

# Whole of Community System Response – Evaluation Framework

## Roles and Responsibilities – Who is doing the evaluating?

### Centre of Research on Health Equity and Social Inclusion

CRHESI's purpose is *“bringing communities together to promote health equity & inclusion through collaborative research for action,”* a role they have undertaken with London community organizations and Western researchers since 2015. CRHESI is ideally situated to coordinate and contribute to evaluation and research of the Health & Homelessness Hubs (HHH) and other housing interventions in London's Whole of Community Response (WCR). CRHESI co-directors, in consultation with the WCR's Systems Foundation Table co-chairs, will oversee the work of full-time Research & Evaluation Managers, and any other designated full-time or part-time staff required to achieve the goals of facilitating, planning, coordinating, conducting and sharing evaluation and research the Whole of Community System Response's housing support interventions.

### Civic Administration

Civic Administration will continue to support the System Foundation Table and its co-chairs in informing, guiding and supporting CRHESI and their staff as they stand up the evaluation teams and begin the work of measuring this system's efforts.

### Research & Evaluation Managers

The Research & Evaluation managers will be responsible for multiple tasks around the evaluation framework, including some of the following: hire any additional staff as needed and as funding allows; develop and maintain an inventory of ongoing and new research and evaluation projects; develop and implement a process for seed grants (pending funding availability) including contract templates, and consideration of data ownership and use, intellectual property agreements, etc.; support work within and between teams working on key evaluation domains including Research Ethics protocols and accountabilities; managing key questions that will be given to each of the evaluation tables; literature and document review to add other questions and meet with different partners and collaborators to further add additional research questions.

### Evaluation Teams

Through the work of the System Foundation Table and CRHESI, various areas of focus have been identified as important to the evaluation framework, and individuals from the table have self-identified as wanting to participate in these sub-groups. The Research & Evaluation Managers will stand up the following research and evaluation teams focusing on these topics, with the flexibility to add or remove topics as they

get deeper into this work: outcomes/experiences for priority groups as identified by the table (e.g. high-needs homeless); individuals experiencing unstable shelter; people with stable housing; residents of London and, if invited and with direction from the Indigenous Reference Table, Indigenous homelessness; experiences and outcomes from direct service workers; systems, structures, processes and costs of care; overall WCSR process review – health equity indicators & intersectional narratives infused throughout.

The teams will be made up of individuals throughout the sector, and these teams will also reach out to external experts to ensure the full breadth of possible evaluation criteria is gathered and discussed. Each team is looking for the questions that need to be answered within the evaluation framework.

### Populations Defined – Who is being evaluated?

Definitions of individuals covered within the evaluation framework (that include the Hubs priority populations):

- 1. High-needs homeless:** The Hubs Implementation’s definition of high acuity applies here: “The term acuity defines how marginalized a given person is. High acuity refers to those whose social and personal conditions are severe. This can include physical health, mental health, substance use health and/or deprivation of basic needs like food, water, housing, or systemic barriers to accessing services.” (Page 3 – Hubs Implementation Plan)
- 2. People experiencing unstable shelter or housing:** People whose social and structural determinants of health or individual perception of safety and security contributes to inconsistent access to housing or some version of shelter: 1) sheltered homelessness -- who are staying at a shelter, who are not paying rent due to temporary or permanent financial constraints, etc. 2) precarious housing -- due to factors related to finances, dependency or supporting a dependent, unmet accessibility needs (related to physical or mental health), who are couch surfing, who are not on a lease, who are in transitional housing; 3) housing that is *not* sustainable – due to factors related to finances (including reliance on housing allowances/rent supplements, living pay cheque-to-pay cheque), foreseeable unmet accessibility needs, who are living in a hotel/motel.
- 3. People with stable housing:** All people living, working, studying, and/or spending a significant amount of time in the community of London who have stable housing.
- 4. Indigenous homelessness:** This definition will be informed by an Indigenous-led evaluation framework.

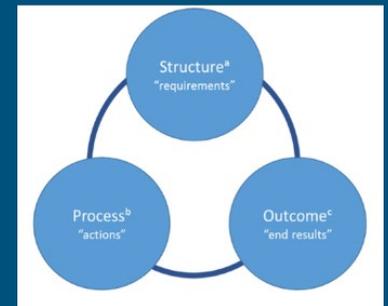
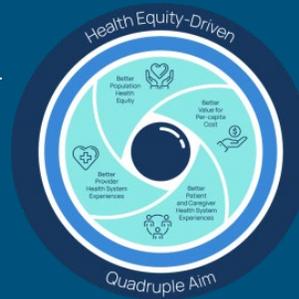
## Evaluation Framework – How is the Whole of Community being evaluated?

The System Foundation Table takes a three-pronged approach to the evaluation frameworks of the Whole of Community System Response using the following:

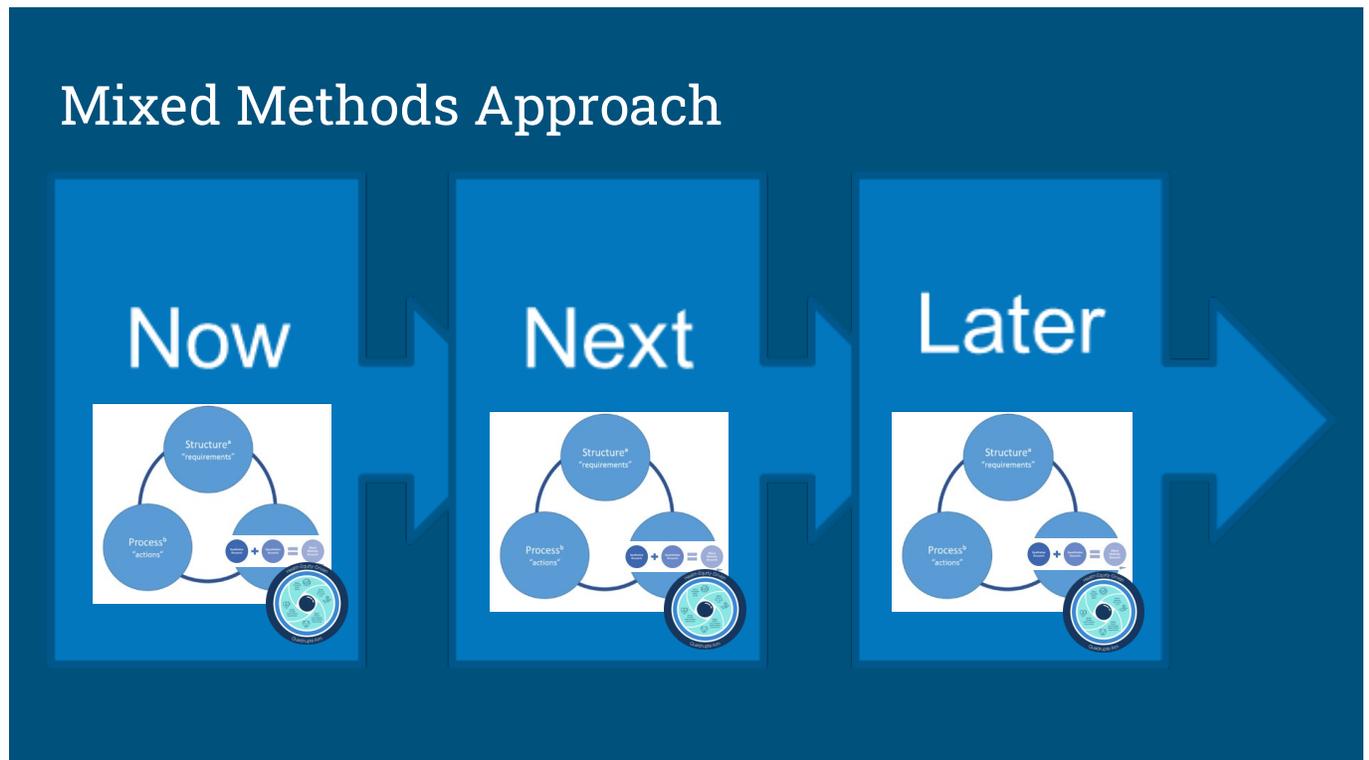
1. **Quintuple Aim of System Improvement** (population outcomes, population experience, provider experience, total cost of care, health equity)
2. **Structure, Process, Outcomes:** The System Foundation table will consider each of these domains in order to provide a comprehensive understanding of the system
3. **Now, Next, Later:** Evaluation priorities will be considered within each of these three timelines. A mixed methods approach will be used to honour different forms of data collection and expression.

## Outcomes Measurement Framework: All of the Concepts

1. Now, Next, Later
2. Structure, Process, Outcomes
3. Health Equity-Driven Quadruple Aim



All 3 of these components will culminated in a **Mixed Methods Approach** which will honour different forms of data collection and expression.



### Gathering Information – What Questions are Being Asked?

A sample of questions being asked through the Research Teams gathering information and deciding what to measure:

#### Team 1: Experiences and Outcomes of Defined Groups

- What proportion of those identified in HIFIS in July 2022 are still alive today? How many have been housed? How is their health? What are their stories?
- How do we identify people who are precariously housed or at risk of homelessness? How is their health? What are their stories? How do we work with them to improve their situation?
- How do residents of London feel about their experiences with the homeless population?
- How do we identify this population? How many were there in London in 2022? How many are there now? How many have been housed?
- How would they rate their experience with London's homelessness system? Health system?
- What is the average income in London vs. rental prices
- What options exist for those on low-income/social assistance to find and sustain housing
- What supports exist for those with low-income (vs. those with high-acuity?)
- How has the perception of the housing market for those with low-income changed
- How does food security impact your quality of life?
- How does affordability vary across London neighbourhoods?

- How do Londoners rate their overall health and wellbeing? Their safety? Their experience living in London?
- How do community members feel about their experience with London's homeless population?
- With the Whole of Community response?
- How do business owners experience running a business in London today? What challenges do they face? How have they experienced the Whole of Community Response?

#### Team 2: Experiences and Outcomes of Direct Service Workers

- How are staff compensated today? Do they have benefits?
- What does the workload of staff look like? How many hours are typically worked/week/month?
- Do staff have sufficient time off? Do staff feel safe at work (physically and psychologically)?
- How are frontline/direct service providing staff experiencing their work today?
- How have they experienced the changes made to date?

#### Team 3: Systems, Structures, Processes and Cost of Care

- How many services provide care to our priority populations? How many sites are there? How many staff? How do these organizations/staff work together?
- What does it cost to support the populations of focus? What additional resources are required?
- How can we provide the best value for the populations we serve? What policies and procedures are in place to support integrated care across the system today? Which ones help, which ones hinder?
- Are services and housing being made available in an equitable way?
- Are we capturing the right information to assess equity?
- Do we have agreed-upon principles for making equitable decisions?
- What does it cost to support the populations of focus (individually and as a whole)?
- What opportunities exist to shift spending towards greater value for the populations we serve?
- What is the economic impact of the homelessness crisis on businesses and business development?
- How many people access transitional housing each week/month etc.?
- How readily available is preventative health screening to members of the target populations?
- How many services do the average high-needs homeless individuals access?
- How often are people transferred/referred between services?
- What policies and procedures are in place today to support integrated care across the system today?
- What policies and procedures get in the way of integrated care in the system today?
- How many staff are available to support these populations today?
- What infrastructure is in place (eg. buildings, beds, service space)?
- How many highly-supportive housing units are available?
- What tools do our staff have available to them (eg. digital tools, equipment, safety)?

#### Team 4: Overall WCR Process Review

- How did London develop the WCSR? What were the enabling factors?
- What barriers were overcome and what ones still exist?