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The Nature of Resident Participation in the Exploration and Installation Stages of the Implementation of a Community-based Primary Prevention Program for Young Children

Jessica S. Noble Ms.

Wilfrid Laurier University, nobl6040@mylaurier.ca

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The Nature of Resident Participation in the Exploration and Installation Stages of the
Implementation of a Community-based Primary Prevention Program for Young Children

by

Jessica Noble

Master's Degree, Wilfrid Laurier University, 2016

Thesis

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in partial fulfillment of the requirements for

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Abstract

Resident participation is a vital factor and key prerequisite to the planning, development and implementation of community-driven projects. Early implementation evaluations, especially during the planning stages of project development, are critical to ensuring effective resident participation. Understanding the nature of resident participation, including the activities involved, facilitators, barriers, and outcomes of engagement, is essential for laying the foundation for program success and sustainability. This study was an implementation evaluation of a small community-based initiated project that examined resident participation, varying by degrees of involvement throughout the early stages of implementation. The sample ($N = 11$) consisted of three service-providers, two highly-engaged residents, four less-engaged residents and two project staff. The qualitative data analysis found that during the exploration stage, highly-engaged residents and service-providers participated in similar activities. However, as the implementation process progressed into the following installation stage, highly-engaged residents expressed desires to reduce involvement and responsibilities, while project staff, service-providers and those less involved wished to remain as involved or increase participation. Additionally, findings revealed that project challenges were perceived differently by residents, regardless of level of involvement, than by service-providers and project staff. The findings of this study produced recommendations for increasing facilitators and reducing barriers to resident participation during the early stages of an implementation process of a community-based project.

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Resident participation is the voluntarily support of individuals in their community and is noted as crucial to having high quality, locally appropriate services and community projects. This study examines facilitators, barriers experienced and activities participated in by residents, project staff, and service-providers during the early planning stages of the implementation of a initiated community-based project to support child, family, and community development. Additionally, the study examines the outcomes of resident participation during the early implementation stages of this community-based project.

Resident Participation in Community-Based Project Implementation

Implementation Research

New approaches and methods have shaped the innovative systems used to enhance community's health and well-being in North America. These innovations, such as prevention and promotion programs, need to be designed with precision at each stage. Program design, however, is only the first step of the implementation process. The effective transfer and sustainability of these innovations into real-world settings requires operating efficiently within the successive, complex stages of program implementation (Dorner et al., 2014; Durlak & DuPre, 2008; Metz & Bartley, 2012). These stages include how well information and evidence about a particular program is conveyed to communities, whether the local context decides to adopt an existing program and/or how to adapt the program, and how well the program is monitored and addresses issues throughout the planning, implementation, and sustainability process (Durlak & DuPre, 2008). Successful implementation is then dependent on the level of adherence to the core components of a proposed program or intervention during these stages (Durlak, 1998). This process of adherence has also been referred to as fidelity or integrity, and is monitored through process evaluation or implementation research (Durlak, 1998).

Previously, evaluation research has focused primarily on end goals and program outcomes rather than examining implementation as a process (Durlak, 1998). However, research has shown that the process of implementation, including adherence to the core components and activities during implementation stages, influences the desired program outcomes (Durlak & DuPre, 2008). Despite this information, less than 5% of over 1200 published prevention studies have provided process data on program implementation (Durlak, 1997; Fixsen, Naoom, Blase, Friedman & Wallace, 2005). Focusing primarily on outcomes overlooks the implementation process and ignores the necessary components required for successful implementation. Without adequate research, the required steps to put a program idea into practice are absent.

Assessing the implementation process is crucial for understanding which components were implemented and the quality of application, as well as providing greater accuracy in interpreting how activities contribute to program outcomes. In addition, process evaluations aid in the identification of emerging challenges and faster application of solutions. Recent research has shown that programs often encounter issues throughout various stages of implementation (Metz & Bartley, 2012). Furthermore, if these concerns are not anticipated or identified they will not be addressed as they emerge, which can hinder the fidelity (adherence to program components), effectiveness, and sustainability of the innovation (Dorner, L., Howard, E., Slapac, A. & Matthews, K., 2014; Metz & Bartley, 2012). Findings from implementation research also aid in the dissemination and transferability of a program to different unique settings and determine how and why it works (Durlak, 1998; Durlak & DuPre, 2008). Recent attention on implementation evaluation research, including logic model development, theory of change elaboration, and fidelity evaluation, has led to the emergence of “implementation science” (Fixsen et al., 2005).

One component of implementation science focuses on understanding the implementation process, which is also important when testing the theory of change guiding the program. Theories often emphasize the importance of specific components (e.g., resident participation) in order to produce an anticipated change (Fixsen et al., 2005; Renger, R., Bartel, G. & Foltysova, J., 2013). These components must receive adequate assessment to determine the level of intensity and frequency of application throughout the program implementation stages in order to achieve program effectiveness. Evaluation during these implementation stages, especially the planning and early implementation stages, can assist with this process as it aids in identifying and addressing difficulties occurring during specific activities (Dorner et al., 2014; Durlak, 2008; Durlak & DuPre, 2008).

Implementation Stages

Researchers have identified four stages that occur throughout the implementation process, with each stage containing a number of unique decisions and activities (Metz & Bartley, 2012): (1) exploration, (2) installation, (3) initial implementation, and (4) full implementation. These four stages reframe the concept of implementation as a singular, one-time event and articulate it as “a process involving multiple decisions, actions, and corrections to change the structures and conditions through which organizations and systems support, and promote new program models, innovations, and initiatives” (Metz & Bartley, 2012, p. 12). A review conducted by Meyers, Durlak and Wandersman (2012) assessed 25 implementation plans and found that the bulk of the activities during implementation occur in the exploration and installation stages, often before the initial implementation actually begins. This finding shows that evaluating the bulk of key activities during the early planning stages of prevention and

promotion programs may aid in maintaining program fidelity and achieving program success and sustainability.

It is important to note that each stage may not begin and end crisply. Although the stages often occur in the order listed previously, activities from one stage often occur and reoccur with activities from the previous and subsequent stages (Metz & Bartley, 2012; Meyers et al., 2012). Additionally, the timeline between the exploration stage and full implementation varies depending upon the complexity of the program model, baseline groundwork, availability of resources and supports, and other contextual factors (Metz & Bartley, 2012). Nevertheless, it is vital that the stages and activities occur in a specific sequence, especially the early planning stages, in order to ensure that all program components and requirements are being met (Metz & Bartley, 2012; Meyers et al., 2012). The following section describes Metz and Barley's (2012) four stages of program implementation.

Exploration stage. The first stage of implementation begins with the exploration stage. During this stage, various assessment strategies related to organizational needs, program fit, and a readiness assessment is conducted. The first stage primarily aims to examine the ecological fit between the proposed program and the local context (Meyers et al., 2012). During this exploration stage, requirements for implementation must be thoroughly assessed as well as potential barriers. Engagement of key stakeholders, program champions, and "buy-in" from community members and partners are essential throughout this process in order to ensure that community support surrounding the project is formed. It is also important that core components and active ingredients of the program are identified and operational, adhere to the implementation plan and are agreed on by the majority of those involved prior to explicit buy-in from key stakeholders. Once agreement is obtained regarding the fit and feasibility of the

program model in the specific local context and the ability to meet a community's needs are satisfied the project moves from exploration to installation (Metz & Bartley, 2012; Meyers et al., 2012).

Installation stage. Subsequent to the exploration stage is the installation stage that is often overlooked or undervalued during the implementation processes (Metz & Bartley, 2012). This stage requires practical and intentional efforts to initiate the new program and create a structure for implementation, including changes to particular settings and systems of practice. Activities within this stage include acquiring resources, such as physical space and technology, as well as financial and human resources. Clearly, establishing program fidelity components, outcome goals and project timelines is also essential. Finally, developing the competence of residents and practitioners through technical assistance and training is critical during the installation stage in order to ensure programs are implemented with fidelity (Metz & Bartley, 2012; Meyers et al., 2012).

Few studies in program implementation have examined the process of implementation during the exploration and installation stages. These stages include significant planning and preparation that ultimately provide the fundamental groundwork for a project. However, despite the importance of these early planning stages (i.e., exploration and installation stages), researchers often do not begin evaluations until the third stage: the initial implementation stage (Dorner et al., 2014; Fixsen et al., 2005).

Initial implementation stage. Following exploration and installation stages is the initial implementation stage in which resident participation is required to initiate a new program. This stage includes an explicit monitoring process of project activities, services and consultation, fidelity monitoring and feedback processes (Metz & Bartley, 2012). Key activities of this stage

involve creating a supportive climate (Meyers et al., 2012) through significant resident engagement, including adjusting for turnover rates and recruiting new volunteers (Pines & Aronson, 1988). Strategies to promote continuous improvement and rapid cycle problem-solving are also vital in the initial implementation stage (Metz & Bartley, 2012). This problem-solving feedback loop aims to assess the implementation process and identify critical issues in order to apply system solutions quickly, rather than allowing problems to re-emerge and reoccur (Metz & Bartley, 2012; Meyers et al., 2012). Within the context of resident participation, this pre-implementation stage is essential to the implementation process and failure to identify and address concerns, such as challenges to resident participation, often results in program failure (Cameron, Peirson & Pancer, 1994; Hayward, Loomis, Nelson, Pancer & Peters, 2011; Metz & Bartley, 2012; Meyers et al., 2012).

Full implementation stage. The final stage is called full implementation and involves the lessons learned from all stages becoming integrated into system settings and practice (Metz & Bartley, 2012). As issues are addressed through solution application, practices and procedures are explicitly defined to sustain the adapted program model. During this stage, sustainability is a major focal point, but will only be successful if consideration of sustainability occurs in prior stages (i.e., during exploration, installation, and initial implementation) (Metz & Bartley, 2012; Meyers et al., 2012). Researchers have recognized that sustainability needs to be an active component from the primary stages of implementation, including securing both financial and programmatic resources (Durlak & DuPre, 2008; Metz & Bartley, 2012). The funding streams need to be established, reliable, and adequate while programmatic resources involve ensuring effective technical assistance and training is in place for the duration of the implementation

project (Metz & Bartley, 2012).

Research and implementation theory show that examining all stages of implementation, including the early stages, aids in program fidelity and ensures programs are adequately implemented in and adapted to the local context. Additionally, individuals residing in the local context and engaging in resident participation serve as resources when ensuring these components effectively meet local needs (Dorner et al., 2014; Fixsen et al., 2005; Hayward et al., 2012).

Resident Participation

In North America, resident participation is the paid or unpaid effort that community members contribute to support to their surrounding environments with the aim of improving conditions (Wandersman, 1984). Residents are defined as individuals living within a specific geographical location and often have a deeper connection and investment in their community than individuals living outside the catchment area. The often voluntary input of residents is essential for the success and sustainability of non-profit and charitable organizations, providing vital services that assist employees with necessary tasks (Allen & Mueller, 2013). In fact, when communities seek funding in order to implement programs in their community, resident participation is often a major prerequisite that must be met in order to be approved (Cameron et al., 1994; Hayward et al., 2011; Pancer & Cameron, 1994).

According to previous research conducted on resident participation in Canada, there are three statuses of residents: volunteer residents, service-provider residents, and staff residents (Cameron et al., 1994; Pancer & Cameron, 1994). Volunteer residents are local community members who are not paid as project staff or employed by a service organization involved in the project, such as parents and retirees. Service-provider residents are local citizens who are

employed by a service organization affiliated with the project, such as school principals and funder representatives. These individuals may have moved into the community because of their job or have been residing there prior to employment. Finally, staff residents are defined as individuals who are employed by the community project and often have lived in the neighbourhood prior to being hired by the project; examples are site coordinators and community researchers.

Residents often engage in hours of paid and unpaid services with the goal of building healthy communities. In Canada, 12.7 million residents, or approximately 1 in 2 Canadians, engage in volunteer work (Statistics Canada, 2015). The majority (66%) of the 1.96 billion hours of uncompensated services provided annually is directed towards the non-profit sector in Canada (Statistics Canada, 2012). More community members committed to volunteering, however, are required to ensure greatest sustainability of programs and organizations (Allen & Mueller 2013).

There are many facilitators and beneficial outcomes of resident participation. Statistics Canada (2012) has identified personal motivations and available time as key factors facilitating resident participation. The primary motivating factor for 93% of volunteers, however, is the desire to contribute to their communities. Over one-half (59%) reported being personally affected by an organization's cause, while over three-quarters (78%) wanted to make use of their skills and experiences (Statistics Canada, 2012). Facilitators to volunteering, as well as time spent doing it, were also influenced by interpersonal relationships. Almost one-half (45%) of non-volunteers reported a lack of involvement because they had not been asked, while nearly three-quarters (68%) reported volunteering because they knew people doing it as well (Statistics Canada, 2012). Residents who are engaged experience opportunities for learning, socialization

and re-entry into the workforce (Casey, 2014; Hayward et al., 2011; Pancer & Cameron, 1994). In addition, resident participation can enhance an individual's quality of life and lifestyle through greater sense of community (Levy, Itzhaky, Zanbar, & Schwartz, 2012; Ohmer, 2007; Peters et al., 2010).

While there are many facilitators and positive outcomes of resident participation, some barriers to it have emerged as well. Lack of time has been identified as the biggest barrier to becoming a volunteer across all Canadians (Statistics Canada, 2012; Sundeen, Raskoff, & Garcia, 2007). The lack of ability to devote more volunteer hours or volunteer altogether resulted from a shortage of time due to other responsibilities (67%) and the inability to make long-term commitments (62%) (Statistics Canada, 2012). Research also shows that challenges include community residents' apprehension and discomfort when working with professionals, tensions between unpaid residents and paid residents, service-providers, and staff, and cultural and language barriers (Cameron et al., 1994; Pancer & Cameron, 1994).

Critical negative outcomes of resident participation have also been discovered. These outcomes were identified as failed expectations and disappointments (Hayward et al., 2011) and volunteer burnout (Cameron et al., 1994; Pancer & Cameron, 1994). A secondary effect of volunteer burnout is a high turnover rate, which then requires further resources to reach new volunteers and provide continuous training and technical assistance (Pines & Aronson, 1988). Burnout and high turnover among residents can be detrimental to project adherence, success, and sustainability due to the importance of resident participation when implementing a community-based prevention program (Allen & Mueller, 2013).

Resident involvement in program implementation is particularly vital for grassroots projects aimed at enhancing community development. Research has shown that residents

possess expert knowledge regarding a community's needs (Tritter & McCallum, 2006) and therefore provide key contributions in decision-making, implementation, and sustainability of a project (Christian, Evans, Nykjaer, Hancock, & Cade, 2014; Murphy & Cunningham, 2003; Kulbok, Meszaros, Bond, Thatcher, Park, Kimbrell, & Smith-Gregory, 2015). Although a program may have specific components that must be adhered to in order to achieve effectiveness and maintain fidelity, residents from the local setting are often needed to assist in the delivery of these components in order to better fit the needs of the local context (Hawe, Shiell, Riley & Gold, 2004). For example, a major component of a program may be that it must be universal, ensuring that the programs developed and implemented target all members within a particular age group living in the local community. Residents can then assist with the development of universal programs that meet the community's needs while adequately targeting those within that specific age group.

In addition, residents contribute unique views, effective and tangible engagement, and an enhancement of suitability when tailoring a model to meet specific community needs (Durlak & DuPre, 2008). Many diverse residents can contribute their skills and expertise by participating and assisting with the planning, development and implementation of community projects in several ways and through different levels of participation.

High-levels of participation often occur from community residents and service-providers who have been involved with a project prior to a set project plan being defined and funding acquired (Hayward et al., 2011). These individuals are characterized by having been highly-engaged from the beginning of the exploration stage and have often led or assisted with project planning, proposal, and grant applications. Once funding is acquired these individuals may stay highly involved in the project during the installation stage through frequent participation on

committees, regularly volunteering at programs, and completion of work beyond their required duties. Of the highly-involved who are volunteers, these residents would be considered a small proportion of volunteers (10%) who devote more than half of total volunteer hours needed for program success (Statistics Canada, 2012), whereas residents who are less engaged may not commit to as many tasks or responsibilities. The impetus for fewer hours committed to volunteering may stem from a lack of available time, as mentioned previously (Statistics Canada, 2012) or other factors. These residents may have only become engaged during the installation stage and may also participate on a committee that meets quarterly or annually, rather than monthly, and/or possibly volunteer at one-time events within the community.

Understanding that resident participation is not dependent solely on the extent of decision-making power or, frequency and intensity of engagement within a project is important. Different roles, expertise and levels of participation are beneficial in producing positive personal and project outcomes (Metz & Bartley, 2006). Resident engagement is needed in all areas of a project including project development, community outreach, service delivery, and research components (Pancer & Cameron, 1994). Therefore, early evaluation assessing resident participation is important to project success.

Previous research has not yet examined the impact of resident participation, both high-level participation and low-level participation, in the early (exploration and installation) stages of implementation (Cameron, et al., 1994; Durlak & DuPre, 2008 Pancer & Cameron, 1994; Metz & Bartley, 2012; Tritter & McCallum, 2006). Rather implementation evaluations often commence once the planning is completed and the practical implementation has already begun (Durlak & DuPre, 2008). Early implementation evaluations can aid in understanding the facilitators and barriers of resident participation within the project as well as the impacts of

participation on the project process itself (Cameron, Peirson, & Pancer, 1994). Without clear evidence that participation is linked to progression towards achieving project goals throughout the different implementation stages, there is little chance residents will remain engaged (Tritter & McCallum, 2006). Continuous evaluation of resident participation throughout the different stages of implementation is important (Durlak, 1998; Durlak & DuPre, 2008) for program success and sustainability, especially those reliant on resident participation. In order to increase community participation, which ultimately enhances program success, research must begin to assess resident participation within the early stages of an implementation process. Findings from this line of research can develop strategies to reduce potential barriers and enhance facilitators for significant and meaningful involvement of residents in planning, installing and implementing programs (Cameron et al., 1994; Hayward et al., 2011; Pancer & Cameron, 1994). The implementation of the prevention program *Better Beginnings, Better Futures* is a prime example of a community project that benefits from resident participation.

A Community-based Model for Positive Child Development

Better Beginnings, Better Futures (hereafter referred to as *Better Beginnings*) is a community-based, universal program model designed in 1990 to prevent emotional and behavioral problems among young children while promoting positive mental health and general development. *Better Beginnings* research has shown that positive child development is fostered by building and enhancing community capacity (Hasford, Loomis, Nelson, & Pancer, 2013; Peters et al., 2003; Peters et al., 2010; Worton et al., 2014). The *Better Beginnings* model is holistic and ecological in nature-- incorporating children, families and their communities. The model also values inclusion, recognition and appreciation of cultural diversity that exists among individuals and within communities. *Better Beginnings* is considered a non-standardized

intervention because of its flexibility and opportunity for adaptations to meet the unique needs of a community (Durlak, 1998).

Guiding principles of *Better Beginnings*. Despite the lack of standardization of programming in *Better Beginnings*, there are four guiding principles of its model (Hayward et al., 2010; Peters et al., 2003; Worton et al., 2014). The four principles of the *Better Beginnings* model follow: (1) ecological and holistic, (2) universal, (3) service integration, and (4) grassroots, with a minimum of 51% resident participation. First, this model is ecological and holistic by remaining attentive to children, as well as to the environment that surrounds them. This concept is based on Bronfenbrenner's (2005) ecological theory which focuses on the interaction between an individual and her/his surrounding environment, including family, community, and society. The programs of *Better Beginnings* attend to environmental layers by including child-focused programs, such as before and after school programs, parent and family-focused programs, such as home visitations and ESL classes, and community-focused programs, such as community picnics and events. Programs are also adopted and adapted by residents thus making this model community-driven.

Second, *Better Beginnings* is universally available to all children within a specific age group as well as their families within a particular geographic location over multiple years. Third, *Better Beginnings* is a strengths-based model which aims to build off of community strengths, successes, and abilities as a starting point with a goal of integrating with existing services within a community in a seamless manner. The fourth and final guiding principle is meaningful and significant resident involvement is central to successful implementation of *Better Beginnings*. Residents have played a major role during project development, governance, programming, community outreach and advocacy, and research. Since its inception, project committees must

be composed of 51% community members and this quorum is required in order to approve any project decision.

***Better Beginnings'* model variations and evaluation outcomes.** The guiding principles of the Better Beginnings' model are delivered in two age group variations. The first model targets children from pre-birth to 4 years old (younger cohort) while the second targets children aged 4 to 8 years old (older cohort). In 1993, the two models were implemented in eight pilot Better Beginnings demonstration sites across Ontario (Peters, et al., 2003). Outcome evaluations have been conducted on these demonstration sites. Findings for the younger cohort sites did not generate consistently positive effects: some outcomes were more favourable for comparison sites; others showed positive impact for the Better Beginnings sites; and still other indicators showed no impact (Peters et al., 1997). Inconsistent findings may have been related to the program reach having been too broad or fragmented, or potential confounding factors were not assessed in the initial evaluation (Loomis, 2013). In contrast to findings of the early cohort, positive results were found for the model targeting children ages 4 to 8 years.

Evaluations revealed significant positive outcomes for children, parents and families as well as the larger community (Hasford et al., 2013; Pancer & Cameron, 1994; Pancer et al., 2013; Peters et al., 2010; Peters et al., 2003). Long-term research shows that children who participated in *Better Beginnings* improved social skills, self-control, and decreased use of special education services. It was observed that parents and families reduced maternal smoking, improved family functioning, and parental social support. Finally, communities saw increases in neighborhood satisfaction as well as greater parental and community involvement (Peters et al., 2010). These positive findings come from research conducted at existing sites with assessments

in grades 3, 6, 9, and 12. Whether newly developed sites can replicate these findings is an open question.

Before understanding the outcomes of a new *Better Beginnings* project on children, families, and a community, an implementation evaluation is needed to reveal if the project components adheres to the *Better Beginnings* principles. Implementing the *Better Beginnings* model into a newly selected community setting provides an opportunity to assess the chief principle of resident participation through early project stages. While previous research has assessed resident participation (Christian, Evans, Nykjaer, Hancock, & Cade, 2014; Murphy & Cunningham, 2003; Kulbok, Meszaros, Bond, Thatcher, Park, Kimbrell, & Smith-Gregory, 2015), it has not examined this at specific stages of the implementation process. Specifically, little research has yet to examine the connection between the different levels of resident participation throughout the stages of the implementation process. Assessing the different levels of resident participation during the implementation process, primarily during the fundamental exploration and installation stages allow for early and rapid identification of issues and application of solutions in a community start-up project.

Research Objectives and Rationale

Rationale for this study. Resident participation is a vital factor and core component in the planning, development, and implementation of community-based prevention projects (Peters et al., 2010). Conducting early implementation evaluation is critical to ensuring that project progress is on target throughout the primary stages of implementation. Activities occurring during the early stages of implementation require active resident participation that provides the foundation for the program success and sustainability. The early implementation evaluation can

allow for rapid identification of potential issues and solutions regarding resident participation.

Research objectives. The early implementation evaluation assessed resident participation in the Enriching Communities project (fictionalized name) to provide feedback information to the project and gain a deeper understanding of resident participation during different stages of implementing a community-based initiated project. The objective of this research was to understand the nature of resident participation during the early planning stages of the implementation process of a community-based primary prevention program, *Better Beginnings*, including the facilitators and barriers to resident participation, and different activities and outcomes that occur at each stage of the implementation process. These factors were compared between those who were highly-engaged in the project and those who were less engaged in order to understand the different components and trajectory of resident participation. Furthermore, research shows that implementation evaluations can aid in providing evidence of direct connections between program components and outcomes (Durlak, 1998). In addition, the early evaluation of the project implementation also provides information pertaining to adaptations and innovations required for implementation success. Research findings will be used to inform service enhancement of the new *Enriching Communities* adaptation and to contribute to the growing literature of implementation science.

Table 1 contains details regarding the three main objectives of this research, the main research questions as well as the proposed method.

Table 1: Research Objectives, Questions, and Method

Objective	Research Questions	Method
A. To understand the types of activities in which residents participated in the exploration and installation stages.	1a. In what types of activities do the most involved and less involved residents participate during the exploration and installation stages? 1b. Do types of activities vary by degree of involvement or implementation stage?	1a. Focus groups with residents and service-providers who have participated in the project since initiation, and field notes 1a. Semi-structured interviews with residents from the steering committee, service-providers and staff, and field notes. 1b. Thematic coding and constant comparative analysis
B. To understand the facilitators and barriers to resident participation in the exploration and installation stages.	2a. What are the facilitators of resident participation for the most involved and less involved residents during the exploration and installation stages? 2b. Do facilitators vary by degree of involvement of implementation stage?	2a. Focus groups with residents and service-providers who have participated in the project since initiation, and field notes 2a. Semi-structured interviews with residents from the steering committee, service-providers, staff, and field notes 2b. Thematic coding and constant comparative analysis
	3a. What are the barriers of resident participation for the most involved and less involved residents during the exploration and installation stages? 3b. Do barriers vary by degree of involvement of implementation stage?	3a. Focus groups with residents and service-providers who have participated in the project since initiation, and field notes 3a. Semi-structured interviews with residents from the steering committee, service-providers, staff, and field notes 3b. Thematic coding and constant comparative analysis
C. To understand the impacts of resident participation during exploration and installation stages on the individual residents, the project, and the community	4a. What are the outcomes of resident participation for the most involved and less involved residents during the exploration and installation stages? 4b. Do outcomes vary by degree of involvement or implementation stage?	4a. Focus groups with residents who have participated in the project since initiation, and field notes 4a. Semi-structured interviews with residents from the steering committee, and field notes 4b. Thematic coding and constant comparative analysis

Method

Context

In December 2014, a community in the Southwestern, Ontario received funding to adapt and implement *Better Beginnings*. This project implementation, *Enriching Communities*, had several community organizations involved including the local school board. Initially, *Enriching Communities* was implemented in two public elementary schools with the hopes of incorporating an additional four schools by 2018. These schools served as community “hubs” or centres where project meetings, program delivery, and community events took place.

The first active community hub was Peach Public School (fictionalized name) with approximately 180 students enrolled from Junior Kindergarten to grade 6 as of September 2014. Plum Public School (fictionalized name) was the second *Enriching Communities* community hub with an enrolment of approximately 244 students ranging from Junior Kindergarten to grade 6.

After exploration of the *Better Beginnings* model began in 2011, residents and stakeholders determined the model was a good fit that could meet the community’s needs. Moreover, many existing resources were already in place and project champions, including school principals of the public schools intended to be community hubs, were supportive of the project. Thus, presentations of the proposed *Better Beginnings* project were given to key political figures and funding was sought from a local foundation. Together, community members worked to create a business case and complete grant applications. In December 2014, these efforts led to the acquisition of funding, from the local foundation, needed to begin the implementation process of this model. At this time the implementation of *Better Beginnings* Project entered the installation stage. Upon receiving funding key stakeholders and residents of

the community began planning and developing committees for project progression. Residents were notified about the launch of the project and were encouraged to become involved in the implementation process.

Standpoint as a Researcher

Fortunately, I have been active in the Southwestern, Ontario community over the past three years and although I was not an active participant in the early planning stages, I have observed the progression of the Better Beginnings project as an outsider since 2011. During my fourth year of university, I volunteered at a Breakfast Club program held at Peach Public School. This school is located in a community with a range of people from diverse socioeconomic backgrounds, with many families battling with low-income, among many other hardships (e.g., refugee-status, addictions, health issues, etc.). While volunteering at Peach Public School, I provided a healthy balanced meal to some students who otherwise may not have received breakfast due to many factors, while they socialized with friends and took part in sophisticated educational games, such as chess. I was able to witness firsthand the community come together to support each other, especially young children. My experiences at Peach resonated with me because my upbringing in some sense was akin to many families in the Southwestern, Ontario community.

Growing up my family faced many hardships including traumatic events, economic difficulties and stressors of daily life. Despite adversities, I was fortunate enough to be raised in an extremely supportive and unconditionally loving environment. During my upbringing, my family was not always able to afford material goods, as I can remember several Christmas' and birthdays' without any presents. However, my lack of material possessions went unnoticed.

Growing up I had a supportive family and community, and I maintained a supportive network of

friends throughout my childhood into my adult life that has enabled me to develop protective factors, such as resilience, and coping strategies, which I would not have otherwise. There have been many times when I have been faced with hardships such as acts of discrimination or rejection but I have persevered because of the coping strategies I possess. I consider myself an exceptionally privileged individual specifically because of the immense support I had and continue to receive.

As a university-educated, black woman I understand that my life experience is personal and unique. I also recognize that each individual has her/his own unique experience and life story. I understand that my privilege of accessible schooling, social support and financial independence may cloud my understanding of the experiences and perspectives of the Southwestern, Ontario residents. In order to remain conscious of my personal biases and standpoints, I maintained a journal documenting my reflexivity throughout this study.

Research Paradigm

The early implementation evaluation in Southwestern, Ontario region was conducted from a pragmatist paradigm framework (Morgan, 2014). This paradigm deconstructs the distinction between realism and anti-realism often argued in paradigm wars and instead emphasizes that each individual constructs his/her own reality that is ever-changing based on our actions and environments. In other words, an external and objective reality experienced by all is nonexistent.

In this study, I recognize that there are multiple realities among residents within a community shaped by different social, political, and economic factors and values. As a result, the method utilized (e.g., semi-structured interviews) was distinctively tailored in order to

address diverse realities. I employed techniques that best met the objectives of the research, such as semi-structured in-depth interviews and focus groups, in order to understand the unique experience of the residents in the Southwestern, Ontario Region. Cultural norms and diversity were respected and a genuine, transparent relationship with community members regarding the research process was maintained. Moreover, through the process, residents had an opportunity to reflect on their personal involvement with the *Enriching Communities* project and their community as a whole.

Research Design and Sampling Strategies

This study used a comparative qualitative research design with a purposeful sampling strategy (Padgett, 2012) stratified by level of involvement and status in the project (i.e., residents, service-provider, and project staff). Residents were carefully selected following inclusion criteria in order to assess the key variations among residents who engage in participation on a high-level, those who are less engaged, and service-providers throughout the implementation stages.

Residents in the high-level participation and low-level participation groups were selected from the existing project steering committee and were required to reside in the catchment area of the two public schools currently serving as the community hub. The high-level participants were identified as volunteer community residents and paid service-providers who would have been heavily involved in the project prior to the funding acquisition date, December 2014. This involvement was confirmed through meeting minutes taken prior to December 2014. The high-level participators were also a part of one or more committees, which met monthly or bi-monthly, and had a role on these committees with specific ongoing responsibilities, such as note-taker or no-chair. Service-providers were hired for a specific amount of time, possibly for the

full four years. Members of the steering committee fit these criteria. Due to the inclusion criteria requiring high-level engagers to have been a part of the project since the exploration stage, project staff members hired during the installation stage were not included in this group.

Lower-level participants were also volunteer community residents living within the catchment area and may have begun their participation prior to funding acquisition; however, they sat on one or no committees. If they were sitting on a committee, they met monthly, quarterly or annually and their role had little to no ongoing responsibilities. Some of these individuals also volunteered in one-time events, such as Karaoke Night or Movie Night, however they did not have any specific ongoing responsibilities or commitments. Members with little to no responsibility on the steering team (e.g., parents, local retirees) fit these criteria. Additionally, project staff members hired during the installation were also considered low-level engagers due to their participation occurring in the post-initial planning stage.

All residents were 18 years old or older and needed to be able to communicate in the English language. There were no restrictions on gender, race, marital status, and/or employment status. Levels of participation were defined at the beginning of this study (i.e., the implementation evaluation). Therefore, if a resident began participating on a low-level and slowly increased to a high-level participator throughout the implementation evaluation, this resident continued to be considered a low-level participator. Additionally, if a participant (e.g. project staff) became involved with the project mid-way through the implementation evaluation (during the installation stage), they were considered low-level participators as well. The change in participation and activity levels was assessed through data analysis.

Sample

The sample ($N=11$) was divided into four groups; three highly-engaged service-providers, two highly-engaged volunteer community residents, four less-engaged volunteer community residents, and two staff project members. ($n= 2$ males, $n= 9$ females). The study initially aimed to collect data from a sample size of 12. However, due to scheduling issues one participant was unable to participate in the study. The rationalization for the sample size emerged from research showing saturation often occurs within the first 12 interviews, and meta-themes uncovered within the first six interviews (Guest, Bunce & Johnson, 2006).

Participants consisted of volunteer residents, service-providers, and project staff who were carefully selected to participate in this study. Volunteer residents were defined as project contributors that are unpaid, such as parents and local retirees and lived within the catchment area ($n= 6$). These individuals live within the community and voluntarily choose to assist with community efforts. Service-provider residents were local individuals employed by a service organization affiliated with the project, such as school principals, funder representatives or paid researchers ($n= 3$). Staff was defined as individuals hired specifically by *Better Beginnings* to assist with project coordination and implementation ($n= 2$). Age of residents was not collected.

Instruments: Interview Guide, Field Notes, and List of Activities

The use of focus groups and interviews, participant observations and field notes facilitated in understanding the dynamics of resident participation during the stages of implementation. The voice of the residents helped to provide rich details about the unique culture and context of the community involved in the implementation process (Dorner et al., 2014). Simultaneous qualitative data collection methods were used throughout this implementation evaluation. The semi-structured interview guide included questions pertaining to

perceived barriers and facilitators of resident participation, types of activities engaged in, and impacts of resident participation on the project process and potential personal outcomes (Pancer et al., 1994); probes were added to gather as much relevant data as possible, tailoring the interview to the specific individual based on their level of engagement. (Interview guides for the focus group and individual interview can be found in Appendix A, and B, respectively).

To supplement or triangulate data from the interviews that were conducted, field notes were made from observations. Direct participant observations made from March 2015 to February 2016 occurred at committee meetings, while volunteering at programs and engaging in community events. The observation guide used (Appendix C) was adapted from a tool created by Patton (2002) and included observations regarding program setting, human and social environments, program activities and behaviors, informal interactions and unplanned behaviors, and nonverbal communications. Observations were also made as I worked alongside community members to assist with the creation of necessary components of the project, such as policy handbooks and communication resources.

Project progress was observed throughout the implementation evaluation process. In order to identify project stages a diagnostic tool, Adapted Stages of Implementation Completion (ASIC), was adapted (Chamberlain, Brown & Saldana, 2011). This tool monitored progress throughout the implementation process by assessing the activities completed and activities skipped. A list of the activities involved in the four different stages (exploration, installation, initial installation and full implementation) was created and used to document activity completion (see Appendix D for the ASIC containing a list of implementation stages and activities for the Better Beginnings project).

Furthermore, the continuous use of field notes and memos to document semi-verbatim accounts of events allowed for the identification of noticeable themes and observations, throughout the evaluation (Appendix D). Natural occurrences among residents were also documented as well as my own reflexivity of the resident participation and project progresses. These field notes allowed me to monitor resident participation during the implementation process through my own perspective. Thematic analysis of my field notes and memos were completed in order to grasp and triangulate the overarching themes pertaining to resident participation (detailed further in the *Analysis* section below).

Procedure

Residents, both highly-engaged and less-engaged, staff, and service-providers participating in the implementation process of the community-based project were first invited to participate in the research study via email. I followed up with a phone call (or with an in person invitation) to coordinate a time to participate in either a focus group and/or an individual interview. Highly-engaged individuals who had been a part of the project since the inception, including residents and service-providers, were invited to a focus group. Unfortunately, due to issues with scheduling, two interviews, rather than one focus group, were conducted with four of the seven highly engaged residents and service-providers. Each interview consisted of two participants. The aim of the interviews were to acquire a collective understanding and re-telling of the inception, or exploration stage, of this project. Three people were approached for an interviewer, but were either not available or declined to participate in the focus group process. However, these participants were later interviewed individually. One highly-engaged service-provider was invited but was unable to attend both the focus group and individual interview. Project staff members, (e.g., project coordinator) were not asked to participate in the focus

groups since their engagement in the project did not occur until after funding was acquired and the installation stage began, however, they were asked to participate in individual interviews.

The use of a focus group with a small number of highly-engaged residents and service-providers allowed for memories to retrospectively emerge of the planning exploration stage which occurred from 2011 to 2014. Participants were also able to elaborate on one another's reminiscences as the story-telling and recollection of the project planning stage occurred. Individual in-depth interviews were then conducted to discuss in greater detail resident participation during the current installation stage.

The second group consisted of participating residents who were less involved during the exploration stage. These individuals were asked to participate in in-depth, individual interviews. The individual interviews were used to ensure confidentiality and privacy when discussing personal opinions and emotions.

Table 2 contains details regarding the participant's role in the project, their level of engagement and their participation in research activities.

Table 2: Participant's Role, Level of Engagement, Research Activities.

	Project Role	Level of engagement	Stage Involvement Began	Research Participation
Participant #1	Service-provider	High	Exploration	Paired Interview & Individual Interview
Participant #2	Service-provider	High	Exploration	Paired Interview & Individual Interview
Participant #3	Service-provider	High	Exploration	Paired Interview & Individual Interview
Participant #4	Resident	High	Exploration	Paired Interview & Individual Interview
Participant #5	Resident	High	Exploration	Individual Interview
Participant #6	Resident	Low	Exploration	Individual Interview
Participant #7	Resident	Low	Exploration	Individual Interview
Participant #8	Resident	Low	Installation	Individual Interview

Participant #9	Resident	Low	Installation	Individual Interview
Participant #10	Staff	Low	Installation	Individual Interview
Participant #11	Staff	Low	Installation	Individual Interview

Paired interviews and individual interviews were scheduled based on the convenience of the residents and conducted between December 2015 and January 2016. Consent forms were completed and the 45-minute to hour long conversations were audio recorded. Participant observations and memos were documented throughout my engagement in the implementation process of the Better Beginnings project, primarily between March 2015 and February 2016.

Qualitative data collected were audio recorded and transcribed by me verbatim (Padgett, 2012). Audio data and transcripts were uploaded and stored on a password-protected computer, and analyzed using NVivo computer software. All interviews were anonymized through unique identifiers. Digital records of interviews were deleted upon completion of the transcriptions and any quotes used in publications or presentations were stripped of identifying information, including names of individuals, organizations or communities.

Data Analysis

Thematic analysis (Braun & Clark, 2006) was used to review the data, identify common themes and apply an interpretation or meaning (Padgett, 2012). Thematic analysis allowed for the identification, analysis, and reporting of unique patterns within the data using systematic coding answering the preconceived research questions. This form of analysis occurred on all relevant documents (e.g., transcripts, field notes, etc.) through the evaluation process and memos were created to record hunches about the data and issues of concern.

The process of thematic analysis began by utilizing an exploratory approach to conduct inductive coding, or inductive content analysis, on the data. Next, relationships between codes

were identified and codes were grouped by latent themes. For example, several participants discussed poor communication, lack of team building, and issues with power dynamics and decision-making within the team as barriers to their participation. Thus, these codes were grouped under the overall theme of “barriers” and the meta-theme of “Dynamics within the Project Team”. The process of thematic analysis continued until the data reached a point of saturation, meaning no new codes were developed, and themes were fully extracted. Field notes were then used to triangulate and confirm the themes found during the thematic analysis (Strauss & Corbin, 1994).

I, the research, began taking field notes from the very first meeting regarding the implementation evaluation until the end of the study. Field notes were taken regarding natural observations, formal and informal conversations, and hunches about resident participation during the implementation process. For example, field notes were written concerning informal, personal conversations that occurred with a highly-engaged resident in August, 2015. The resident expressed feelings of disappointment and frustration with the lack of communication between themselves and the new project hire. They also expressed confusion regarding their new role and responsibilities as a result of the new project hire taken over many of their previous tasks. This particular field note, and several others, reinforced the identified theme of “Lack of Clarity” regarding roles and responsibilities. All themes were consistent with hunches and observations recorded in the field notes, however, direct quotes from notes were not inserted into the *findings* section due to identifying information contained in the document.

Additionally, a reflexive journal was also kept throughout the entire implementation evaluation process. Journaling began after the first meeting regarding my practicum and entrance into the community until the end of the evaluation study. The reflexive journal was used to

personally debrief as well as document personal hunches and opinions about occurrences throughout the project. For example, I, the researcher, journaled about occurrences at project team meetings that involved a project staff member making decisions without the consent and approval of the fellow team members and residents. The staff member said “I always say, it is better to ask for forgiveness than permission” during one informal conversation. Each time a decision was made without discussion or approval, I journaled about my own feelings of frustration and disapproval regarding the situation. This was done in order to ensure that my feelings and opinions were documented and, therefore, could be revisited and would not impose or interfere with interpretation of the data.

Establishing the quality of data. Initially, I entered the community through a practicum placement through volunteering opportunities and by attending project meetings. Rapport was built with community residents through informal discussion and prolonged engagement (Padgett, 2012). It is believed that the rapport developed helped to reduce respondent bias as residents felt comfortable to openly express their opinions. In order to build trust with community members, reduce researcher biases and enhance credibility within the data, member checking was conducted with the residents when assessing and interpreting the findings. Transparency about the research project with community members was also crucial to the rapport and trust built between the residents and me during the evaluation (Dorner et al., 2014). An audit trail and reflexivity was also documented using journaling and memos during the entire research process. Finally, although transferability is not the main priority for this study due to the adaptability of *Better Beginnings* to a specific community context, thick description of the process and findings were documented for future implementations. Furthermore, data triangulations are techniques

used to enhance the credibility and quality of the data.

Ethics. This study/implementation evaluation assessing resident participation on the Better Beginnings Southwestern, Ontario project was part of a larger project that had already been approved by Wilfrid Laurier Research Ethics Board prior to data collection commencing. Minimal physical and psychological risks were expected throughout this research project for individuals involved. It was possible, however, that participants might feel overloaded with research responsibility if they are highly involved in the *Better Beginnings* project already. They might also have had trouble with the timing of meetings due to alternative priorities. These risks were accommodated for, as I ensured flexibility when meetings were scheduled and where they were held. Community residents might also have felt negatively if the findings were undesirable. This risk was reduced by maintaining transparency throughout the research project by providing three interim verbal updates during steering team meetings. Finally, residents might have felt hesitant or intimidated when interacting with “professionals” as research explains (Cameron et al., 1994). However, with the prolonged engagement in the community it was expected that this risk was diminished.

Findings

The early implementation evaluation conducted on a community-driven prevention program aimed to understand the facilitators and barriers of resident participation, as well as the activities residents participated in and the outcomes of their engagement on the community, project and themselves. These four components were assessed for residents most involved and less involved in the exploration, retrospectively, and in the current installation stages of the implementation process. The findings regarding the four research questions (#1a-4a) during the exploration and installation stage are summarized in Table 3 with details following. The

subsequent four research questions (1b-4b) which compares the findings by implementation stage, level of engagement and project have been grouped together for readability purposes.

Table 4 provides an summarized illustration of the key findings of these four research questions.

Table 3 contains summarized findings of common themes of resident participation organized by research questions, implementation stage, and status.

Table 3: Overall Findings of Resident Participation by Implementation Stages

	Most Involved	Less Involved
Exploration Stage	Residents and Service-providers	Residents
1a. Activities	<ul style="list-style-type: none"> Community outreach and awareness efforts Received education and training Steering team Led logistics 	<ul style="list-style-type: none"> Community outreach and awareness efforts May or may not have received education and training Steering team Supported logistics efforts
Missed activities	<ul style="list-style-type: none"> Relationship-building with local school board 	<ul style="list-style-type: none"> Deeper understanding of logistics Greater community awareness
2a. Facilitators	<ul style="list-style-type: none"> Opportunity to create positive change in community Created vision for the project 	<ul style="list-style-type: none"> Opportunity to create positive change in community Endorsed the project vision
3a. Barriers	<ul style="list-style-type: none"> Difficult logistics and lack of hands-on events Rules and regulations of local school board Lack of available time 	<ul style="list-style-type: none"> Difficult logistics and lack of hands-on events Lack of available time
4a. Outcomes	<ul style="list-style-type: none"> Personal. Enhanced skills, social opportunities and personally rewarding Project. Acquired funding Community. Socialization 	<ul style="list-style-type: none"> Personal. Enhanced skills, social opportunities and personally rewarding Project. Acquired funding Community. Socialization
Installation Stage	Residents and Service-providers	Residents and Project Staff
1a. Activities	<ul style="list-style-type: none"> Project support Residents reducing activities 	<ul style="list-style-type: none"> Project support Increasing activities and workload
2a. Facilitators	<ul style="list-style-type: none"> Learning opportunities and contribute skills 	<ul style="list-style-type: none"> Learning opportunities and contribute skills

	Most Involved	Less Involved
	<ul style="list-style-type: none"> • Social Support • Optimism and project expansion • Potential positive outcomes for children, families, and the community • Overcoming project hurdles (service-providers) 	<ul style="list-style-type: none"> • Social Support • Optimism and project expansion • Potential positive outcomes for children, families, and the community • Overcoming project hurdles (project staff)
3a. Barriers	<ul style="list-style-type: none"> • Partnerships • Dynamic within the project team (residents) • Lack of clarity (residents) • Failed expectations (residents) • Lack of available programming and visibility (residents) • Lack of available time 	<ul style="list-style-type: none"> • Dynamic within the project team (residents) • Lack of clarity (residents) • Failed expectations (residents) • Lack of available programming and visibility (residents) • Lack of available time
4a. Outcomes	<ul style="list-style-type: none"> • Personal. Commitment, improve skills , personal growth, and social connections • Project Strong community partners • Community. Volunteer opportunities and engaging community members 	<ul style="list-style-type: none"> • Personal. Commitment, improve skills , personal growth, and social connections • Project Strong community partners • Community. Volunteer opportunities and engaging community members

Exploration Stage

Research Question #1a: In what types of activities do the most involved and less involved residents participate during the exploration stage?

The exploration stage of the *Enriching Communities* project began in 2011. Residents, staff and active partners involved in a community connectivity network worked together to understand the needs of the members of the local neighbourhood. After having identified clear needs and gaps within the community, an expert researcher on community-based intervention programs was approached and brought into the network's discussions to present potential program ideas and solutions. It was at this time the proposed program, *Better Beginnings*, was introduced to the participating members of the roundtable. The findings of the focus groups

assessing the organizational fit and community response show that the proposed program was quickly recognized as a solid fit by community members. The *Better Beginnings* model was notably ideal as many of the existing community services and system practices were already established in the local context. The excerpt below is from an interview conducted with a highly-engaged service-provider discussing the fit of the program in the local context and the community's' positive response.

“Well, that’s what I thought! Is I thought this is a perfect fit because I thought they had a lot of the elements in place that the other older Better Beginnings sites that I knew of already, you know, that were working already had. So, they had a school where the principal was really excited, they had sort of high-needs neighbourhood. They had a community centre and they had residents who had been involved for a while and some history of that with some other projects. So, I thought what was missing was the opportunity to kind of coordinate all of that and have some staff to give it some more, a little bit more ‘umph’. Um, I just thought- and I thought there were good partners and players who were ready for this. So, it seemed like the perfect fit and then as part of our grant that we got, the funder wanted us as part of the dissemination to start one new project. So, I guess that was part of it too was then the fact that it was just right here in my backyard. And, that I actually knew someone who was there doing this kind of work and just getting started. So, I thought it was a perfect opportunity. Yeah, it just came together very easily.” (Service-provider, Jan. 2016)

Community outreach and awareness. The community responded with enthusiasm about the potential implementation of the *Better Beginnings* model in their community. Existing members of the connectivity network, including school principals, community workers and

program experts, worked to actively recruit more residents from the community, and parent councils within the local schools. Residents and service-providers planned, led and supported community events aimed to raise awareness about the new project. Many of the residents who currently remain involved identified being approached or asked to join the project team by another existing member.

The quotes below illustrate the ways in which residents were approached and invited by local service-providers or community members to participate in the project. Community outreach and raising awareness is a required in order to increase resident participation and program sustainability.

“So, I first heard from [principal of local school]. They were having an information night at [local school] and [they] asked if I would be interested in coming to see what was going on and that they would be looking for a focus group and a steering committee later. So, [they] thought I would be a good fit.” (Volunteer, Jan. 2016)

The volunteer below

“So, that would be from [resident]. And, literally I heard about it in a waiting room at a dance studio. Our daughters dance together and she knew what I did for a living [daycare provider]. And, so she thought for community partnership that it would have been a good idea to have somebody that has worked, like has kids in the community.” (Volunteer, Jan. 2016)

Education and training. With the objective of acquiring more familiarity and knowledge about the program model, residents took the opportunity to embark on several educational visits to existing Better Beginnings sites in local communities operating since 1993. An educational

session was also provided by an expert for all interested community residents, municipal employees, politicians and community partners to attend.

The quote below discusses education, tools, and training activities that occurred with many of the service-providers, highly-engaged residents, community organizations, and some interested less involved residents.

“And we also had training that we did when we finally had the toolkit done and before we did our first visit to a province, we piloted here. So, [researchers] and I did the, we did the training with [city]. So it was like a one-day thing down at the region and it was region-wide but a lot of people from that neighbourhood, [specific neighbourhood] came. So, all those people I was telling you about they came. [Service-provider] didn’t come to that but a number of people did including some of the residents. So, we had a chance to go through the whole toolkit and the DVD with them and kind of bring them up to speed that way.” (Service-provider, Jan. 2016)

Steering team. Once education and training regarding the model was delivered to the community, committed residents and organizational partners came together to create a small steering team. The quote below exemplifies the way roles were occupied based on skills and previous experience.

“I would be honest I would say, you know, a team came together around it and everybody took on different roles and certain parts of it and so it was kind of neat to watch this thing take form.” (Volunteer, Jan. 2016)

Logistics. Key members of the steering team, including both paid and unpaid residents, developed a business case for the project, an implementation plan, and a proposal application

presented to several politicians, the local school board and a funding organization in the community. Funding was acquired in December 2014. The excerpt below is from a focus group conducted with two highly-engaged project participants. One of these participants responded to a question asking about the initial goal of the steering team and explained that acquiring funding and building a business case was the most important task.

“Find money. So, the first initial goal was to organize ourselves to have a business case and put some thought behind, we know it’s a good idea but put some numbers behind it to be able to go and speak intelligently about what we think it would cost and what would, what would be the ask if we were to ask for money. So that would have been, I think that was the initial goal in the first year and a half probably. It was really focused on, you know, it took about 6 months to get that business case going.” (Volunteer, Jan. 2016)

Missed activity of Most Involved: Relationship-building with local school board. A major missed activity identified by highly-engaged residents and service-providers included building a stronger partnership with the local school board by presenting the community’s and projects needs more clearly, asking more questions, and establishing a clear partnership in writing. The service-provider quoted below raises some questions that they believe should have been asked and clarified with community partners during the exploration stage.

“Yeah. But we should have asked a lot more question about so, how is this going to work with facilities? How do we need this? What do they need from us? You know, how can we ensure that it’s going to run smoothly? And, we didn’t ask those questions we just assumed that because we had this agreement now, this understanding that things would fall into place.” (Service-provider, Jan. 2016)

Missed activity of Less Involved: Deeper understanding of logistics and greater community awareness. Two missed activities noted by those less involved included acquiring a better understanding of the logistics during the inception of the project and creating a greater awareness about the project to the community and its residents from the early planning stages. The volunteer below discusses the desire to have been more involved in the meetings regarding the logistics behind the project in order to be more of an assistance now that issues are emerging during the installation stage.

“I think it would have been good because there was some of the bigger meetings that I was invited to come to but the time didn’t work for me. And, I think that would’ve been good if I had have been able to because um, I would have understood a little bit more about the politics as to why things were delayed. And, maybe could have helped with that but I just wasn’t able to go at those times is all.” (Volunteer, Jan. 2016)

The quote below mentions that more community outreach and awareness could have occurred during the exploration stage, as well as opportunities for participation among residents that did not involve formal, technical tasks such as building business cases and completing grant applications.

“I think we missed to get out to more people at [local school]. We may have gotten some more support there from parents and it may have helped to alleviate some of the, because they know some of the people that have dropped off it’s because there were, you know, a group of 10 trying to do everything. If we had maybe more people at the beginning, I don’t know. It kind of worked organically through word-of-mouth and who we could pull in right? And this isn’t something that everybody is necessarily aware of, or drawn to or understand how it works. Right? That’s one of the challenges that we....cause we’re

trying to get community and resident support into something that at the beginning is very formal, right? Because you need to have formal things.” (Volunteer, Jan. 2016)

Research Question #2a: What are the facilitators of resident participation for the most involved and less involved residents during the exploration stage?

Opportunity to create a positive change. The initial steering team identified the opportunity to create a positive change in their community as well as the prospect of enhancing the lives of children as well as the local community in its entirety. Residents were also encouraged by the passion and vision of the original pioneering residents as a key motivator of their participation. These findings were consistent with my observations and field notes as residents openly expressed their excitement to enhance the lives of those in their community.

“I would say it’s the passion of the people who caught that vision in the first place and thought, ‘wow, this is awesome! We want this for our community and we’re going to do what it takes to get this!’ And there’s a few key people, I think who are behind that and [resident] is one of them and [resident] and [resident]. I think they’re the three big drivers and they just really, really have a commitment and a passion and vision for it.

That’s what keeps them going.” (Service-provider, Jan. 2016)

Research Question #3a: What are the barriers to resident participation for the most involved and less involved residents during the exploration stage?

Difficult logistics and lack of hands-on events. One challenge included the lack of hands-on opportunities for residents, such as volunteering at events and programs. Due to the focus mainly being on logistics of the project, which were often lengthy and difficult, some participating residents decided to reduce their participation until more practical opportunities were available. The excerpt below was given by a highly-engaged resident in a focus group

when asked about the barriers to resident participation. The respondent described the need to create opportunities that allow residents with different areas of expertise to assist with the project. These findings were consistent with my field notes regarding informal conversations with uninvolved community members and less involved residents (Memo, Jun. 2015)

“... But, for somebody who wants to just come to a breakfast club and help out, right, that’s not necessarily where they feel they can contribute, whether they can or not- they absolutely can contribute but maybe they don’t see where they can contribute or how they can.” (Volunteer, Jan. 2016)

Rules and regulations of local school board. Another major barrier was the difficulty experienced by those unfamiliar with the rules and regulations of the local school board. As a result of many system practices being unwritten, some residents found relationship-building and navigating the local school board to be a challenge. The highly-engaged resident below explains the questions they wished they had asked during the exploration stage as well as the relationships they would have like to build.

“It was you go through [local school principal], and that’s it. And, I think in hindsight, I would have blown that door open and went, no! Who do we talk to because [local school principal] doesn’t have time? That he is volunteering to do this. This is what, you know, to get a different connection that way. I don’t know if that would have made any-difference. I don’t know because you don’t know how, like it’s such a web of rules and silos and, it’s- I have to say working at [employer] it is but I know those rules and I don’t know the rules of the board yet.” (Volunteer, Jan. 2016)

Lack of available time. Finally, another critical barrier to resident participation was a lack of available time due to personal responsibilities. The service-provider quoted below articulates

the challenge with balancing personal responsibilities, employment, and assisting voluntarily with the project during the inception stage.

“Time. Like, cause we were all doing this as volunteers. So, if things came up, you know, if people were away, you just wouldn’t have their input so it would wait. And, it did take a long time to get through some of the, the logistics of it. Like, a lot of the other community members wanted- ‘okay, well let’s just go ask for the money’. Well, you can’t just go ask for the money. You have to have something behind it. And so, some of them got- you know, that’s where they dropped off cause well, there is nothing that I can do. They weren’t necessarily of the mindset to sit in a meeting and come up with you know, a business case and think through numbers and all of that right? They wanted to be part of a program or a- kind of like where we are now right? And event.” (Service-provider, Jan. 2016)

Research Question #4a: What are the outcomes of resident participation for the most involved and less involved residents during the exploration stage?

Personal. Residents identified the opportunity to enhance skills and experience through learning experiences as a key personal outcome. They also found occasions to be part of a community-development project in their local neighbourhood very personally rewarding.

“... I was struggling with what I was doing at work. So, you’ll find when you’re not fulfilled at work you find other ways to fulfill your purpose in life. So, I was just trying to build on the gifts that I got, use them where I can.” (Volunteer, Jan. 2016)

Project. Residents acquired funding from a local non-profit organization after a year of creating and presenting proposals to different key stakeholders. The funding was identified as sustainable as it was designated for four years. As a result of obtaining funding, the project was

also able to secure a sponsor organization to help delegate funding for the project and hired staff. The excerpt below was given by a highly-engaged resident who expresses the sense of joy and accomplishment of receiving the project funding.

“I mean just to be able to, and to think you know, cause I know I remember when [service-provider] came back and said ‘oh my gosh, look at how much we’re asking for’ and I said, ‘ask for everything you need to ask for!’ And then it was just, it came back and I remember when we went to go get the cheque too and [service-provider] said, ‘why are you smiling?’, cause I knew we had this! I knew we were getting this money and just, yeah, being able to say, ‘yeah we did that!’” (Volunteer, Jan. 2016)

Community. The exploration stage focuses mainly on project planning and acquiring funding. As a result, the project had little impact on the community at this stage of the implementation process. There were several local events that aimed to raise awareness about the project within the community. Residents also identified that the project played a major role in bringing a small group of community members together to work collectively on a project as described below by a service-provider.

“Well, I think it’s drawn some people out of the community. It’s provided an opportunity for some people to get involved, some parents, to get involved. And, I think that’ll just grow. So, the more that’s offered I think the more people will engage with it. And, you know, from what I hear from [researcher’s] interviews that parents are saying these are the things they’d like and the more they meet those needs, the more I think you’ll see parents come in. So, I think we’re early but I think there is some good indicators of residents getting involved and you know, having some influence.” (Service-provider, Jan. 2016)

Installation Stage

Research Question #1a: In what types of activities do the most involved and less involved residents participate during the installation stage?

Project support. The successful implementation of a community-driven project often requires sufficient resident participation in many project activities. The activities involved during the installation stage require involvement by a greater number of residents, service-providers and project staff than in the exploration stage. The tasks are more “hands-on” and involve concrete project planning. The residents, service-provider and staff involved in the installation stage of this implementation process participated in activities supporting the project included education and training, research activities, outreach, participating on committees, and volunteering at events. The excerpt below is from an individual interview with a highly-engaged service-provider discussing his role as a consultant in the project.

“Well, I was sort of their consultant, you know? It was really kind of me sort of playing the role of educator and consultant and this is how you kind of get it going, and these were the components. So, yeah that was really my role and I think now they say- they call me consultant or researcher. So, those are the kind of two things that I mostly contribute is consultation and research.” (Service-provider, Jan. 2016)

Residents reducing activities and involvement. Residents who were highly-engaged in the implementation process during both the exploration and installation stage were essentially the individuals who pioneered the project. As the project begins to lay a foundation in the community and slowly moves forward, some heavily involved residents expressed an interest in reducing the responsibility and activities in the project. These findings were consistent with field

notes regarding informal conversations held (Memo, Jun. 2015, Oct., 2015, Jan., 2016). The quotes below from two highly-engaged residents illustrates the ways in which they wish to reduce their involved noting frustration and lack of time as obstacles.

“So, yeah, maybe I’ve got to be careful from now on to not get myself too engaged in something that has so many obstacles. I don’t go home at night. A lot of people go home at night. So, that’s my problem right? That’s not, that’s not either better, that’s just the way I function so. It’s frustrating, it frustrates me.” (Volunteer, Jan. 2016)

“I was dedicating myself, but then when I have a time crunch I kind of have to step back because I have to re-prioritize a bit.” (Volunteer, Jan 2016)

Meanwhile, less involved residents and project staff expressed an interest of remaining as involved or becoming more engaged in project activities over time, (e.g., joining more committees) and attaining more responsibility. The quote below from a project staff exemplifies their desire to become more involved in expanding the project in the local community and building deeper connections.

“So, I hope to work to have a strong team and to sort of have that snowball effect that I will encourage the coordinators who will encourage the enrichment workers who will encourage the participants, so we get those circles of involvement going. And, then I would like to be more involved in the bigger picture, you know. So, connecting more with the City of Waterloo and with the- I’m going to be meeting with superintendents and you know, school board trustees and the executive of the organizations. And, I would really like to see how that we do expand to have established relationships in the Catholic school board.” (Project staff, Jan. 2016)

Research Question #2a: What are the facilitators of resident participation for the most involved and less involved residents during the exploration stage?

Learning opportunities and contributing skills. Residents, including service-provider residents and staff of the project, identified unique learning opportunities this pilot project provided as a key motivator for their participation. The opportunities included a chance to develop new skills while improving and contributing existing skills in an effective and meaningful way.

“Well, the opportunity to be part of a very exciting pilot that’s happening in our community. So, this is the first program of its kind that I’m aware of, in the area. To work with a great team of people in bringing that about, just the experience of learning as we go, learning together.” (Service-provider, Jan. 2016)

“...So, yeah it’s, there is a lot I mean, that and it’s a way to use my gifts. If you’re not using your gifts, then you can’t be happy.” (Volunteer, Jan. 2016)

Social support. Social support was another facilitator of resident participation. The residents, project staff, and service-providers noted that working with a diverse team of people, positive team support, and strong community participation, which essentially pioneered the project, was an important motivator of their continued participation during the implementation process, especially when challenges and hurdles emerged. The quotes below from a service-provider and project staff demonstrate the high level of community engagement from the inception of the project and the joy of working with a diverse and passionate team.

“I’ll tell you, I like the group of people with whom I am working. I just think there is a lot of talent and they’re all very likable. I don’t find one person in that group that we’ve been working with for a while difficult or challenging. Like, I think there are some

differences but I think we're able to talk pretty well. So, I like that. And I do think there is a lot of talent, like a lot of talent and goodwill in the project partners and that includes the residents. So, I think, you know, that's a really good thing. I like going out to the meetings even though, you know, you're going out at night and things like that, and it's still kind of a fun group to be a part of.” (Service-provider, Jan. 2016)

“The good thing about this organization is that it really did start with community, people wanting to bring it into the community.” (Staff, Jan. 2016)

Project hurdles as a facilitator for service-providers and staff. During the implementation evaluation, emerging project hurdles were identified by several residents that served as barriers to their participation. However, these hurdles did not serve as a barrier necessarily to service-providers and project staff but rather they posed a challenge to overcome. In fact, it appeared that challenges were anticipated by service-provider and project staff. The quotes below from two service-providers and one project staff clearly demonstrates the ways in which project hurdles served as facilitators and stimulating challenges to their participation. There are not any quotes from volunteers because project hurdles were not identified as a facilitator to their participation.

“Well, you see that's the puzzle! I don't mind. Like, that's - if everybody was doing it then it wouldn't be - I wouldn't be that interested. To me, the idea is to try to get beyond what the current situation is to make a better situation. So, if currently there is a whole bunch of schools around that are pretty much empty after 4pm and there are a whole bunch of kids that need stuff, and there are a whole bunch of organizations that are willing to do free stuff and they can't get together. That's a current situation than the actual process and problem is to figure out a creative way to move forward and I think

there are lots of people that want that same goal. And, it's somehow about thinking outside the box.” (Staff, Jan. 2016)

“I would say that to be honest, our pace is a little bit slow. But again, or maybe it's because we are a very new project so we are more careful maybe, the management, top management is more careful about launching any activity that can- I mean, that can face any disaster so. Doing bit by bit, gradually increasing the number of activities by scale.” (Staff, Jan. 2016)

“There are bumps along the way it's not always a smooth process but that's predictable because we're human beings. But I think we're making progress and it's coming together so I think it's moving in a good direction.” (Service-provider, Jan .2016)

Optimism and project expansion. It should also be noted that although project challenges were identified during this early implementation evaluation, the majority of residents remained optimistic about the future outlook of the project and the ability to give back to their community. Residents, service-provider residents, and staff were also excited to participate in expanding the project within their local community. The excerpt below from a highly-engaged service-provider discusses the commitment of residents and future programming.

“The resident participation I feel like people are pretty committed so that's going along well and they've got good partnerships. So, yeah I'd like to see some really great programs going there that parents are going to say, and teachers are going to say in years to come, you know I can't imagine that we wouldn't be doing this. Something we really need to keep! It's that important.” (Service-provider, Jan. 2016)

Potential positive outcomes for children, families, and the community. Ultimately, the most common facilitator of resident participation during this implementation process was

potential positive outcomes it could have for children, families and the community as a whole.

Quotes from service-providers, volunteer residents, and project staff are written below in order to exemplify the commonality of this facilitator among all those involved.

“Well, I think it’s a very exciting project to be a part of! So, I’m really looking forward to seeing where it goes and what the outcomes will be and the great impact that we can have through this work.” (Service-provider, Jan. 2016)

“...And, I think really, I mean at the end of the day for me it would be more than that there, there are some positive outcomes for kids. I think that’s really- would be the biggest thing for me.” (Volunteer, Jan. 2016)

“Um, I think the kids and the families. Cause I see there is a lot of needs in our area and unfortunately, like a lot of parents aren’t involved. And, so if we can get them involved then that will help with their kids and brighten the kid’s future a little. So, yeah that’s the main thing. It’s the families and the kids in the area.” (Volunteer, Jan. 2016)

“... Better Beginnings is a context in which really neat things can happen, really neat relationships can be struck up. People can be given dreams, and some people can have the hope restored. But that all is in the context as far as relationships, right? Mentoring and coaching and encouragement. And, so that’s kind of how I think about it. So, Better Beginnings is a great program that will allow us to really invest in people.” (Volunteer, Jan. 2016)

“Well, I think just, I mean first of all having been involved in the beginning it’s been really exciting to be part of it. I mean I’ve always felt excited about what I think [the project] is going to be able to help this community create in terms of what their goals are- for what they’d like to see for their community. So, I think just continuing to be part of

that. It's exciting and it's really neat to see it coming together. And to see so many people getting on board and feeling that they have a voice and their voice is heard and there is a place for them and it's going to make a difference for them, and their family, and their communities." (Service-provider, Jan. 2016)

Research Question #3a: What are the barriers to resident participation for the most involved and less involved residents during the installation stage?

Partnerships. Issues of collaboration with project partners were one barrier that was identified by residents, service-providers, and project staff. These issues mainly surrounded a lack of effective partnership with the local school board, which has caused a major hurdle when trying to access space within the school for programming and building relationships with teachers. These findings were consistent with my observations and field notes of meetings and conversations throughout the implementation evaluation. Quotes from service-providers, volunteer residents, and project staff are written below in order to exemplify the commonality of this barrier among all those involved.

(Memo, May 2015, Jun. 2015, Aug. 2015, Sept. 2015, Oct. 2015, Nov. 2015, Dec., 2015)

"...But, somehow it just, maybe I was naïve in thinking, 'here we are, we have this wonderful program with all these proven results. We have schools that are demonstrating a need for it, why wouldn't they just say let's make this work?' But it's not felt to me at all like a partnership...But at this stage of the game, I feel like, I feel like it's been really hard, for those of us who have been part of it, who enthusiastically embraced it, who saw the opportunity and the need - I think it's really been hard for some of us to keep energized on it. Because it just seems like every time we turn around, it's a problem."

(Volunteer, Jan. 2016)

“We had a really big hurdle with the school. Like, our key school that we wanted to be in - we couldn’t be in. We couldn’t do any afterschool activities. We couldn’t have any events. We couldn’t have engagement directly with parents because we had to go through teachers that wouldn’t talk to us. So, that was with the job action. So, the teachers were on work-to-rule from June/end of May.” (Volunteer, Jan 2016)

“With the project there has been a bunch of barriers. A lot of that has been around the school board, all of this thing with having enough space and getting permissions and getting permits to use the school. I think that’s kind of thrown a bit of a monkey wrench in where there is just a lot of navigating and fancy footwork they have to do to get parents to come into the school. And, have places where they can operate the program.” (Service-provider, Jan. 2016)

“I do think it was hard coming in with the labour issues and the school board because we really haven’t connected with people in the school. And, we do feel a bit like interlopers. Nobody really knows who the heck we are.” (Staff, Jan. 2016)

Dynamics within the project team. Within the project team, issues of collaboration were identified more frequently by residents, both high and low participators, than by project staff and service-providers. These issues included poor communication, lack of team-building, and issues with power dynamics and decision-making. Quotes from volunteer residents only are written below describing the issues within the project team, including concerns regarding decision-making, accountability, and power dynamics. This finding was corroborated from memos regarding informal conversations throughout Sept. 2015 to Jan. 2016.

“Communication. I feel as grownups we should be better at communication and this is just being completely honest and I told [team member] this myself. Communication for some adults is very difficult. Sometimes the way they communicate, their fluidity of it.” (Volunteer, Jan. 2016)

“Right now when they all meet each other, it’s kind of like (big sigh) there is a lot of frustration still. So, we’re still in that storming. Everybody is mad at everybody, or misunderstanding, or not working in the same way so [they] don’t understand what the next step is. People work best together when they can see- ‘I understand what you’re going to do next, so I know what I need to do next’. In this case, that isn’t happening. And, that happens with more day-to-day contact. So, we’re trying to work on ways that we can do that. It’s going to be a rough 6 months I think.” (Volunteer, month, 2016)

“I think another challenge is the, you know volunteer-based, an organization where volunteers and community members are essential to its success. It’s really hard then to build partnerships between the volunteers, and the parents, and the agencies that have to be involved, i.e. [local school board], which is a big agency or [local organization] which has its own guidelines and rules. And then who takes precedent, like, who’s the boss? And I think all the way along, you have to wonder- who is the boss? Who has to call the shots? So, long-term it looks like, well, our board, advisory board or steering team of people have ability to call the shots but then all of a sudden administration takes over, or the Board takes over and no, we didn’t call anything at all. We were just - so I think people on the steering team are wondering, what’s their purpose?” (Volunteer, Jan. 2016)

Lack of clarity. Additionally, residents, both high and low participators, engaged in the implementation process clearly identified a lack of clarity surrounding the project as a major

barrier to their participation. The lack of clarity mainly involved project vision, roles and responsibilities, and programming. Service-providers and project staff did not identify this as a barrier to their participation as a result are not quoted below. The excerpts from volunteer residents illustrate the lack of clarity within the project. This finding was corroborated from memos regarding informal conversations and questions posed during meetings throughout Sept. 2015 to Jan. 2016.

“And, unfortunately I don’t think the vision was mandated. I think we’ve had a bit of a dip and a sideways and around a backwards. I’m thinking that going forward now that’s a little bit clearer. But it’s going to take some time” (Volunteer, Jan. 2016)

“I guess the other part is, I don’t have my hand on the button that I think is the solution. So, for example, and I’m not saying the Board discussions are the only issues here but that has been, somebody else is responsible for that but it’s not my responsibility so I can’t solve it, so.” (Volunteer, Jan. 2016)

“There has to be services. So, if you’re going to run a program that they’ve given you money for, there’s got to be a nucleus to that service. What is it? Everything has a- what is Planned Parenthood? What is anything? They all have core programs that they run that makes them who they are.” (Volunteer, Jan. 2016)

In addition to lack of clarity surrounding project vision, roles and responsibilities, and programming, residents expressed a lack of clarity regarding accountability. The majority of residents were very aware and vocal during interviews about their role being unpaid and thus, found the emerging challenges within the team difficult to bear and were unaware of who was accountable for resolving issues. Four quotes from volunteer residents are written below to

illustrate the prevalence and magnitude lack of clarity regarding accountability is to resident participation.

“There is communication issues and there is often little things that come up multiple times and it makes you a little bit tired. So, and I mean when you’re not a staff there is really nothing to keep you just from walking away, right?” (Volunteer, month, 2016)

“And, I think I knew that it was important but I think it’s not until you are really doing some things that you realize well actually I’m kind of doing something that a staff would do and I’m a volunteer. And, so it’s a little bit, it’s a little bit disconcerting that way, right?” (Volunteer, Jan. 2016)

“I don’t really, I think I just kind of accept it for what it is. Like, I feel responsibility but I also know that I’m the volunteer. At the end of the day, I think I’m the volunteer and I think that’s kind of how I think it through. Cause sometimes I think, you know, I was on [a committee]...But at the end of the day, I wasn’t the only person there and they’re hired to do a job right? So, I think I just kind of rationalize but sometimes I do kind of think, ‘ah man, I don’t really feel like doing that because I’ve done it already. I’ve already said it and I’ve already- right?’ But yeah, I think at the end of the say you still kind of go, I’m a volunteer.” (Volunteer, Jan. 2016)

“And, that’s the risk of having volunteers be part of that, right? Because I was a part of that and I’m only available when I’m available. It’s not the same as somebody who is maybe paid to do it and they’re part of all of those discussions and they cane share all that and that’s part of that responsibility to share that with the group.” (Volunteer, Jan. 2016)

“I don’t know what the plan is. Yeah and I mean I will be very honest with you, I’m not sure what the plan is! I’m not sure I completely understand what their- I think you should

ask them this question so we can all understand. I think you should ask everybody that's a paid or executive committee member." (Volunteer, Jan. 2016)

Failed expectations. Another barrier was failed expectations of the project, identified by mainly residents regardless of level of involvement. These failed expectations included a lack of employment opportunities within the project for community members, a lack of available programming, and an overall slow project pace. Quotes below only exemplify the significance failed expectations has on volunteer residents. Service-providers and staff were not quoted because they did not identify this theme as a barrier. These findings were consistent with informal conversations with residents (Memo, Dec., 2015).

"I was really, really interested in the [project position] but it's been changed so much and you know, there is a position that is similar but it's university degree is wanted and stuff now. And, that part of it saddens me a little because I thought that it was going to give positions to people in the community. Not just me but other people. And when you stick university degrees on you're not going to get community members per se. So, that parts a little bit sad." (Volunteer, Jan. 2016)

"Um, but I don't know I thought we'd be a lot further than we are but I think we, I think our expectations not knowing the politics that we were going to hit, you know, we were a little ahead of the game too I think." (Volunteer, Jan. 2016)

"And, lack of programming. That would be the other. And I mean substantial program. I don't mean family nights. I mean substantial programming." (Volunteer, Jan. 2016)

Furthermore, the barrier of failed expectations led to challenges when unpaid residents attempted to engage other community members to participate in the project. The lack of

available programming resulted in broken promises by some participating residents to other uninvolved community members, as well as a lack of visibility within the community. The quotes below from a volunteer resident clearly articulates the discouragement they experienced from failed expectations and broken promises regarding the implementation process of programming.

“It is discouraging because sometimes you don’t even feel, like, you feel like you don’t even want to say because like, you want to say like this program is going to be coming and we’re going to do this but then you don’t because it doesn’t always happen. And, so you’re, you don’t want to...because I feel like it makes Better Beginnings look worse if I say, ‘oh yes! We’re going to get this’ and its months later and we still don’t have it. You know, so it’s really, it’s hard to promote it so I try to just do, ‘you know, we’re working on things. We’re going to get things’” (It is discouraging because sometimes you don’t even feel, like, you feel like you don’t even want to say because like, you want to say like this program is going to be coming and we’re going to do this but then you don’t because it doesn’t always happen. And, so you’re, you don’t want to...because I feel like it makes Better Beginnings look worse if I say, ‘oh yes! We’re going to get this’ and its months later and we still don’t have it. You know, so it’s really, it’s hard to promote it so I try to just do, ‘you know, we’re working on things. We’re going to get things.’”

(Volunteer, Jan. 2016)

Additionally, difficulty reaching residents who do not visit the school grounds often, lack of the projects’ visibility online, and language barriers were also identified as obstacles when attempting to engage community members by both paid and unpaid residents involved in the implementation process. The excerpt below is from an interview with a highly-engaged service-

provider who discusses the barriers of language and mobilization for residents with children. The individual also offers some solutions in her response.

“Um, I think, well I mean language is sometimes a barrier. And, that can create some challenges with communication but it can also can create with some challenges with confidence. So, a person doesn’t necessarily feel that they would have, be able to contribute in the way that they’d like to if they spoke English as their first language. So, that’s something that we try to see if we can maybe connect somebody with a neighbour who speaks their first language to help with some translation and so forth. And, also just to assure people that they don’t need to contribute in any particular way. Just attending a program with their child or on their own is fine. To whatever degree they can participate is fine. So, language is one. I think we have some residents who have a large number of children and so. And, children at home as well. So, sometimes they don’t necessarily feel they are as mobile as they’d like to be with children through teens. But, that’s part of life and I think when they’ve got a family support worker that’s hired that’s going to be another area that people can feel supported.” (Service-provider, Jan. 2016)

Lack of available time. Finally, personal barriers such as time and family responsibilities were described by all participating individuals in project, despite their level of involvement during the implementation process. The quotes below from a service-provider and volunteer resident demonstrate the barrier of lack of available time to participate due to other responsibilities and employment.

“I know there is a lot of community events, family events, those kind of things and I’ve tended not to go to those. Mainly because my time (laughing) is you know, I just don’t

have time to go to that many things. And, things happening in other communities as well that I work with, with the cities. So, kind of have to pick and choose where I participate.”

(Service-provider, Jan. 2016)

“It was time. I mean, they were all during the day and I just, I mean my work schedule doesn’t allow me to take so much time off anymore.” (Volunteer, Jan. 2016)

Research Question #4a: What are the outcomes of resident participation for the most involved and less involved residents during the installation stage?

Personal: Commitment. Despite facing barriers, it was evident there was a high level of personal investment and commitment in the community project from residents.

“Um, well see now we’re kind of at the point where we invested quite a bit of time into it and I didn’t think...- I think you kind of develop a little bit of a sense of responsibility especially if you’re on the hiring team or committee. Then you start to feel like well, something, it needs, it kind of needs to succeed. I guess the responsibility is shared right? Whereas if you’re not involved it’s somebody else’s responsibility but once you’re involved then you start to feel like you’ve got an investment.” (Volunteer, Jan. 2016)

Personal: Improve skills, personal growth, and social connections. The findings show that residents participating in the implementation of this community-driven project were able to improve skills and embrace new opportunities, experience personal growth and fulfillment, and make social connections from working with a diverse team of people.

“So, going to do my [degree] and focusing on- a lot of things I focus on I think, ‘okay, how can I use it corporately but how can we also apply that to non-profit because it’s really competitive now. It’s really, you know, money is scarce, just like in corporate. So,

that to me has been kind of a good learning to think, okay I got to open up how I think about all of that.” (Volunteer, Jan. 2016)

“... I was struggling with what I was doing at work. So, you’ll find when you’re not fulfilled at work you find other ways to fulfill your purpose in life. So, I was just trying to build on the gifts that I got, use them where I can.” (Volunteer, Jan. 2016)

“Some of it’s you know, just adult interaction. Well, really I mean I have lots of friends but they all work most of the day. So, it’s great. And it’s a different- I also like it, it’s kind of a different community than my social community, which I think is interesting. Like, just, it’s kind of like my involvement with Sunnydale Center it’s a just a whole other group of people which is really interesting. It kind of just opens your perspective, right? Maybe you can learn something different.” (Volunteer, Jan. 2016)

Project. Additionally, resident participation also produced outcomes for the community-driven project itself. Engaged residents, service-providers, and project staff were able to establish strong community partners for the project as well as secure committed residents to continue aiding in the implementation process.

“So, I think otherwise the partners are pretty good. Like, the [community partner] I think is a very good choice as a sponsor organization. It’s a respected organization but it lines up in terms of its values pretty well and they have an infrastructure for support. So, I think it’s better to have one of these smaller non-profits than to, say, have the school board as the, the sponsor. Like, I know at [community-development project] that just never worked out very well. They switched and they went with a children’s mental health agency and I think it worked a lot better with them. They just avoided a lot of bureaucracy.” (Service-provider, Jan. 2016)

Community. Finally, the outcomes for the community were identified in the findings. Residents, service-providers, and staff identified several positive impacts resident participation has had on the community thus far. Volunteer opportunities for community members, engagement of residents, and employment were identified as some positive community impacts.

“I keep hearing stories about people finding resources by talking to the BB staff. I heard some more stories just yesterday about that in fact. I heard a couple of women from this community finding work because of some links that one of the staff people was able to make for them, or information they were able to provide. And, that’s sort of a side benefit. That’s not the main purpose of the project but we’re here to resource people and support them in whatever ways that they need.” (Service-provider, Jan. 2016)

“I think volunteer opportunities actually. And, even I’ve been hearing about a number of youth being involved in family fun nights and different activities and events. And, it’s a chance for them to contribute and I guess, it probably qualifies for their volunteer hours for high school graduation. But even, you know, building skills for them, building confidence, helping them connect with other people in the community. So, the volunteer opportunities are a big piece of the project as well. Because it uses a lot of volunteers.” (Service-Provider, Jan. 2016)

“So, we help out with the breakfast club as well and we’re hoping to- we have recruited parents already and we’ve recruited parents for the schools councils too. So, were kind of like- is that a program? Volunteer recruitment, I guess, it really is for school-based activities.” (Staff, Jan. 2016)

Comparing Findings by Implementation Stages, Levels of Engagement and Status

The findings noted several themes regarding the activities individuals participated in, as well as barriers and facilitators to their participation. Some of these themes, however, varied by implementation stage, level of engagement and status in the project. For example, those highly-engaged held more responsibility than those less engaged, however, highly-engaged service-providers, project staff, and less involved residents expressed a desire to increase their levels of responsibility in the project, while highly-engaged residents noted wanting to reduce their project responsibility. Additionally, residents only, regardless of their level of involvement in the project, identified project hurdles, clarity, team dynamics and failed expectations as barriers to their participation. On the contrary, service-providers and project staff did not identify these themes as barriers to their participation and in fact noted project hurdles as a facilitator of participation. Table 2 below illustrates the key findings when comparing themes found by implementation stage, level of engagement and project status.

Table 2: Comparison of Resident Participation by Implementation Stages, Level of Engagement and Status in the project

Legend

Symbol	Meaning
\geq	Greater levels
\leq	Lower levels
+	Increase
-	Decrease
↑	Facilitator

↓	Barrier
---	---------

Comparison	Highly-engaged Service Providers	Highly-engaged Residents	Less-engaged Residents	Less-engaged Project Staff
Differed by level of engagement	\geq Responsibility	\geq Responsibility	\leq Responsibility	\leq Responsibility
Differed by level of engagement, status and implementation stage	+ Future activities	- Future activities and responsibility	+ Future activities	+ Future activities
Differed by status and implementation stage	↑ Project hurdles (e.g., partnerships, team dynamics)	↓ Project hurdles	↓ Project hurdles	↑ Project hurdles
Differed by status and implementation stage		↓ Clarity	↓ Clarity	
Differed by status and implementation stage		↓ Team dynamics	↓ Team dynamics	
Differed by status and implementation stage		↓ Failed expectations	↓ Failed expectations	
Experienced by residents only		Similar Outcomes		
Experienced by residents, service-providers and staff	Engaged in tasks related to project support			
Experienced by residents, service-providers and staff	Frustrations with rules and regulations of local school board			
Experienced by residents, service-providers and staff	Lack of available time as a barrier			

Research Question #1b. Did activities vary by degree of involvement and/or implementation stage?

Activities residents participated in did vary by level of engagement and implementation stage. Residents and service-providers most involved in the community-based initiated project occupied more leadership roles during the exploration stage than those less involved. The highly-engaged residents and service-providers participated generally in the same activities. However, some took on specific roles unique to their skills and expertise (e.g., conducting educational workshops, leading development of business case). Residents and service-providers identified as most involved also took on more roles and responsibilities during the exploration stage and continued them during the installation stage than those less involved. In comparison those less-involved assisted when asked and provided support within their capacity. Residents less involved desired more hands-on participation and held less expertise in the logistical aspects of project planning (e.g. proposal development, completing grant applications, etc.). All of those involved during the exploration, both highly involved residents and service-providers, and less involved residents, sat on the steering committee.

Additionally, engagement in activities and level of responsibility also varied by the status of the individual involved. Highly-engaged residents who participated in many activities, occupied several roles and held high levels of responsibility during the exploration stage expressed a desire to reduce their involvement during the installation stage as project staff were hired. On the contrary, highly-engaged service-providers who participated on a similar level during the exploration stage did not express a desire to reduce involvement. Furthermore, during the installation stage, less-involved residents and project staff, and highly-engaged service-

providers expressed a desire to become more involved in project tasks in the future and possibly attain more responsibility.

Research Question #2b. Did facilitators vary by degree of involvement and/or implementation stage?

The majority of facilitators of resident participation was experienced by all those involved, regardless of level of engagement. However, the experience and impacts of project hurdles (e.g., issues with partnerships and team dynamics), differed by status of the individuals and implementation stages. During the exploration stage, highly-engaged service-providers and residents worked through project hurdles together until the goal of acquiring funding was reached. As the project progressed into the installation stage, project hurdles were viewed differently by residents than by service-providers and staff, regardless of level of engagement. The residents viewed project hurdles as a barrier to resident participation that caused frustration and failed expectations. On the contrary, project hurdles were viewed as a facilitator to service-providers and project staff as they were motivated to work through the challenge of the hurdles.

Research Question #3b. Did barriers vary by degree of involvement and/or implementation stage?

Barriers to resident participation did not vary greatly by degree of involvement but did differ by status of individual participating in the project and implementation stage. During the exploration stage, similar barriers were experienced by residents and service-providers, regardless of their level of engagement. During the installation stage, however, residents, both highly and less-engaged, experienced many barriers that were not noted by service-providers and project staff. Residents identified project hurdles, lack of clarity, team dynamics and failed

expectations as barriers to their participation. On the contrary, service-providers and project staff did not identify these challenges as barriers.

Research Question #4b. Did outcomes vary by degree of involvement or implementation stage?

Finally, similar personal outcomes were experienced by residents regardless of their degree of involvement implementation stage. Additionally, similar project and community outcomes were identified by residents of high and low engagement as well as service-providers, and project staff.

Discussion

The purpose of this early implementation evaluation was to assess the activities of both highly involved and less involved residents during the early stages of the implementation process of a community-driven project in their local community. The study also aimed to understand the facilitators, barriers and outcomes of this participation. The discussion of this implementation evaluation is organized by research objective.

Objective A. To understand the types of activities in which residents participated in the exploration and installation stages

The community-driven project in the local context involved resident participation from the outset of the implementation process. In fact, it was community members and volunteering local service-providers who identified community needs, created a vision, and successfully completed proposal applications and business cases to acquire four-year funding. In accordance with previous research, there was a small group of residents who were more involved in the bulk of activities of the project than other residents (Statistics Canada, 2012). These highly-engaged

individuals led many of the tasks, (e.g., business case, grant application, etc.), received education and training, and often participated on more than one committee. For many of these individuals, the highlight of the project thus far was the poignant accomplishment of successfully acquiring funding which was a direct result of their hard work. These individuals continued to remain involved as the project progressed from the exploration to the installation stage, completing most steps in accordance with the Adapted Stages of Implementation Completion (ASIC) Diagnostic Tool (See Appendix D).

These highly-engaged residents and service-providers also showed a high level of commitment to the project, likely due to prolonged engagement and high level of physical and emotional investment in it (Cameron et al., 1994; Pancer & Cameron, 1994). In accordance with previous research, higher levels of engagement may also result in more physical, mental and emotional exhaustion resulting in greater levels of psychological stress than those less involved (Allen & Mueller, 2013; Pines & Aronson, 1988). As the project entered the installation stage and full-time staff were hired, those highly engaged, but unpaid volunteers expressed the desire to reduce their level of commitment and engagement with the project, noting frustration and emotional exhaustion surrounding recurrent road blocks (e.g., accessing school space). It is possible that the reason highly engaged residents were expressing desires to reduce their involvement could be a result of volunteer burnout, which commonly occurs in community-driven projects (Cameron et al., 1994; Pancer & Cameron, 1994).

Objective B. To understand the facilitators and barriers to resident participation in the exploration and installation stages

The facilitators of resident participation aligned with previous research findings throughout the different implementation stages, regardless of level of involvement in the project.

Residents, service-providers and project staff showed a genuine interest in the quality of life for residents living in the community (Statistics Canada, 2012). Additionally, residents were motivated to participate when asked and enjoyed the interpersonal relationships that emerged from their involvement (Statistics Canada, 2012). In addition to the facilitators of resident participation, this implementation evaluation discovered some barriers as well.

Challenges during the implementation process of community-development prevention programs are often inevitable (Metz & Bartley, 2012). As stated in the literature review, evaluations during the early stages of implementation allow for identification of these emerging issues and the applications of solutions in order to enhance program fidelity, effectiveness and sustainability. Thus, in accordance with previous research, some barriers to resident participation during the implementation process of this project were identified. The findings showed that many barriers experienced by highly-engaged residents and service-providers were similar during the exploration stage. The similarity could be a result of both residents and service-providers engaging in the same activities during this stage and thus experiencing the same challenges and frustration. Findings did show, however, that those less involved experienced a greater frustration with the lack of hands-on participation (e.g., programs and events) during the exploration stage. This finding is consistent with previous research examining resident participation in community-initiated projects (Cameron et al., 1994). It is recommended resident engagement should vary by implementation stage in order to avoid premature outreach.

The inclusion of a broad range of resident participation is required in order to maintain program fidelity, project success, and program sustainability. However, the findings of this implementation evaluation suggest that to avoid failed expectations among residents and high turnover rates during the inception of the project, premature outreach should be avoided and

residents should be phased in as the project progresses through the different implementation stage. During the exploration stage, a small number of highly committed residents and service-providers are required to lead project tasks and planning. A small number of less involved residents and service-providers should also be included in order to lend support and assistance when needed. This structure will allow for a small team of skilled residents to complete the required tasks in an organized manner, while alleviating volunteer burnout and high turnover rates, which often occurs (Cameron et al., 1994; Pancer & Cameron, 1994; Pines & Aronson, 1988). During the exploration stage, community residents uninvolved and/or uninterested in project planning and logistical tasks, can become engaged by leading and assisting with community-wide events to raise awareness about project efforts and progress. This can reduce the barrier of a lack of “hands-on” events during the initial exploration stage and encourage participation from a broad range of residents. Furthermore, a larger number of residents becoming involved in the project from the outset, even low levels of participation, can help to create a deep commitment to the project as it progress, enhance socialization, community awareness, and reduce potential apprehension when working with professionals, such as service-providers and staff (Cameron et al., 1994; Pancer & Cameron, 1994). Due to previous prevention program research examining resident participation once the implementation process is well underway, it is not known whether this mosaic of varying degrees of resident participation is beneficial to community-based initiated project. Further research of this suggested framework is recommended.

Additional barriers discovered in this implementation evaluation were experienced solely by residents, regardless of their level of involvement, and not by service-providers and project staff (e.g., lack of clarity surrounding roles, responsibilities and expectations, and team

dynamics). It is possible that the different perceptions of project challenges may be a result of varying levels of expertise with community-based initiated projects. The barrier of team dynamics being noted solely by residents may be a result of the experience and thus expectations held by service-providers and project staff when working with a team of community members, partners and professionals while implementing a community-based project. It is also possible that service-providers and project staff may work more closely with one another because they are employees of similar organizations, thus meet more frequently and build rapport with one another.

Additionally, the barrier of failed expectations was also noted solely by residents, causing frustration and, at times, inhibiting community outreach. Failed expectations involved the partnership with the local school board, the timeline of the project, and rapport within the project team. Frustration resulting from failed expectations is not uncommon and has been noted in previous research (Hayward et al., 2011). The majority of service-providers and project staff did not seem completely aware that some of the residents were viewing these same obstacles as major hurdles that had them questioning their role and commitment in the project. It is possible that the service-providers and project staff involved in this project held more expertise about the implementation process of community-based projects and thus expected many of the emerging challenges (e.g., failed expectations, team dynamics). As a result of their anticipation, challenges may have been viewed as inevitable rather than a shock and major hurdle. Moreover, the obstacles may have been perceived as a motivator among paid service-providers and project staff due to their sense of accountability to resolve issues, which is aligned with their employment responsibilities. Additionally, their employment contracts clearly listed the unique role of service-providers and project providing a clear understanding of their responsibilities and

expectations. It is possible that the lack of clarity identified by residents resulted from not having such clear guidelines about the project and their role.

Some residents reported feeling unsure about their specific role in the project as the implementation process progressed from the exploration to the installation stage. The lack of clarity surrounding roles and responsibilities also affected individuals' understanding of what to expect from others, specifically in terms of problem-solving and decision-making. This role ambiguity did not seem to be experienced by service-providers and project staff. As a result of this project being initially pioneered by highly engaged volunteer community residents, it is important that these individuals, as well as less involved residents, have a clear understanding of their role and responsibilities in the project in order to be able to contribute in a meaningful manner, especially as the project progresses and more staff are hired. As Durlak and DuPre (2008) expressed, shared decision-making, including community participation and collaboration, enhances the implementation process of a community-driven project. Therefore, feelings of inadequate contributions and lack of clarity surrounding new roles, coupled with a weak relationship with new staff, may play a part in feelings of frustration among unpaid highly involved residents. Additionally, providing continuous training and education surrounding not only the specific project at hand but also the process of implementation may help to reduce failed expectations and build anticipation for challenges for those involved.

Finally, the barrier of clarity extended beyond project roles and responsibilities of residents and appeared to affect comprehension of the project itself and the implementation plan. Although there was a general understanding of the project model, specifically the ecological nature of the project and potential outcomes, there was a lack of clarity among residents on exactly what the project meant in the local context. In other words, although residents

understood and could recite the textbook definition of the project model, there was a lack of clarity generated by the dearth of visibility of the project in the community (e.g., programming, information, and visibility on social media) and clear understanding of the implementation timeline. This lack of clarity served as a barrier when community members were attempting to engage other community members in the project. Without a clear practical definition and accessible programs, it was difficult for community members to explain the project to fellow community members. Some reported that they were hesitant to explain the project to others in fear of being asked questions they could not answer, or making promises they were not sure they could keep. The lack of clarity surrounding the project and timeline is not unexpected during the early planning stages of implementation (Metz & Bartley, 2012). It is important that residents are fully informed of the project planning, expectations of implementation stages, and are provided with available resources to engage other community members.

Objective C. To understand the impacts of resident participation during exploration and installation stages on the individual residents, the project, and the community.

The outcomes of resident participation was similar for all involved participators across the implementation stages, regardless of level of involvement, and was aligned with previous research regarding resident participation (Casey, 2014; Hayward et al., 2011; Metz & Bartley, 2006; Pancer & Cameron, 1994). The outcomes for the project and community were also aligned with previous research findings (Levy, Itzhaky, Zanbar, & Schwartz, 2012; Ohmer, 2007; Peters et al., 2010).

Limitations

The limitations of this study align with common limitations associated with conducting action research with community-driven projects. Initially, the study intended to involve six

highly-engaged residents and service-providers who were involved in the project since the inception. Unfortunately, due to prior commitments, one individual was unable to attend the focus group or participate in an individual interview. Additionally, the study proposed to conduct one focus group with all five individuals who were highly involved in the exploration stage of this project. However, due to time and scheduling residents were not able to meet at once and instead two focus group dates were created. As a result of this limitation, findings may not have discovered some important relationship factors that may have been revealed in an interactive focus group. It appears that conducting two focus groups allowed each resident more time to speak and reminisce on past involvement in the project as well as how far the project has progressed since the inception.

Knowledge Transfer

Findings from this study of the early implementation evaluation of the Better Beginnings project in Southwestern, Ontario sites will be communicated into three different formats in addition to this thesis document. One will report the findings in a manuscript for peer-review by an academic journal, which will be approximately 25 pages. Next, the report will be reduced to a short summary, approximately 10 to 15 pages, including a two-page executive summary, highlighting the main findings in an accessible and user-friendly format. The short summary and executive summary will also be uploaded to the Enriching Communities website in order for all community members to access the information. A presentation will also be given to the steering team and community reporting the findings of the study and thanking them for their participation in this early implementation evaluation.

Implications

The early implementation evaluation conducted in this study has revealed the importance of understanding the nature of resident participation in a community-driven project. The findings of this evaluation were able to produce key recommendations for enhancing resident participation in community-driven projects during the exploration and installation stages of implementation. These recommendations are listed below.

1. **Clarity.** It is important that residents have a clear understanding of the project implementation plan and timeline, the mission and vision, and their roles and responsibilities. A greater comprehension of the project timeline will reduce failed expectations and provide a more realistic foresight of the project plan. Additionally, awareness of the project mission and vision will enhance resident's ability to promote the project in their local community, and engage in community outreach. Finally, a clear understanding of their specific role will increase resident's accountability to the project and enhance collaboration.
2. **Partnership.** There is a need for clear understanding of the partnership between the project and community organizations during the exploration and installation stage of implementation. Roles and responsibilities of each partner should be clearly defined and written in an agreement.
3. **Team-building.** Team-building is a key component when implementing a community-driven project. It is important to build rapport among community members, volunteers, and staff of the project. Creating a strong community within the project team will enhance communication, social support, and build deeper connections among participating residents. Emerging issues can also be addressed and resolved quicker

when residents feel the team environment is a safe place and trust their fellow team members. It is also important that team-building activities occur when new staff and volunteers are brought into the project team.

- 4. Protocols when transitioning into roles.** Clearly defined protocols should be included in the policy handbook regarding transitioning into new roles. Key tasks should be defined (e.g., education and training, meeting with residents who previously held position, etc.) and followed.
- 5. Avoiding premature outreach.** Providing meaningful opportunities for those who may be uninterested in participating in logistical tasks and activities during the exploration stage, such as leading and assisting with community events, can increase resident participation during the initial project planning stage while reducing feelings of apprehension among community members when working with professionals on technical tasks.

The findings of this study and recommendations can provide learnings when implementing community-driven projects in other contexts. The lesson learned from this evaluation can help other residents anticipate and avoid certain barriers while enhancing facilitators when handling resident participation. Further research should assess the relationship between paid service-providers and project staff and unpaid volunteers when implementing a community-driven project. This research can help to reduce barriers, such as issues of power dynamics, collaboration and communication. Finally, this early implementation evaluation revealed the importance of understanding resident participation during the often missed planning stages of a project to allow for residents to voice their opinion, identify challenges, and solutions to be applied quicker; improving overall project progression and outcomes.

Appendices

Appendix A: Exploration Stage Focus Group Guide

I have three broad themes to discuss: Project Development, Participation and Activities, and Outcomes.

Project Development

1. How did the project begin?
2. What teams were developed and what were their goals?
3. What restricted (or blocked) progress to the goal?
4. What motivated teams to keep aiming for goal?

Participation & Activities

5. How did you become involved?
6. What activities did you participate in personally?
7. What activities may have been missed? Why?
8. What restricted or blocked progress to the goal individually?

Outcomes

9. What is in it for you?
10. How, if at all, has the project benefited from your participation?
11. What impact do you think the project has had on the community?
12. Can you tell me what's not working?

Conclusion

13. Thinking back to your participation in the Enriching Communities project, what is your favourite or most memorable memories?

Appendix B: Installation Stage Interview Guide

I have three broad themes to discuss: the Project, Participation and Activities, and Outcomes.

Project

1. How did you first hear about Better Beginnings in Southwestern, Ontario?
2. What were your initial thoughts of the project?
3. If someone were to ask you, what is Better Beginnings, what would you say?

Participation & Activities

4. When and how did you become involved in this project? Why?
5. What were your expectations of your participation? (goals)
6. What activities did you participate in personally? What did you not participate in but would have liked to?
7. What restricted or blocked your ability to participate?
8. What motivates you to continue participating?

Outcomes

9. What is in it for you?
10. Has your expectation for your participation been met? If so, how?
11. How, if at all, has the project benefited from your participation?
12. What impact do you think the project has had on the community?
13. What are barriers to engaging other residents to participate?
14. What's not working for the community? Recommendations?
15. What's not working for you?

Conclusion

16. Anything missed?
17. What does your future involvement in Better Beginnings look like (e.g. in a year from now)?
18. What is your favourite or most memorable memory of your time in Better Beginnings?

Appendix C: Field Note Observation Guide

Date:

Location:

Objective of meeting/interaction:

Observation:

Personal Reflection:

Potential Theme:

Appendix D: Adapted Stages of Implementation Completion (ASIC) Diagnostic Tool

ASIC: Monitors progress through implementation project by assessing time it takes to complete each stage, activities that are skipped, and intended activities verse actual implemented activities.

Stage	Name of Stage	Activity	Date of Activity	Involvement
1	Exploration Stage (Metz & Bartley, 2012)	1. Assess Needs	<input type="checkbox"/> Park bench activity	Community leader, residents
		2. Interest indicated from community	<input type="checkbox"/> Date of first community meeting	Community leader, residents
		3. Agreement to consider implementation	<input type="checkbox"/> Date of agreement	Community leader, residents
		4. Examine innovations	<input type="checkbox"/> First contact for pre-implementation planning	Community leaders, experts of BB, residents
		5. Examine implementation capacity	<input type="checkbox"/> Date implementation assessment was completed	Community leaders, experts of BB, residents
		6. Assess fit of informed services/ program availability	<input type="checkbox"/> First discussion of programs and fit with community	Community leaders, experts in program planning, residents
		7. Agreement on innovation	<input type="checkbox"/> Date of agreement	Community leaders, experts in program planning, residents

Stage	Name of Stage	Activity	Date of Activity	Involvement
2	Installation Stage (Metz & Bartley, 2012)	8. Funding acquisition	<input type="checkbox"/> Grant proposal submitted	Community leaders, experts in program planning, residents
		9. Clearly Establish Committees	<input type="checkbox"/> Each committee created <input type="checkbox"/> Hire date of Project Co. <input type="checkbox"/> Family Co. <input type="checkbox"/> In-School Co.	Community leaders, experts in program planning, residents
		10. Recruitment from community and local businesses	<input type="checkbox"/> First contact for physical space <input type="checkbox"/> Service-providers/School hubs identified <input type="checkbox"/> Date contract signed <input type="checkbox"/> Community Plan Created <input type="checkbox"/> Date office space first used <input type="checkbox"/> First Newsletter <input type="checkbox"/> First Brochure	Community leaders, experts in program planning, residents
		11. Fidelity Components	<input type="checkbox"/> Define BB Principles <input type="checkbox"/> Missions & Values Statement <input type="checkbox"/> Short-term Goals <input type="checkbox"/> Long-term Goals	Community leaders, experts in program planning, residents

Stage	Name of Stage	Activity	Date of Activity	Involvement
		12. Planning Process	<input type="checkbox"/> Timeline identified <input type="checkbox"/> Roles identified <input type="checkbox"/> Policy Handbook completed <input type="checkbox"/> Written implementation plan completed	Community leaders, experts in program planning, residents, researchers
		13. Program planning	<input type="checkbox"/> Programs identified <input type="checkbox"/> Program request approved	Community leaders, experts in program planning, residents, researchers
		14. Outcome Goals	<input type="checkbox"/> Outcome goals clearly identified (e.g. quarterly/ annually goals for project, project coordinator, research, promotion, policy handbook) and documented	Community leaders, experts in program planning, residents, researchers
		15. Staff Hired and Trained	<input type="checkbox"/> Staff Trained (project, family, in-school coordinator, community researcher) <input type="checkbox"/> Committee members trained	Community leaders, experts in program planning, residents

Stage	Name of Stage	Activity	Date of Activity	Involvement
3	Initial Implementation Stage (Metz & Bartley, 2012)	16. Programs	<input type="checkbox"/> Date first program begins <input type="checkbox"/> Date first tracking system is created <input type="checkbox"/> Date first tracking system is used	Community leaders, experts in program planning, residents, researchers
		17. Identify challenges	<input type="checkbox"/> Date first challenge identified	Community leaders, experts in program planning, residents, researchers
		18. Identify solutions	<input type="checkbox"/> Date of first solution brainstorming session <input type="checkbox"/> Date of first agreed upon solution	Community leaders, experts in program planning, residents
		19. Apply solution	<input type="checkbox"/> Date first solution is applied <input type="checkbox"/> Date of first fidelity check <input type="checkbox"/> Date of first consultation with project experts regarding challenges	Community leaders, experts in program planning, residents

Stage	Name of Stage	Activity	Date of Activity	Involvement
			<input type="checkbox"/> Date of first feedback session	Community leaders, experts in program planning, residents, researchers
4	Full Implementation (Metz & Bartley, 2012)	21. Future funding secure	<input type="checkbox"/> Date funding is secured	Community leaders, experts in program planning, residents
		22. Policy Handbook Redrafted to include new practices	<input type="checkbox"/> Date policy handbook is redrafted <input type="checkbox"/> Date policy handbook is completed <input type="checkbox"/> Date first hard copy is printed and binded	Community leaders, experts in program planning, residents
		23. Implementation Evaluation completed	<input type="checkbox"/> Date implementation evaluation is complete <input type="checkbox"/> Date findings are presented	Community leaders, experts in program planning, residents, researchers

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