

Solvent User Recreation Program
Final Evaluation Report
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EXECUTIVE SUMMARY

The Sunshine House Solvent User Recreation Project was a 9-month pilot program offering a series of modules lasting between 5 and 8 weeks in bike repair, basic small building repair, boxing, auto mechanics, photography, drum making and music. Providing fun, recreational activities to enhance participant's quality of life was the main objective, while seeking to improve participants' gross motor function, physical activity, and expand formal and informal social supports.

Each module involved volunteer facilitators providing training, assisting program staff and leading sessions. Participants registered for modules ahead of time and were assisted with bus tickets and transportation. Each module concluded with a celebration honouring and acknowledging the accomplishments of those involved.

The program evaluation sought to describe the program structure and determine the degree to which the program adapted to participants' needs and interests in order to offer fun activities that enhanced wellbeing and quality of life. Evaluation methods included tracking activities, gathering feedback from staff, volunteers and participants and using a pre and post questionnaire to assess impact on physical health, self-confidence and social supports.

The program coordination, planning and programming, was effective in successfully delivering the pilot. With some adaptations and scheduling changes, the program ran eight modules all of which engaged participants and challenged them to try new things. The Advisory Committee provided leadership and worked effectively to manage the project, secure resources and resolve issues. Challenges in program delivery included the need to stretch staff time and resources to meet project goals with limited resources. The team responded to a sudden and unexpected withdrawal of funding by leveraging new partnerships and securing in-kind support to ensure that the program was delivered as planned. Another challenge involved implementing appropriate and non-intrusive data collection techniques that measured program success without over-burdening staff and clients. Evaluation methods were successfully adapted to reflect the needs and realities of participants. Further enhancement would increase participation and response rates on both qualitative and quantitative measures.

The pilot project succeeded in engaging participants by offering a broad range of fun and beneficial activities. Overall, those who took part in the program benefitted in a variety of ways and several examples of enhanced wellbeing and social supports were observed. Those involved in boxing increased their physical activity with one participant continuing to train at the gym after the program ended. A sense of pride and accomplishment was evident on completion of projects that included repairing a van, building a ceremonial drum and painting a mural. Throughout, participants established stronger connections with each other as well as facilitators and volunteers. Through their participation, some participants gained increased visitation with family. As a result, the program helped clients enhance their relationships with others, thus expanding social support networks within and outside of the program. While only a small number of participants (10) completed both a pre and post questionnaire, slight improvement in physical health, coordination and flexibility were observed at the end of the pilot.

PROGRAM DESCRIPTION

Sunshine House is a harm reduction oriented drop-in centre serving street-involved and homeless people, many affected by substance use, HIV and Hepatitis C. In November 2012, Sunshine House partnered with Mount Carmel Clinic to pilot a 6-month recreation program for solvent users. The program involved a series of modules that lasted between 5 and 8 weeks, including bike repair, basic small building repair, boxing, auto mechanics, photography, drum making and music. Due to high levels of interest the number of program modules offered was increased and the pilot extended to nine months.

The program objectives included:

- Providing fun, recreational activities to enhance participants' quality of life
- Improving participants' gross motor function and physical ability
- Expanding participants' circle of formal and informal social support
- Assessing if participation in semi-structured programs helps stabilize other aspects of participants' lives, including housing

PROJECT ACTIVITIES

The project launched in November 2012 with a drop-in art group held Tuesday and Thursday afternoons. In addition to painting a mural, creating a Sunshine House sign, beading and other crafts, participants discussed the recreation program and gave input into the activities they would like to see offered. Though originally planned to end in January 2013, the arts and crafts drop-in sessions continued throughout the pilot project.

The first module, *Basic Small Building (Home) Repair*, began in January 2013. This, and all following modules (Table 1), involved volunteer facilitators who provided training, assisted program staff and led sessions. Participants registered for modules ahead of time and were assisted with bus tickets and rides to and from various locations where activities were offered. After each module, a celebration was held to honour and acknowledge the accomplishments of those who completed the module.



TABLE 1: SOLVENT USERS RECREATION PROJECT MODULES

Module	Weeks	Participants	Description
Basic home repair	11	11	Basic small building repair and construction projects completed at Sunshine House such as: hanging wallpaper; building a desk; installing shelves and light fixtures; and attending a session about fire safety.
Boxing	8	7	Held at Elite Boxing Club, this module centered on the basics of boxing with a focus on cardiovascular and strength building exercises.
Auto repair	6	5	Repaired and restored a van that is now used for Sunshine House programming (and shared with the Boy's and Girl's Club at Freight House Community Centre).
Drum making			Built a traditional drum with a member of a local Aboriginal drum group. The process involved carpentry, hide stretching and cutting, sinew stretching, stitching, drum stick making, and sewing and decorating a carrying bag for the drum. This followed by a community feast and celebration.
Photography	5	18	Learned about photography from a professional photographer, took photos and created individual photo albums.
Bike repair	5	7	Built and repaired bikes at the Bike Dump. Activities included all facets of bike maintenance and mechanics. People repaired their own bikes or built bikes from scratch.
Music			Working with a local musician, restored donated acoustic guitars. The local musician provided lessons on guitar stringing, tuning and chord structure. The group had sing-alongs, wrote music together, recorded a song and shot a video.
Art	Ongoing	12	Activities included painting a 6x5 foot canvas mural, creating a sign for Sunshine House, painting flower pots, stenciling, bird house painting, and traditional beading. Many art projects had a focus on tracing and hand-eye coordination.

PROGRAM EVALUATION

Program evaluation included tracking the activities, gathering feedback from staff, volunteers and participants, and implementing a pre and post questionnaire to assess impact on participants' motor skills and social supports. See Appendix A – Evaluation Framework - for more information about evaluation questions, indicators and data collection methods.

EVALUATION FINDINGS

WAS THE PROGRAM FUN?

In order to meet the project goals, the advisory committee felt that the modules needed to be fun. Making modules fun increases the likelihood for success by engaging participants, encouraging participation and keeping people actively involved in tasks. The project's driving theory was: *"the more fun participants have, the more they will invest in participating in the activities and therefore, the more they will potentially benefit from the activities."* The realization of this theory was observed on several occasions throughout the project.



FEEDBACK FROM CLIENTS/PROGRAM COORDINATOR

Program staff, volunteers and participants were asked to provide feedback on each module. The Project Coordinator spoke to participants before, during and after each session, asking if they were enjoying the activities and if they had suggestions for improving the program. Feedback was generally positive with all participants saying they enjoyed the program and were looking forward to future modules.

During the bike repair module the Project Coordinator observed that:

"People were into it. ... Everyone who participated enjoyed it, and all claimed that they had a new knowledge of bikes and would be able to fix theirs and others' in the future."



Participants also enjoyed the auto mechanics module. This group was kept small (5 people) due to space and consideration for individual safety. As a result, the trainer/mechanic built strong positive relationships with each participant. They, in turn, had fun, were fully engaged in all aspects of repairing the van and expanded their social support network. Upon completion, every group member felt a strong sense of accomplishment and pride in having repaired a vehicle that it is now functional and used for programming at Sunshine House and Freight House.

The boxing module was successful and fun for participants. Due to the time (Friday evenings) and location of the gym (East Kildonan), the coordinator had more difficulty recruiting participants for boxing than any other module. To support participation, he provided transportation to and from the gym and spent time trying to find and encourage participants to come out to the gym on Friday evenings. Despite his efforts, many did not feel comfortable travelling so far out of the downtown, a neighbourhood they know well, to go to an unfamiliar area. As a result, while there was room for 12 participants in the boxing program, only 3 to 5 people attended each week. Despite this, those who participated “enjoyed it thoroughly” and benefited greatly:

“[The boxing module] was very physically demanding, but there was enough of a variety of activities/exercises ... to keep people interested. People seemed to treat every activity with respect, and gave their full attention to it to the best of their ability. At the end of every session, people's spirits seemed boosted, and a general sense of satisfaction was palpable. In the vehicle when I drove people back after the session, the talk was casual, friendly, as everyone (myself included) felt as though they had just done something challenging together. We would talk about what was difficult, what we enjoyed the most, things that we wanted to work on next time. During the activities, there was usually a lot of laughter, especially when things were strenuous or exposed people's limits/lack of knowledge.”



Of particular note is the accomplishment of one participant who did so well in the gym that he was provided with a free lifetime membership. He continues to attend the gym to train and has been involved in his first boxing match.

VIDEO DOCUMENTARY

With support from the Winnipeg Arts Council, the entire project was documented on video and photographed by Jim Agapito, Artist in Residence. Jim and his team spent hours observing, filming and talking to participants. In a one-on-one interview, he shared the following:

“I would say that [the participants] were having fun, but it depends on the day. If it was cold, then they might come more, but now that it is summer maybe less. What I found that was really interesting was building things. They loved that. There is a certain group of guys that were heavy solvent users who loved building things. Also interesting was that the boxing module was very successful. One of the guys is now coming to boxing

regularly. You can see the people, they liked the physical activities. People did always want to participate, were excited and wanted to try different things."

VOLUNTEER/FACILITATOR OBSERVATIONS

In general, volunteers and facilitators observed that participants were most engaged with hands-on activities such as mechanics, bike repair, drum building and boxing. Women were observed to be more likely to enjoy sewing and arts and crafts. Photography was also a very popular activity for all participants with the highest number of people registered. This module involved teaching about photography and providing disposable cameras. Eighteen disposable cameras were distributed to participants, all of which were enthusiastically used and returned. At the end, all of the participants were excited to see their photos developed and create their own personal photo book.

The music module was facilitated by a local musician, Vince Andrushko, who observed that "the participants were engaged in the activity to a small extent." He attributed this to the fact that "guitar is pretty hard to learn" due to its precise and technical nature. However, the idea of exploring music



THE SUNSHINE HOUSE BAND

generally was very well received and the group was "more involved in music in general ... with the recording stuff, people were really into it." Although few were engaged in the technical aspects of learning guitar, all participants became involved in forming the "Sunshine House Band" and participating in a music video and ongoing writing, playing and performing in collaboration with the videographer.

WAS THIS THE RIGHT STRUCTURE?

As a pilot project, it was important for those planning the program to know if the structure of the program was appropriate, in particular the roles and responsibilities of all project partners in planning, delivery and decision making.

PROGRAM STRUCTURE

The program was coordinated by Sunshine House staff and delivered in partnership with Mount Carmel Clinic (MCC). Mount Carmel provided in-kind resources such as staff time and financial resources for the program. Mount Carmel Clinic also offers a weekly solvent users support group, Survivors of Sniff (SOS), one of the only programs specifically for solvent users currently being offered in Winnipeg. This group was used to inform clients of the pilot project, solicit suggestions for program delivery and share information about upcoming modules. Working closely with MCC ensured a cohesive and complementary connection between these two programs. MCC also provides supportive case

management and housing services for people with addiction and mental health concerns through the Chez Nous/At Home program. Involvement of staff from the Chez Nous/At Home program provided an additional level of support for clients of MCC and Sunshine House to further increase participation and engagement.

To support communication, decision making and ensure the project was well managed and meeting client needs, an advisory committee was established. The committee included representatives from:

- Sunshine House staff
- Sunshine House Board of Directors
- Mount Carmel Clinic
- Community representatives, including a client representative
- Volunteers

Members of the Advisory Committee (8) were recruited and selected on the basis of their knowledge and interest in the adult solvent using population in Winnipeg, including a representative from the solvent using group. The advisory group met every two months to receive updates on the project and provide input and support on planned modules. At every meeting, feedback was shared by community members who reported on the overall response to the project from the participants themselves. The advisory group was also consulted on “big picture” components and provided oversight on decisions related to client safety (boxing, auto mechanics), program duration (expanding the pilot from five to nine months) and dealing with challenges as they arose.

PARTNER FEEDBACK

A survey of five advisory group members found that all members considered their involvement in this project to be meaningful. The committee membership was very well informed about the project’s purpose and members worked together effectively toward a common goal. In terms of partnerships, one committee member stated:

As a funding partner, Mt. Carmel Clinic was instrumental in jump starting the project. They came in at a critical time, providing energy and enthusiasm for the project, which was maintained throughout. Other partnerships were built as needed with organizations and individuals to set and undertake specific modules. Without exception [these partnerships] were highly successful.

All advisory committee members surveyed felt that the committee was managed effectively. Notably, partners established relationships of mutual respect in which meaningful input was routinely sought and feelings of trust and understanding were exhibited. The input of committee members contributed to the project’s success: either resources were contributed directly, or the committee worked together to identify and tap required assets (funding, volunteers, supplies etc.). For example, partnership with Spence Neighbourhood Association’s youth cooking program was leveraged to prepare and deliver healthy snacks for the boxing module. Additionally, an evaluation committee was struck drawing from

the pool of advisory committee members along with evaluation experts and a researcher from the University of Manitoba, Department of Kinesiology.

Project delivery was led by the Project Coordinator, an individual who “has a unique ability to access ... huge networks of skilled artists and artisans who became involved in many aspects of the program willingly and enthusiastically” (advisory committee member statement). For example, he secured contributions and partnerships to support the auto mechanics module including a suitable workspace, donation of a vehicle, a certified mechanic who volunteered to train participants and partnership with Freight House to share vehicle use in return for insuring and storing the vehicle. In addition to the skills and social supports gained by module participants, Sunshine House and Freight House now have access to a safe, functioning vehicle for transporting clients.

The Special Projects Manager also played a key role in facilitating the partnerships and acting as a liaison to share program updates with stakeholders, meet with funders and ensure proper administration of funds. The Special Projects Manager worked with the advisory committee and evaluation committee to ensure the project’s reporting needs were met. With a variety of backgrounds and skills represented on the project team, including community members, volunteer facilitators, organizational partners and academics, the Special Projects Manager provided a communication function that ensured information was shared in ways that could be clearly understood by all members.

As highlighted previously, the responsive structure of the program itself was a great fit for this program and very well-received by participants. The Program Coordinator expanded on this to explain that there were many moving parts to take into consideration, such as: the trainers’ schedules and timeframes, driving participants to and from activities, participants’ schedules and limitations (such as curfews, mobility issues, etc.). The Program Coordinator felt that the physical structure of Sunshine House, the open space, the location and the commercial kitchen, all lent themselves towards the success of the program.

VOLUNTEER FEEDBACK

Another feature of the program was the use of skilled volunteer trainers to deliver all of the program modules. Volunteer feedback was gathered by survey (both paper and online). The volunteers all had positive feedback about the program; 100% of them would volunteer again. Eleven of the 12 volunteers were involved in teaching groups (bike repair, mechanics etc.). Ten of these 11 felt extremely comfortable and informed about their roles and responsibilities (the other felt moderately informed). Only one volunteer felt participants were engaged to a small extent due to the technically difficult nature of the activity. All of the volunteer trainers indicated they understood the purpose of the program.

CHART 1: VOLUNTEER FEEDBACK



In addition to sharing examples of ways participants were positively impacted by the program, volunteers also shared ways in which they themselves benefitted:

I thoroughly enjoyed myself and hope to become more involved once my time is freed up. I hope projects like this keep happening and that there are more participants in the future.

I was really pleased with how well they did. It was a great thing. They're in huge need for more of this. Everyone, including me, benefits.

Pretty good experience. People were shy but they got into it. I never worked with adults before, or sniffers. It was pretty good.

CHALLENGES

Advisory committee members identified two challenges relating to the program structure. The first was the withdrawal of the Mental Health Commission's commitment to funding the project. Faced with limited financial resources, project staff and partners worked hard to deliver a high quality program rather than compromise critical elements such as healthy snacks, transportation, and needed supplies. As such, "the project was highly demanding of energy, with day to day requirements that tested the resources of the coordinator" and all those engaged while stretching the already limited resources of Sunshine House. Whereas the pilot relied on unpaid staff time in order to meet its goals, future programming will need to allocate enough resources for a Program Coordinator and Project Manager to properly coordinate and deliver programming.

The second challenge related to data collection for the program evaluation. Data collection occurred throughout the project and included a pre and post participant questionnaire aimed at measuring change in gross motor skills, physical health and social supports. Data collection tools and methods were adapted to increase engagement and eliminate the need for clients to read and write responses on a

survey. These modifications, using bingo dabbers to record responses and having survey questions read aloud, were highly successful in engaging clients the evaluation. However, in order to try and capture participants at different points in time, data collection occurred frequently throughout the project and may, at times have interfered with program delivery. Additionally, participants did not necessarily attend every module, or even every session within a module. As a result, only a small sample of paired pre and post tests were completed. Continued use of the pre and post survey to evaluate the program, while valuable in terms of measuring outcomes, will require modification to increase participation without overburdening staff.

DID THE PROGRAM ADAPT TO PARTICIPANTS' INTERESTS AND NEEDS?

Given the diversity of modules and activities offered, the program succeeded in meeting a wide range of interests and needs. Running multiple modules back to back offered a variety of options in a short time period so that if an individual didn't like a particular activity, they could simply wait a few weeks for a new module to begin. The changing nature of the project also facilitated volunteer involvement by keeping time commitments brief and time-limited. The variety of activities and individuals meant that the project involved a broader range of people than had the focus been on a single activity.

One of the first examples of program adaptation was the decision to continue the Tuesday and Thursday drop-in art sessions throughout the entire pilot project rather than ending the 'module.' This allowed individuals not able or interested in trying a specific module, to have a place to gather and participate in art-based activities.

Another adaptation occurred during the bike repair module where the facilitator, having prepared a set structure for teaching the sessions, assessed participants' needs and adapted to a more flexible approach. Rather than learn specific skills each week, participants worked independently, at their own pace, and helped each other as needed, all while being guided and supported by the facilitator. The Program Coordinator observed; "with this approach, there weren't many challenges."

One volunteer observed the program staff were changing activities to maintain interest, offering a range of activities from physical activity, skills based, and arts and crafts. One volunteer recommended offering more physical activity-based options, such as ball hockey, in future programs.

DID PARTICIPANTS BENEFIT IN TERMS OF SUPPORT NETWORKS, SKILLS, WELL-BEING, AND RESOURCES?

Volunteers and staff shared several examples of observed benefits to program participants. Several people pointed to the success of one boxing participant with "anger management problems" whose "attitude towards everything has changed... now he is not interested in fighting on the street - just interested in boxing." Another staff went on to say that this participant "has shown a love for boxing, attended every session, and was given a lifetime membership to the gym afterwards. He looks better, is more confident, has not used solvents, and seems like he's found something that he really enjoys."

The physical health of everybody involved in the boxing module improved. As the Program Coordinator described,

“The classes seemed to get a little more difficult each week. People were able to do things at the end of the module that they couldn't do in the beginning (jump rope, touch their toes, do punching combinations), and could do everything a little harder, a little faster, and with a little more technique each week. The participant that came every week (and who now has a membership to the club) was able to get in the ring and spar with the coaches, which was a major accomplishment and a huge source of pride for him.”

This program presented an opportunity for people to work together on different projects. While some participants may have been shy at the beginning, in particular some of the women; people's confidence was seen to grow over time as people became *“very interested and focused on what we were doing.”* Several comments noted that people's relationships improved and their social networks grew. One volunteer observed that,

“Some guys had beefs with each other on the street. When they are in Sunshine House they are all working together. They poke jabs at each other, but they all work together. I commend [the staff] for doing what [they're] doing because if this recreation program is for them to have a good time and keep them out of trouble, then it is working.”

Others reported that new friendships were formed as a result of the program activities. One trainer described that *“everyone joined in my teachings ... communicated with others more, smiled a lot more [and] made new friends”* and that there was *“lots of communicating - people talked to other people who didn't before.”*

In addition to building social connections, participants increased their connection to the larger community. One participant returned to the Bike Dump after the module concluded. The facilitator expressed that it was *“a nice surprise to see a familiar face coming in to use the space on his own motivation.”* Participants in the drum making module learned new skills and connected with traditional teachings. The trainer observed that as a result of this activity, *“ You can see them getting in tune with their spiritual beliefs more and how humbling it was.”*



PRE & POST QUESTIONNAIRE

In order to measure the degree to which the program impacted participants, a pre and post questionnaire was implemented. A validated survey, the *Short-form Physical Self-Description Questionnaire* was recommended as a tool for measuring improvements in physical health, coordination, flexibility and self-confidence. To adapt the tool for program participants, questions were read aloud and participants recorded their answers on a colour coded response sheet using bingo dabbers.

Although the adapted process worked to engage participants in the evaluation, only ten participants ended up completing both a pre and post questionnaire. For these individuals, there were slight improvements observed in their physical fitness, health and overall coordination on the follow up questionnaire (Table 2).

TABLE 2: AVERAGE PRE/POST PSDQ SCORE (MAX SCORE = 6)

	Pre	Post	p value
Physical fitness	3.9	4.6	0.093
Health	4.3	4.9	0.12
Coordination	3.8	4.3	0.172
Strength	3.7	3.3	0.391
Isolation	4.3	4.1	0.494
Physical activity	4	3.7	0.497
Sports	3.4	3.6	0.575
Trembling	3.5	3.7	0.583
Housing	3.6	3.4	0.605
Self esteem	4	4.1	0.691
Appearance	3.6	3.5	0.713
Flexibility	3.4	3.4	0.847
Body fat	4.3	4.4	0.851
Endurance	3.2	3.3	0.867

CONCLUSION

The Solvent User Recreation Program, modelled on widely available community-based recreation programs, offered these services for the first time to a typically underserved community. The result was a project that successfully engaged participants in a broad range of new activities that were both fun and beneficial to their health and well being.

The program participants were fully engaged in the program and succeeded in accomplishing projects in which they took a great deal of individual and collective pride (the van, the Sunshine House Drum, music video among many more). Offering a series of short modules focused on a variety of skills and interests helped maintain momentum and involved a wide range of participants and volunteers. Throughout, the program responded to participant preferences and needs by “checking-in” regularly and continuously adapting approaches.

Due to the supportive and welcoming nature of the program, people were willing to try new and often unfamiliar things. Program staff and volunteers created an environment that facilitated “having fun” while being responsive to participant feedback, and adapting activities to suit peoples’ interests. The openness and flexibility led to a strong sense of participants’ ownership of the program which, in turn, meant participants felt welcome to share their ideas and offer suggestions for “fun” activities to incorporate.

For most participants, the “hands-on” activities such as building, crafts, drum making, auto-mechanics, boxing, photography and bike repair were the most enjoyable. The least enjoyable aspect of the project was learning guitar – a technically difficult activity. Recruiting people for the boxing module was difficult due to the gym location (East Kildonan) and time (Friday evening). However, those who did the boxing had lots of fun. One participant did so well that he was given a lifetime membership to the gym and continues to train there. It was suggested that future programs should consider options for more physical activities such as ball hockey.

The overall program structure in terms of coordination, planning and programming, were effective in supporting the successful delivery of the pilot project. The Advisory Committee membership was appropriate and worked effectively to manage the project, secure resources and resolve issues. Some modules required additional parameters for risk management. For example during sessions with risk of injury such as boxing and auto repair, participants were asked to participate “straight” – not under the influence of substances. The advisory committee played an important role in discussing and deciding upon these harm reduction issues.

Community and client representation on the Advisory and Evaluation Committees was very valuable. In response to the withdrawal of Mental Health Commission funding, all partners worked collectively to leverage additional support. To ensure program success with limited resources, Sunshine House and program staff worked extremely hard, often stretched to capacity, to ensure the project was delivered as planned.

Volunteer engagement contributed to the program’s success. All volunteers felt highly engaged, enjoyed their participation, and would take part in this type of project again. The relationships formed between the trainers and the participants were meaningful and improved participants’ social supports.

Beyond the benefits of participation in recreation activities, the project team also identified the following examples of unintended positive outcomes:

- A participant who asked for support getting his driver's license was assisted to successfully apply for and obtain a license.
- Two participants who approached staff for assistance with Child and Family Services, were provided a letter about their involvement in the project and were given access to visits with their baby. Advocacy on behalf of another participant resulted in gaining family visits.
- Staff successfully negotiated with a participant's Parole Officer to allow him to participate in a module that took place past curfew.
- Many participants were given letters of participation to be shared with social service programs such as Employment and Income Assistance.
- Project staff visited with a participant in the hospital.
- Participants had access to harm reduction supplies (condoms, lubricant, crack kits, and injection drug supplies) available at Sunshine House during programming.

These examples show the different ways in which this program provided a point of contact with needed supports. It allowed participants to make connections not only with each other, but with staff, trainers, and volunteers, thus expanding social support networks both within and outside of the program.

DATA COLLECTION PROCEDURES

PROJECT COORDINATOR NOTES AND OBSERVATIONS

The Project Coordinator recorded activities and observations following every module. This included feedback about participants' reactions to the program activities, what worked well, what should change, and any other factors affecting the group dynamics (e.g. other events, weather, community issues or crisis etc.). These notes were reviewed and summarized as the project rolled out.

SURVEYS AND INTERVIEWS WITH PROJECT PARTNERS

Members of the advisory committee and volunteers were surveyed throughout the project to provide feedback on their experience and share their observations. Survey questions asked volunteers and partners if they felt informed about the project, if they felt participants were engaged and benefiting from the project, and if they felt the structure was working well.

PDSQ QUESTIONNAIRE

Starting with module 2, participants were asked to complete a questionnaire at the beginning and end of each module. The survey tool (a standardized, validated tool that measures self-perceived physical ability and quality of life) was administered verbally with individuals recording their responses on a coded response sheet. Results were analyzed using a paired t-test to measure differences from pre to post questionnaires.

LIMITATIONS

Obtaining a large enough sample to complete both a pre and post questionnaire was challenging due to changing program schedules and fluctuating attendance. The degree to which the survey tool itself is relevant to this population is also unclear. Although the data collection process worked well and small improvements were observed, a larger sample collected over a longer period of time would be needed to validate the tool and enable more definitive conclusions to be drawn about the program's impact.

Time and resource constraints meant that limited feedback was gathered directly from clients. In particular, the evaluation did not include those who chose not to participate in the project. Those who provided feedback were highly engaged and would be more likely to offer positive feedback. Efforts to include feedback from non-participating clients would provide valuable information about how the project can become more accessible and engage with a broader audience.

FUTURE DIRECTIONS FOR EVALUATION

As much as possible, evaluation structures need to be simple and unobtrusive. The modifications to the PDSQ tool, such as using bingo dabbers, were effective in making the survey more accessible. However, as one evaluation committee member pointed out, it is difficult to "jazz up" a quantitative survey - at the end of the day it's still a survey. It was suggested that in the future, the survey be introduced by a program staff to provide consistency and increase buy-in. This would also reinforce the idea that the survey is not a test and that results would be used to assess and evaluate how well the program is working.

Participants responded more favourably to qualitative methods of data collection, in particular to informal debriefing sessions embedded throughout the project. Continued use of mixed methods approaches that include observation, formal and informal feedback along with surveys and questionnaires is appropriate and feasible for a project of this type.

Community representation on the evaluation committee was very important. When using academic tools like the PSDQ, it is important to be aware of language and context that may not be familiar or relevant to all respondents. Suggestions from community members and clients followed by careful pilot testing help ensure that the methods and questions used will be appropriate and adequately understood. Future evaluations could also involve more participants in reviewing results, determining conclusions and making recommendations about the program. This could include collaborating on the analysis or checking back with the group about the evaluation findings.

Continuing to apply evaluation in real-time, as the program rolls out is a practical and effective approach that could be repeated in future. A strength of this approach was the ability to gather and review feedback as it was received; using the information to adjust and improve program delivery. This included adjusting schedules, adding modules and even adapting data collection methods. While this approach increases the complexity of the evaluation, the value it adds in terms of ensuring effective program delivery during, not after, the program makes the added effort worthwhile.

APPENDIX A – EVALUATION FRAMEWORK

Evaluation Question	Indicators	Data collection method	Timeframe
Was it fun?	<ul style="list-style-type: none"> • Participants show up • People tell us it was fun • Facilitators observe group dynamics and interactions • Participants share stories about the experience 	Coordinator report	At the end of each module
		Facilitator/Volunteer interviews and surveys, client feedback	Ongoing
Is this the right structure?	<ul style="list-style-type: none"> • The time spent maintaining the project is appropriate • Partners have the information they need and know what they are supposed to do • Partnership with Mount Carmel Clinic and SH works including open and effective communication 	Coordinator report	At the end of each module
		Survey committee members (advisory and evaluation committees)	Beginning, middle and end of project
		Check in with partners (Mount Carmel Clinic and Sunshine House)	Ongoing
Is the program flexible and adaptable to people’s interests and needs?	<ul style="list-style-type: none"> • How often the program changes • Numbers of participants attending week to week • People will tell us if they want changes made • Program partners will provide feedback 	Coordinator report	At the end of each module
		Survey committee members (advisory and evaluation committees)	Beginning, middle and end of project
		Check in with partners (Mount Carmel Clinic and Sunshine House)	Ongoing
Did participants’ support networks expand? [advocacy, support, (e.g. peer support, housing) and resources]	<ul style="list-style-type: none"> • Participants share stories about the experience • Participants self-identify as having increased social support 	Document through video, photo and interviews	Ongoing until the end of the project
		PDSQ instrument (short form)	Beginning and end of each module beginning with module 2
		Facilitator/Volunteer interviews and surveys, client feedback	Ongoing