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

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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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Implementation Stages

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.

Researchers, Metz and Bartley, have identified four stages that occur throughout the implementation process, with each stage containing a number of unique decisions and activities**.** It is important to note that each stage does not begin and end crisply; rather some activities may overlap and reoccur throughout the different stages. The first two stages (exploration and installation) were assessed in this evaluation.

Exploration stage. The exploration stage begins by examining the fit between the proposed program and the local context, requirements for implementation (e.g. potential barriers) and, the level of community support. Additionally, identifying core components and active ingredients of the program is also essential. Once the program fit and readiness of local context has been assessed and approved. The implementation process moves towards the Installation stage.

Installation stage. This stage requires practical and intentional efforts to initiate the new program and create a structure for implementation. Acquiring resources, such as physical space, financial and human resources, is a major part of this stage. 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. Implementation research often overlooks and undervalues these firs two stages and begins as assessing implementations during the third stage, the Initial Implementation stage.

Initial implementation stage. 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).

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). 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). 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).

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).

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 through different levels of participation (Christian, Evans, Nykjaer, Hancock, & Cade, 2014; Murphy & Cunningham, 2003; Kulbok, Meszaros, Bond, Thatcher, Park, Kimbrell, & Smith-Gregory, 2015).

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.

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. The *Better Beginnings* model is holistic and ecological in nature-- incorporating children, families and their communities, universal, involves integration with existing services in a seamless manner and is grassroots requiring a minimum of 51% resident participation when making decisions. 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).

***Better Beginnings*' model variations and evaluation outcomes.**

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.

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. The early implementation evaluation can allow for rapid identification of potential issues and solutions regarding resident participation.

Research objectives.

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. In addition, the early evaluation of the project implementation also provides information pertaining to adaption's and innovations required for implementation success. Research findings will be used to inform service enhancement of the new *Better Beginnings-Waterloo* 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, *Better Beginnings-Waterloo,* had several community organizations involved including the local school board. Initially, *Better Beginnings-Waterloo* 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.

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.

High-level participators 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. They 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 hired for a specific amount of time, possibly for the full four years, were identified as high-level participators. 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.

Sample. This evaluation included residents who lived within a specific catchment area and voluntarily chose to assist with the project (n=6). Service-providers were employed by an organization affiliated with the project (n=3*)* and project staff were hired specifically by the project itself (n=2*)*.

Data Analysis. Data was collected through the use of semi-structured interview guides in paired and individual interviews, participant observations while at committee meetings and program events, and field notes were taken in order to understand the dynamics of resident participation during the stages of implementation. Thematic analysis was used to review all

relevant documents and data, identify common themes using systematic coding and apply an interpretation.

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. The overall 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 a summarized illustration of the key findings of these four research questions.

Table 3: Overall Findings of Resident Participation by Implementation Stages

	Most Involved	**Less Involved**
Exploration Stage	**Residents and Service-providers**	**Residents**
1a. Activities	• Community outreach and awareness efforts • Received education and training • Steering team • Led logistics	• Community outreach and awareness efforts • May or may not have received education and training • Steering team • Supported logistics efforts
Missed activities	• Relationship-building with local school board	• Deeper understanding of logistics • Greater community awareness
2a. Facilitators	• Opportunity to create positive change in community • Created vision for the project	• Opportunity to create positive change in community • Endorsed the project vision
3a. Barriers	• Difficult logistics and lack of hands-on events • Rules and regulations of local school board • Lack of available time	• Difficult logistics and lack of hands-on events • Lack of available time
4a. Outcomes	• Personal. Enhanced skills, social opportunities and personally	• Personal. Enhanced skills, social opportunities and personally

	rewarding • Project. Acquired funding • Community. Socialization	rewarding • Project. Acquired funding • Community. Socialization

Installation Stage	Residents and Service-providers	Residents and Project Staff
1a. Activities	• Project support • Residents reducing activities	• Project support • Increasing activities and workload
2a. Facilitators	• Learning opportunities and contribute skills • Social Support • Optimism and project expansion • Potential positive outcomes for children, families, and the community • Overcoming project hurdles (service-providers)	• Learning opportunities and contribute skills • Social Support • Optimism and project expansion • Potential positive outcomes for children, families, and the community • Overcoming project hurdles (project staff)
3a. Barriers	• 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	• 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	• Personal. Commitment, improve skills , personal growth, and social connections • Project Strong community partners • Community. Volunteer opportunities and engaging community members	• 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 *Better Beginnings-Waterloo* 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

Lack of available time. Finally, another critical barrier to resident participation was a lack of available time due to personal responsibilities.

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.

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.

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.

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.

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). 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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. The experience and impacts of project hurdles (e.g., issues with partnerships and team dynamics), however, 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.

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.

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 and 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 lessons learned from this evaluation can help other residents anticipate and avoid certain barriers while enhancing facilitators when handling resident participation during the implementation of community-driven projects in other contexts. 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.

Appendix A: 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	Park bench activity	Community leader, residents
		2. Interest indicated from community	Date of first community meeting	Community leader, residents
		3. Agreement to consider implementation	Date of agreement	Community leader, residents
		4. Examine innovations	First contact for pre-implementation planning	Community leaders, experts of BB, residents
		5. Examine implementation capacity	Date implementation assessment was completed	Community leaders, experts of BB, residents
		6. Assess fit of informed services/ program availability	First discussion of programs and fit with community	Community leaders, experts in program planning, residents
		7. Agreement on innovation	Date of agreement	Community leaders, experts in program planning, residents
2	Installation Stage (Metz & Bartley, 2012)	8. Funding acquisition	Grant proposal submitted	Community leaders, experts in program planning, residents
		9. Clearly Establish	Each committee	Community

	Committees	created Hire date of Project Co. Family Co. In-School Co.	leaders, experts in program planning, residents
	10. Recruitment from community and local businesses	First contact for physical space Service-providers/School hubs identified Date contract signed Community Plan Created Date office space first used First Newsletter First Brochure	Community leaders, experts in program planning, residents
	11. Fidelity Components	Define BB Principles Missions & Values Statement Short-term Goals Long-term Goals	Community leaders, experts in program planning, residents
	12. Planning Process	Timeline identified Roles identified Policy Handbook completed Written implementation plan completed	Community leaders, experts in program planning, residents, researchers
	13. Program planning	Programs identified Program request approved	Community leaders, experts in program planning, residents, researchers
	14. Outcome Goals	Outcome goals clearly identified (e.g. quarterly/ annually goals for project,	Community leaders, experts in program planning, residents,

			project coordinator, research, promotion, policy handbook) and documented	researchers
		15. Staff Hired and Trained	Staff Trained (project, family, in-school coordinator, community researcher) Committee members trained	Community leaders, experts in program planning, residents
3	Initial Implementation Stage (Metz & Bartley, 2012)	16. Programs	Date first program begins Date first tracking system is created Date first tracking system is used	Community leaders, experts in program planning, residents, researchers
		17. Identify challenges	Date first challenge identified	Community leaders, experts in program planning, residents, researchers
		18. Identify solutions	Date of first solution brainstorming session Date of first agreed upon solution	Community leaders, experts in program planning, residents
		19. Apply solution	Date first solution is applied Date of first fidelity check Date of first consultation with	Community leaders, experts in program planning, residents

			project experts regarding challenges	
			Date of first feedback session	Community leaders, experts in program planning, residents, researchers
4	Full Implementation (Metz & Bartley, 2012)	21. Future funding secure	Date funding is secured	Community leaders, experts in program planning, residents
		22. Policy Handbook Redrafted to include new practices	Date policy handbook is redrafted Date policy handbook is completed Date first hard copy is printed and binded	Community leaders, experts in program planning, residents
		23. Implementation Evaluation completed	Date implementation evaluation is complete Date findings are presented	Community leaders, experts in program planning, residents, researchers

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