The Manor Transition Initiative: Evaluation and Outcomes

Phase Two Summary

What is the study about?
In its commitment to community-based service delivery, Elmwood Residences Inc., in partnership with the Ministry of Social Services, Community Living Service Delivery, is closing Kinsmen Manor in favour of a community-based home model in which residents live together in groups of four. The move is motivated by (a) literature on residential service delivery showing improved resident health and well-being and (b) aging infrastructure no longer meeting needs.

The move offers an important opportunity to increase understanding of the impact of living arrangements on people living with intellectual disabilities, to understand what changes in their **quality of life (QoL)**, how and why, and to help support residents during and after the transition and improve their QoL outcomes.

This study tracks outcomes over multiple phases of transition to capture immediate and longer-term impacts. Year One established baseline QoL indicators through pre-transition interviews with residents and non-residents. Phase Two examines how residents, their families, and others feel about the early QoL experiences of 16 residents now in community-based homes, while also documenting experiences of eight residents still at the Manor. It is an opportunity to examine how **rights-based commitments** are working, and what it takes to move beyond relocation to **reimagined service delivery** and **meaningful community inclusion**.

What is quality of life (QoL)?
The World Health Organization (WHO) defines QoL as an individual's perception of their life within their value systems and cultural context. QoL is an **essential indicator of social care outcomes** for adults with intellectual disabilities (ID). QoL means how you feel about your life, your home, your friends, the supports in your life, your health, and your goals.

What do the study researchers do?
The researchers have conversations with residents, their families, and others about the transition. They ask questions in these eight domains used for evaluating QoL: **personal development, self-determination, interpersonal relationships, social inclusion, rights, emotional well-being, physical well-being, and material well-being**. Sometimes people rate on a 5-point scale.

				
Very sad	Sad	OK	Happy	Really happy

What have researchers learned from non-residents?
Fifteen non-resident interviews reported on the transition processes between January and September 2024, and the early impact on the QoL of residents**.** Three major themes emerged: non-resident perception of QoL indicators, challenges of change, and the early impact on QoL in a community-based home. Asked about important QoL indicators, respondents listed these:

Perception of QoL Indicators

The most important QoL factors mirrored but also modified Year One findings:

- **Social Inclusion and Interpersonal Relationships (**friendships, positive relationships with staff, caregivers, participation in outings and activities, and consistent staff support)
- **Recreational Activities and Routine (more personalized** programming and diverse activities; r**outine and predictability**, such as work schedules, promoting **well-being**)
- **Choice, Autonomy, and Independence** (more say in daily lives, more control, more planning options, feeling valued, more independence, better QoL**)**
- **Privacy, Personal Space, and Home Environment** (having a room of one's own, privacy respected, personal belongings, choice in décor, and space feeling like home)
- **Health & Safety (**ability to say when something is wrong and getting action, personal care and mobility supports available quickly; about medical matters but also **about everyday care, attentiveness, and timely help**)

Challenges of Change

- **Initial Anxiety and Uncertainty during Adjustment Period** (most transitioned very well; stress just before and after the move even among the excited; time, trust building, person-centred preparation to help residents through a "new and scary" experience)
- **Transportation and Scheduling** (lack of capital funding for vehicles means some homes share, limiting resident choices, reducing spontaneity and lengthening work days)
- **Equipment and Bathtub Fit** (homes were more accessible, but bathtubs did not always fit larger bodies or complex needs—occupational therapist followup being addressed)
- **Missing Familiar Staff and Friends** (although most were settling in well, some were returning to the Manor for activities and visits with the network of supports and friends)

Feedback on **service quality** in the community-based homes used a **five-point Likert scale**.

- All respondents rated the **quality of support** for day-to-day care as **high to very high**.
- **Diet quality** received **high or very high** ratings (a big change from the Manor ratings).
- **Recreational activities** were rated **high or very high** quality; only one unable to rate.
- **Medical treatment facilities** were rated **high or very high** quality (two could not rate).

Early Impact on QoL in a Community-based Home

Residents were benefitting from closer shared living, welcoming visits, and greater privacy

- **Household Participation and Daily Routines in Personalized Living Environment** (more personal home environment thanks to Elmwood involving residents in planning; active participation in household activities from meal planning to grocery shopping; accessible space had one resident walking rather than using wheelchair in the home)

- **Choice and Decision-Making** (resident choice always mattered; more active role in their own lives and more flexibility, though staffing, transportation, scheduling could impact)

- **Person-centred Supports and Continuity of Care** (receiving more individualized attention and responsive care, positive energy, emotional support, and companionship)

- **Interpersonal Relationships** (Rated **good or really good;** compatibility and shared routines among friends; relationships more family-like impacting family and staff visits)

- **Recreational Activities** (individualized activities in homes; familiar events could take on a different meaning once residents were no longer living but rerunning to the Manor)

- **Privacy, Dignity, Personal Space, and Pride in Home** (respondents were **really happy** or **happy** with resident rooms; staff-to-resident ratios meant a "huge improvement" on dignity and privacy over the Manor; residents were proud to show off their homes)

What have researchers learned from resident interviews?

Interviews were conducted with 13 residents (and their supports) who had spent from one or two months to a year in their new homes. Results are similar to those in the non-resident section.

QoL Indicators in a Community-based Home

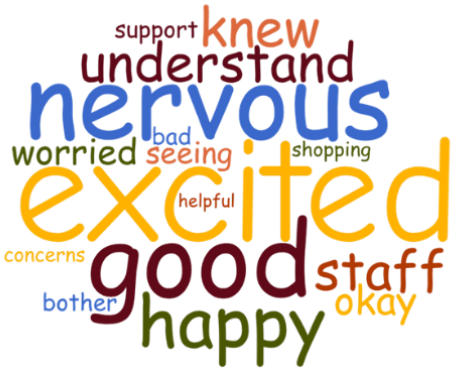
- **Social Inclusion** (social connection, family involvement (and choosing when), seeing friends at work or the Manor, and feeling happy with roommates and staff)

- **Recreational Activities and Routine** (the diversity is clear in the word cloud)

- **Choice, Autonomy, and Independence** (choosing and deciding for themselves what to do, when, and where is key to feeling good and independent)

Challenges of Change

- **Uncertainty and Adjustment** (the few concerns were about what the new place would be or feel like and the need for time and reassurance to adjust--see the word cloud)



- **Missing Familiar People and Wanting More Contact** (adjusting to a different pattern of everyday contact with familiar staff and friends)
- **Areas for improvement** (small changes included an iPad to stay in touch and bird bath)

Early Impact on QoL in a Community-Based Home

- **Improved and More Personalized Living Environment** (quieter, smaller, more comfortable, and easier to settle into than the Manor; more personal and more like home)

- **More Choice, Increased Decision-making, and Flexibility** (less waiting, do things—meals, snacks, outings, household routines—more easily than at the Manor)

- **Closer Interpersonal Relationships** (closer relationships in a changed social atmosphere)

- **Enhanced Privacy, Dignity, and Person-Centred Support** (staff had more time, help was more immediate, and smaller homes allowed for more privacy and quieter space)

What have researchers learned from non-resident interviews about life at the Manor?

Three family members and four others spoke about resident happiness and daily life in the word cloud terms and discussed the following themes about QoL of those still waiting at the Manor.

Non-resident Perceptions of QoL Indicators

- **Social Inclusion and Interpersonal Relationships** (social ties with familiar people, good relationships with staff and caregivers, and ongoing contact with peers)
- **Recreational Activities and Routine (**activities are seen as sources of purpose, structure, and engagement; a central part of routine, identity, and QoL)
- **Choice, Autonomy, and Independence (**resident ability to have a say in what they did, help with ordinary tasks, and feel involved in the things around them)
- **Health & Safety** (proper medical support, accessible surroundings, and also timely help)

Challenges to QoL

- **Delay and uncertainty (waiting** is difficult, struggling to understand the changes, impacting emotional well-being, daily comfort, and sense of security)
- **Need for Communication, Reassurance, and Transition Support** (residents feeling left out and neglected needed clear, repeated, and tailored communication and reassurance)

QoL at Kinsmen Manor during Transition Process

- **Social Inclusion and Relationships, Recreation and Routine** (continuity, familiar relationships, and having something meaningful to do each day tied to happiness)
- **Choice, Autonomy and Privacy (**how much control residents had over their own routines and space remained critical to wellbeing in the context of change)
- **Support, Health and Safety** (familiar staff, consistent care, and access to nursing support were critical to offset staffing and building changes)

Anticipated Impacts of a Community-Based Home on QoL

- **More Choice and Independence in a More Personalized Living Environment** (greater freedom of choice in home-like setting, more individualized support with right staffing, and independence in a diversity of tasks and activities—see word cloud)

- **Anticipated Improvements in Key Areas of QoL** (Rating food, supports, recreation, aa high quality, comfort and accessibility as very good, and medical care as good, some expected very good overall QoL.

- **Fear of Losing Routine and Support** (although generally positive, some feared that those reliant on routine might struggle, have routines disrupted, and miss relationships and supports)

What have researchers learned from residents about life at the Manor?

The word cloud shows words the seven interviewed residents used most to describe happiness and daily life at the Manor**:**

Resident Perceptions of QoL Indicators

- **Social Inclusion and Relationships** (as in year one, social inclusion and friendships and familiar social contact within their daily routines remained important)

- **Recreational Activities, Work, and Routine** (along with recreational activities, work at continued to matter, and some spoke with pride about being good workers)
- **Choice, Autonomy, and Independence** (priorities were clear in expressed preferences, the things they liked and did not like, and how they wanted to do things themselves)

Ongoing Challenges to QoL during the Transition Process

- **Delay, Uncertainty, and Feeling Left Behind** (while some wanted to move faster, others wanted to stay; some were frustrated with how long the process was taking, uncertainty about when or where they would move, and the feeling of remaining behind)
- **Difficulty Understanding and Adapting to Change** (change was hard and some could not picture what life would be like in their new home)

QoL at Kinsmen Manor while Awaiting Transition

- **Social Inclusion and Relationships** (most remained happy or very happy at the Manor; they missed some friends, but visits, activities, special occasions kept them connected)
- **Choice and Autonomy** (preferences and choices were possible but constrained by congregate routines)
- **Available Supports** (staffing and care, support and medical care readily available)
- **Home Environment, Privacy and Personal Space** (for most, the Manor was still home and their privacy was respected)

Anticipated Impact of a Community-Based Home on QoL

- **More Choice and Independence** (having more say in what they do, being able to get a snack when they want, helping in the kitchen, and taking part in household tasks)
- **More Personal and Home-like Living Spaces** (having a space that felt more their own and could reflect their own tastes, interests, and belongings)
- **Fear of Losing Familiar Routines** (despite some positive anticipation, giving up what they had already was not easy for some)

What residents most look forward to in their new homes are spelled out in this word cloud.

These early findings show positive evidence and useful insights—and the importance of keeping the voices and preferences of those most impacted at the heart of the ongoing study.