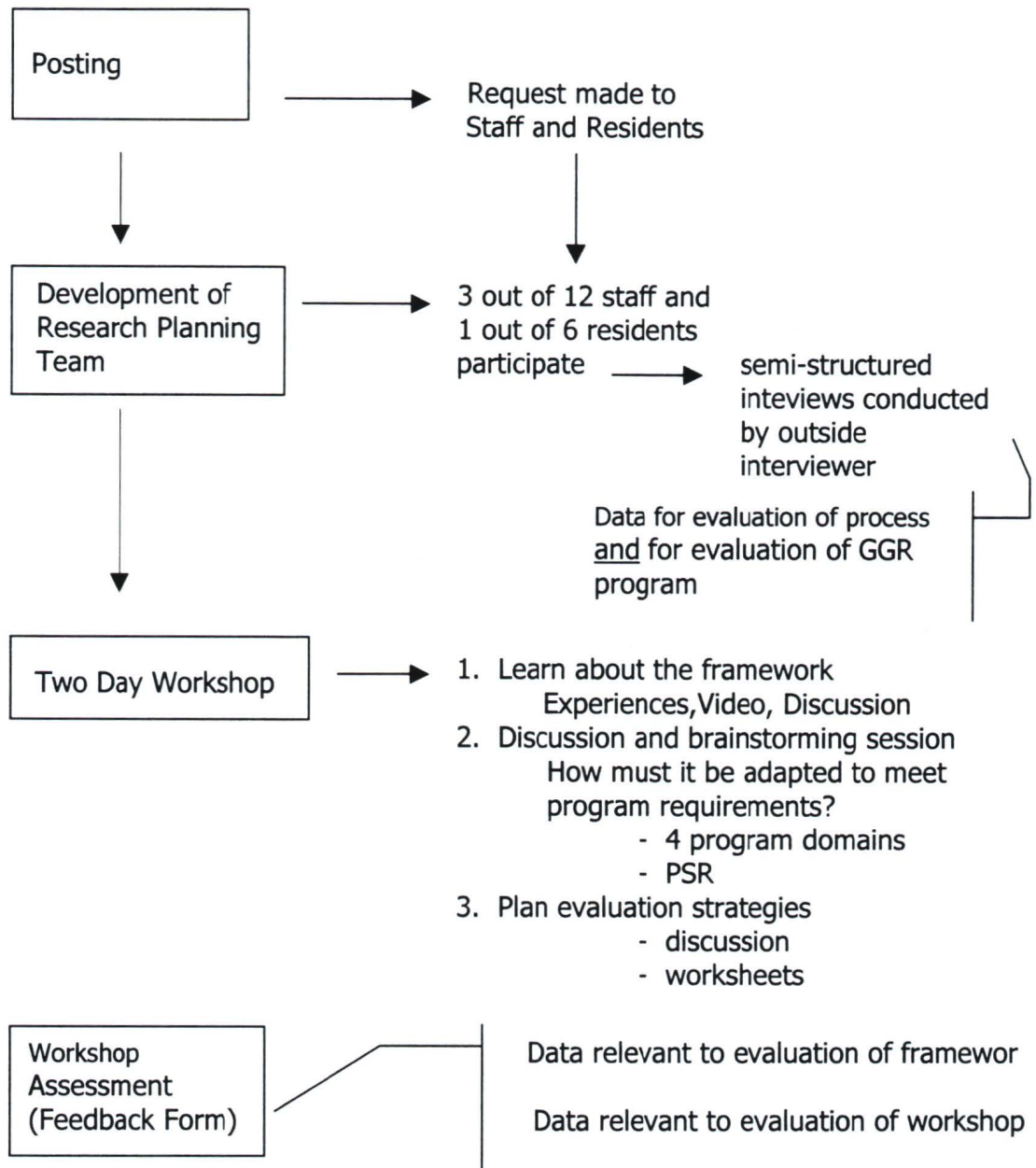


Figure 1. Phase One – Initiating the Application Process. A visual summary of the methods used. Data from the research planning team interview are for evaluation of the Garden Gate Residence program and for the analysis of the implementation process.

the research team's role, and our combined role in the research process. I provided a detailed explanation of the nature and purpose of the workshop and the interviews. They were encouraged to ask for clarification on any questions they had. The only question asked was "Who will interview us?" I explained an individual experienced in conducting interviews would interview them, thus assuring I could not influence their responses as a result of any biases I might have formed about the framework or the processes developed for its use.

The Two Day Workshop

At the start of the two-day workshop I again went over the purpose and nature of the evaluation, my role and the roles I perceived the research team and I would have in the evaluation process. Again I offered clarification of any questions they had. I wanted to make the reasons for solicitation and evaluation clear because collaborative investigation can be perceived as threatening and can create opposition between individuals who have different interests (Brown & Tandon, 1983). For instance, it was not until the first afternoon of the workshop that I realized that one member of the planning team thought the evaluation was about staff work performance. Had this member not received clarification this perception may have obstructed his willingness to be objective about the activities of the program and made my job as evaluator more difficult.

I encouraged the Research Planning Team to consider other ways they might wish to participate. I reiterated that the level of participation and the amount of time they wished to volunteer was left to them to define. The four individuals from the staff and the one resident were asked to read and sign a

Consent Form (see Appendixes V and W) consistent with University of Victoria Research/Human Subjects policy.

Workshop Objectives

An explanation of the processes involved in meeting the three workshop objectives is presented and discussed separately.

Workshop Objective One: To gain understanding of the Twelve Attributes of Effectiveness framework and how it could be used as an evaluation tool.

A video, (borrowed from the Office of the Auditor General with permission from Les McAdams) presented the effectiveness framework and an overview of the twelve attributes. The provision of printed materials about evaluation and the Twelve Attributes of Effectiveness framework increased understanding. Informal discussions (i.e., personal experiences with evaluations, individual and group expectations) during the morning of the first day, furthered understanding and led to accomplishment of objective one.

Workshop Objective Two: To define how the Twelve Attributes of Effectiveness framework could be adapted to the specific needs of the Garden Gate Residence program.

There is no single regime that can be used without modification by different organizations. Consequently, the decision to use this approach involves a commitment to a substantial amount of effort to refine the concept and make it work satisfactorily in each specific context (Canadian Comprehensive Auditing Foundation, 1988, p. 15).

We focused approximately eight hours of workshop time on accomplishing this objective. Brainstorming sessions generated numerous ideas that we grouped into program domains. These domains underwent stringent

revisions until we came to agreement on the four that best describe the sequence of the program. The first domain is Program Goals. The purpose of this domain is to ask: "What are we trying to do? Why?" The second domain is Program Implementation. Its purpose is to ask: "How well are we running the program?" The third domain is Program Impacts. The purpose of this domain is to ask: "Are residents benefiting from the program?" The fourth domain, Program Outcomes, is rooted in the two community issues that are the reason for the existence of programs, such as Garden Gate Residence:

1. There is alienation of mentally ill individuals by the community.
2. Mentally ill individuals require higher care levels when living in the community due to lack of life skills, social and other skills needed for less intensive environments.

The Garden Gate Residence program's desired outcomes for these issues are:

1. Six mentally ill individuals will become part of, and function within the larger community and improve their quality of life, with minimal supports required.
2. Mentally ill individuals are able to move to more independent and less supervised living situations by developing the skills required.

Therefore, the purpose of the fourth domain is to ask: "How well are we doing in resolving the community issues?"

Once the research planning team and I identified and defined the program domains, we constructed potential questions by relating program domains to effectiveness attributes. Table 1 shows how each of the twelve attributes translate

Table 1

Translation of the Twelve Attributes of Effectiveness into Questions to Evaluate the Effectiveness of the Garden Gate Residence Program in Four Program Domains.

ATTRIBUTE	PROGRAM DOMAIN			
	PROGRAM GOALS	PROGRAM IMPLEMENTATION	PROGRAM IMPACTS	PROGRAM OUTCOMES
MANAGEMENT DIRECTION	What impact do we want? What outputs do we intend? What resources (inputs) do we have? How will we use them?	Are residents involved in planning? To what degree? Does our structure and processes help us be outcome oriented?		
RELEVANCE	What community issue are we aiming to resolve?			Have we resolved the community issue? How?
APPROPRIATENESS		How does our operation compare with standards and alternatives?	Does published research indicate our procedures are efficacious?	
ACHIEVEMENT OF INTENDED RESULTS	What performance indicators are we using?	How are we doing in our staff development? In our performance reviews? Quality	What changes have we seen in residents?	Could other programs do a better job?

(Table Continues)

ATTRIBUTE	PROGRAM DOMAIN			
	PROGRAM GOALS	PROGRAM IMPLEMENTATION	PROGRAM IMPACTS	PROGRAM OUTCOMES
ACHIEVEMENT OF INTENDED RESULTS (continued)		assurance program? (Do we have one?)	What succeeded? What failed? Are goals challenging?	Could other programs do a better job?
ACCEPTANCE			Are residents satisfied with our service? What would they improve within the program?	How do our neighbours, funding sources, Licensing and others think we are doing?
SECONDARY IMPACTS		Were there any unexpected costs to us? Did we pass any costs on to others?	Have there been any unexpected effects (positive or negative)? What were they?	
COSTS AND PRODUCTIVITY	What increase in productivity are we aiming for?	Is our output increasing? Are costs decreasing? Is our efficiency improving?	What is our cost-effectiveness? Our cost-benefit?	
RESPONSIVENESS	Does our strategic plan account for Mental Health trends?			
FINANCIAL RESULTS		Do our assets and expenditures balance? What are		

(Table Continues)

ATTRIBUTE	PROGRAM DOMAIN			
	PROGRAM GOALS	PROGRAM IMPLEMENTATION	PROGRAM IMPACTS	PROGRAM OUTCOMES
FINANCIAL RESULTS (continued)		our budget trends? Do we manage our budget responsibly? How do our financial statements look?		
WORKING ENVIRONMENT		How do staff feel about their job? (attitudes, stress, staff development, enthusiasm)		
PROTECTION OF ASSETS		Are our information systems secure? Do we look after our staff, volunteers, and students? Is our building secure? Do we have appropriate insurance? Is equipment replaced or repaired regularly?		
MONITORING AND REPORTING		Does everyone have, and use, the information they require? Do we make decisions based on regular assessments?		

Note. This table shows the association between the twelve effectiveness attributes and four program domains. Questions supplied are examples only and, therefore, are not to be considered as a comprehensive list of questions for each domain.

into questions to evaluate the effectiveness of Garden Gate in the four domains. For example, the Program Goals domain asks about what we are trying to do, and why we are doing it. The effectiveness attribute, responsiveness, refers to an organization's ability to adapt to change (see chapter 2). Therefore a potential question to ask when evaluating the Garden Gate Residence program would be, for instance, "Does our strategic plan account for Mental Health trends?" This question, or any form of it, will provide information on how effective the program is in planning or adapting program goals and whether the goals set are responsive to Mental Health trends.

Every effectiveness attribute relates to one or more of the program domains and each relationship provides an array of possible questions. Information about only one or a few of these attributes is insufficient to judge the effectiveness or ineffectiveness of a program. Having information on all these attributes, or on all that are relevant in the program circumstances, is a good starting point upon which to make such judgements (Canadian Comprehensive Auditing Foundation, 1988, p. 21). In formulating the questions that we felt would provide the necessary information relative to Garden Gate, we found the number of appropriate questions possible for each association to be endless.

Workshop Objective Three: To plan the evaluation strategies.

The process of developing evaluation strategies on the composition of the study population, instrument design, data collection and analysis began with a recognition of the importance each effectiveness attribute has for the Garden Gate Residence program. The next step involved defining from what aspect of the program the appropriate information for each attribute might come. At this point

we were directed by the process to see what our study population, instrument design and our approach to data collection would look like. The worksheet used during the process of developing evaluation strategies is reproduced in Table 2. The worksheet proved useful in determining information resources and data gathering techniques. Data were collected from interviews, questionnaires and available data (i.e., file information, progress records, care plans, and other document sources). By assuming shared roles in a participatory process we achieved the three objectives by the conclusion of the workshop.

Evaluation of a psychosocial rehabilitation (PSR) process occurs on three levels: individuals, program and community. The planning process for the evaluation of the Garden Gate Residence program was dependent on using the effectiveness framework appropriately in relation to the program requirements and capability, i.e., the psychosocial rehabilitation model. An evaluation of the Garden Gate Residence program must evaluate the program through the four program domains and satisfy Psychosocial Rehabilitation evaluation expectations (see Table 3) at the individual, program and community levels. A matrix is presented in Table 4 to demonstrate the cross match between program domains and the PSR process at the three levels. To evaluate effectiveness at the individual level and in the program implementation domain, the attribute *achievement of intended results* (the degree to which goals and objectives have been realized) is applied.

A Workshop Assessment

To assess whether a workshop was a good forum for involving program staff and residents in this process, the three staff and the one resident completed an

Table 2

Connections Between Effectiveness Attributes and Data Collection Methods in the Evaluation of Garden Gate Residence Program.

METHOD	GROUP	ATTRIBUTE
Semi-Structured Interview	Research Planning Team	<ul style="list-style-type: none"> - Management Direction - Relevance - Appropriateness
Structured Interview	2 program staff	<ul style="list-style-type: none"> - Management Direction - Relevance - Appropriateness - Achievement of Intended Results - Acceptance - Secondary Impacts - Responsiveness - Working Environment
Structured Interview	2 family members	<ul style="list-style-type: none"> - Management Direction - Relevance - Appropriateness - Achievement of Intended Results - Acceptance - Secondary Impacts - Working Environment
Structured Interview	2 program volunteers	<ul style="list-style-type: none"> - Management Direction - Relevance - Achievement of Intended Results - Acceptance - Secondary Impacts - Working Environment
Structured Interview	1 stakeholder	<ul style="list-style-type: none"> - Management Direction - Relevance

(Table Continues)

METHOD	GROUP	ATTRIBUTE
Structured Interview (continued)	1 stakeholder	<ul style="list-style-type: none"> - Appropriateness - Achievement of Intended Results - Acceptance - Responsiveness - Working Environment
Structured Interview	5 residents	<ul style="list-style-type: none"> - Management Direction - Relevance - Achievement of Intended Results - Acceptance - Responsiveness - Working Environment
Questionnaire	11 neighbours	<ul style="list-style-type: none"> - Relevance - Acceptance - Secondary Impacts - Responsiveness
Available Data	Budget Reports Files Financial Statements Reports	<ul style="list-style-type: none"> - Costs and Productivity - Financial Results - Protection of Assets

Note. Funders are not included in our process. This shortcoming had impact on our management representations, especially as they related to *relevance, financial results, and protection of assets* attributes.

Table 3

Psychosocial Rehabilitation Expectations for Evaluation at the Individual, Program and Community Levels.

PSR LEVELS	PSR EVALUATION EXPECTATIONS
INDIVIDUAL LEVEL	<ul style="list-style-type: none"> - service must meet the resident's specific needs and and personal goals - goals and objectives are identified in the resident's rehabilitation plan - outcome measures must have ability to reflect change or improvement in one or all service domains - there must be stated measurement tools- - how objectives and tools are operationalized must be stated - action and analysis must monitor progress, measure achievement of goals and identify resident satisfaction - interpreted data must indicate whether or not goals and objectives have been reached; if problems are identified, possible reasons for lack of success must be identified and alternative solutions to resolve the problems must be explored because their solutions have implications for service delivery
PROGRAM LEVEL	<ul style="list-style-type: none"> - service must meet the shared needs of all residents - the mission statement must define overall purpose - goals and objectives must reflect overall needs of all residents - outcomes must be measured by the extent that an intervention does or does not achieve its goals and objectives - measures can reflect either process (how the program works) or outcomes (the extent that the program goals were met) - each service provider agency must have a system for evaluation - each provider must seek accreditation once one is underway in BC - there must be stated measurement tools - how objectives and tools are operationalized must be stated

(Table Continues)

PSR LEVELS	PSR EVALUATION EXPECTATIONS
PROGRAM LEVEL (continued)	<ul style="list-style-type: none">- both qualitative and quantitative information must be collected and analyzed to ascertain program outcomes, efficiency and resident satisfaction- develop good practices and strategies (i.e., policies, staffing)- interpreted data must indicate whether or not goals and objectives have been reached; if problems are identified, possible reasons for lack of success must be identified and alternative solutions to resolve the problems must be explored because their solutions have implications for service delivery
COMMUNITY LEVEL	<ul style="list-style-type: none">- service must meet the needs of the community- service must address service gaps to eliminate duplication- service must identify available resources- operation must have strong sense of priorities- goal planning must involve establishing practices and strategies to ensure adequate delivery of service- outcomes must reflect degree that services help the individual achieve his goals and gain greater independence- there are stated measurement tools- how objectives and tools are operationalized is stated- information is collected and analyzed to ensure service delivery is comprehensive, cost effective, and integrated- interpreted data indicates whether or not goals and objectives have been reached; if problems are identified, possible reasons for lack of success must be identified and alternative solutions to resolve the problems must be explored because their solutions have implications for service delivery

Table 4

A Matrix Showing Applicability of the Twelve Attributes of Effectiveness to
Psychosocial Rehabilitation and 4 Program Domains.

PROGRAM DOMAIN	PSYCHOSOCIAL REHABILITATION MODEL		
	INDIVIDUAL	PROGRAM	COMMUNITY
PROGRAM GOALS	Management Direction	Management Direction	Management Direction
	Relevance	Relevance	Relevance
	Achievement of Intended Results	Achievement of Intended Results	Achievement of Intended Results
	Responsiveness	Costs & Productivity	Responsiveness
PROGRAM IMPLEMENTATION	Management Direction	Management Direction	Appropriateness
	Achievement of Intended Results	Achievement of Intended Results	Achievement of Intended Results
	Secondary Impacts	Responsiveness	Secondary Impacts
		Financial Results	Responsiveness
		Working Environment	
		Protection of Assets	
		Monitoring and Reporting	

(Table Continues)

PROGRAM DOMAIN	PSYCHOSOCIAL REHABILITATION MODEL		
	INDIVIDUAL	PROGRAM	COMMUNITY
PROGRAM IMPACTS (continued)	Achievement of Intended Results	Management Direction	Appropriateness
	Acceptance	Achievement of Intended Results	Achievement of Intended Results
	Secondary Impacts	Costs & Productivity	Secondary Impacts
PROGRAM OUTCOMES	Achievement of Intended Results	Management Direction	Relevance
		Relevance	Achievement of Intended Results
		Achievement of Intended Results	
		Costs and Productivity	

assessment form (Appendix I) at its conclusion. Data from the completed forms provided information about the degree of involvement desired by members of the research planning team and their perception about involving others in the process. The assessment also provided information about whether a two-day workshop was appropriate for presenting the knowledge needed, given learning requirements and task expectations.

Research Planning Team Interview

The research planning team members were interviewed as part of this case study. The semi-structured interview was designed to elicit information about the attribute *management direction* and about their involvement in the evaluation process. I hired an experienced interviewer, who I familiarized with the objectives of this research and the interview questions. She conducted the four interviews. A semi-structured interview guide (see Appendix J) focused the interviews. The design of the questions captured the opinions and experiences of each participant. Sharing the interview guide with the participants before the interview increased their comfort level in the interview process. The semi-structured approach provided some parameters to data collection without restricting response only to researcher-defined topics. This latitude encouraged participants to talk about issues or concerns associated with or in addition to the central questions. The interviews were audio-taped and professionally transcribed. Data relevant to the program evaluation were analyzed with the data from the structured interviews (see page 57). Data relevant to the utility of the Twelve Attributes of Effectiveness were analyzed separately, but in the same manner as the structured interview data.

Instrument Pretest

An interview guide was designed and pretested. I asked a social work colleague to interview a health care worker. In the pretest, minor changes to the interview guide gave the health care worker a frame of reference more realistic to her work environment. For example, Part I question 1 was changed to reflect the mission statement of the health care worker's program, and questions in Part II were asked in terms of a project in which the health care worker participated. As a result of the pretest the first question of Part I was revised from, "Does the program do what it was designed to do?" to, "Does the mission statement reflect what the program is doing?"

Phase Two: Planning the Program Evaluation

Figure 2 provides a visual summary of sampling and data collection strategies used in this study.

"Ways of knowing are no longer confounded with research design" and the utility served by multi-methods are "considerably more varied than earlier 'what the program meant to individuals' testimony" (Datta, 1982, p. 134). Piloting the framework in the Garden Gate Residence program suggested the need for a versatile evaluation plan; a plan that would evaluate the effectiveness of the Garden Gate Residence program and reveal significant and reliable knowledge most relevant to the Twelve Attributes of Effectiveness framework as an evaluation tool. Phase two of this case study, then, is designing the evaluation plan.

Participant Selection

Participants were selected from residents' families, program staff,

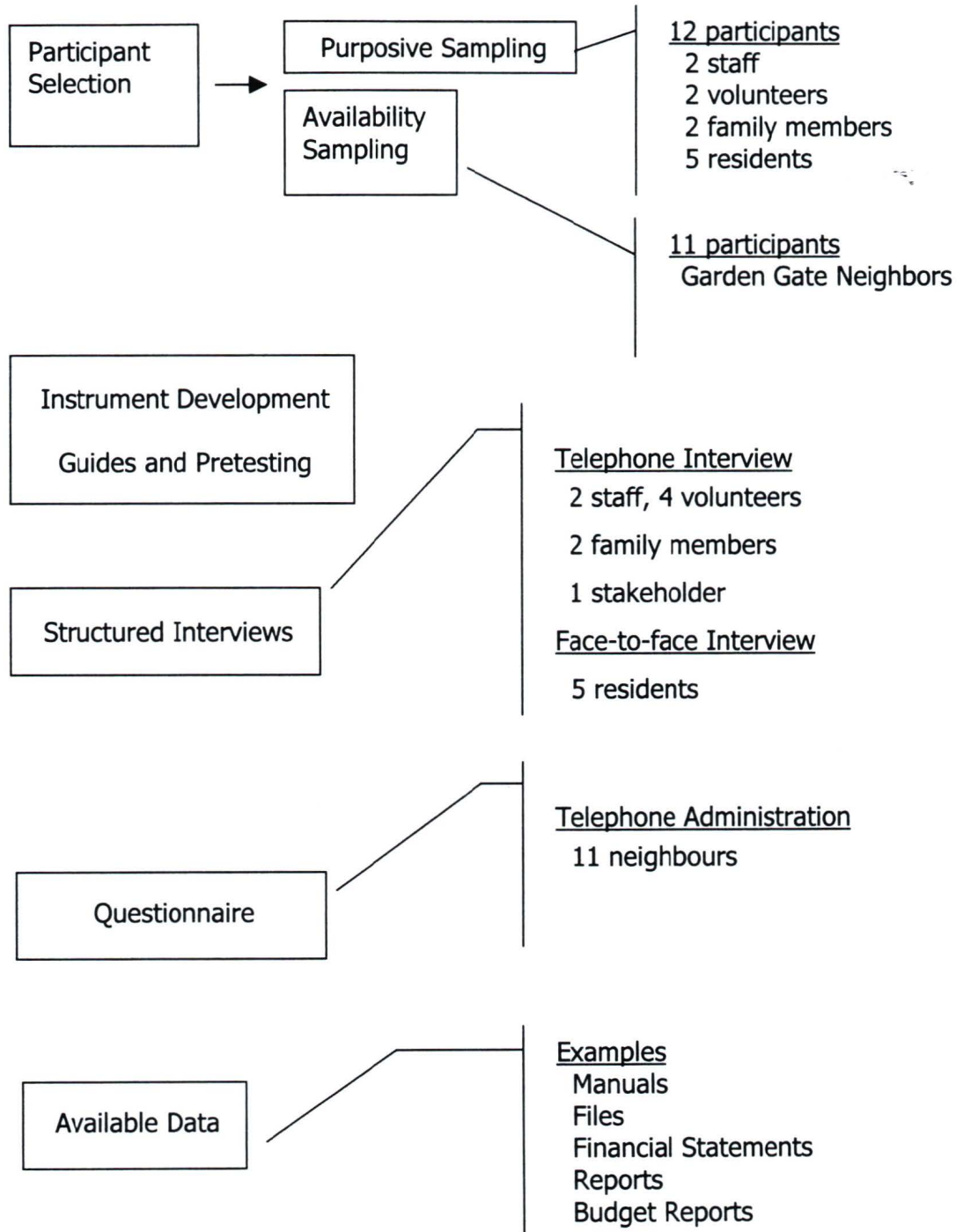


Figure 2. Phase Two - Planning the Evaluation of the Garden Gate Residence Program. A visual summary of evaluation strategies.

volunteers, neighbours, and stakeholders. The residents also participated. This study used purposive and availability sampling techniques. Purposive sampling provides opportunity to choose people who would best serve the purposes of the study—people who know the program and the services well (Monette, Sullivan, & Dejong, 1986). Twelve individuals were selected using the purposive sampling technique. Eleven people from the Garden Street neighbourhood were selected using availability sampling methods. The technique places limitation on generalizability and reduces the utility of findings (Monette et al., 1986). Many other methods are costly and developing an exhaustive sample of people from the community is unrealistic considering the size of the Garden Gate Residence program and the numbers of individuals who receive service.

Instrument Pretests

An interview guide for each of the groups interviewed was designed. All guides, with the exception of the one developed for the resident interviews, were pretested following the same process. I interviewed one individual representative of each group. For example, a staff member from another residence, an individual from another stakeholder group, etc., were interviewed. Based on the pretests, minor changes to the interview guides were made. For instance, on the guide designed to interview resident family members, question 10 read, "You have visited Garden Gate Residence. How would you describe the morale of staff and residents?" The question was not appropriately phrased. It felt 'uncomfortable and judgmental': "Gee, I couldn't talk about how the staff and other residents feel." When the question was changed to read, "You have been to Garden Gate Residence many times to visit [son's name]. How would

you describe the atmosphere of the home?" the answer became, "Warm, happy, helpful and comfortable." I did not conduct a pretest of the resident interview guide. However, in designing the guide I kept several things in mind. As an example, questions needed to be short and direct, questions should not be asked that required an in-depth response, not all questions may be answered by every resident, the resident would determine the length of his own interview, and residents might require extra probing or direction to stay focused.

A questionnaire for the neighbour group was designed and pretested to establish how individuals understood and responded to questions (Fowler, 1990). One member of the research planning team and one of my colleagues conducted a pretest of the questionnaire by interviewing two individuals from the neighbours' group. In conducting the pretest they followed the same procedure with each individual. After the participant gave a response to a question the interviewer asked the respondent to describe his or her understanding of the question and to define specific terms (Fowler, 1990). The interviewers noted problem areas and reported them. Both interviewers reported that one question posed a problem because of its length. One interviewer noted a potential problem regarding the written interviewer instructions on the questionnaire. In the pretest, question D5 read, "If you have ever felt 'threatened or intimidated' by individuals who suffer with mental illness or by a resident of Garden Gate Residence what was it that made you feel threatened or intimidated?" I revised question D5 to form two distinct questions. Question D5 now reads, "Have you ever been made to feel this way by the residents of Garden Gate?" Question D6 reads, "Which of the following, most closely describes actions or behaviors you felt 'threatened' or

'intimidated' by...." I typed interviewer instructions in bold upper case and enclosed each in parentheses to make them more visible. The pretest was valuable in designing the questionnaires.

Structured Interviews

Structured interviews, using open-ended questions, were used to interview two out of 12 program staff, two out of 4 program volunteers, one member each from two of six residents' families and five out of 6 residents. From the stakeholders' group (Victoria Mental Health, CHR Licensing, Victoria Cool Aid Society, and BC. Housing), only one individual out of five was available to be interviewed. In recognition of their time constraints and personal obligations, seven participants (two program staff, two program volunteers, one stakeholder, and two resident's family's members) were interviewed by telephone. A member of the research planning team interviewed the two program staff. All interviews followed the same procedure. We read a statement that provided an introduction, explained the purpose of the research and the interview process. The five residents were interviewed face-to-face. All interviews were designed to provide opportunity for expansion of responses or respondent-generated comments. The interviews lasted thirty to forty-five minutes and were recorded by hand. The structured interview guides are presented in appendices J, K, L, M and N.

My social work training and experience gives me skill in interviewing. A member of the research planning team has previous experience in conducting interviews. Together we provided training for another research planning team member who expressed interest in conducting interviews. I interviewed the five residents, the two family members, the two volunteers and one stakeholder. One

member of the research planning team interviewed the two program staff and one team member administered the questionnaire to the eleven neighbours who participated. All interviews followed the same procedure. We read a statement that provided an introduction, explained the purpose of the research and the process. Consent (appendices O, P, Q, and R) was obtained from each interviewee. All individuals interviewed (including residents) were invited to present any concerns or questions they might have about the evaluation interview to me. Residents were also reminded that they were not required to answer any questions they chose not to or felt uncomfortable with and that their position in the program or the services they received would not be influenced in any way by their answers or their lack of response.

Questionnaire

Eleven out of the selected 13 neighbours of Garden Gate Residence completed the questionnaire. The questionnaire (Appendix S) asked questions that could be answered from their experience as neighbors of Garden Gate Residence, just as participants from the program staff group were asked questions that required responses based on their experiences as front line staff. The questionnaire was designed to provide opportunity for expansion of responses or respondent-generated comments. In recognition of their time constraints and personal obligations the questionnaire was presented by telephone by prearranged appointments. Consent forms (Appendix T) were attained. Presentation of the questionnaire followed the same procedure. The interviewer (a member of the research planning team) read a statement that provided an introduction, explained the purpose of the research and explained the

process of the interview.

Each of the 11 neighbors received my business card and a letter of introduction (Appendix U) hand delivered to their mailbox approximately a week prior to administration of the questionnaire. The respondents were invited to present any concerns or questions they might have about the evaluation of Garden Gate Residence to me.

Phase Three - Data Analysis

Figure 3 provides a visual summary of data analysis methods used in this study.

All interviews designed to gather data about the program were transcribed and recorded using the Microsoft Word 6 word processing program. Following data entry, I completed a series of sorting, merging and retrieval procedures, again using the Microsoft Word 6 word processing program. When this process was complete, I was able to associate the emergent themes appropriate to the program domains and Psychosocial Rehabilitation evaluation expectations at the individual, program or community level. For example, the theme 'program satisfaction' is germane to the Program Impacts Domain (see Table 1) and meets Psychosocial Rehabilitation evaluation expectations at the Individual level, i.e., service must meet the resident's specific needs and personal goals (see Table 3). The effectiveness attribute used to evaluate this theme is determined by cross-referencing PSR Evaluation Expectations (at the Individual Level) and Program Impacts Domain (see Tables 4). The attribute used is *acceptance* because it refers to "the extent to which the constituencies or customers for whom a program or line of business is designed judge it to be

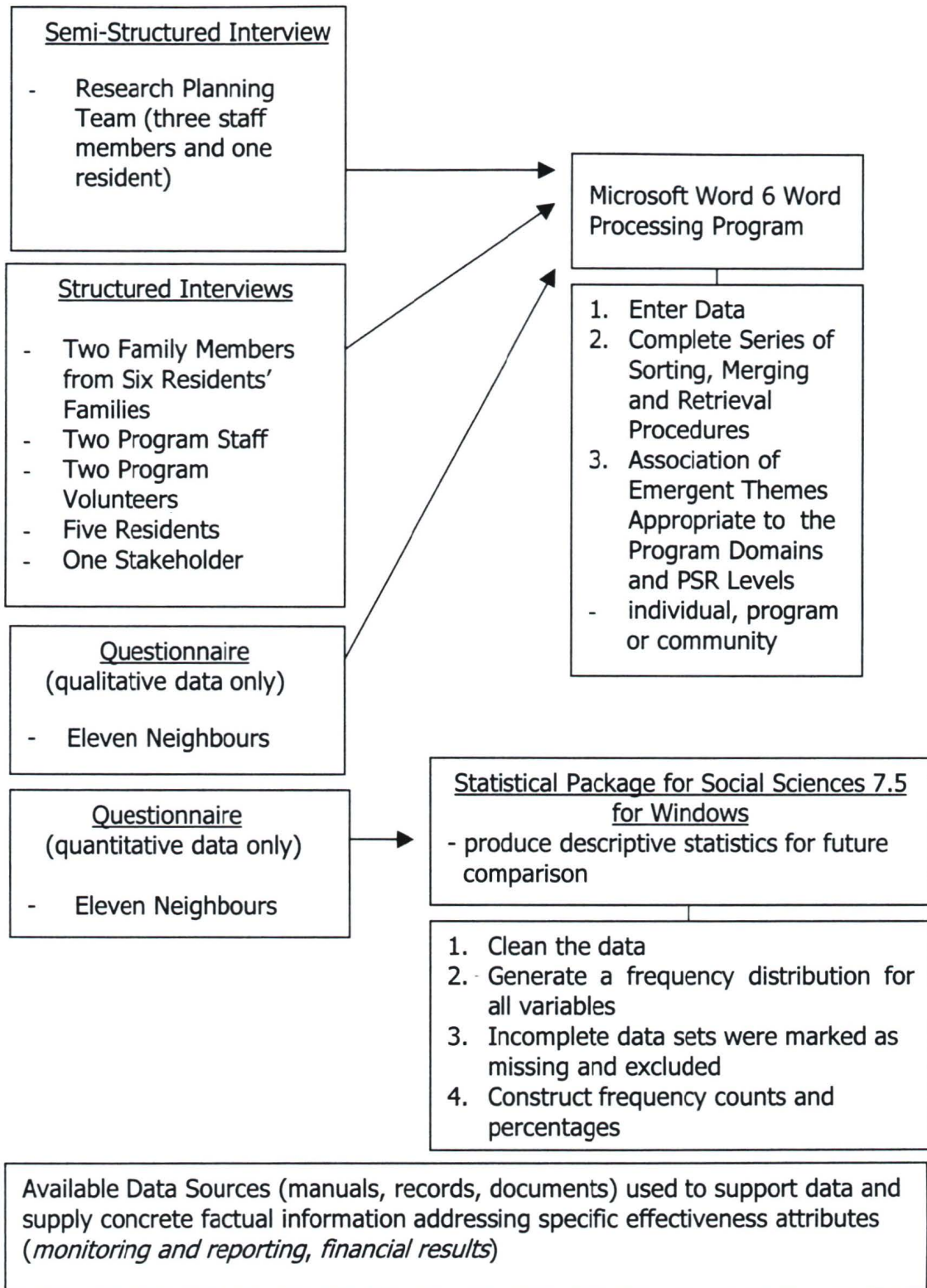


Figure 3. Phase Three - Data Analysis. A visual summary of data analysis methods and process.

satisfactory” (Canadian Comprehensive Auditing Foundation 1988, p. 20). The same process was followed for each theme.

Data obtained from questionnaires were coded. Qualitative information was analyzed in the same manner as information from interviews. Quantitative data was analyzed using the Statistical Package for Social Sciences 7.5 for Windows (SPSS) to produce descriptive statistics. Before analysis, the data were cleaned using SPSS to generate a frequency distribution for all variables. Incomplete data sets were marked as missing and excluded (SPSS, 1996). Frequency counts and percentages were constructed to describe data useful for future comparisons.

Information from available written data, (e.g., the policy and procedure manual, Licensing and Regulations manuals) was used to support data where possible, and supplied concrete factual information used to address specific issues relating to the effectiveness of *monitoring and reporting, protection of assets, and financial results*, for example.

Interpretation of Evaluation Results

The Twelve Attributes of Effectiveness framework is a synthesis of the concept effectiveness. I felt using the framework alone—simply answering the questions posed by the framework—would not define or articulate reasons for program improvement or explain how or why particular outcomes occurred. Program theories guide the day to day operations (e.g., staffing, defining what services are delivered, and how services are provided) (Bickman, 1989; Chen, 1989; Heflinger, 1996; Lipsey & Pollard, 1989; Sechrest & Figueredo, 1993; Trochim, 1989). Having a clear definition of the theory or theories about the process by which a program derives its effects can explain the evaluation findings (Bickman, 1989; Gottfredson, 1984; Heflinger, 1996; Lipsey & Pollard, 1989;

Rosen & Proctor, 1979). The theories most predominant in this study are organizational development and psychosocial rehabilitation.

Psychosocial rehabilitation theory explains positive evaluation results regarding resident satisfaction, for instance, as a result of the program's ability to meet individual resident needs that focus on the four service domains (personal life, leisure, education and work), and by actively involving him in decisions about his care. Theory also helps define areas where improvement should be made for greater effectiveness (Bickman, 1989; Gottfredson, 1984; Heflinger, 1996; Lipsey & Pollard, 1989; Rosen & Proctor, 1979). For instance, the evaluation results indicate that Garden Gate has an ineffective staff development program.

According to organizational development theory a good staff development program leads to well-trained staff and well-trained staff provide a greater quality of care. When I examined the evaluation finding from this perspective the 'differentiation between the thoroughness of the program implementation and the legitimacy of the theory' became clear. I realized that the present resources were sufficient but not being used to an advantage. To clarify, when unsound theory is implemented or when good theory is poorly implemented, a program may present disappointing results (Weiss, 1972). Theoretical information is useful when explaining results, requesting increased resources or planning better use of existing resources.

Chapter Four

Discussing the Process

When it was decided I would pilot an evaluation using the Twelve Attributes of Effectiveness framework, I was pleased but apprehensive. I left the Research and Planning Committee meeting with my thoughts awhirl. After meeting with Les McAdams, I knew the task ahead would be difficult and time consuming because there was clearly no defined process identified for its implementation in the public sector, let alone a small, non-profit, social service program. I knew it would be difficult but not impossible.

The first thing I thought about was how I felt when evaluations were conducted of other programs where I had been employed..."Someone came in, spent time 'poking around in files and books', asked some of us a few questions, and then it was over." Or at least it seemed to have happened that way. I figured if this was my experience, some of my staff may have had similar experiences. How could I make this a positive experience for all of us? This was the first reason I decided that of all the processes that could be developed for the implementation of the framework, it would have to include a participatory approach. As I thought more about it I found other reasons why to incorporate this process.

The first section of this chapter is a discussion of those reasons. I believe evaluations will soon be an expectation in the non-profit sector and I would like staff to understand and view evaluations as a tool that can help us improve the program and that they can be a part of doing so. Discussion around why involving residents was as important to me as involving staff is also included, as is my view of the

downside of utilizing a participatory approach. In this chapter, I review my decision to utilize a research planning team and talk about what I learned from the workshop assessment and the interview with the team members. In the last section of this chapter I present the process I went through learning how theory can be used to aid interpretation of the evaluation findings by presenting various ways theory can be identified and utilized. This chapter, then, discusses methods and processes generated by the implementation of the Twelve Attributes of Effectiveness framework piloted in the Garden Gate Residence program.

Why a Participatory Approach?

There are many reasons to use a participatory approach. I think the ability to empower individuals is the most compelling reason for its use. Using a participatory approach enabled the staff and the resident on the research planning team to incorporate evaluation measures or questions that reflected their understandings and values. The approach enabled the team to substantiate and restructure information based on personal experience and allowed us to draw from it in planning the evaluation.

Using a participatory approach differs from other research approaches because it relies on the development of trust between researcher and participants, and on the ability to really understand personal experiences and group processes (Schubert, 1996). It relies on a commitment and ability to work as a team to formulate research plans and techniques. Participatory research is based on the idea that members are accountable to each other (Chesler, 1991). The research planning team and I cooperated in a process of understanding and worked to evaluate the program so it could be improved where necessary and

therefore, better serve the residents.

A Participatory Relationship

In creating trust, I had to identify the importance of the team's knowledge of themselves individually and of the team as a whole. They also had to understand the team's purpose and process or important areas might have been omitted and conceptual problems could have developed. I was constantly aware of the effect my values and standards and often found myself in a position where I needed to back away. Relationships with individuals who work closely can be strained because of strong conflicts of interest (Israel et al., 1992; Simonson & Bushaw, 1993). I knew that using a participatory approach meant that I must do more than research if the approach was to be used successfully because it is so dependent on good relationships.

Considerations and Limitations

One of the strongest and most vital aspects of using a participatory approach is involvement. However, as important as this is to the process, it is also one of its limitations. The direct involvement of participants presents a risk by some that wish to promote their own self-interests to take over and control the process (Rossi & Freeman, 1993). As their part in the evaluation process, staff members may conduct interviews with individuals who may be apprehensive about giving important strategic observations to them (Papineau & Kiely, 1996) and critical data may be lost. This certainly was a possibility, something I thought about, and a risk I took. It was important, I felt, to make sure staff members have a sense of ownership around the evaluation of their program.

Implementing change is always easier if staff have been part of the

decision-making process. By involving the team in the evaluation process, I hoped a sense of ownership could be created. Using a participatory process is limiting because it produces results that are not easy to generalize to other situations. However, other managers of small, non-profit, social service programs who wish to implement the Twelve Attributes of Effectiveness framework, could use the same procedures in formulating or conducting evaluations of their programs.

The Research Planning Team

There were several reasons why I decided to utilize a research planning team. The two major reasons involved (a) staff ownership and (b) insider perspectives.

Ownership

The employees of the Garden Gate Residence program are well trained and caring. They are comfortable fulfilling their responsibilities as Psychiatric Care Workers and do a good job. Based on their limited exposure and experience with program evaluation and my knowledge of them as employees, I knew they would be unable to see the value of conducting an evaluation of the program. If pilot project was to be successful, or at least have the best chance possible, staff needed to feel some ownership of it.

Just as non-profit agencies and program management sense an expectation that they do more with less, staff perceive a similar pressure. Participating in this pilot project required work beyond that of assigned shifts and therefore, could have been costly. However, my request for research planning team members encouraged staff who had a sincere willingness to participate to come forward. They volunteered prepared to participate outside their scheduled shifts. While compensation was not an expectation of the staff or resident on the research and

planning team, the resident was given an honorarium in recognition of the hours he gave to the project and each staff member received time off with pay equivalent to the number of hours they gave. Compensating staff in this manner was cost-effective from my viewpoint since relief staff covered their shifts. (Relief staff is paid slightly less than full time staff and does not receive benefits under the BCGEU contract.) I felt confident for reasons already mentioned that staff who formed the research planning team would acquire a sense of ownership and would express this to other staff. With this in mind, perhaps when we conduct our next program evaluation more staff will be ready to participate and take ownership of the planning process and evaluation results. At the very least, I expected that members of the research and planning team would be able to provide me with information about our process of implementation. I would use this information in making my recommendations to the Victoria Cool Aid Society about the utility of the Twelve Attributes of Effectiveness framework. Others wishing to utilize the framework in their small, non-profit, social service program might also find it helpful.

Insider Perspectives

The use of a participatory approach provides a means whereby residents and staff can “shape the research design” and “decide what needs to be known and how to find out” (Plaut, Landis, & Trevor, 1992, paragraph 5). I really believe that residents have a very good understanding of what services they require and have a right to voice how they think the program can be improved. Although I wanted to involve residents in the evaluation, I did have a few concerns about resident involvement on the research and planning team. These concerns involved ethical considerations.

Data collection involving individuals with chronic mental illnesses is acknowledged as presenting some very pragmatic and ethical challenges for researchers (Wright, Pescosolido, & Penslar, 1997). For instance, the three parts of an informed consent form are knowledge, understanding and voluntary participation (Wright et al., 1997). I had to ensure that any resident who participated on the team clearly understood what was expected of him and that he gave his consent because he *wanted* to participate, not because he felt he had to.

Other issues also required consideration. I gave serious thought, for instance, to the importance of involving residents in all aspects of the evaluation process. I played different scenarios in my head, contemplating stress levels, degree of comprehension needed and time factors for data collection. As much as I felt residents could offer an important perspective, I knew it would be too much to ask all of them. I knew for most, full participation would be beyond their capability and for others, I knew the process would be too stressful and would provoke a great deal of anxiety. I posted the request and was pleased when one of the six replied. I did, however, make sure each resident had opportunity to share his ideas.

The Research Planning Team's Views on the Inclusion of Others

Qualitative data from interviews conducted with members of the research planning team in this study indicated their desire to be involved in a participatory process.

The residents are a great source of information and that discussing with them how they feel about the program or certain changes would, in itself, reflect the beliefs of the psychosocial model and would be good. I think that maybe all of them should be involved (staff member on Research Planning Team).

I think that evaluating the program ourselves is fundamental to growth and so this sort of in-house evaluation is excellent because we know what we want our program to be (staff member on Research Planning Team).

I think all staff should be involved if possible, and the residents as well who wanted to participate (staff member on Research Planning Team).

If you don't speak out you'll never be answered. I'm always looking to somebody else for the answer when sometimes I'm in control of my own destiny. If you build a house you've got to build a good foundation and if you have a good foundation and build a good house, I mean, it's going to last a long time (resident on Research Planning Team).

These comments indicate involvement is important in the evaluation process from their perspective and supports inclusion of other staff and residents on a research planning team. However, the comments of three members of the research planning team, on the workshop assessment form, indicated different thoughts on the inclusion of others. "It is necessary for only us to be involved." "I believe input and feedback from others would be interesting, but direct involvement would clutter some issues." "I would like to represent the residents of Garden Gate." Only one member indicated that, "It would be helpful to have external input in the evaluation process." I agree with this last statement, but I had decided to utilize a research and planning team in the evaluation process and as part of a participatory process let them decide who they wanted involved in the team.

However, ideally, we should have worked with our funders, other residents, program staff, program volunteers, our Executive Director, board members, residents' family members, other Society staff, neighbours, and other stakeholders throughout the entire evaluation process (Chesler, 1991; Fetterman, 1972; Papineau & Kiely, 1996; Simonson & Bushaw, 1993). Including them, even as consultants to the research and planning team, would have provided a more

complete representation of the program's effectiveness because of their added perspectives.

The research and planning team's opinions about involving others, i.e., staff and residents, changed between the beginning and the end of this project. The reason inclusion of others in the process was dismissed may be rooted in role-related value conflicts. Different values between people include conceptual discrepancies and opposing standards and views (Israel, Schurman, & Hugentobler, 1992). In hindsight, members of the team may have felt intimidated by their perception of status and power that others, e.g., our funders, board and Executive Director, hold. As the team's comfort level increased, their initial fears around including others may have decreased. This is something I should have been attuned to from the beginning.

I learned some valuable lessons from taking this approach. If I were given the opportunity to conduct another evaluation using the Twelve Attributes of Effectiveness framework, I would take a much stronger leadership role. Although I do believe staff and resident participation is necessary, I believe that had the research planning team been given less choice and more concrete direction, the evaluation process would have been more beneficial to those involved and would have produced a stronger methodology. From a personal standpoint, if I had taken more control of the process I would not have felt my energy being pulled in so many directions.

Involvement in an evaluation project was a new experience for members of the research planning team. While involving others would have been in line with the principles of a participatory process, value conflicts emerging from diverse goals,

interests, standards, power and roles may have kept them from wanting others to join their research team.

The Workshop

According to one member of the research planning team who completed the assessment at the conclusion of the workshop, the workshop would have been better utilized had the team received "materials in advance and prepared questions for each topic." Another said the workshop could be improved by "restructuring time allotments for daily objectives." These are very valid comments and I definitely agree with the second point. I presented a lot of material that really needed more time to be digested. For the most part, it was new material for the team. I question the first comment only because of the nature of the material. I think it would have been better to have the material to peruse, think about and then formulate questions about. This would have provided greater understanding and comprehension, however, I think the material needed to be explained and discussed first. I really do not believe it would have been easy for the team to absorb the material without an initial explanation. One member of the team responded to the question about how the workshop could be improved by stating, "Nothing I could see" and the other team member chose not to respond to the question.

Responding to the length of the workshop in relation to the amount and depth of information presented, two team members stated they "strongly disagreed" that it was too long and two members said they "mildly disagreed." In response to having a workshop of longer duration, two people said they "strongly agreed" while the other two said they "neither disagreed nor agreed" with the statement. However, three of them said they "mildly disagreed" that the material was presented too fast and one "strongly disagreed." With this information in mind, I believe the

workshop could be improved. A four-day workshop might be more appropriate. For example, the first day could introduce the Twelve Attributes of Effectiveness framework. At the end of the first day, the team could take the materials home to read and prepare any questions that arise. After a break of two days, the second, third and fourth days could be used as previously outlined.

For the most part, the team appeared to enjoy the workshop and learned during it. All team members responded to the statement, "I had lots of opportunity to participate" by circling "strongly agree" and they all said they learned enjoyed the workshop's "informality" and found the handouts "helpful". I personally found the experience a very satisfying and beneficial one.

Applying the Framework

There was no pre-designed process for applying the Twelve Attributes of Effectiveness framework supplied with the development of the framework. The framework must be shaped to suit the program-specific requirements:

There is no single regime that can be adopted without modification by different organizations. As a result, the decision to use this approach involves a commitment to a substantial amount of effort to refine the concept and make it work satisfactorily in each specific context (Canadian Comprehensive Auditing Foundation, 1988, p. 15).

I conducted a comprehensive review of the literature searching for published research on the framework and found only one article where the framework used appeared similar (see City of Seattle reference in chapter two, p. 7). I could locate no evidence of previous research conducted using the Twelve Attributes of Effectiveness framework that describe the process of applying the framework. Through a participatory interaction and a lot of effort, we refined the Twelve

Attributes of Effectiveness framework to make it work satisfactorily in the Garden Gate Residence program.

I think the Twelve Attributes of Effectiveness framework has a lot of promise for use in the small non-profit residential program because of its ability to judge effectiveness. However, I would forewarn other social service providers, program managers and others who might wish to use the framework that it does take commitment and time to utilize the attributes fully within the specifics of such programs. This was a good learning experience and one I will remember should I be called upon as program manager to conduct another evaluation.

Program Evaluation Development

The research team and I decided to use structured and semi-structured interviews, a questionnaire, and available data to evaluate the program. We mapped out where or from whom we could draw the most useful information and designed the tools we would use. We chose a multi-method, multi-source approach. Our measures could have benefited from more review. I could have assessed the validity more completely by asking the opinions of Les McAdams, staff member of the Office of the Auditor General and another individual who is familiar with the Garden Gate Residence program. The assessment would still be subjective, but these opinions could have checked on bias or misinterpretation. The next time the framework is implemented in the Garden Gate Residence program more rigorous attention must be focused upon the validity and reliability of our measures.

The Use of Theory to Explain Evaluation Results

Knowledge of the theories at work in the program is important in determining if the theory, implementation or both caused the results or lack of same. The theories most predominant in this study are organizational development and

psychosocial rehabilitation. The organizational development model was helpful in explaining why the Garden Gate Residence program was effective or ineffective in specific areas where particular effectiveness attributes, i.e., *working environment* and *protection of assets* were used. Psychosocial rehabilitation theory was used in explaining evaluation results where *achievement of intended results*, *acceptance*, and *relevance* attributes provided the focus. Besides these models, I also utilized others to explain the evaluation findings.

I continue this discussion, then, with an illustration of the ways I utilized various models to explain the evaluation results. I begin with causal modeling.

Causal Modeling

Causal modeling is the use of statistical procedures (e.g., factor analysis or path analysis) to investigate the set of interdependent variables in program processes (Lipsey & Pollard, 1989) and portray the effect or causal processes thought to work in the program in terms of variables and the differences among them. Linking program treatment to outcome through a causal chain of hypothesized mediating variables creates a theoretical model. I used this model to explain how the program brought about various outcomes and found it to be a good theory for presenting representations of various program processes and conditions. For example, Figure 4 illustrates one causal chain I developed. This chain explains results associated with the attribute *acceptance*. Without the Open House, for example, such positive acceptance by the community may not have occurred.

Having to think in terms of the sequential order of cause and effect is a benefit of using causal modeling (Lipsey & Pollard, 1989). Another benefit is that computers can perform much of the work required by the analytic framework. Causal modeling, however, made it difficult to obtain a good picture of what was happening

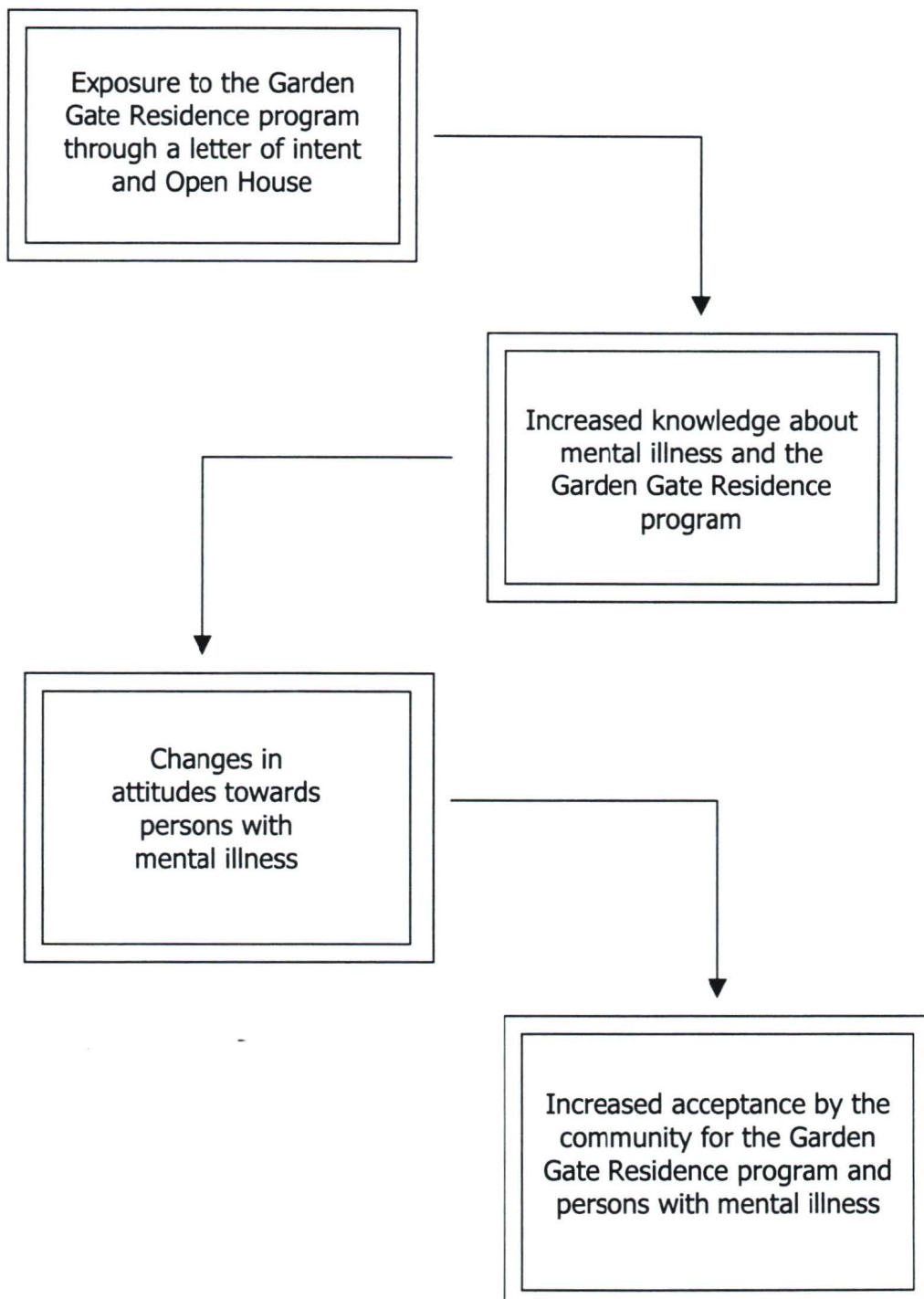


Figure 4. A example of a causal chain of hypothesized mediating variables depicting linkages between intervention and outcome for the interpretation of increased acceptance of the community for persons with mental illness.

to the program participants because it reflects a theory form that represents vital program activities as relationships between variables that leave some questions unanswered (Lipsey & Pollard, 1989). For instance, how do individuals get to the change? What was the process like for them? How many smaller steps did they take before reaching the desired level of change?

Basic Two-step Models

The basic two-step is a variation on causal modeling. It is the most common theory form in program evaluation research and is the easiest to incorporate. Where causal models represent the causal processes assumed to work in the program, only the major intervening variable between treatment and the target outcome is specified and measured separately in the basic two-step. The basic two-step model represents two assumptions: (a) the actions of the program actually impact the intervening variable, and (b) a change in the identified intervening variable will result in a change in the target outcome variable(s) (Lipsey & Pollard, 1989).

Several residents of Garden Gate relayed their experiences of institutionalization. Most have had very negative experiences. Their stories coupled with personal observations made during my employment in several psychiatric hospitals leads me to believe that the sense of powerlessness residents have come to accept is an important factor in why others continue to take advantage of them. Therefore, our intervention (see Figure 5) of using attitude competency training (e.g., assertiveness skill development), in an attempt to decrease the power imbalance has meaning. When combined with careful measurement of the program service, this approach confirmed several things. For instance, was the intervention actually delivered? Did the intervention bring the

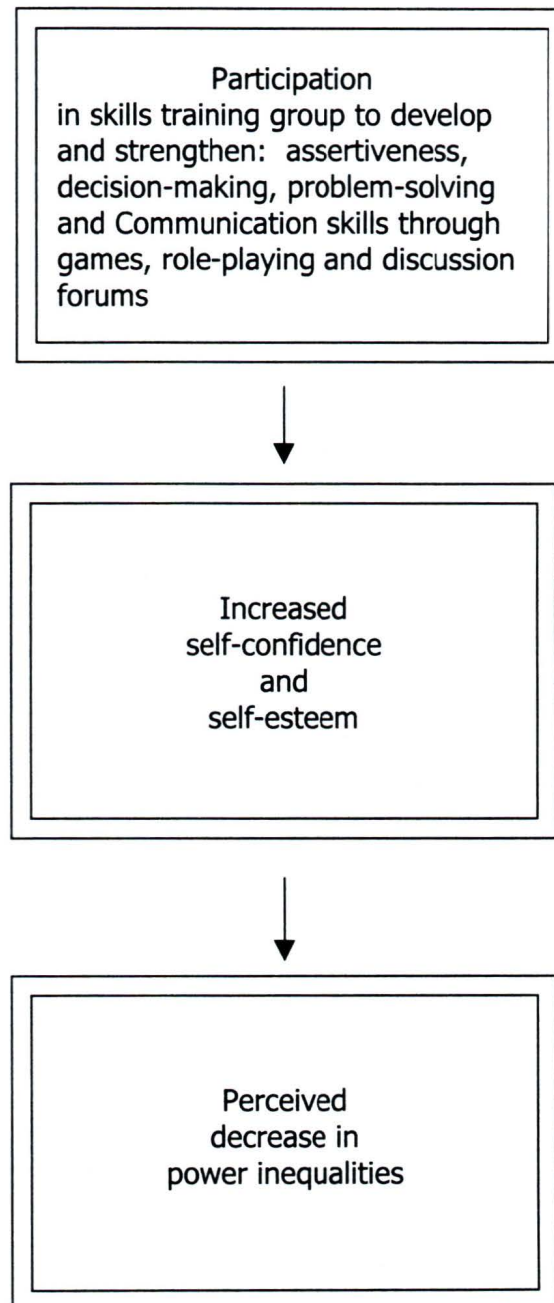


Figure 5. An example of the basic two-step program theory when used to explain the positive effectiveness results of the Garden Gate Residence program's Assertiveness Skills Training Group.

expected change process in program recipients? Did those changes result in the desired program outcome? By using the basic two-step approach I was able to demonstrate a disparity between implementation failure, i.e., where the intervention was not implemented appropriately, and theory failure, i.e., when the intervention did not bring about the intended change (Chandler, 1973).

Stage-State Models

Stage-state models distinguish between variable-oriented thinking (the representation of intervention processes as relationships among variables) and person-oriented thinking. Stage-state models address the status of individuals and the changes that they encountered. These models are based on probabilistic, temporal descriptions of the processes studied (Lipsey & Pollard, 1989; Runyan, 1980). Stage-state analysis requires identification of the major stages through which persons progress in the context of interest and the possible states or statuses within each stage (Runyan, 1980).

Psychosocial rehabilitation services can be thought of as a series of stages. Individuals can receive service through four domains at any time. There is no expectation that individuals must enter at the initial stage. There is no expectation that they move throughout the stages in an ordinal fashion. Service planning is on an individual basis with each individual's initial entry at the point most appropriate to their personal needs and situation. Figure 6 is an illustration of stage-state analysis used to follow the developmental routes of individuals in a psychosocial rehabilitation program. I used this model used to interpret findings where the underlying theory is one of psychosocial rehabilitation. For example, the developmental route of each individual going through the program was categorized and provided greater insight into the intervention processes.

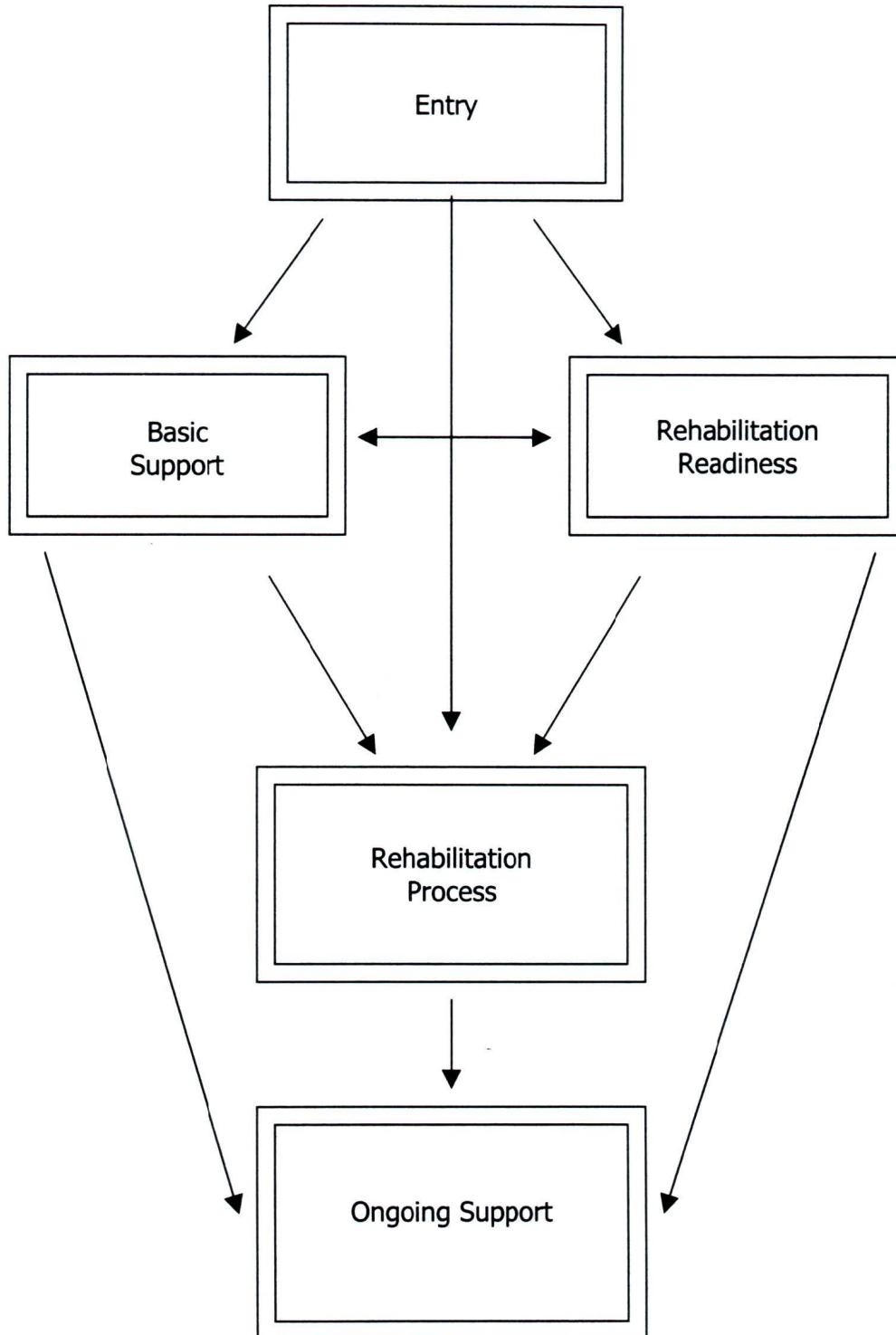


Figure 6. An example showing the developmental routes of individuals with mental illness who enter a psychosocial rehabilitation program.

Organizational Development Model

In this model, the needs of individuals for independence, participation and commitment are of the utmost importance. Implementation is viewed as a process in which program staff is encouraged to use their own judgement in deciding their own actions and to call upon others for solutions to problems and help. The theory sees effective implementation as a process allowing front line staff ownership of the program. The starting point for this process lies in recognizing the social and psychological needs of staff.

The model views the ability to implement policy and programs coming from the bottom-up. It is defended on practical grounds "as an inclusion of residents can expand the scope of the evaluation research by providing greater understanding of their needs (Guba & Lincoln, 1981). This model is defended as an approach likely to "increase utilization of evaluation processes and findings" (Patton, 1989, p. 58). This model can also be defended on ethical grounds because it emphasizes a participatory approach. The focus, objectives, methodology and key questions of the evaluation came from the line staff (Rogers & Hough, 1995) and the resident on the research and planning team. This model, however, fails to acknowledge "issues of power and politics of change" (Rogers & Hough, 1995, p. 323). It assumes there will be consensus and so does not include a conceptual plan for dealing with conflict or lack of agreement. Successful use of the organizational development model is dependent on the group having the power to affect change, really wanting to improve the program, and on how much and how well the evaluator involves them. The model was useful in explaining effectiveness results relating to the *working environment* and *management direction* attributes.

Chapter Five

Implications for Policy and Practice

This descriptive case study and analysis of the process of conducting an evaluation utilizing the Twelve Attributes of Effectiveness framework is another source of knowledge upon which to build competence in evaluation research practice. While conducting this study and later as I reflected on my roles as researcher and program manager, ideas came to me that may be helpful to other organizations, program managers or researchers who might choose to implement the Twelve Attributes of Effectiveness framework utilizing the process presented in this thesis. My recommendations are:

1. A participatory approach be used. Including individuals who have insider knowledge of the program was beneficial in creating and developing the process that shaped and made the implementation of Twelve Attributes of Effectiveness framework possible. The benefits of using a participatory approach went beyond the creation of a process and implementation of a framework to the creation of an evaluation culture.
2. A research and planning team be created. Utilizing the Twelve Attributes of Effectiveness framework requires effort and commitment. Refining the framework to work with program-specific requirements is a definite task. Involving others who know the program well will prove invaluable in developing the most appropriate process for the program being evaluated with the framework. Although I recommend involving any individual who is familiar with the program, I encourage staff and resident participation because they will offer a unique perspective. I would add to this the suggestion that the team leader be an individual who

understands research methods. However, I am quick to add that the team leader needs more than just research skills. For instance, skills in consensus building and group processes are very important.

3. That a broad range of diverse, responsive and fundamentally non-hierarchical stakeholders be included on the research and planning team. Many non-profit organizations and their programs face problems that are systemic, interconnected, and linked to social and economic issues. Having these individuals on the team will provide the necessary resources, talents and insights thus helping ensure important aspects of the evaluation process are not overlooked and that valuable information is not missed.

4. A four-day workshop be used. There is a great deal to understand about the Twelve Attributes of Effectiveness framework before it can be used as an evaluation tool in the small, non-profit, social service program. Although it can not be expected to accomplish everything during the workshop, it proved a very good starting point in this study. I recommend that the objectives for the workshop be kept to a minimum of three. This is just the beginning of the implementation process.

5. Theory be defined and used to explain evaluation results. Use of a program theory to explain results (positive, negative or why there were no results seen) and to draw attention to areas requiring improvement will encourage the implementation of the necessary changes.

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APPENDICES

- Appendix A: Canadian Comprehensive Auditing Foundation Permission
- Appendix B: Victoria Cool Aid Society Vision Statement
- Appendix C: Victoria Cool Aid Society Beliefs and Values
- Appendix D: Victoria Cool Aid Society Schedule of General Fund Operations
- Appendix E: Garden Gate Residence Manager's Job Description
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- Appendix H: Request for Individuals for "Research Planning Team"
- Appendix I: Workshop Assessment
- Appendix J: Interview Guide - Staff
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- Appendix O: Resident Consent Form – Program Evaluation
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- Appendix R: Stakeholder Consent Form – Program Evaluation
- Appendix S: Garden Gate Residence Program Effectiveness – Neighbour Questionnaire
- Appendix T: Neighbour Consent Form – Program Evaluation
- Appendix U: Letter of Introduction and Request for Neighbour Participation

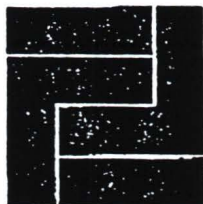
Appendix V: Resident Consent Form "Research Planning Team Member"

Appendix W: Staff Consent Form "Research Planning Team Member"

Appendix X: Interview Guide – Research Planning Team

APPENDIX A

CCAF—FCVI Inc.
 Founded 1980—Établie en 1980



A Canadian research and educational Foundation dedicated to building knowledge for meaningful accountability and effective governance, management and audit.

Fondation canadienne, axée sur la recherche et la formation, qui se consacre au développement de concepts pour favoriser une réelle reddition de comptes ainsi qu'une gouverne, une gestion et une vérification efficaces.

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Good luck on your thesis and evaluation. We would be interested in knowing the results.

Appendix B

Victoria Cool Aid Society Vision Statement

"At Victoria Cool Aid we seek out the need and respond with care."

Our vision is one of inclusiveness where clients, staff, board and volunteers work together to create an atmosphere where people feel safe, secure, supported and respected, while being given the opportunity to fulfill their own potential.

We believe that all people have the capability to improve their lives. We dedicate ourselves to helping children, youth and adults achieve their potential while respecting their individuality and recognizing their widely varying, and sometimes challenging, needs. Our commitment to healthy lifestyles creates an atmosphere where people can feel safe and supported as they progress toward their goals. We believe everyone should be treated with fairness, respect, trust and acceptance.

We value the diversity of our programs and accept the challenge of supporting each one to best serve the community by ensuring they demonstrate compassionate and comprehensive services. We believe our programs show strong leadership and prove themselves to be innovative, solution-oriented, and proactive and that each continues to develop in response to our community's needs. Through shared leadership, we are dedicated to developing long-term effective solutions by working together to provide the opportunity for growth and success.

(Continued)

We are skilled, empathetic professionals working consistently to promote the well being of others. We are trusted and respected for our ability to work with an extreme range of behaviors and personalities. We continue to train and educate ourselves to enrich our perspectives, maintain a level of excellence and demonstrate ethical presence in our work. We work positively together to create an optimal work environment where work place issues are resolved in a creative and co-operative manner.

We challenge ourselves to be accountable and responsive to those we serve as well as the community that funds, supports and depends upon us to demonstrate real value, and to keep the public informed about what we do. We are a valued organization that demonstrates success by continually evaluating our programs and challenging our assumptions. People seek our services because they offer hope, opportunity, and new alternatives.

At the Victoria Cool Aid Society we seek to make a positive difference in the lives of adults, youth and children.

Victoria Cool Aid Society

Revised June 10, 1996

Appendix C

Victoria cool Aid Society Beliefs and Values

In keeping with our mission and vision, we believe that...

The capability of all people to improve their lives is enhanced by providing support—hope, opportunity, advocacy, and new alternatives;

By continually enhancing our collective experience and knowledge of the community and by developing our expertise and resources, we provide diverse, comprehensive, and valued programs;

An ethical presence with the people we serve is essential to create trust, respect, and promotion of well-being;

An environment of teamwork, mutual support, and shared responsibility provides hope and tangible support for ourselves and the people we serve;

A cooperative environment allows for the resolution of issues in a positive manner; and

Our viability and value within the community depend upon our consistently high performance, acute evaluations, and continuous improvement of the effectiveness and quality of our services.

In keeping with our mission and vision, we value...

The right of everyone to be treated with fairness, respect and acceptance;

The eminence of trust in our effectiveness;

The influence of role modeling in helping others to modify their life styles; and the diversity of our programs.

Victoria Cool Aid Society
Schedule of General Fund Operations

For the year ended March 31, 1997

	Admin.	Capital Cmpg.	CAES	Daycare	GGR	KEYS	Outreach	Streetlink	Swift House	Medical Clinic	Society
Revenue											
Contributions:											
Ministry of Human Resources	\$ -	\$ -	\$ 21,762	\$ -	\$ 53,197	\$ -	\$ -	\$ 745,996	\$ -	\$ -	\$ 820,955
Ministry for Children and Families	-	-	-	35,204	-	349,260	-	104,540	-	-	489,004
Ministry of Skills, Training and Labor	-	-	208,121	-	-	-	-	-	-	-	208,121
Ministry of Health	-	-	-	1,200	231,239	-	48,906	180,240	91,554	393,124	946,263
BC Housing Management Corporation	-	-	-	-	3,360	-	-	-	51,715	-	55,075
Canada Employment - Challenge	-	-	-	4,315	1,835	-	-	2,531	5,062	-	13,743
Women's equality	-	-	-	15,140	-	-	-	-	-	-	15,140
Donations	10,544	-	1,355	633	847	2,495	130	34,272	1,460	-	51,736
Other contributions	-	-	-	-	-	-	-	-	-	-	-
Total contributions	10,544	-	231,238	56,492	290,478	351,755	49,036	1,067,579	149,791	393,124	2,600,037
Other:											
Fees	-	-	-	138,873	-	-	-	-	750	-	139,623
Rentals	-	-	-	-	-	-	-	-	58,542	-	58,542
Investment Income	15,771	-	-	-	-	-	-	-	-	-	15,771
Gaming	-	-	-	30,000	-	17,523	-	7,000	-	-	54,523
Other	6,369	-	30	424	-	761	1,400	9,802	1,429	(128)	20,087
	32,684	-	231,268	225,789	290,478	370,039	50,436	1,084,381	210,512	392,996	2,888,583
Expenditures											
Food	-	-	-	2,868	18,011	13,099	-	61,669	-	-	95,647
Insurance and property tax	15,465	-	-	1,532	-	-	-	187	117	-	17,301
Miscellaneous	10,638	3,961	1,212	1,138	731	3,861	720	3,979	235	5,647	32,122
Rent	-	-	16,456	-	-	-	-	-	-	-	16,456
Repairs and maintenance	3,633	2,866	1,451	7,128	2,039	2,451	-	17,360	23,979	3,514	64,421
Salaries and benefits	228,271	35,236	153,128	181,149	242,113	323,216	43,024	798,264	101,910	343,998	2,450,309
Supplies and equipment	16,204	3,551	9,637	6,558	3,158	4,225	37	32,530	2,990	14,744	93,634
Utilities	8,000	2,509	3,283	3,748	1,508	9,939	-	32,745	25,028	8,792	95,552
Vehicle expenses and amortization	-	-	3,190	1,164	5	-	-	2,794	2,969	-	10,122
Program and staff development	11,336	13,672	5,821	1,728	2,335	1,933	130	2,587	4,544	-	44,086
Administration - insurance	(14,916)	-	1,080	1,080	492	2,100	-	6,120	4,044	-	-
Administration - other	(227,453)	5,388	20,698	15,147	25,365	32,017	4,410	114,933	20,271	-	-
	51,178	56,407	215,956	223,240	295,757	392,841	48,321	1,073,168	186,087	376,695	2,919,650
Excess (deficiency) of revenue over Expenditures - General Fund	\$ (18,494)	(56,407)	15,312	2,549	(5,279)	(22,802)	2,115	11,213	24,425	16,301	(31,067)
Capital Fund transactions - net	17,729	87,567	(3,760)	(2,288)	(1,569)	(1,569)	-	(1,650)	7,576	-	102,006
Total excess (deficiency) of Revenue over expenditures	\$ (765)	\$ 31,160	\$ 11,552	\$ 261	\$ (6,848)	\$ (24,371)	\$ 2,115	\$ 9,563	\$ 31,971	\$ 16,301	\$ 70,939

Appendix D

Appendix E

Victoria Cool Aid Society**Management Job Description – Garden Gate Residence**

Section I: Position summary

Reporting to the Executive Director, the Manager is accountable for directing the Garden Gate Residence in accordance with the Victoria Cool Aid Society Board of Directors, the Community Care Facility Act and Regulations, and the Residential Agreement.

Section II: Responsibilities

Ensures the program provides the highest quality care possible.

Responsible for the delivery of the following services to residents, whether directly or through subordinate staff: assessment, counseling and development of individualized care plans and nutritional programs.

Provides counseling in areas of crisis intervention, motivation and basic life skills.

Coordinates the health care needs of residents. Administers medication and monitors response. Monitors and documents treatment initiatives and outcomes.

Participates in relevant Society committees.

Liaisons with relevant health care professionals in the community. Establishes positive working relationships with health care and related government contacts as appropriate.

(Continued)

Keeps informed of current issues and trends in mental health.

Section III: Delegated responsibilities

Prepares employee work schedules and supervises all staff to ensures continuous coverage.

Recruits, hires, and orientates new staff in accordance with established Society policy. Disciplines and terminates employment in accordance with established Society policy.

Monitors staff through established performance and review standards on a yearly basis following performance review of probationary period.

Coordinates and delegates staff responsibilities as required for efficient service delivery.

Promotes established Board and program policies.

Section IV: Administration

Prepares budget for program according to guidelines and procedures established by the Board of Directors and the Executive Director.

Administers and monitors program budget; approves expenditures specific to the program.

Completes monthly reports and prepares records and billings as required by funding Ministries and the Victoria Cool Aid Society.

Coordinates and maintains the general maintenance of the facility.

(Continued)

Section V: Position Parameters

- A. Education: Degree in social work or nursing. Management training.
- B. Experience: Three to four years experience in psychiatry or long term care.

Section VI: Skills profile

Expertise in working with individuals with mental illness.

Strong background and working knowledge of psychosocial rehabilitation processes.

Ability to maintain appropriate records and documentation.

Excellent clinical skills in communication and group dynamics.

Strong managerial skills.

Ability to prepare and administer budgets.

Appendix F

Victoria Cool Aid Society**Weekend Supervisor – Garden Gate Residence**

Section I: Position summary

Reporting to the Manager, the Weekend Supervisor is accountable on for directing the Garden Gate Residence in accordance with the Victoria Cool Aid Society Board of Directors, the Community Care Facility Act and Regulations, and the Residential Agreement. The Weekend Supervisor assumes a position of leadership on weekends and when directed, during the absence of the Manager.

Section II: Responsibilities

Ensures the program provides the highest quality care possible.

Counsels residents directly addressing such areas as crisis intervention, motivation and basic life skills.

Administers medications and monitors response. Checks medication orders.

Provides in-service training to staff on proper recording and administration procedures.

Assists staff in the development of individualized care and nutrition plans.

Promotes alternative medicine and methods, such as acupressure for pain control and meditation for anxiety.

In conjunction with the Manager, makes care recommendations to staff about the physical, emotional, and spiritual wellness of residents.

(Continued)

Provides input and feedback to Manager about staff performance, planning and reviews.

Responsible for other related duties as directed by the Manager.

Adheres to established policies and procedures.

Section III: Position parameters

1. Education: Graduate of an approved School of Nursing. Current registration with RNABC or RPNABC.
2. Experience: Minimum of one year recent related experience.

Section IV: Skills profile

Competence in nursing skills and procedures.

Knowledge of alternative medicine and methods.

Knowledge of psychosocial rehabilitation processes.

Experience working with individuals with mental illness.

Ability to maintain appropriate records and documentation.

Excellent clinical skills in communication and group dynamics.

Ability to support the philosophy, goals and policies of Garden Gate Residence and the Victoria Cool Aid Society.

Appendix G

Victoria Cool Aid Society**Psychiatric Care Worker Job Description - Garden Gate Residence**

Section I: Position summary

Reporting to the Manager, the Psychiatric Care Worker provides direct non-professional care to six individuals with mental illness in a safe and non-threatening homelike environment. The PCW will help residents improve their quality of life and give them a sense of dignity and self-respect. The PCW will contribute towards comprehensive psychiatric residential care by assisting in the facilitation of a safe, comfortable and planned therapeutic environment which may include rehabilitation, remotivation, and self-care training programs in the facility and in the community. The overall goal of this position is to empower independence in individuals with mental illness so they can move back into the community.

Section II: Tasks, duties and responsibilities

Follows all policies and procedures as established by Garden Gate Residence, Victoria Cool Aid Society, and the Community Care Facility Act and Regulations.

Administers medications as prescribed to residents following proper medication administration policies and procedures.

Attends staff meetings, in-service training and other opportunities that contribute to a cohesive team approach toward high quality residential care.

(Continued)

Adheres to all safety practices and procedures as established by Garden Gate Residence.

Adheres to established policies and procedures.

Follows good housekeeping practices including meal preparation and house cleaning tasks.

Works with residents in the development of individualized care and nutrition plans.

Encourages residents to actively participate in their care.

Encourages and motivates residents to participate actively in in-house programs, such as, the attitudes group, hobby club, and hobby club committee.

Participates in the planning and development of activity and life skill programs.

Section III: Position parameters

Experience in mental health facilities, Social Services, Alcohol and Drug Agencies, or other related organizations.

Experience dealing with difficult clients and crises intervention.

Experience and willingness to work with volatile and unpredictable people in a non-institutional setting.

Must have the compassion, understanding, patience and common sense to foster a nurturing and therapeutic environment.

Must be willing to attend to all aspects of group living including housekeeping, cooking.

(Continued)

Section IV: Skills profile

Basic knowledge and understanding of mental illness and how the behavior and functioning of individuals with chronic mental illness can be affected.

Ability to maintain appropriate records and documentation.

Competency in assessing and recording information on resident files.

Possess good verbal and written communication skills.

Ability to support the philosophy, goals and policies of Garden Gate Residence and the Victoria Cool Aid Society.

Appendix H

**Request for Individuals for “Research Planning Team”
(Staff and residents of Garden Gate Residence)**

The Research:

The Twelve Attributes of Effectiveness Framework:
Is it applicable as an evaluation tool for the small non-profit program?

The Purpose of the Research:

- to determine the applicability of the framework as a potential evaluation tool
- to create a format that might prove useful for future evaluations
- to evaluate the effectiveness of the Garden Gate Residence program

Participation will include:

- an active role on the research team
- having input into the overall evaluation process
- adapting the framework to fit program requirements
- defining what will be evaluated
- defining the type of questions that will elicit the most relevant information
- defining data sources and use of instruments

Commitment:

- a two-day workshop (date to be announced)
- a one to two hour in-depth interview (date to be scheduled with individual participants)

Selection Criteria:

- must have an interest in evaluating the Garden Gate Residence program
- must be a staff member or a resident of the Garden Gate Residence program

Confidentiality assured:

- all data will be coded; no names or descriptors will be used
- only the researcher will have access to the raw data you supply
- raw data will be secured in a locked filing cabinet

Note: Acceptance as a research study participant assumes participation in both a workshop and one in-depth interview. Agreement to participate in the research study does not preempt your right to withdraw at any time without jeopardy. Interested persons are encouraged to contact Ruth for more information.

Appendix I

The Twelve Attributes of Effectiveness Framework

Workshop Assessment

Please complete this workshop assessment form. Your feedback will help greatly in making recommendations for future use of this evaluation framework.

1. Please circle the number that best represents your answer.

		Strongly Disagree	Mildly Disagree	Neither Disagree Nor Agree	Mildly Agree	Strongly Agree
a.	The workshop provided a good level of understanding about the framework.	1	2	3	4	5
b.	The two-day format of the workshop was too long for the material presented.	1	2	3	4	5
c.	The information was presented too fast for the material presented.	1	2	3	4	5
d.	A workshop of longer duration would have made learning easier.	1	2	3	4	5
e.	I had plenty of opportunity to participate in this workshop.	1	2	3	4	5
f.	The video and handouts provided a foundation for understanding and working with the framework.	1	2	3	4	5

2. What did you like about the workshop presentation?

3. What could be improved?

(Continued)

4. Please circle the number that best represents your answer.

		Strongly Disagree	Mildly Disagree	Neither Disagree Nor Agree	Mildly Agree	Strongly Agree
a.	It is important to involve staff in evaluation of the program.	1	2	3	4	5
b.	It is important to me to have a voice in what is evaluated and how it is evaluated.	1	2	3	4	5
c.	Evaluations should be done by outside evaluators.	1	2	3	4	5
d.	Participating in the workshop and in-depth interview is enough participation for me.	1	2	3	4	5
e.	If given opportunity, I would participate more in this evaluation process.	1	2	3	4	5
f.	More individuals from the Cool Aid Society should be on this research planning team.	1	2	3	4	5

5. Please elaborate on your answer to f.

6. If you feel others should be involved, whom do you suggest?

*If you would like to participate more actively please indicate in what way.

Thank you for taking the time to complete this evaluation. Your feedback is important.

APPENDIX J

Interview Guide - Staff

1. What is the philosophy of the Garden Gate Residence program?
2. The Mission Statement reads:

Garden Gate Residence provides a stable, supportive environment for chronically mentally ill residents requiring supervision and direction in achieving self-esteem, dignity, and hope for the future.

Does the Mission Statement reflect what the program is doing?
3. The care that the Garden Gate Residence program provides is holistic.
 - (a) How are the family relationships of residents enhanced by the program?
 - (b) Is this an important function of the program?
 - (c) If so, why? If not, why?
4. Communication is important in any program or organization. Describe communication among staff, between staff and residents, management and staff, the program and the Society.
5. The program has three in-house programs.
 - (a) Would you like to see any of these programs expanded? If so, which one(s) and how?
 - (b) Are there programs you would like to see added? If so, what are they?
 - (c) Why would these recommendations be beneficial to the program and to the residents?
6. Do you have appropriate opportunities for staff development and achievement?

(Continued)

7. Are performance and planning reviews done routinely? When?
8. What is your opinion of the performance and planning review form? Why?
9. Social work practicum students and nursing students come to the Garden Gate Residence program.
 - (a) Are there benefits to having them involved with the program? Please explain your response.
 - (b) Do you feel social work students or nursing students are more appropriate in the program? Please explain your response.
 - (c) To what degree are you involved in the student(s)' learning experience? Please explain your response.
 - (d) In your opinion, is there positive acceptance of students by staff? By residents? Please elaborate.
10. Do you feel volunteers play a vital role in the program? Why?
11. Are we utilizing volunteers in a way that is most beneficial to the residents?
12. Are there areas of the program where the participation of volunteers might be of greater help and support than another to residents? Please elaborate.
13. How would you describe the relationship between the Union and Garden Gate?
14. How would you describe the relationship between the Union and the Victoria Cool Aid Society?
15. Picture yourself as a reporter from a magazine that reports on successful social service programs. It is five years from now, and you're writing a story

(Continued)

about Garden Gate Residence's success. How would you want the headline to read? What would you want the article to say?

Appendix K

Interview Guide - Resident Family Member

1. What changes, if any, have you noticed in your son during the past three or four years?
2. If you have noticed "change" in your son, to what do you contribute the change.
3. Your son participates in several in-house activities, i.e., the assertiveness group and the hobby club. In your opinion, what activities of the program have best meet your son's needs? Please expand on your response.
4. Are your concerns about your son's care taken seriously by the manager and/or staff? Do you feel heard?
5. Are you comfortable discussing your concerns with staff or the manager?
6. Are concerns and issues you bring to the staff or manager, addressed promptly? Appropriately?
7. Do you feel you have enough contact with the staff or manager?
8. Do you feel welcomed by the staff, manager, and other residents when you visit your son in the residence?
9. Does staff, or the manager, keep you adequately informed (i.e., the goals your son has set and how you can support him in his efforts)?
10. You have been to Garden Gate Residence several times to visit your son. How would you describe the atmosphere of the home?

Appendix L

Interview Guide – Volunteer

What was it that drew you to the Garden Gate Residence program as a place to volunteer?

What is the purpose having a volunteer program within the Garden Gate Residence program?

1. What is the role of volunteers at Garden Gate?

Is the volunteer program used appropriately? In other words, is it effective in doing what it was designed to do?

2. If you could redesign the volunteer program, would you make changes?

Why? Why not?

3. If you could make improve the volunteer program, how would you do it?

Why?

4. How does the role of the volunteer impact the work of staff?

5. What impact does it have on the residents?

6. Does the volunteer program get the recognition it should? Please explain your response.

7. How effective is the orientation volunteers receive? Are there aspects of the orientation that are not helpful/useful? If so, please elaborate and explain why they're not. If the orientation could be more effective, how could it be improved? What should the orientation provide that it isn't?

8. What is the biggest challenge for volunteers at Garden Gate?

9. What is the greatest reward for volunteers at Garden Gate?

Appendix M

Interview Guide – Stakeholder

1. Based on your experience with the Garden Gate Residence program, does it appear that the objectives of the program and the internal programs are clear, well-integrated and understood, and appropriately reflected in Garden Gate's plans, structure, delegations of authority and decision-making processes?
2. Based on your knowledge of the program, has the program the ability to adapt to changes in such factors as markets, competition, available funding or technology. Please elaborate.
3. You have had been to the residence on many occasions. How would you describe the atmosphere of Garden Gate Residence? What would you say may be responsible for providing this type of atmosphere?
4. If you were to describe the strengths of the Garden Gate Residence, what would they be? Why?
5. If you were to describe areas for improvement, where would they be? Why?
6. Does the published research on psychosocial rehabilitation show efficacy of our methods?
7. Are indicators of performance and organizational strength identified, reported, and used in decision-making?
8. Based on your knowledge, and experience with the Garden Gate Residence program, how does the operation of the program compare with Standards and/or other program alternatives?

Appendix N

Interview Guide – Residents

1. Describe what living at Garden Gate means to you.
2. There are goals you want to achieve. What helps you to reach your goals?
3. What help do you get from the staff (or others) to help you achieve your goals?
4. Would you like to be involved in making decisions about how things are done at Garden Gate?
5. (If yes) What decisions would you like to be involved with? Is there opportunity for you to be involved in decision-making? Have you been involved in any decisions? What decisions have you been involved with? Did you feel your opinions were taken seriously? How did your involvement in the decision making process make you feel? Is it important for you to be involved in decisions about how the program runs?
(If no) Can you explain why?
6. Do you get the help you need to learn new things when you ask for it?
7. It is natural to get upset with others. When you are upset (i.e., by what others say or do, or by what you see or hear), how do you deal with it?
(What do you do? Whom do you go to?)
8. Are your concerns/complaints taken seriously?
9. What is the most difficult thing about living at Garden Gate?
10. What is the best thing about living at Garden Gate?
11. Is there any thing else that you want to tell me that would help make Garden Gate Residence better?

Appendix O

Resident Consent Form - Program Evaluation

As a participant in the evaluation of Garden Gate Residence, you will participate in one interview. The interview will take thirty minutes of your time. Your experience and insight as a resident of Garden Gate Residence will be valuable in evaluating the program.

My goal is to analyze the information from the interview in order to better understand your experience as a resident in the program. I am interested in learning whether you feel the program is providing you with the assistance you feel you need to reach your goals.

I will write your interview responses down. Confidentiality is assured. You are asked to give your consent to having the information you provide stored for subsequent use by myself or other researchers, with acknowledgement that you could not be identified. Should other researchers use the information you give, you will be informed of their names. Any information collected in the study will remain confidential and secured in a locked filing cabinet. Your name will not be attached to any published results; all information will be coded to protect your identity. Signed consent forms will be stored separately from any information collected.

Your participation is voluntary. You can withdraw from the study at any time without explanation, and are assured that information collected from you to that point will be destroyed. You have the right to refuse to answer any questions you do not wish to answer. You may withdraw your consent to have

(Continued)

specific information used, if you notify me at the end of the interview. If I were to want to use the information in any way not consistent with what is stated above, I would ask for your additional written consent. All data will be archived after a period of five years.

In signing this form, you acknowledge having a mental illness and declare that the mental illness does not impede your competency to participate in the study as outlined above. Your decision to participate or not, will have no bearing on your residency at the home or the services you receive from Garden Gate Residence or the Victoria Cool Aid Society.

I, _____ have read the above statement and agree to being interviewed under the conditions stated above.

Signature

Date

Appendix P

Family Consent Form - Program Evaluation

As a participant in the evaluation of Garden Gate Residence, you will participate in one interview. The interview will take approximately thirty to forty-five minutes of your time. Your experience and insight as a family member of a resident residing at Garden Gate Residence will be valuable in evaluating the program.

My goal is to analyze the information from the interview to better understand your experience as a family member. I am interested in learning how well you feel the program is working for your son.

I will write your interview responses down. Confidentiality is assured. You are asked to give your consent to having the information you provide stored for subsequent use by myself or other researchers, with acknowledgement that you could not be identified. Should other researchers use the data, you will be informed of their names. Any data collected in the study will remain confidential and secured in a locked filing cabinet. Your name will not be attached to any published results; all data will be coded to protect anonymity. Signed consent forms will be stored separately from any data.

Your participation is voluntary. You can withdraw from the study at any time without explanation, and are assured that data collected from you to that point will be destroyed. You have the right to refuse to answer any questions you do not wish to answer. You may withdraw your consent to have specific

(Continued)

data used, if you notify me at the end of the interview. If I were to want to use the material in any way not consistent with what is stated above, I would ask for your additional written consent. All data will be archived after a period of five years.

Your decision to participate or not, will have no bearing on your son's residency at the home or the services he receives from Garden Gate Residence or the Victoria Cool Aid Society.

I, _____ have read the above statement and agree to being interviewed under the conditions stated above.

Signature

Date

Appendix Q

Volunteer Consent Form – Program Evaluation

As a participant in the evaluation of Garden Gate Residence, you will participate in one interview. The interview will take approximately thirty to forty-five minutes of your time. Your experience and insight as a volunteer of Garden Gate Residence will be valuable in evaluating the program.

My goal is to analyze the information from the interview to better understand your experience as a program volunteer. I am interested in learning how well you feel the program is working.

I will write your interview responses down. Confidentiality is assured. You are asked to give your consent to having the information you provide stored for subsequent use by myself or other researchers, with acknowledgement that you could not be identified. Should the data be used by other researchers, you will be informed of their names. Any data collected in the study will remain confidential and secured in a locked filing cabinet. Your name will not be attached to any published results; all data will be coded to protect anonymity. Signed consent forms will be stored separately from any data.

Your participation is voluntary. You can withdraw from the study at any time without explanation, and are assured that information collected from you to that point will be destroyed. You have the right to refuse to answer any questions you do not wish to answer. You may withdraw your consent to have specific data used, if you notify me at the end of the interview. If I were to want

(Continued)

to use the materials in any way not consistent with what is stated above, I would ask for your additional written consent. All data will be archived after a period of five years.

Your decision to participate or not, will have no bearing on your role as a volunteer at Garden Gate Residence.

I, _____ have read the above statement and agree to being interviewed under the conditions stated above.

Signature

Date

Appendix R

Stakeholder Consent Form - Program Evaluation

As a participant in the evaluation of Garden Gate Residence, you will participate in one interview. The interview will take approximately thirty to forty-five minutes of your time. Your experience and insight as an individual with sincere interest in the evaluation of Garden Gate Residence will be of great value in this process.

My goal is to analyze the information from the interview to better understand your experience with the program. I am interested in learning how well you feel the program is working.

I will write your interview responses down. Confidentiality is assured. You are asked to give your consent to having the data you provide stored for subsequent use by myself or other researchers, with acknowledgement that you could not be identified. Should other researchers use the data, you will be informed of their names. Any data collected in the study will remain confidential and secured in a locked filing cabinet. Your name will not be attached to any published results; all data will be coded to protect anonymity. Signed consent forms will be stored separately from any data.

Your participation is voluntary. You can withdraw from the study at any time without explanation, and are assured that data collected from you to that point would be destroyed. You have the right to refuse to answer any questions you do not wish to answer. You may withdraw your consent to have specific

(Continued)

data used, if you notify me at the end of the interview. If I were to want to use the material in any way not consistent with what is stated above, I would ask for your additional written consent. All data will be archived after a period of five years.

Your decision to participate or not, will have no bearing on the relationship between yourself and Garden Gate Residence and/or the Victoria Cool Aid Society.

I, _____ have read the above statement and agree to being interviewed under the conditions stated above.

Signature

Date

APPENDIX S

Garden Gate Residence Program Effectiveness – Neighbour Questionnaire

Survey Number:	<input type="checkbox"/> D20	<input type="checkbox"/> D21	<input type="checkbox"/> D22	<input type="checkbox"/> D23	<input type="checkbox"/> D24	<input type="checkbox"/> D25	<input type="checkbox"/> D26
	<input type="checkbox"/> D27	<input type="checkbox"/> D28	<input type="checkbox"/> D30	<input type="checkbox"/> D31	<input type="checkbox"/> D32	<input type="checkbox"/> D33	
Respondent Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male					
Time Started:	_____			Time Finished:	_____		
Total Time in minutes:	_____						
Interviewer:	_____						

The information obtained through this survey will be used to evaluate the garden Gate Residence program and to assist Ruth M^cHale in her research on the Twelve Attributes of Effectiveness framework as an evaluation tool. One of the questions posed by this evaluation framework is, "How do our neighbors think we're doing?". We value your opinion, so it is important to get exact details on every question, even on those that may seem unimportant to you. This may take extra effort. Are you willing to think carefully about each question in order to give accurate information?

For our part, we will keep all information you give confidential. Of course, the interview is voluntary. Should we come to any question which you do not want to answer, just let me know and we'll move on to the next one.

Since many people have never been in an interview exactly like this, let me read you a paragraph that tells a little bit about how it works. I am going to read you a set of questions exactly as they are worded so that everyone participating in the survey is answering the same questions. You will be asked to answer two kinds of questions. In some cases, you will be asked to answer in

(Continued)

your own words. For those questions, I will have to write down your answers word for word. In other cases, you will be given a list of answers and asked to choose the one that fits best. If at any time during the interview you are unclear about what is wanted, be sure to ask me. The interview should take about thirty minutes.

If you are ready, we will begin. Please wait until I have read the entire question before answering.

1. The residents and staff of the Garden Gate Residence program have been in your neighborhood for about two and a half years. Please think back to the time you first learned that we were going to be your neighbors. Which one of the following, best describes how you felt at the time.

- Angry Frightened Indifferent Skeptical
 Curious Pleased None Don't Know

2. Before the residents moved in, neighbours were invited to attend an information evening at the residence. Did you attend?

- Yes **(GO TO QUESTION 3)** No **(GO TO QUESTION 4)**
 Don't Know **(GO TO QUESTION 4)**

3. We held the information evening for several reasons, for example, to: meet you and introduce ourselves, (b) explain our program's purpose, and (c) answer your questions and concerns. Defined together, (a), (b) and (c) means: "to provide useful information to encourage understanding and acceptance." Using this definition, which of the following best describes the results of the information evening?

(Continued)

Poor Average Excellent Don't know

9. Some time ago, we got a dog. Although "Scotty" is a great form of therapy for residents (and staff too), owning a dog does mean being responsible for him. In this question, responsible is defined as "keeping the dog on a leash when walking him, cleaning up after him, confining the dog to the backyard." In your opinion, are we responsible:

None of the time Some of the time Most of the time
 All the time Don't know

10. Some people have said they sleep better at night as a result of our involvement in the Neighborhood Watch program and because they know there is always someone in the neighborhood awake while they sleep. This makes us feel like we are part of our neighborhood. Is there anything that we can do to become even more involved in our neighbourhood?

Yes (**GO TO QUESTION 11**) No (**GO TO QUESTION 12**)
 Don't know (**GO TO QUESTION 12**)

11. I know you have not had time to really think about a response, but can you suggest one way we could become more involved in our neighbourhood?

Yes (**WRITE SUGGESTION BELOW, REMINDING RESPONDENT THAT YOU WILL BE WRITING DOWN WHAT HE/SHE SAYS AND THAT IT WOULD BE HELPFUL IF THEY WOULD KEEP THAT IN MIND WHILE THEY ARE SPEAKING.**)
 No (**GO TO QUESTION 12**)

(Continued)

12. At the Garden Gate residence, we help our residents develop many life skills. Life skills are defined here, as "those abilities necessary to independence and that lead to recognition as a responsible citizen of the community." These abilities include, for example, maintaining personal hygiene, making good decisions, being responsible, being assertive, recognizing and believing in the right to be respected, and always remembering how respect is earned. Do you feel our program serves a need in the community?

- Yes **(GO TO QUESTION 13)** No **(GO TO QUESTION 14)**
- Don't Know **(GO TO QUESTION 14)**

13. In your own words, please describe what you believe that need is.

(REMIND RESPONDENT THAT YOU WILL BE WRITING DOWN WHAT HE/SHE SAYS AND THAT IT WOULD BE HELPFUL IF THEY WOULD KEEP THAT IN MINDWHILE THEY ARE SPEAKING.)

14. Would you attend a barbecue if we planned one?

- Yes No Don't know

15. If you have any additional comments, concerns, questions, or ideas relating to the Garden Gate Residence program, you are welcome to state them at this time. Is there anything you would like to add?

(Continued)

Yes (GO TO 16 TO WRITE COMMENTS)

No

Not at this time

****IF RESPONDENT DOES NOT WISH TO MAKE FURTHER COMMENT NOW, THANK HIM OR HER FOR THEIR TIME, BUT INVITE THEM TO PRESENT ANY CONCERNS OR QUESTIONS THEY MIGHT HAVE LATER TO THE MANAGER. (All respondents received a business card in the letter of introduction delivered to their mailbox).**

16. (IF RESPONDANT WISHES TO MAKE FURTHER COMMENT, REMIND HIM/HER THAT YOU WILL BE WRITING DOWN WHAT HE/SHE SAYS AND THAT IT WOULD BE HELPFUL IF THEY WOULD KEEP THAT IN MIND WHILE THEY ARE SPEAKING.)

****IF RESPONDENT DOES NOT WISH TO MAKE FURTHER COMMENT NOW, THANK HIM OR HER FOR THEIR TIME, BUT INVITE THEM TO PRESENT ANY CONCERNS OR QUESTIONS THEY MIGHT HAVE LATER TO THE MANAGER. (All respondents received a business card in the letter of introduction delivered to their mailbox).**

Appendix T

Neighbour Consent Form – Program Evaluation

I am a graduate student at the University of Victoria working towards a Master's degree in Social Work. My thesis supervisor is Dr. E. Pittaway. As part of fulfillment of my Master's degree in social work, I will study the Twelve Attributes of Effectiveness framework as a potential evaluation tool. Studying the framework involves conducting an Evaluation of the Garden Gate Residence program.

As a participant, you will complete a questionnaire that I have prepared based on the framework. The questionnaire will take about thirty minutes. Your experience and insight as someone with a vested interest in the Garden Gate Residence program will be valuable in evaluating the program and in formulating tentative assumptions about the framework.

My goal is to analyze the information from the questionnaire in order to understand better your experience and that of others who have an interest in the program. Any data collected in the study will remain confidential and secured in a locked filing cabinet. I will not attach your name to any published results; I will code all data to protect anonymity. Your name will not appear on the questionnaire, and signed consent forms will be stored separately from any data. No one other than Ruth McHale will have access to any of the raw data collected in this study.

Your participation is completely voluntary and you can withdraw from the study at any time, without explanation. You have the right to refuse to answer

(Continued)

any questions you do not wish to answer. If I were to want to use any materials in any way not consistent with what is stated, I would ask for your additional written consent.

I, _____, have read the above statement and agree to complete the questionnaire under the conditions stated above.

Signature of Participant

Date

Appendix u

Letter of Introduction and Request for Neighbour Participation



Dear Neighbour,

The Canadian Comprehensive Auditing Foundation introduced a new evaluation framework in 1987, known as the Twelve Attributes of Effectiveness. As partial fulfillment of my Master's degree in social work at the University of Victoria, I am studying the Twelve Attributes of Effectiveness framework. I will be conducting a comprehensive program evaluation of the Garden Gate Residence program, one of eight programs of the Victoria Cool Aid Society. It is my responsibility, as manager, to look for ways to improve our program performance and accountability. Evaluation is an important part of my work and of great interest to me in general, therefore, I see this study as a wonderful opportunity. The Society supports the evaluation endeavour.

This study involves interviews, questionnaires, analysis of various documents and records, and other methods of evaluation. Based on your knowledge of our program, I am asking you to participate in a survey. Your participation will allow evaluation from another perspective. The questionnaire will take about thirty minutes of your time and I can assure you confidentiality and anonymity.

(Continued)

A member of the Garden Gate staff will contact you to set up a convenient time to meet in the next few days. I have enclosed my business card. I will be happy to answer any questions or concerns about my study, the evaluation, and this request for your participation. Participation is completely voluntary, but the knowledge you can provide as a neighbour will be valuable in formulating tentative assumptions about the framework and in evaluating the Garden Gate Residence program.

Sincerely,

Ruth M^cHale, R.S.W.

Social Work Graduate Student

Manager, Garden Gate Residence

Appendix V

Resident Consent Form "Research Planning Team Member"

I am a graduate student in the Faculty of Human and Social Development at the University of Victoria working towards a Masters degree in Social Work. My thesis Supervisor is Dr. Pittaway.

You will attend a two-day workshop where you will learn about the Twelve Attributes of Effectiveness framework. During the workshop you will participate in adapting the framework to meet the specific requirements of the Garden Gate Residence program.

As a member of the research planning team, you will also participate in one in-depth audio taped interview that will take about one to two hours of your time. Your experience and insight as a resident of Garden Gate Residence will be valuable in formulating tentative assumptions about the framework.

My goal is to analyze the information from the interview in order to better understand your experience and that of others who have an interest in evaluation processes. I am interested in learning whether you feel this particular evaluation framework is applicable as an evaluation tool for use by non-profit social service agencies to record and report on the effectiveness of their program(s).

Your in-depth interview will be audio taped and later transcribed by me or by a typist. Confidentiality is assured. You are asked to give your consent to having the transcribed data stored for subsequent use by myself or other researchers, with acknowledgement that you could not be identified. Should the data be used by other researchers, you will be informed of their names. Any

(Continued)

data collected in the study will remain confidential and secured in a locked filing cabinet. Your name will not be attached to any published results; all data will be coded to protect anonymity. Signed consent forms will be stored separately from any data.

Your participation is voluntary. You can withdraw from the study at any time without explanation, and are assured that data collected from you to that point will be destroyed. You have the right to refuse to answer any questions you do not wish to answer. You may withdraw your consent to have specific excerpts used, if you notify me at the end of the interview session. If I were to want to use any materials in any way not consistent with what is stated above, I would ask for your additional written consent. All data will be archived after a period of five years. The audio tapes will be erased at the completion of this study.

In signing this form, you acknowledge having a mental illness and declare that the mental illness does not impede your competency to participate in the study as outlined above. Your decision to participate or not, will have no bearing on you residency at the home or the services you receive from Garden Gate Residence or the Victoria Cool Aid Society.

I, _____ have read the above statement and agree to being a member of the research planning team and to participate in the workshop and in-depth interview under the conditions stated above.

Signature

Date

Appendix W

Staff Consent Form "Research Planning Team Member"

I am a graduate student in the Faculty of Human and Social Development at the University of Victoria working towards a Masters degree in Social Work. My thesis Supervisor is Dr. Pittaway.

You will attend a two-day workshop where you will learn about the Twelve Attributes of Effectiveness framework. During the workshop you will participate in adapting the framework to meet the specific requirements of the Garden Gate Residence program.

As a member of the research planning team, you will also participate in one in-depth audio taped interview that will take about one to two hours of your time. Your experience and insight as a staff person of the program will be valuable in formulating tentative assumptions about the framework.

My goal is to analyze the information from the in-depth interview in order to understand better your experience and that of others who have an interest in the evaluation process. I am interested in learning whether you feel this particular evaluation framework is applicable as an evaluation tool for use by non-profit social service agencies to record and report on the effectiveness of their program(s).

Your in-depth interview will be audio taped and later transcribed by me or by a typist. Confidentiality is assured. You are asked to give your consent to having the transcribed data stored for subsequent use by other researchers

(Continued)

or myself, with acknowledgment that you could not be identified. Should other researchers use the data, you will be informed of their names. Any data collected in the study will remain confidential and secured in a locked filing cabinet. Your name will not be attached to any published results; all data will be coded to protect anonymity. Signed consent forms will be stored separately from any data.

Your participation is voluntary. You can withdraw from the study at any time without explanation, and are assured that data collected from you to that point will be destroyed. You have the right to refuse to answer any questions you do not wish to answer. You may withdraw your consent to have specific excerpts used, if you notify me at the end of the interview session. If I were to want to use any materials in any way not consistent with what is stated above, I would ask for your additional written consent. All data will be archived after a period of five years. The audiotapes will be erased at the completion of this study.

Your decision to participate or not, will have no bearing on your employment with the Victoria Cool Aid Society or the Garden Gate Residence program.

I, _____ have read the above statement and agree to being a member of the research team and to participate in the workshop and in-depth interview under the conditions stated above.

Signature

Date

Appendix X

Interview Guide – Research Planning TeamPart I. Program Evaluation Questions

1. The Mission Statement for the program reads:

Garden Gate Residence provides a stable, supportive environment for chronically mentally ill residents requiring supervision and direction in achieving self-esteem, dignity, and hope for the future.

Does the Mission Statement reflect what the program does?

2. The program follows a psychosocial rehabilitation process.
 - (a) Explain your understanding of this process?
 - (b) Does it compliment the Mission Statement?
3. Improvement is possible in all social service programs. What changes would you make to improve the Garden Gate Residence program? Why?
4. Are there other comments you would like to make regarding the Mission Statement, the psychosocial rehabilitation process, or possible improvements to the program?

Part II. Evaluation Process Questions

1. As a member of the research planning team for this study, you learned about the Twelve Attributes of Effectiveness framework, participated in adapting it to suit the specific requirements of the program, and took part in other aspects of planning the evaluation process.
 - (a) In your opinion, how important is it for line staff to be involved in the evaluation of the program in which they work? Why?

(Continued)

- (b) Besides how you have participated, in what other ways might staff be involved?
 - (c) Based on your experience in this study, what would you do differently if given another opportunity to participate in an evaluation process?
2. Do you have other comments that you would like to make regarding participation?

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