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February 09, 2013

Dr. Gordon Chong, Chair of the Board of Directors
Medhat Mahdy, President and CEO
YMCA of Greater Toronto
2200 Young Street, Unit 300
Toronto, Ontario, M4S 2C6

Re: Evaluation of the YMCA of Greater Toronto Centres of Community Pilot

Dear Dr. Gordon Chong and Medhat Mahdy of the YMCA of Greater Toronto,

Thank you for the opportunity to submit this brief proposal to provide evaluation support for the YMCA of Greater Toronto. With over 10 years of experience, **The Synergy Group** is recognized as a leading evaluation firm whose mission is to provide a range of quality evaluation services to our clients. We are known for being a multi-disciplinary team that provides up-to-date expertise. We are eager to work with you and your stakeholders on the proposed evaluation plan.

In brief, our proposal provides:

- a brief overview of the YMCA of Greater Toronto Centres of Community (COC) Pilot program;
- a logic model linking the inputs, activities, and outcomes of the program;
- a description of the type and scope of the proposed evaluation;
- an evaluation matrix;
- a description of the proposed evaluation design, data collection and analysis plan;
- an assessment of possible challenges and solutions; and,
- a stakeholder engagement and dissemination plan.

We look forward to the opportunity to provide you with evaluation support for this important pilot initiative. We trust the proposal meets the requirements outlined in the Request for Proposals; however, should you have any questions or concerns about our proposal or wish to make suggestions for its revision, please feel free to contact us at 555-528-4783 or synergygroup@evaluate.com.

Yours sincerely,

The Synergy Group

A Proposal for the Evaluation of YMCA of Greater Toronto Centres of Community Pilot

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1.0 Brief Overview of the Program

The YMCA has been in existence for over 150 years as a charity with a holistic approach to working with the community, a vision for overall community health, and is guided by the values of caring, health, honesty, inclusiveness, respect and responsibility. YMCA staff and volunteers offer a broad range of programs and services including: education and career services; health, fitness and recreation; child care centres; and camp programs. The YMCA serves people of all ages, backgrounds, and abilities, and through all stages of life. Their broad definition of health incorporates the 12 key determinants of health identified by Health Canada.

The YMCA of Greater Toronto has a renewed vision to focus on the healthy development of children, teens, and young adults from birth to age 29 by supporting young people through life-stage transitions and setting the foundation for a healthier community for all ages. As part of the 2010-2020 Strategic Plan – with the goal of making the Greater Toronto Area home to the healthiest *children, teens, and young adults* – the YMCA has proposed to use a Centre of Community Model as a new way to deliver YMCA programs. The Centres of Community (COC) act as gateways to the entire range of YMCA programs and services by co-locating programs together according to the particular needs of a community and engaging with other community organizations to provide additional services. As part of the COC Model, a “no wrong door” approach has been adopted whereby the staff and volunteers work together with YMCA members to determine their needs and ultimately help to navigate through their life stage transitions.

The Central YMCA in downtown Toronto (YMCA GTA) is the pilot site for the new COC Model, operating as a COC since the summer of 2011. Additional co-located programs at the YMCA GTA include newcomer services, employment programs, and an alternative High School. The COC pilot at the YMCA GTA requires an evaluation to direct the expansion of the COC Model to 10 COCs over a 10 year period. A needs assessment of each COC facility will help to determine how programs and services will be expanded with relevance to each local community.

Based on our understanding of the program from the RFP and the organizational structure of the YMCA GTA described on their website (<http://www.ymcagta.org>), we have identified a number of key stakeholders. The primary intended audience of the program are young people.



Figure 1. Map of Key Stakeholders for the YMCA GTA COC Pilot Site

2.0 Logic Model

Based on the program description provided in the Request for Proposals (RFP), we have developed a draft program logic model (see **Appendix A**). The logic model we present is meant to serve as an evaluation tool, diagramming our current understanding of the program and the theoretical linkages between program inputs, activities, outputs and expected outcomes. We will work with program staff and other stakeholders to further refine the model, prior to finalizing our work plan. We do recognize that due to the linear nature of the model, important information about other external factors and their influence on the expected outcomes of the program may be overlooked. However, we outline several external factors we think may influence the program and its desired effects, which also correspond to the broader social determinants of health.

3.0 Evaluation Purpose and Considerations

The YMCA has identified a need for evaluation to determine the extent to which the COC model (pilot) has been implemented and is operating as planned, encompassing aspects of both an implementation and process evaluation. To the extent to which this is understood, we will be able to determine whether the COC (pilot) is on track to meet its immediate expected results. Furthermore, the YMCA is interested in generating best practices and lessons learned to inform the development of future COCs, as well as gather ideas for the type of data that could be used to assess the longer-term impact of the COCs on community health and wellness. Ultimately, we propose to take a **developmental approach** to the evaluation since the COC model appears to be in a pre-formative phase whereby key components, mechanisms, and activities are still being identified and the intent of the pilot is to provide lessons learned for replication of the model in a new contexts (i.e., scaling up of the model to multiple sites). Furthermore, implementation of the COC model is intended to help address community health and wellness, a complex issue operating within a dynamic environment where there is no know certain solution and multiple pathways to success are possible. Full engagement with the client and its stakeholders (which is characteristic of developmental evaluation), however, may be limited given the timeframe allocated to consultant time (i.e., 30-40 days). Regardless, we propose to work closely with YMCA and its stakeholders to ultimately shape the evaluation, determine its use, and disseminate the results. As such, developmental evaluation is innately **participatory** by nature. Furthermore, we incorporate aspects of an **empowerment** approach by providing the YMCA with ideas on the kinds of data they could collect on their own to determine the future impact of the COCs on community health and wellness.

Until we are able to meet with representatives from the YMCA and other stakeholders, we are making the following assumptions: (1) the YMCA has sustainable, continuous and adequate funding to carry out the COC implementation and delivery as planned; (2) a community assessment has been conducted for the pilot site; and, (3) staff and volunteers are trained on the COC model. Once these assumptions are clarified, we will make the necessary revisions to our evaluation plan.

4.0 Evaluation Plan

4.1 Evaluation Questions

Based on the primary purpose and main objectives of the evaluation, we have identified the following evaluation questions:

1. To what extent is the COC pilot operating as originally planned?
2. To what extent is the COC pilot on track to meet expected results?
3. What has been learned about the implementation of the COC pilot that might inform future COC sites or similar efforts/programs?
4. What are the impacts of the COC on community health? (NOTE: that this particular evaluation question will be aimed at solely identifying what kinds of data can be collected and analyzed to determine the impact of the COC on community health as a whole)

However, prior to proceeding with the proposed evaluation plan we will meet with the YMCA of GTA to clarify and refine these questions to ensure we are adequately addressing their specific evaluation needs.

4.2 Evaluation Design and Data Collection Methods

We propose to use a **mixed-methods** approach consisting of both quantitative and qualitative lines of inquiry. Triangulating data from multiple methods and sources will allow us to cross verify our findings, minimizing bias and increasing the credibility and validity of our results. **Appendix B** provides a summary of our overall evaluation framework and links each evaluation question with specific data collection sources, methods, and design features. In this section, we describe each data collection method in more detail.

Method #1: Record Review

The Synergy Group will review any existing data previously collected for the program. Data may include existing YMCA registration databases, program utilization data, program descriptions, results from the community needs assessment, data collected by the external community partners, and geographic data for program expansion. The data will assist our group in gaining a better understanding of the COC pilot, client needs, types of programs offered, and possible collaborations between programs. This record review is an affordable and easy way to give us a sense of the context within which the COC operates.

Method #2: Site Observation

The Synergy Group will perform site observations at the COC to gain a better understanding of the staff-client relationship, and to observe how the program's operating processes, staffing resources and specific activities. For instance site observations may be used to examine the extent to which staff have adopted the "No Wrong Door" approach. Standard protocol will be utilized for all site observations; two or more observers will be present for accuracy and reliability, and field notes will also be taken by the observer(s).

Method #3: Survey

Online surveys will be conducted with a random representative sample of COC staff and volunteers to determine whether they feel they have the skills to navigate the services available within the YMCA and other outside agencies. The surveys will aim to highlight some of the successes and challenges faced by staff members adopting the “No Wrong Door” approach. It will also collect information on staff/volunteer perceptions of the accessibility and usage of new tools created for the COC, including the use of online tools. We will consult with our stakeholders to ensure that the survey questions adequately answer the evaluation questions. Open and closed ended questions will be used. We would like to discuss with the stakeholders the possibility of offering incentives. The Dillman method will be used (sending a series of reminders) to try and increase response rate. Staff/volunteers will be asked for their consent on the first page of the survey. Ideally, we would like to pre-test the survey instrument with program managers before it is sent out to staff/volunteers.

Method #4: Key Informant Interviews

Key informant interviews will be conducted with the Chair of the Board of Directors, the Executive Director of the YMCA of GTA, program leaders, and any other department members that may be appropriate. Interviews will identify what has been learned through the implementation of the COC pilot and better understand existing or expected strengths and challenges of the COC. Interviews will be one hour long and can be conducted over the phone, or face to face. Consent will be obtained and interviews will be tape recorded.

Method #5: Focus Groups

The Synergy Group proposes to conduct a series of focus groups to better understand the clients’ views of the COC. We would like to collect information on their experience with the COC and whether they feel their needs were met. We would consider splitting up the focus groups by age of the clients. For the younger age groups (pre-school & school aged children), we would conduct focus groups with parents of the children. Focus groups would also be conducted with youth under the ‘teen’ and ‘young adult’ age groups. Parental consent would be required for youth in the ‘teen’ age group. We understand that certain programs are tailored to specific age groups (for ex. Early Years/child care centres target pre-school/school aged children, while health and fitness centres target teens/young adults/older adults). We would therefore recruit participants from the appropriate programs.

We would also be interested in conducting focus groups with older adults who are YMCA members, as well as non-members within the community. We would work with community partners to recruit participants for this group. We feel it is important to include non-members to see why the COC may not be reaching certain populations, and identify reasons for why they aren’t using the YMCA/COC.

Focus groups would include no more than 10 participants in one group. A facilitator will run the focus group using a semi-structured script. A second evaluator will also be present to take notes. Consent will be obtained from each participant. Focus groups will be tape-recorded. The potential to offer incentives could be discussed with our stakeholders.

Method #6: Photovoice

Photovoice is a tool that has been used for community-based research activities. It is specifically designed to empower members of marginalized populations to work together to identify and represent their community through a photographic lens. It equips individuals with cameras so they can take photos of their community, tell their story and show their community through their eyes. We feel this method would fit into our evaluation whereby participants (~ 20 teens & young adults) would take pictures to help us better understand clients' views of 'community health' and what it means to them, and how the YMCA/COC fits into their perception of community health. It would also help us identify the perceived strengths and challenges of the COC meeting their needs. Participants will be given disposable cameras and given one week to take photos of their community. Participants will then present their photos as a group with an evaluator who will facilitate discussion of the photos and will ask further questions about the meaning of the photos and what they represent.

Method	Possible challenges	Plans to mitigate the challenge
Record Review	<ul style="list-style-type: none"> - Missing documents or incomplete data - May be time consuming - Data is limited to what exists and what is available 	<ul style="list-style-type: none"> - Proxy indicators will be used when gaps in the data are identified - Multiple data collection methods may supplement any gaps identified
Site Observation	<ul style="list-style-type: none"> - May seem intrusive - Possible social desirability effects - Possible observer bias 	<ul style="list-style-type: none"> - Observations will be conducted in a manner that is respectful and unobtrusive
Online Survey	<ul style="list-style-type: none"> - Poor response rates - Wording of questions could bias responses - Limited for populations of low literacy 	<ul style="list-style-type: none"> - Use of the Dillman method will be used to increase response rate (i.e., series of reminders) - Survey will be pre-tested before it is sent
Key Informant Interviews	<ul style="list-style-type: none"> - Time consuming - Potential interviewer bias - Can be costly 	<ul style="list-style-type: none"> - Offering phone interviews (rather than in person) to decrease costs and feasibility
Focus Groups	<ul style="list-style-type: none"> - Social desirability effects - May have dominant participants, or participants who do not feel comfortable 	<ul style="list-style-type: none"> - Dividing focus group by age will help ensure a comfortable and safe environment where participants can voice their opinions - More than one facilitator will be present to help ensure all voices are heard
Photovoice	<ul style="list-style-type: none"> - Time consuming for participants - Participants may struggle to present complex/abstract ideas through photos - Cost of equipment/possible loss of damage to cameras 	<ul style="list-style-type: none"> - Disposable cameras will be given to participants (low cost and eliminates possibility of damage) - The discussion session will help explain any abstract ideas

4.3 Data Analysis

Both **quantitative and qualitative analyses** will be performed. The online survey and existing registration data will generate primarily quantitative data, thus we propose using **SPSS 21.0** to conduct both descriptive and explanatory analyses. Statistical tests will be used to determine the appropriate parametric and non-parametric analysis.

Key informant interviews, focus groups and photovoice results will generate primarily qualitative data, thus we propose using **NVIVO 9.0** to conduct **content analyses** where content will be coded and grouped into common themes. Patterns in themes will be identified.

In instances where multiple data sources are available, data will be **triangulated** whereby the analyses and interpretation of both quantitative and qualitative data will be combined. Triangulation will be used as a means to increase methodological rigor and enhance confidence in the findings.

5.0 Stakeholder Engagement & Dissemination Plan

5.1 Stakeholder Engagement throughout the Evaluation Process

If our firm is awarded the contract, we propose to promptly establish a committee made up of representatives from the YMCA and other key stakeholders to serve as an advisory group for the proposed evaluation. We plan to meet with this advisory group to clarify our understanding of the program, finalize the evaluation questions, discuss our research design and approach, and address any further expectations. After meeting with the advisory group, we will then provide a detailed work plan to the Chair of the Board of Directors and the Executive Director of the YMCA of GTA. Furthermore, we will provide monthly status reports outlining the activities, progress, and expenditures to date. Once all data has been analyzed, an overview of the main findings will be presented to our clients and patterns will be identified and discussed. Together with our clients, the possible significance and explanations of these findings will be determined; recommendations will also be made. A draft version of the final report will then be prepared and provided and a final report will follow once revisions are made.

5.2 Stakeholder Engagement & Dissemination of Evaluation Findings

Our proposed dissemination activities serve a variety of purposes:

- To raise awareness – to let stakeholders and the wider community know about the evaluation activities conducted on the COC pilot program
- To inform – to educate the community about the results of the proposed evaluation
- To engage – to get input/feedback from the stakeholders and community

An initial stakeholder analysis will identify those most affected by the results of this proposed evaluation. The stakeholders included in this dissemination plan include internal staff and volunteers, external stakeholders (e.g., other agencies), and the community at large. These users will benefit from the knowledge gained and lessons learned from both the COC pilot implementation and from the evaluation activities. The ultimate goal of these dissemination activities is to promote utilization of the evaluation findings among the target users, and to foster a sense of accountability and transparency in the greater community.

We will ensure that the proposed dissemination activities will be appropriately developed and managed throughout the project duration. Different dissemination outputs (i.e., reports versus presentations) will be used for the different target users of this evaluation. This will ensure more tailored approaches to sharing the content/key messages of the evaluation report. The evaluation report will be made available on all YMCA websites. This is a very good medium for the

dissemination of this information towards the wider YMCA community (staff and volunteers) and general public. This will also ensure accessibility of the information at dates beyond the scope of this evaluation timeline.

The Synergy Group will work to develop a presentation event that is tailored to the characteristics of the community, such as average reading/comprehension level, dominant language and accessibility requirements. This presentation will be held at the YMCA of Greater Toronto COC and will be promoted through press releases in local media and through advertisement at the centre.

In consultation with stakeholders, we hope to identify potential barriers that may interfere with the targeted users' (e.g., community members, staff) access/utilization of the evaluation findings. At this time, potential actions will be developed to reduce these barriers.

6.0 Assessment of Overall Challenges and Solutions

Every effort has been put into tailoring this evaluation plan to meet the unique needs identified by YMCA for the COC. However, we do anticipate some overall challenges relating to the implementation proposed evaluation plan and dissemination of its findings. Below, we identify these possible challenges and provide some practical solutions.

Possible Challenges	Proposed Solutions
Language and cultural appropriateness of data collection methods and tools	<ul style="list-style-type: none"> - Translate data collection tools from English into appropriate languages based on the various sub-groups within the COC's target audiences; i.e., newcomers, immigrants, and other ethnically diverse community members - Efforts will be made to ensure that the focus groups for programs which involve ethnically diverse participants have a translator or multiple translators (based on the type and linguistic background of program participants) - Synergy Group staff will embody a recognition of and sensitivity to linguistic, ethnic, & other cultural issues in community engagement & data collection stages - Data collection techniques including photovoice and focus groups will be used to encourage and empower participants to share their perspectives on whether the services offered by the COC meet their needs, what type of support they have received from COC staff etc.
Working with a target population that includes children between the ages of 6-18 years (i.e., data collection techniques and consent to collect data from minors)	<ul style="list-style-type: none"> - Informed consent will be obtained to ethically obtain information from all participants; informed consent (verbal consent if applicable) prior to data collection - Age of majority in ON is 18, so consent forms can only be signed by adults (18 or older) thus for focus groups involving members of the teen group (13-18) that are below 18 will require parental consent - For FG's regarding pre-school (birth and 5 years) and school-aged children (6-12) data will be collected from parents as proxy's therefore consent will only need to be obtained from the parent - Tailoring data collection to incorporate a narrative, anecdotal, story-telling approach by engaging with children to find out 'what they think about things' i.e., what they enjoy most about coming to the COC, etc. or what other programs/services they'd like to see instead of close-ended structured questions
Limited budget and time constraints	<ul style="list-style-type: none"> - Given the expansive nature of the COC pilot program and minimal detail around the level of available funding for the evaluation project; Synergy Group will conserve resources minimize costs by conducting telephone interviews (where possible) with key

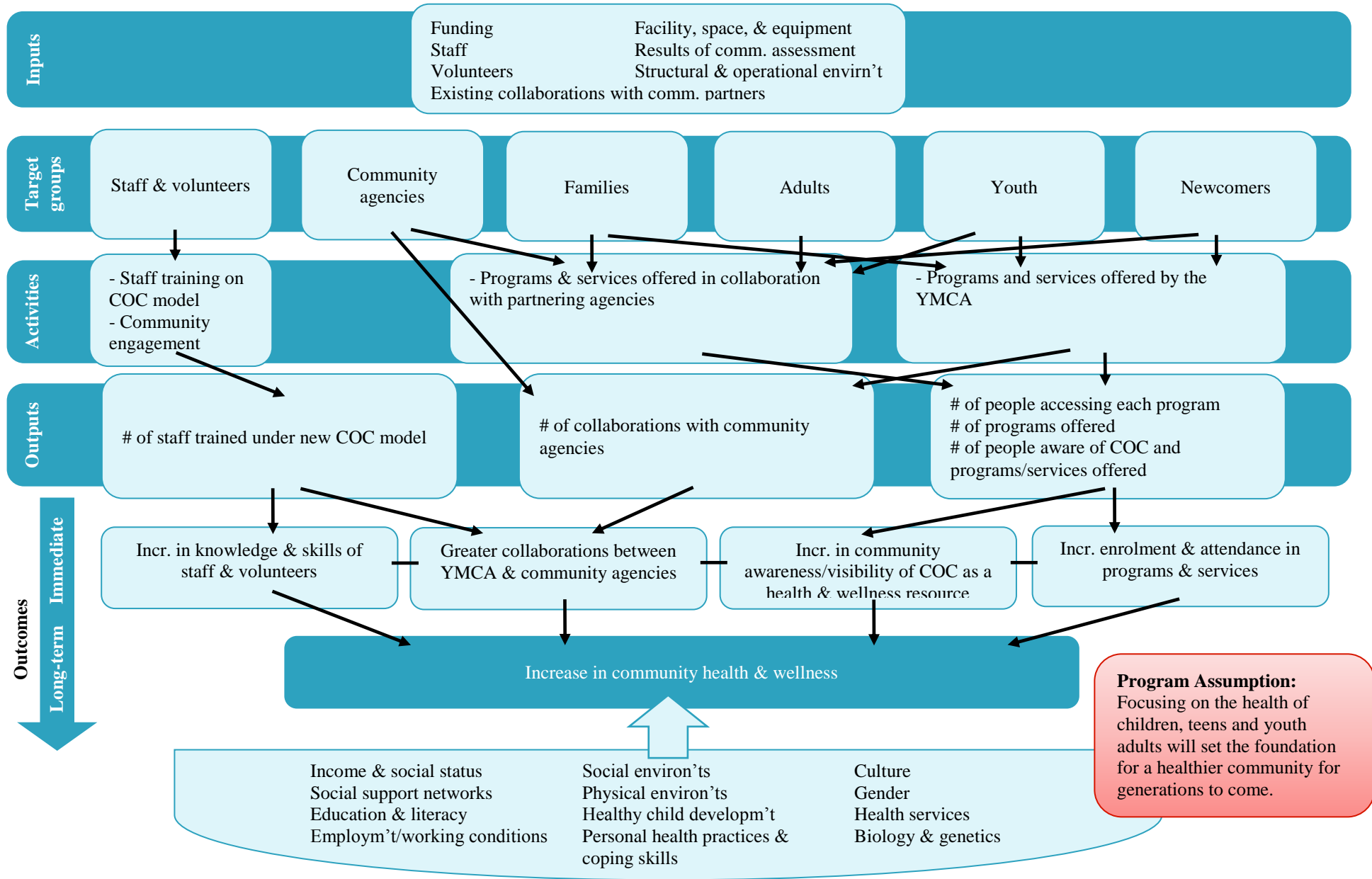
	<p>informants, holding focus groups at COC facilities, and administering an electronic survey for a representative sample of COC staff</p> <ul style="list-style-type: none"> - Draw upon existing data collected by the COC via the community-needs assessment, program utilization data their existing data collection tools/system and data collected by external community partners
Confidentiality and ethical considerations	<ul style="list-style-type: none"> - Obtain informed consent to collect data and use any information supplied by participants; including a clear and easily understandable summary of the risks and benefits of participating in the evaluation - Inform all participants of their freedom to discontinue participation; assure privacy and confidentiality - Data obtained through the informant interviews with existing COC staff and program participants will not be linked to any identifying information to protect confidentiality of responses and privacy of participants
Understanding and evaluating a complex program with broad long-term outcomes	<ul style="list-style-type: none"> - The COC is a highly complex program offering a number of programs/services aimed at improving community health from a holistic lens; a number of different client groups are being engaged in data collection to capture a diverse range of programs and user groups (i.e., different ages and data collection methods) to develop a comprehensive overview of the COC in light of the proposed evaluation question - Given time constraints (30-40 days) and the influence of more systemic external determinants of health, the evaluation approach is designed to identify and utilize short-term and intermediate indicators to examine expected long-term results - Support the COC with envisioning and designing an integrated registration system to track program participants as ‘unique individuals/users’ to support the collection of more specific data pertaining to program utilization and delivery, and link those findings to in-depth qualitative data collected from focus groups, informant interviews and the staff survey
Accessing data for additional services offered by community partners	<ul style="list-style-type: none"> - The COC model involves collaboration with other community organizations to provide additional services; data on these may not be fully accessible or shared with the COC; Synergy Group will connect with community organizations with the support of COC staff to gather and analyze any relevant data (i.e., program utilization, type of program offered etc.) to better develop a comprehensive overview of the overall service landscape available to the community and opportunities for further collaboration with community partners
Communicating findings to a diverse range of internal and external stakeholders	<ul style="list-style-type: none"> - Consult with internal stakeholders i.e., COC staff, individual program leaders, and future COC site leaders to determine which findings should be made public and select channels of dissemination, i.e., teleconference, videoconference, website/online portal, presentation, as well as a final report

7.0 Conclusions

Using a **developmental evaluation** approach (with aspects of participatory and empowerment) we have proposed to conduct an **implementation and process evaluation** to determine the extent to which the COC model (pilot) has been implemented and is operating as planned. To the extent to which this is understood, we will be able to determine whether the COC (pilot) is on track to meet its immediate expected results. Furthermore, we have outlined a plan for generating best practices and lessons learned to inform the development of future COCs, as well as provided ideas on how the YMCA can proceed to assess the longer-term impact of the COCs on community health and wellness. Our proposed evaluation plan is strengthened by the use of both qualitative and quantitative methods, including **innovative methods** such as photovoice. We

hope you find our proposed evaluation plan meets your needs and we look forward to the opportunity to provide you with evaluation support for this important initiative.

APPENDIX A. Program Logic Model for YMCA Center of Community Model



APPENDIX B. Evaluation Matrix

Evaluation priorities/questions	Indicators	Type of data and source	Methods	Design	Sample
1.0 To what extent is the COC pilot operating as originally planned? <i>1.1 Are resources for full implementation available as needed?*</i> <i>1.2 Do COC staff members have necessary competencies?</i> <i>1.3 To what extent are the COC pilot programs' objectives clearly articulated and understood?</i>	<ul style="list-style-type: none"> - change in & # of services provided - type & # of collaborations with other agencies - # of staff trained under new COC model - # people accessing each program <ul style="list-style-type: none"> - the degree to which staff & volunteers adopt the 'No Wrong Door' approach <ul style="list-style-type: none"> - accessibility & usage of new tools (e.g., Case Management Systems, apps, social media channels) by staff and members 	<p>Existing YMCA registration database & other records</p> <p>Staff & volunteers Field notes</p> <p>Staff & volunteers</p> <p>YMCA COC members</p>	<p>Record Review</p> <p>Online staff/volunteer survey and site observation</p> <p>Online staff/volunteer survey</p> <p>Member focus groups</p>	<p>One time</p> <p>One time</p> <p>One time</p> <p>One time</p>	<p>All available data</p> <p>Random sample of full-time, part-time and volunteers</p> <p>Random sample of full-time, part-time and volunteers</p> <p>Parents of pre-school and school aged children. Also, teens, young adults, and adults.</p>
2.0 To what extent is the COC pilot on track to meet expected results? <i>2.1 To what extent does the COC pilot activities and services respond to the needs and priorities of the targeted beneficiaries?</i> <i>2.2 Is the COC pilot program</i>	<ul style="list-style-type: none"> - perception of COC programs' strengths and challenges - awareness & perspectives on the diversity of programs offered by the COC and potential barriers to program usage/attendance - degree of knowledge of staff & volunteers regarding the YMCA & 	<p>Pictures taken & descriptions</p> <p>YMCA non-members</p> <p>Staff & volunteers</p>	<p>Photovoice</p> <p>YMCA non-member focus groups</p> <p>Online staff/volunteer</p>	<p>One-time</p> <p>One time</p> <p>One time</p>	<p>Teens and young adults (n=20)</p> <p>Randomized, representative sample of community members in the GTA</p> <p>Random sample</p>



<i>efficient in coordinating their programs?</i>	wider service landscape		survey		of full-time, part-time and volunteers
3.0 What has been learned about the implementation of the COC pilot that might inform future COC sites or similar efforts/programs? <i>3.1 What are the COC staff/volunteer reactions? What are their perceptions of what could be improved?</i> <i>3.2 Are the expectations and objectives of the COC pilot results realistic?</i>	- perception/opinions of staff and volunteers - # of constraints identified - # of opportunities identified - areas for streamlining the process - impact on staff and client services (e.g., amount of time available for client services versus administrative tasks)	Staff/Volunteers Chair of the Board of Directors and Executive Director of YMCA (GTA)	Online staff/volunteer survey Key Informant Interviews	One time One time	Random sample of full-time, part-time and volunteers Chair of the Board of Directors and Executive Director of YMCA (GTA). Other identified department members.
4.0 What are the impacts of the COC on community health?***	- % of members who perceive their health has improved as a result of participation in COC programs - difference in perceived health of members from COC model site versus non-COC YMCA site - changes in community health based on results of Canadian Community Health Survey (CCHS) by geographic location	YMCA COC members YMCA COC members and non-COC model site members CCHS	Member focus group Member focus group Secondary data analysis	Ongoing One time Prior to COC model adoption and after	Parents of pre-school and school aged children. Also, teens, young adults, and adults. Parents of pre-school and school aged children. Also, teens, young adults, and adults. CCHS sample

* Sample, sub-evaluation questions are provided in italics

** This particular evaluation question will be aimed at solely identifying what kinds of data can be collected and analyzed to determine the impact of the COC on broader community health.

