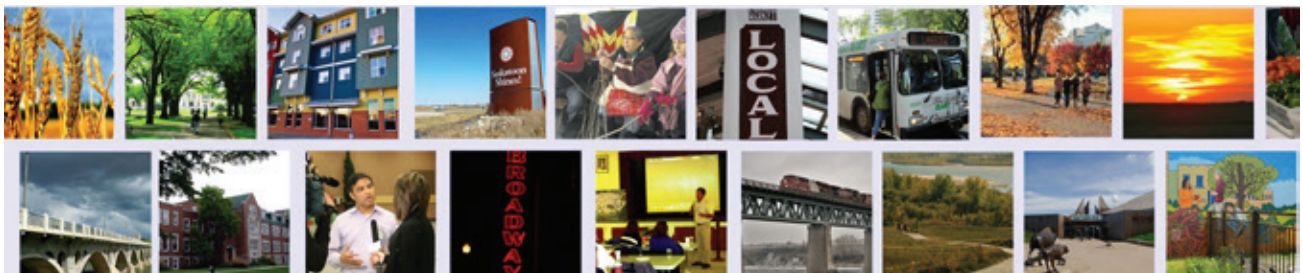




Manor Transition Initiative: Outcomes and Evaluation Phase Two

Alexis Cook and Isobel M. Findlay



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Community-University Institute for Social Research

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EXECUTIVE SUMMARY

Over the last half century, efforts in Canada and internationally to respect the rights of people living with disabilities and to enable them to have the same choices and opportunities that many in society can assume has brought significant change to the housing, caregiving, supports and services for individuals with intellectual disabilities (ID). In addition to the World Health Organization's International Classification of Functioning, Disability and Health (ICF), which reframed disability as the result of interactions between health conditions and personal and environmental factors, the United Nations (1975) Declaration on the Rights of Disabled Persons and the (2006) Convention on the Rights of Persons with Disabilities (CRPD), which was ratified by Canada in 2010, encouraged higher standards of living and fuller participation in economic and social life, understanding a community inclusion model of disability. Such efforts importantly include deinstitutionalization, which involves moving people with intellectual and/or developmental disabilities (IDD) from institutional settings to community-based homes.

In Canada, the federal government was spurred to advocate for the deinstitutionalization of individuals with developmental disabilities after the release of a 1981 report and the 1982 progress report urging jurisdictions to replace institutional models with smaller community-based homes. International studies link moves from institutions to community settings with improvements in QoL and day-to-day functioning, while emphasizing person-centred planning. Canadian evidence has been more limited, but it is growing. One Ontario study found that the timing and planning of moves vary with personal and family circumstances and that early family engagement supports better transitions. A series of studies in Manitoba has since provided stronger evidence of positive outcomes when people with IDD move from large facilities into four-person community homes. Across these studies, families and staff highlight the importance of communication, family engagement, pre-move visits, stable staffing, and consistent supports in maintaining safety and satisfaction.

The closure completed in September 2019 of Valley View Centre (VVC) in Moose Jaw, which operated for more than six decades, marked an important milestone in this shift, and involved extensive collaboration among ministries, service providers, and families to support residents' moves into community homes. The VVC closure served as a precedent for Saskatchewan-led transitions.

Elmwood Residences Inc, a Saskatoon community-based organization, has since 1969 provided a residential home for individuals living with intellectual disabilities. As part of its commitment to community-based service delivery, Elmwood in partnership with the Ministry of Social Services, Community Living Service Delivery (CLSD) is closing Kinsmen Manor and moving to a community-based home model in which residents live together in groups of four. The transition to a community-based group living model, over three to four years beginning in the fall/winter of 2023/2024, is motivated by (a) best practice literature for residential service delivery showing improved health and well-being outcomes for residents and (b) aging infrastructure that no longer meets individual resident physical needs.

The process is currently 67% complete, with 16 of 24 residents moved and four community homes fully operational, located in integrated neighbourhoods across Saskatoon, close to amenities and designed to promote independence, comfort, and connection. Elmwood has engaged residents throughout the process using vision boards, site visits, and bi-monthly suppers to help future residents of the final two homes share ideas, contribute to decisions, and build connection before moving in. Elmwood has prioritized communication and meaningful family involvement throughout the transition. Family Roundtables, Future Focus newsletters, and a Family Conversation Kit (a set of guided questions to help families reflect on routines, care needs, and values) have supported two-way dialogue about what to preserve or improve.

As of spring 2025, 99% of residents had updated person-centred plans in place, with approximately 70% of documented goals showing active progress, according to roundtable notes. Elmwood has also expanded its Health and Wellness framework to suit the smaller home settings, introducing increased 24/7 support staffing. Health Connectors now visit homes daily to assess emerging needs and offer support, and over 25 staff members have received dementia care training through the Gentle Persuasive Approaches (GPA) program. Thus, the transition is not just about relocating into new housing, but about reimagining service delivery in a way that supports daily routines, relationships, and QoL for both residents and families.

Findings from Year One of the Manor Transition Study provide important context for understanding these changes. At the time, residents, staff, and families described both strengths and limitations of life at Kinsmen Manor. Participants highlighted the importance of friendships, family contact, and meaningful routines such as work at Cosmo and group recreation. They also pointed to barriers linked to institutional living, including inaccessible design, limited privacy, and fewer opportunities for daily decision-making or community engagement. Families and stakeholders hoped

that community homes would offer more personalized attention, while also voicing concern about maintaining supports and continuity of care. These perspectives shaped Elmwood's planning and provide a foundation for evaluating early outcomes in Phase Two.

The move from the congregate setting to a community-based living model offers an important research, policy, and practice opportunity. This project is designed as a longitudinal study that follows residents over several years tracking outcomes over multiple phases of transition, allowing us to capture both immediate and longer-term impacts. Year One established baseline QoL indicators through pre-transition interviews with residents and non-residents. Phase Two builds on this foundation by examining residents' early QoL experiences in community-based homes, while also documenting the perspectives of those still waiting the transition.

This evaluation is of interest not only to residents, their families, and caregivers, but also to policymakers, the larger disability sector in Canada, and disability research more generally. The current QoL evaluation also importantly addresses a key gap in the VVC transition, which did not formally assess long-term resident outcomes. As this study explores, Elmwood's efforts offer an opportunity to examine how rights-based commitments are being carried out in practice, and what it takes to move beyond relocation toward meaningful community inclusion.

Building on the baseline findings from Year One, Phase Two offers a look at how residents' QoL may be changing during the transition as well as what seems to support or complicate that change. This study phase was especially important because it included both the early experiences of residents who had already moved and the perspectives of those who were still at the Manor waiting for their transition. The interviews with residents and non-residents made it possible to capture early changes as well as the uncertainty and challenges that can come with waiting.

The Phase Two findings have several encouraging early outcomes for residents who had already moved. Interviews described the new homes as offering more privacy, more choice, greater comfort, and a more personal and home-like environment. Relationships, routine, meaningful activities, and access to support remained important to QoL, just as in Year One, but supports could be more individualized. Residents had more say in daily routines, meals, activities, and household tasks, which appeared to support their autonomy and well-being.

The findings also show that the transition has not been easy for everyone. Some residents experienced anxiety and uncertainty before the move and during the early adjustment period, while some non-resident respondents also identified areas that still needed attention, such as transportation and scheduling, and in some cases the fit of equipment in the homes. A few participants also said that residents missed familiar staff and friends from the Manor. Therefore, these findings suggest that

community-based homes can improve QoL, but the benefits still depend on having strong planning, flexibility, and ongoing support.

The experiences of residents who had not yet moved are also an important part of the Phase Two findings. Many continued to speak positively about life at Kinsmen Manor, especially when it came to staff, routines, and the comfort of a known environment. However, some also expressed mixed feelings about the upcoming move, including both excitement and worry. The waiting period itself and delays brought their own difficulties for some residents, who sometimes struggled with routines changing and with understanding why they were still waiting.

Elmwood was widely praised for the way the transition had been handled. Respondents described communication, reassurance, person-centred preparation, and family involvement as important strengths. Several spoke positively about efforts to explain the move in ways residents could understand, to maintain familiar routines, and also to provide support during the early adjustment period. A few still pointed to areas where communication needed to be repeated or more tailored, but findings suggest that thoughtful planning and individualized support helped ease what could have been a much more difficult transition.

The Phase Two findings suggest that the move to community-based homes is already linked to positive changes in several areas of QoL. They also show that positive outcomes cannot be assumed just because a move has happened. It is important to continue addressing communication, accessibility and transportation, staffing and the preservation of routines and relationships. Additionally, some non-resident respondents felt that these early findings should still be viewed with some caution, as it could still reflect a “honeymoon phase.” This is one reason that it is so important to continue the study over time. Following residents across later stages of the transition will help show whether these early benefits continue, what new challenges may come up, and how QoL changes as the move settles over time.

That said, this study offers encouraging evidence and useful insight for Elmwood Residences, families, staff, policymakers, and others involved in disability services. It reinforces the importance of a rights-based and resident-centred approach in which QoL is understood broadly, including not only health and safety, but also dignity, belonging, autonomy, comfort, and involvement in daily life. Phase Two also adds to the limited Canadian research on deinstitutionalization and community living by documenting both early benefits and ongoing challenges. Most importantly, the findings continue to show that the voices, preferences, and experiences of residents themselves must continue to be at the centre of this work.

INTRODUCTION

Over the last half century, efforts in Canada and internationally to respect the rights of people living with disabilities and to enable them to have the same choices and opportunities that many in society can assume has brought significant change to the housing, caregiving, supports and services for individuals with intellectual disabilities (ID). In 2001, the World Health Organization (WHO) introduced the International Classification of Functioning, Disability and Health (ICF), which reframed disability as the result of interactions between health conditions and personal and environmental factors, moving beyond the traditional medical to a social model (Bickenbach, 2011; Leonardi et al., 2022). Also contributing to this paradigm shift, the United Nations (1975) Declaration on the Rights of Disabled Persons and the (2006) Convention on the Rights of Persons with Disabilities (CRPD), which entered into force on May 3, 2008, and was ratified by Canada in 2010 (Findlay & Damji, 2013; Galer, 2015), encouraged higher standards of living and fuller participation in economic and social life, understanding a community inclusion model of disability. Such efforts importantly include deinstitutionalization, which involves moving people with intellectual and/or developmental disabilities (IDD) from institutional settings to community-based homes (Brown & Radford, 2015; Galer, 2015; Lemay, 2009; Lynch & Findlay, 2007; Perrin & Nirje, 1985). Critical disability studies have also done much to advance political and legal rights (Galer, 2015).

Many countries expanded community living beginning in the early 1970s, notably the United States (US) and the United Kingdom (UK) (Brown & Radford, 2015). Following these examples, in Canada, the federal government was spurred to advocate for the deinstitutionalization of individuals with developmental disabilities after the release of the Smith (1981) report and the 1982 progress report *Obstacles* by the House of Commons Special Committee on the Disabled and the Handicapped, which urged jurisdictions to replace institutional models with smaller community-based homes. International studies link moves from institutions to community settings with improvements in QoL and day-to-day functioning, while emphasizing person-centred planning (Kim et al., 2001; Lemay, 2009; Navas et al., 2024; 2025).

Canadian evidence has been more limited, but it is growing. One Ontario study by Martin & Ashworth (2010) explored the process of changing QoL during the transition from institutional to community settings, finding that the timing and planning of moves vary with personal and family circumstances and that early family engagement supports better transitions. A series of studies in Manitoba has since provided stronger evidence of positive outcomes when people with IDD move from large facilities into four-person community homes (Baranowski et al., 2024; Cameranesi et al., 2022, 2025a, 2025b; McCombe et al., 2023). Across these studies, researchers documented improvements in QoL after relocation, with families and staff highlighting the importance of communication, family engagement, pre-move visits, stable staffing, and consistent supports in maintaining safety and satisfaction (Baranowski et al., 2024; Cameranesi et al., 2022, 2025a, 2025b; McCombe et al., 2023). Apart from these studies, there remains little literature in Canada on the effects on QoL of deinstitutionalization and its processes.

Saskatchewan in particular has played a role in advancing community-based care for people with IDD. The closure completed in September 2019 of Valley View Centre (VVC) in Moose Jaw, which operated for more than six decades, marked an important milestone in this shift, and involved extensive collaboration among ministries, service providers, and families to support residents' moves into community homes (Baumann, 2020; Government of Saskatchewan, 2013; Valley View Centre Transition Steering Committee, 2013). The process showed that large-scale institutional transitions can be achieved through coordinated and person-centred planning. As the first initiative of its kind in the province, the VVC closure served as a precedent for Saskatchewan-led transitions (Baumann, 2020; Jones, 2014).

Elmwood Residences Inc.

Elmwood Residences Inc, a Saskatoon community-based organization, has since 1969 provided a residential home for individuals living with intellectual disabilities. As part of its commitment to community-based service delivery, Elmwood in partnership with the Ministry of Social Services, Community Living Service Delivery (CLSD) is closing Kinsmen Manor and moving to a community-based home model in which residents live together in groups of four. The transition to a community-based group living model, over three to four years beginning in the fall/winter of 2023/2024, is motivated by (a) best practice literature for residential service delivery showing improved health and well-being outcomes for residents and (b) aging infrastructure that no longer meets individual resident physical needs.

Since its founding, Elmwood has grown into one of Saskatchewan's leading disability service organizations, employing over 200 team members sharing a longstanding commitment to resident

voice, inclusion, and personalized care (Elmwood Residences Inc., 2024a). The move to community homes reflects this broader organizational vision, with organizational documents and roundtable notes highlighting how smaller homes will enable stronger continuity of care, increased autonomy in daily routines, and more meaningful participation in community life (Elmwood Residences Inc., 2024b; 2024c).

The process has been unfolding gradually and is currently 67% complete, with 16 of 24 residents moved and four community homes fully operational, located in integrated neighbourhoods across Saskatoon, close to amenities and designed to promote independence, comfort, and connection (Elmwood Residences Inc, 2025c). Planning began several years before the first residents moved, with staff, families, and the board engaged early through surveys, information sessions, and ongoing communications (Elmwood Residences Inc., 2022; 2023). Elmwood took possession of the first new home at 14th Street East in November 2023, and residents moved in January 2024. In that same month, Elmwood also received possession of the second and third homes on Brightsand Crescent and Holmes Crescent, with residents moving in February 2024 and April 2024, respectively. The fourth home at Mountbatten Street was ready by August 2024 and residents moved in the following month. Alongside these moves, Elmwood and its partners held public celebrations to mark the significance of the changes. The formal launch of Elmwood's community-based homes took place at the 14th Street residence on April 26, 2024, and a second launch was held for the Mountbatten home on May 2, 2025. Both events brought together residents, their families, Elmwood staff, and community partners to celebrate these milestones. While these first four homes are now home to residents, Elmwood is still waiting for the final two homes in the transition plan to be completed and occupied (Elmwood Residences Inc., 2024a; 2024d; 2025c).



Residents, families, staff, and community members gathered at the 14th Street East home on April 26, 2024, to celebrate Elmwood's first community launch and recognize the 12 residents who had already transitioned.



Ribbon-cutting at the second community launch event for Elmwood's fourth home at Mountbatten Street on May 2, 2025.

Construction of the final two homes was scheduled following the purchase of lots in the Parkridge area and development of architectural plans (Elmwood Residences Inc., 2025a; 2025c). Possession is expected in late 2026 or early 2027, with the remaining eight residents set to relocate upon completion. Elmwood has engaged residents throughout the process using vision boards, site visits, and bi-monthly suppers to help future residents of Homes #5 and #6 share ideas, contribute to decisions, and build connection before moving in (Elmwood Residences Inc, 2024a; 2025a).

Elmwood has prioritized communication and meaningful family involvement throughout the transition. Family Roundtables, Future Focus newsletters, and a Family Conversation Kit (a set of guided questions to help families reflect on routines, care needs, and values) have supported two-way dialogue about what to preserve or improve (Elmwood Residences Inc., 2024b; 2025a). These tools were designed to inform and share updates, and also to gather input on which aspects should remain the same or be changed during the move.

Person-centred planning is central to Elmwood's model. As of spring 2025, 99% of residents had updated person-centred plans in place, with approximately 70% of documented goals showing active progress, according to roundtable notes (Elmwood Residences Inc., 2024a; 2025a). Elmwood has also expanded its Health and Wellness framework to suit the smaller home settings, introducing increased 24/7 support staffing. Health Connectors now visit homes daily to assess emerging needs and offer support, and over 25 staff members have received dementia care training through the Gentle Persuasive Approaches (GPA) program (Elmwood Residences Inc., 2024a; 2025a). Thus, the transition is not just about relocating into new housing, but about reimagining service delivery in a way that supports daily routines, relationships, and QoL for both residents and families.

Findings from Year One of the Manor Transition Study provide important context for understanding these changes. At the time, residents, staff, and families described both strengths and limitations of life at Kinsmen Manor (Kader et al., 2025). Participants highlighted the importance of friendships, family contact, and meaningful routines such as work at Cosmo and group recreation. They also pointed to barriers linked to institutional living, including inaccessible design, limited privacy, and fewer opportunities for daily decision-making or community engagement. Families and

stakeholders expressed hope that community homes would offer more personalized attention and flexibility, while also voicing concern about maintaining supports and continuity of care. The report identified several factors as particularly important to residents' QoL: close relationships with peers and staff, opportunities for participation in household tasks, autonomy in daily decisions, and access to meaningful activities and preferred routines (Kader et al., 2025). These elements were considered critical to carry forward into the new homes to support well-being, inclusion, and continuity, and these perspectives shaped Elmwood's planning and provide a foundation for evaluating early outcomes in Phase Two.

Early updates from Elmwood communications suggest positive adjustment among residents who have moved. Staff and family reports describe residents taking more ownership of day-to-day tasks (e.g., cooking, meal planning, grocery shopping, laundry), showing improved mobility, choosing community activities more often, and celebrating their new homes as well as milestones together with pride, including housewarmings and first holidays in the new homes (Elmwood Residences Inc., 2024d; 2025a; 2025b). Elmwood further reports that feedback has been overwhelmingly positive as the transition continues (Elmwood Residences Inc., 2025b; 2025c). Direct resident statements in the 2024 annual report show this: as one resident put it, "My new house is awesome," while others shared "I'm excited to go out more," and "I am so happy that I have moved into my new house because I have been waiting a long time for this," (Elmwood Residences Inc., 2024a, p. 6-7). Overall, Elmwood reports residents have settled in well, while our formal QoL evaluation continues.

Study Purpose

The move from the congregate setting to a community-based living model offers an important research, policy, and practice opportunity. This project is designed as a longitudinal study that follows residents over several years tracking outcomes over multiple phases of transition, allowing us to capture both immediate and longer-term impacts. Year One established baseline QoL indicators through pre-transition interviews with residents and non-residents. Year Two builds on this foundation by examining residents' early QoL experiences now that many have moved into community-based homes, while also documenting the perspectives of those who still await transition. Specifically, this study has these aims:

- To examine the impact of living arrangements on people living with intellectual disabilities in Saskatchewan
- To examine the change in quality of life experienced by residents as a result of the move
- To understand the process by which the change in quality of life occurred

- To provide data that will help policy and program further improve the quality of life of people living with intellectual disabilities

This evaluation is of interest not only to residents, their families, and caregivers, but also to policymakers, the larger disability sector in Canada, and disability research more generally. The current QoL evaluation also importantly addresses a key gap in the Valley View Centre (VVC) transition discussed in the Literature Review, which did not formally assess long-term resident outcomes, offering an opportunity to explore both the benefits and challenges of community living. As this study explores, Elmwood's efforts offer an opportunity to examine how rights-based commitments are being carried out in practice, and what it takes to move beyond relocation toward meaningful community inclusion.

LITERATURE REVIEW

In the field of intellectual and developmental disabilities (IDD), early QoL research often reflected a deficit-oriented view, emphasizing adjustment to social expectations and adaptive functioning (Campo et al., 1997). By the 1980s and 1990s, however, the term QoL was used as a “sensitizing notion” and began to shift toward centring the perspectives of people with IDD, paying greater attention to the interaction between the person, their environment, and the behaviours and needs of families (Brown et al., 2009, p. 2). QoL has since become a guiding principle in efforts to enhance an individual’s well-being and to foster collaboration for programmatic, community, and societal changes (Friedman, 2022). Yet more needs to be done to understand how best to evaluate services and outcomes or how best to shift public understanding in ways that promote meaningful reform (Schalock, 2004).

QoL Conceptual Framework

Schalock and colleagues (2008) developed one of the most widely used frameworks for understanding QoL in people with IDD, emphasizing multiple factors, including independence, social participation, and well-being, based on twenty-four core indicators and eight domains. It was designed to support person-centred and holistic approaches to service delivery, while also offering a consistent way of evaluating outcomes (Brown, 2024; Brown et al., 2009; Coppus & van Berkel, 2024; Higgins, 2004; Schalock et al., 2002; Verdugo et al., 2005; Verdugo et al., 2012). Still, researchers caution against applying them the same way for everyone (Brown, 2024; Coppus & van Berkel, 2024; Nieuwenhuijse et al., 2023). Emotional and physical well-being, interpersonal relationships, material well-being, personal development, self-determination, social inclusion, and rights are all essential to consider while doing studies with persons with disabilities, but they need to be understood in relation to each person’s own values, life history, and social environment (Brown, 2024; Jenaro et al., 2005; Schalock et al., 2008). Several researchers have highlighted how these domains are experienced and interpreted differently depending on the individual and context (Brown, 2024; Coppus & van Berkel, 2024; Jacinto et al., 2023; Nieuwenhuijse et al., 2023). Brown (2024) emphasizes that personal factors such as preferences, personality traits, and life history shape how people with IDD understand and assess their own well-being, while Coppus and van Berkel (2024) similarly argue that the eight domains should be understood as adaptable categories, not rigid

boundaries. For example, this concern is evident in a study by Jacinto et al. (2023), who compared self-ratings and caregiver ratings of QoL and found that people with IDD often rated their own lives more positively than others did, especially in areas like emotional and physical well-being. Such differences demonstrate how assessments shift depending on whose perspective is emphasized and point to the risk of undervaluing the voices of people with IDD themselves. Nieuwenhuijse et al. (2023) extend this critique further by focusing on people with profound intellectual and multiple disabilities (PIMD), who often rely on nonverbal communication and the interpretations of others. In their study, caregivers tended to focus on comfort, relationships, and physical care, while placing little emphasis on domains such as material well-being or personal development. For individuals who communicate nonverbally, well-being may be expressed through relationships or experiences in ways that do not always fit neatly onto standardized domains. Therefore, Schalock et al.'s framework provides a strong model, but it must be applied in ways that are responsive to diverse needs and forms of communication, as it may overlook key aspects of well-being for people with more complex support needs.

In addition to individual differences, researchers have also highlighted the importance of cultural context, noting that the core QoL domains may be interpreted differently depending on local values and norms. In a cross-cultural study, Schalock et al. (2005) found broad consensus across five different regions and cultures around the eight QoL domains, although there were some cultural differences in the importance attached to specific indicators and certain domains such as personal or social well-being. More recent work by Beadle Brown et al. (2023) tested the continued utility of these eight domains by mapping 20 international quality of service frameworks against Schalock et al.'s (2002) model. They found that all frameworks aligned with at least one, and several with all, of the eight domains, which reinforces the model's cross cultural strength and shows both the adaptability of the framework and the need for interpretation that accounts for context. The reviewers concluded that the eight domain model is still the most complete and practical way to think about QoL outcomes today.

Rights of Persons with ID

QoL is increasingly understood as both a measure of well-being and a matter of human rights for individuals with IDD, who often experience social exclusion, discrimination, and limited educational and employment opportunities, making it necessary to frame QoL in terms of rights as well as outcomes (Edwards & Schippers, 2024; Verdugo et al., 2012). Within this rights-based framing, self-determination has been shown to be a strong predictor of better QoL outcomes for people with IDD, especially when they are supported to make choices and participate meaningfully in everyday life (Mumbardo-Adam et al., 2023; Wehmeyer & Mithaug, 2006).

The international recognition of disability rights has advanced significantly over the last few decades. During the 1970s and 1980s, Australia (the Disability Services Act 1986 affirming equal rights for people with disabilities) and Canada began taking significant steps to protect the rights of individuals with disabilities. In Canada, after decades of segregating people with disabilities in institutional settings, the return of injured and war veterans with disabilities raised public and political awareness of disability issues, prompting the country to begin addressing disability rights (Galer, 2015). The 1981 United Nations International Year for Disabled Persons added impetus to efforts in Canada, including protection under the Charter of Rights and Freedoms and inclusion in the Employment Equity Act (Galer, 2015).

The 2001 WHO International Classification of Functioning, Disability and Health (ICF) reframed disability as the result of dynamic interactions between health conditions (e.g., disease, disorder, injury) and contextual factors, including both personal and environmental ones (Bickenbach, 2011; Leonardi et al., 2022). All 191 WHO Member States, including Canada, formally endorsed the ICF that same year, adopting it as a framework to inform health policy, rehabilitation, and disability classification systems (Leonardi et al., 2022). This shift laid important groundwork for the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which Canada ratified on March 11, 2010, ensuring rights to education, health, employment, transportation, and housing for persons with disabilities (Bickenbach, 2011; Galer, 2015). As of 2025, the UNCRPD and its 34 articles had been ratified by 193 countries and signed by 164 countries (United Nations, 2025). In March 2025, the UN Committee on the Rights of Persons with Disabilities conducted its latest review of Canada's progress in implementing the CRPD, and their Concluding Observations which were published the following month, called for stronger national action on housing, accessibility, and inclusion.

Housing has emerged as one of the most pressing rights issues because it underpins the realization of so many other rights such as health, inclusion, and autonomy (Benfer et al., 2021; Dickson & Linton, 2025; Doll et al., 2022; L'Arche Canada, 2024). Without safe, accessible, and affordable housing, individuals cannot fully exercise self-determination or achieve a good QoL (Dickson & Linton, 2025; L'Arche Canada, 2024). Housing is recognized internationally as a human right under the International Covenant on Economic, Social, and Cultural Rights, and in Canada under the 2019 National Housing Strategy Act (Olauson et al., 2022). The links between housing and health are well established (Benfer et al., 2021; Chenier, 1999; Doll et al., 2022; Hwang, 2001; Kunzekweguta et al., 2022; National Health Care for the Homeless Council, 2019; Nili et al., 2025). For example, overcrowding, dampness, and cold environments are associated with negative physical and mental health outcomes (Braubach et al., 2011). However, despite these protections, people with disabilities in Canada are almost twice as likely as those without disabilities to live in core housing

need, which includes conditions that are inadequate, unsuitable, or unaffordable (Canadian Human Rights Commission, 2024; Gamey & Terashima, 2023). Many also face issues with pest infestations, mould, and homes in disrepair at higher rates than the general population, which further affects both habitability and health.

Therefore, despite Canada's international and national commitments, serious gaps remain between rights on paper and rights in practice. While the UN Committee recognized some positive steps in the 2025 review, they expressed concerns about the slow and uneven progress on deinstitutionalization across the country. Many people with disabilities, especially Indigenous people, still face barriers to living in the community due to a lack of accessible housing, portable support funding, and culturally appropriate services (Dickson & Linton, 2025; UN Committee on the Rights of Persons with Disabilities, 2025). In fact, a report by L'Arche Canada (2024) found that housing models that reinforce segregation or isolation were still a top barrier to inclusive housing for people with IDD.

In recognition of these gaps, the Canadian Human Rights Commission (CHRC) and the Office of the Federal Housing Advocate (OFHA) released a new Monitoring Framework in 2024 to evaluate whether people with disabilities can truly realize the right to housing (CHRC & OFHA, 2024). The framework measures progress across eleven areas of adequate housing defined by the CRPD, such as affordability, accessibility, habitability, security of tenure, and cultural adequacy (CHRC & OFHA, 2024). Findings show that many people with disabilities continue to face barriers, including being forced into institutional settings or, in some extreme cases, requesting medical assistance in dying (MAiD) because their basic needs are not being met (CHRC & OFHA, 2024; Dickson & Linton, 2025). National surveys currently do not collect data on whether people have autonomy or decision-making power in their living arrangements, so it is hard to know whether housing supports a good QoL (CHRC & OFHA, 2024). Therefore, the Monitoring Framework also calls for stronger disaggregated data, greater involvement of people with lived experience in decision making, and clear accountability so governments can be measured on their progress (CHRC & OFHA, 2024). Most importantly, the framework draws attention to how inadequate housing and limited supports can perpetuate institutionalization, making the right to housing inseparable from broader debates about deinstitutionalization and community living.

A Short History of Deinstitutionalization

Historically, people with IDD were placed in large institutions or group settings based on medical models that focused on protection and control (Wiesel, 2015). These environments often imposed rigid routines, surveillance, and shared spaces that limited privacy and autonomy (Dickson & Linton,

2025; Kilroy et al., 2015; Lakin et al., 1991). Over time, research and testimony from people with lived experience revealed how institutional settings restricted rights, created barriers to community participation, and failed to meet individual needs, including mental health care (Dickson & Linton, 2025; Kilroy et al., 2015; Lakin et al., 1991). Nursing home environments in particular were widely criticized as inappropriate and misaligned with the rights and preferences of younger people with IDD (Dickson & Linton, 2025; Lakin et al., 1991; L'Arche Canada, 2024).

The deinstitutionalization movement gained momentum in the 1960s and 1970s, as disability rights advocacy and policy reforms converged with research demonstrating better outcomes in community-based environments (Larson et al., 2007; Mansell & Beadle-Brown, 2011). Countries such as the USA, the UK, Sweden, and Norway led early shifts away from large residential facilities and toward smaller, community-based housing models (Beadle-Brown et al., 2007; Emerson & Hatton, 1996; Lakin et al., 1998). In Canada, the federal government has also actively advocated for the closure of large facilities catering to individuals with IDD since the early 1980s (McColl et al., 2017). However, despite some significant progress and decades of deinstitutionalization policy, residential institutions remain operational in six Canadian provinces (Dickson & Linton, 2025). Dickson and Linton (2025) argue this persistence is due to entrenched systemic ableism, which continues to shape IDD housing through the haunting legacy of “exclusion, elimination, and extraction” (p. 3).

A major precedent in Saskatchewan was the closure of Valley View Centre (VVC), a large institutional facility in Moose Jaw that operated from 1955 to 2019 and at its peak housed more than 1000 residents (Baumann, 2020). Originally opened as the Saskatchewan Training School, the facility reflected mid-20th-century beliefs that institutionalization was a progressive and humane approach to care (Baumann, 2020). Over time, however, VVC came to represent the limits of institutional care, with many residents spending most of their lives in the facility and experiencing isolation, routine, and limited autonomy (Baumann, 2020). Although the Government of Saskatchewan publicly committed to its closure in 2012, deinstitutionalization at VVC had been underway for over 40 years prior to that due to evolving care philosophies and growing awareness that institutional models no longer aligned with values outlined in the UNCRPD (Baumann, 2020). The closure was originally scheduled for 2016, but it was extended to 2019 so every individual had the time and resources needed for a safe and respectful transition (Baumann, 2020; Government of Saskatchewan, 2019).

The transition out of VVC is recognized as an ethical and collaborative example of institutional closure (Baumann, 2020; People First of Canada, 2020). In contrast to other provinces where deinstitutionalization was sometimes rushed or poorly handled, Saskatchewan implemented what

was described as a “Made in Saskatchewan Approach,” which was a multi-year, stakeholder-led model rooted in meaningful citizen involvement (Baumann, 2020). A steering committee made up of government representatives, families, and disability advocates was formed to guide each step of the transition, ensuring that residents moved into community homes that had adequate resources. The committee also released 14 recommendations that emphasized person-centred and community-based supports, including the development of individualized transition plans, expansion of community housing options, continuity of services and relationships, access to day programs and transportation, and ongoing evaluation and public education about inclusion (Valley View Centre Transition Steering Committee, 2013).

Building on the legacy of VVC, the ongoing transition at Elmwood Residences, the focus of this study, represents Saskatchewan’s continued commitment to person-centred, community-based living for individuals with IDD, as well as rights-based system transformation. Drawing lessons from VVC, Elmwood has prioritized gradual person-centred planning and early involvement of families, residents, and staff. Like the “Made in Saskatchewan” approach, Elmwood’s transition has been led by a Manor Transition Steering Committee of government, organizational, and family representatives that reflects shared responsibility and efforts to build trust and local accountability (Elmwood Residences Inc., 2025a). These values are further embedded in Elmwood’s resident-first approach, which emphasizes individual readiness, participation, and autonomy throughout the transition, so that moves occur at a pace that respects each person’s preferences and needs.

In addition to person-centred planning, Elmwood’s transition out of Kinsmen Manor aligns with rights-based housing principles and outlined in the UNCRPD, as they prioritize autonomy, accessibility, and inclusion, working to make sure that residents can shape their own lives in ways that reflect these values. For example, Article 19, which guarantees the right to live independently and be included in the community, is evident in the design of Elmwood’s new homes and in the Community Hub project, which will provide accessible housing, inclusive programs, and integrated services that support long-term independence and belonging (Elmwood Residences Inc, 2024a).

For example, despite progress in some jurisdictions, there are concerns about how institutional practices can persist even after physical facilities close (Howard et al., 2024; O’Donovan & Whittle, 2024). Sometimes called “institutional creep,” this phenomenon refers to how simply relocating people does not always ensure meaningful inclusion (Glasby et al., 2025). The European Expert Group (2023) warns that some transitions may result in superficial changes, like rebranding facilities, without dismantling power imbalances or segregation. Inclusion Canada (2024) and Dickson (2022) similarly note that many adults with IDD in Canada still reside in group homes or long-term care settings that fail to uphold rights enshrined in the UNCRPD, including the right to choose where

and with whom to live. For instance, as of 2021, more than 7500 people with disabilities under age 55 were still living in long-term care facilities like nursing homes (CHRC & OFHA, 2024). These patterns reflect how institutional thinking remains embedded in housing policy, with weak accountability making change difficult (Dickson, 2022; Dickson & Linton, 2025; Steele, 2025). As Baumann (2020) argues, deinstitutionalization is not just about relocation, but about transforming care systems, values, and philosophies.

As such, global dialogue continues to stress the urgency of deinstitutionalization and the need to ensure it leads to genuine inclusion and rights-based care (Fitzgibbon, 2025). At the 18th Conference of States Parties to the CRPD in June 2025, delegates and advocates highlighted that far too many people with disabilities worldwide still live in institutions where they face isolation, loss of autonomy, and in some cases neglect or abuse (Fitzgibbon, 2025). However, while the path toward deinstitutionalization has been uneven, it reflects a growing recognition that people with IDD deserve lives marked by dignity, autonomy, and connection. But moving into the community may not automatically lead to better outcomes or improved QoL, so it is important to move beyond questions of physical location and examine how transitions are actually experienced by the people at the heart of these changes. A focus on lived experience has catalyzed a growing body of research into the impacts of deinstitutionalization for people with IDD, as understanding these outcomes is important to identify both the successes and shortfalls of past transitions, and to guide future efforts to support deinstitutionalization.

Impact of Transitioning to Community Homes on the QoL of Person with ID

Researchers across Canada and internationally have explored the impacts of transitioning to community living, with a growing body of evidence showing that these transitions can significantly improve QoL for people with IDD when planning and supports are in place (Camarenesi et al., 2022; 2025a; 2025b; Grigaitė et al., 2024; Kilroy et al., 2015; McCarron et al., 2019; Navas et al., 2024; 2025; Young et al., 1998; 2006). One systematic review reported substantial and sustained improvements in physical well-being, community access, daily routines, self-determination, and living conditions following such transitions, and identified five core benefits of community homes: increased freedom, more personalized living arrangements with compatible housemates, better staff support, more frequent family visits, and stronger community inclusion. These transitions have also been linked with new skill development, improved adaptive behaviour, reductions in self-harming behaviours (Kilroy et al., 2015), increased privacy (Tichá et al., 2025), and better access to physical health care (Grigaitė et al., 2024).

More recent longitudinal studies have provided further evidence on the impact of these transitions on QoL, especially for people with high support needs (Camarenesi et al., 2022; 2025b; Navas et al., 2024; 2025). In Manitoba, St. Amant, the province's largest non-profit provider of services for individuals with IDD, began relocating residents from its large institutional facility into smaller community homes in 2015 (Baranowski et al., 2024). As part of this initiative, Camarenesi et al. (2022) conducted a pre-post longitudinal study with 33 adults with PIMD, assessing outcomes across Schalock and Verdugo's (2008) eight QoL domains using the San Martin Scale. Six months after relocation, participants showed significant improvements across all domains, particularly in self-determination, social inclusion, personal development, and rights. Staff and family also noted reductions in behavioural challenges, seizures, and pain, along with improved mood. However, not all outcomes were positive, as ongoing sleep issues and some unmet needs persisted. A follow-up study in 2025 expanded the sample to 59 participants and tracked outcomes over four waves, showing that the initial improvements were strongest immediately after the transition but tended to level off or decline in later years (Camarenesi et al., 2025b). Patterns also varied across individuals and domains, and longer time spent in the institution was linked to slightly lower scores in rights-related domains.

Parallel research from Spain has produced similar conclusions. Navas and colleagues (2024; 2025) conducted two longitudinal studies with adults with IDD, many of whom had extensive support needs and long histories of institutionalization. The first study (Navas et al., 2024) followed 54 individuals across three time points: prior to transition, six months later, and again at one year post-move. Using the San Martín Scale, along with other measures the study found improvements in self-determination, participation, and emotional well-being, as well as reductions in behavioural difficulties. The second study by Navas et al. (2025) expanded the sample to 162 participants, including 90 individuals who moved into community homes and 72 who remained in institutional settings, allowing for direct comparison between groups over nine months and showed that only those who transitioned experienced significant improvements while the comparison group showed little to no change. Mediation analyses revealed that these improvements were driven not only by relocation, but in fact by increased opportunities for personal agency and control over daily life, suggesting that greater autonomy may be a pathway to broader well-being and reinforcing the importance of embedding choice and self-determination into community-based models. While both Spanish studies used standardized proxy measures (assessment tools completed by support staff on behalf of participants with IDD) and did not include caregiver or family perspectives, the inclusion of a control group in the second study strengthens confidence that these improvements were directly related to the transition itself, while also aligning closely with findings from the Canadian context (Camarenesi et al., 2022; 2025b), and showing cross-cultural consistency that community living can indeed enhance QoL.

Although there has not been a formal evaluation of the VVC closure in Moose Jaw, the People First of Canada Institution Watch newsletter from 2020 describes a successful return to community life for former residents, who shared stories of independence, social participation, and pride in their new homes. They spoke about feeling safer, gaining confidence, and enjoying new opportunities for learning and connection, and also described reconnecting with family, taking classes, joining local activities, and welcoming neighbours for coffee and visits. The satisfaction of being able to make their own choices about daily routines and supports was also mentioned, reflecting a strong sense of ownership and belonging. While these accounts are brief and informal, they show positive personal outcomes of the VVC transition (People First of Canada, 2020).

A smaller-scale but local example comes from Willowview Heights, an inclusive housing initiative in Saskatoon that demonstrates how rights-based and community-based housing can improve safety, independence, and well-being for people with ID (National Affordable Housing Corporation & Inclusion Saskatchewan, 2021). Although not necessarily deinstitutionalization or a formal research study and lacking standardized QoL assessments, the project documented feedback from tenants and staff over the first year. Launched in 2020 by the National Affordable Housing Corporation in partnership with Inclusion Saskatchewan, this initiative supported nine adults with ID to move into a newly built mixed-market apartment complex including both subsidized and market-rate rental units. Many had previously lived in group homes, unsafe basement suites, or other unstable housing. At Willowview, tenants were offered barrier-free units, nearby services, staff support, and the opportunity to live alongside other community members in a safe, walkable neighbourhood. The project emphasized person-centred planning, roommate matching, and social inclusion. There were reported improvements in both physical and mental health, and tenants shared that they felt safer and more confident, had better routines, experienced less isolation by forming new social connections, and felt proud to have a place they could truly call home (National Affordable Housing Corporation & Inclusion Saskatchewan, 2021).

Similarly, in Australia, Douglas et al. (2023) used interviews, surveys, and site visits to examine how people with ID and complex needs experienced newly built supportive housing developments. Within two years, tenants reported significant improvements in well-being and community integration, particularly in home participation, as well as a positive trend in health and reduced daily support needs. People described feeling safer, more satisfied, more socially connected and more in control of their lives when their homes were accessible and located in communities where they had the freedom to make everyday decisions (Douglas et al., 2023). This further suggests that inclusive housing can promote key areas of well-being and strengthen QoL. More recent research from the UK also reflects this, as Ribenfors et al. (2024) found that people with ID living in supported housing or residential care valued private space, freedom in their daily routines,

and supportive staff. Although both studies are limited by small sample size and short follow-up, they offer important first-hand insight into what makes community housing genuinely supportive for residents, as well as providing support for the goals of deinstitutionalization by showing how inclusive housing fosters safer, more autonomous, and more socially connected lives for people with disabilities (Douglas et al., 2023; National Affordable Housing Corporation & Inclusion Saskatchewan, 2021; Ribenfors et al., 2024)

In fact, several studies have emphasized that QoL is influenced less by services alone than by broader environmental and personal factors such as home design, reduced staff turnover, anxiety levels, and social inclusion (Baranowski et al., 2024; Camarenesi et al., 2025a; 2025b; Claes et al., 2012; Kilroy et al., 2015; Rand & Malley, 2017). These findings align with earlier critiques about QoL frameworks (Brown, 2024; Nieuwenhuijse et al., 2023) and show that a good living environment and strong relationships matter as much as the care provided, suggesting that a policy strategy should be developed that recognizes the interconnections between health, social care, and housing needs.

While much of the literature centres on the experiences of people with IDD themselves, it is equally important to consider how family perspectives and staff involvement shape the success of transitions. Studies consistently show that early family participation, clear communication, and opportunities for home visits before moving foster trust and reduce anxiety, with staff emphasizing that these partnerships support smoother moves and stronger adherence to person-centred principles (Baranowski et al., 2024; Camarenesi et al., 2025a; Carey et al., 2025; McCombe et al., 2023). In contrast, limited collaboration and fragmented planning can reinforce power imbalances and leave families feeling excluded from decision-making (Alatawi, 2024; Esteban et al., 2023). In Manitoba, for example, McCombe et al. (2023) interviewed staff from seven community agencies, including St. Amant, and found that strong planning, pre-move visits, and careful home selection supported smoother transitions. Baranowski et al. (2024) also interviewed eight mothers whose adult children with PIMD had recently moved out of St. Amant and reported that early involvement and familiarity with staff helped ease initial fears and contributed to a more positive experience. While neither study assessed resident impacts directly, they highlighted how early conditions like trust, stability, and collaboration among families, staff, and organizations play a role in fostering positive transitions, and may help shape how supported residents feel in their new homes.

To explore whether these transition experiences led to positive outcomes for the residents, Camarenesi et al. (2025a) conducted a follow-up study with the same eight mothers in Manitoba six months post-transition. Most reported that their children seemed happier, more settled, and more emotionally connected in their new homes. Several also praised the attentiveness of staff, the ability

to maintain routines, and the increase in community participation. However, one mother raised concerns about behaviour changes and difficulties maintaining stable staffing over time, which points to the need for ongoing supports beyond the move.

As such, despite promising evidence, it is important to acknowledge that some individuals experience challenges post-transition, including reduced access to day programs in community settings compared to institutions (Navas et al., 2025), limited availability of speech and language therapy, and decreased family visits in cases where community homes were located far from relatives (Baranowski et al., 2024; Carey et al., 2025; McCarron et al., 2019). Staffing shortages, especially during evenings and weekends, can also limit opportunities for community engagement and leisure participation (Kilroy et al., 2015; McCombe et al., 2023), while high turnover and inconsistent support have been found to contribute to emotional distress and disruptions in daily routines (Baranowski et al., 2024; Cameranesi et al., 2025a). Compatibility among housemates has also proven to be an important factor influencing QoL, as mismatched living arrangements can lead to tension and reduced social harmony (Kilroy et al., 2015; Esteban et al., 2023; McCombe et al., 2023). Furthermore, Esteban et al. (2023) provided evidence of institutional practices persisting after relocation, like strict routines and limited choice-making, which can restrict autonomy and undermine person-centred care. Sustaining the benefits of community living therefore depends on consistent resources and long-term planning, as research notes participation and emotional well-being may decline over time when community supports are unstable or underfunded (Cameranesi et al., 2025b; Kilroy et al. 2015)

Another complexity is revealed when comparing outcomes for people who were formerly institutionalized with those who were never institutionalized. Stancliffe et al. (2024), using a large US dataset, found that adults with a history of institutionalization were still more likely to experience loneliness, limited choice, and congregate living compared to matched peers who had always lived in the community. This suggests that the disadvantages associated with institutional life can persist even after a transition, which again shows the need for long-term support strategies that address these lasting effects.

Findings from Year One of the Elmwood Manor Transition Study (Kader et al., 2025) build on all of this research by identifying what residents, families, and staff viewed as most important to QoL before any moves took place. Participants emphasized social inclusion, autonomy, meaningful daily activities, and consistent health and safety supports as key priorities, which are also widely recognized in the broader literature as contributors to well-being. Many expressed both excitement and apprehension about the move, hopeful for greater independence yet concerned about losing familiar routines and relationships. It is clear then that transitions are not only structural changes, but

also emotional and relational processes that rely on stability, trust, and ongoing communication. Year One findings echo other studies emphasizing the need for careful planning, continuity, and person-centred supports and also provide essential baseline context for the present study, which examines how these expectations and priorities are reflected in residents' post-move experiences.

Ultimately, research from both Canada and around the world shows that community living can lead to meaningful improvements in QoL for people with IDD when transitions are carefully planned and properly supported (Baranowski et al., 2024; Camarenesi et al., 2022; 2025a; 2025b; Carey et al., 2025; Doody, 2012; Grigaitė et al., 2024; Jacinto et al., 2023; McCarron et al., 2019; Navas et al., 2024; Stainton et al., 2011; Young et al., 1998; 2006). These improvements are most likely when there is stable funding, opportunities for autonomy, accessible and inclusive environments, person-centred support, and when people have consistent access to services like health care, therapy, and community programs (Douglas et al., 2023; Esteban et al., 2025; Kilroy et al., 2015; Wong et al., 2023). Involving families in the process can also help build trust and confidence (Baranowski et al., 2024; Camarenesi et al., 2025a; Carey et al., 2025; Doody, 2012; Esteban et al., 2023; McCombe et al., 2023). Therefore, a move to the community alone is not enough; it must be accompanied by a supportive system that enables people with IDD to thrive, make choices, and feel connected (Baranowski et al., 2024; CHRC, 2024; Douglas et al., 2023; Esteban et al., 2025; Grigaitė et al., 2024; Inclusion Canada, 2024; L'Arche Canada, 2024).

METHODS

The study was conducted in accordance with the ethical requirements of the University of Saskatchewan Behavioural Research Ethics Board (REB), and was originally reviewed and approved by Behavioural Ethics of the University of Saskatchewan REB (BEH#3555) in two phases: 1) by delegated review on July 29, 2022, for the minimum risk associated with interviews with non-residents; 2) by full board review on January 18, 2023, an amendment to cover the interviews with residents considered above minimum risk. Since then, the study has received annual renewals and amendment approvals. On March 28, 2024, an amendment was approved to update the interview guide, contact letter, and consent materials for post-transition interviews with non-residents: on May 15, 2024, a certificate of approval was granted for updated interview guide, contact letter, and consent materials for residents. The post-transition interview guides for residents were approved by the Research Advisory Group and by self-advocates before submission to the REB.

Literature Review

A literature review was conducted to identify important variables and gaps in national and international literature from peer-reviewed articles and grey literature, including the organizational documents (annual reports, surveys, volunteer or other evaluations). The World Health Organization (WHO) definition of quality of life (QoL)—“an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns” (WHO, 2012, p. 11)—remains important to the phase two study. Also foundational to our study is “self-rated health” and “suitability of home design” determined by those impacted in policy and practice (Rand & Malley, 2017, p. 1607). Rand & Malley’s (2017) eight domains of the Adult Social Care Outcomes Toolkit (ASCOT) explore “the relationship between QoL and non-care-related factors” in outcomes-based performance, while recognizing much research remains to be done to identify causal relationships (Rand & Malley, 2017, p. 1607). Because people living with intellectual and other disabilities depend on others for their care and may find verbal or symbolic communication techniques difficult, it is both challenging and important to learn from them (Nakken & Vlaskamp, 2007).

For the study second phase, the literature review was updated to incorporate new reports, peer-reviewed studies, or national developments published between 2022 and 2025 on transitions to community living, housing and disability rights policies, and evolving best practices in inclusive housing and supports. The review helped determine which aspects of QoL needed the most attention and shaped the kinds of interview questions asked and informed the selection of methods. More specifically, it revealed the importance of considering both pre- and post-transition perspectives, since residents' experiences could be best understood when compared over time, which helped in preparing the interview guides in Year One and Phase Two.

Qualitative Research Approach

A qualitative approach was chosen because it allowed participants to share their experiences in detail and in their own words. Semi-structured interviews were conducted with 20 residents and 15 family members, caregivers, staff, board members, and other stakeholders. Interviews followed a conversational style and were guided by an approved set of questions (Appendix A) but were flexible to meet participants' communication needs. The interviewer paid attention to tone, language level, and non-verbal cues, and used visuals when needed. Questions explored participants' feelings about their current or new living arrangements, and, for those awaiting a move, their expectations and feelings about the transition.

Potential participants first received an invitation letter (Appendix B) that explained the study purpose, what participation involved, and that involvement was voluntary and confidential. It was emphasized that choosing not to participate would not affect services, employment, or relationships with Elmwood. Recruitment was done individually rather than through group emails to protect privacy. All participants who agreed to take part were then sent a consent form (Appendix C) outlining potential benefits and risks, confidentiality, and the right to withdraw up to one month after the interview. For residents with ID, a support person was invited to assist. The support person reviewed and signed the consent form in addition to the resident either signing or giving oral consent. Some support persons joined virtually, and interviews could also be split into two shorter sessions if participants preferred.

Interviews were held either in person or virtually through the University of Saskatchewan's licensed Zoom platform, which stores data on Canadian servers and has built-in security measures. However, participants were reminded that no online system can guarantee complete privacy; all interviews were done in private spaces to protect confidentiality. Participants could stop the interview at any time, skip questions, or ask that the recording be paused or stopped.

Phase two interviews with non-resident participants were conducted in two rounds: the first set took place in April 2024 and the second in November 2024. Interviews were conducted either virtually or in a private room at Kinsmen Manor depending on participant preference. Phase two interviews with past and current residents of Kinsmen Manor began in January 2025 and continued through to June 2025, with the majority conducted during the winter months. Resident interviews were conducted either in participants' new community-based homes or, for seven participants who had not yet transitioned, in a private room at Kinsmen Manor.

With permission, all interviews were audio-recorded. Files were stored securely on a password-protected computer accessible only to research team members who had signed confidentiality agreements. Participants and researchers agreed not to make unauthorized recordings. Transcription was done by the CUISR research assistant and any identifying information was removed from transcripts and number codes were assigned to protect participants' anonymity.

Transcripts were stored separately from consent forms and the coded master list on the principal investigator's password-protected computer, with backup copies kept on the University of Saskatchewan's OneDrive. Participants were given the opportunity to review their transcripts and make changes or remove content before signing a release form. All data will be stored securely for at least five years after publication, after which it will be permanently destroyed, including the coded master list once all data are aggregated into reports.

Data Entry and Analysis

After transcript release, interview data were analyzed using thematic analysis and the six-step approach outlined by Braun & Clarke (2006) and guided by Schalock's (2008) QoL conceptual framework. This involved examining responses across the eight QoL domains and related indicators. Coding and analysis were conducted by the CUISR research assistant under the supervision of the PI, with drafts of the report revised collaboratively with feedback. Identifying details were removed before analysis, and findings were presented in general terms without linking responses to specific individuals. Quantitative data from rating questions were also incorporated to provide descriptive comparisons alongside the qualitative findings.

Knowledge Translation

Participants were told they would receive a summary of findings. Results are also being shared with Elmwood, the broader disability community, policymakers, and academic audiences. Planned knowledge translation includes policy briefs, conference presentations, infographics, technical reports, and peer-reviewed publications, with the funder acknowledged in all cases.

FINDINGS AND DISCUSSION

To better understand the impact of living arrangements on people's QoL, interviews were conducted with both resident and non-resident participants connected to Kinsmen Manor. At the time of data collection, four groups of four residents had moved into new community-based group homes, while eight individuals still remained at Kinsmen Manor. These transitions occurred gradually: one group moved in January 2024, a second group in February 2024, a third in April 2024, and the fourth in September 2024. However, during the first round of non-resident interviews conducted in April 2024, only the first two groups (eight residents in total) had already transitioned to their new homes. The third group moved very shortly after in April and the fourth in September 2024 before the final non-resident interviews in November 2024. The findings section is therefore organized into four parts:

- Residents in Community-Based Homes: Non-Resident Findings
- Residents in Community-Based Homes: Resident Findings
- Residents in Kinsmen Manor: Non-Resident Findings
- Residents in Kinsmen Manor: Resident Findings

Residents in Community-Based Homes: Non-Resident Findings

Non-resident interviews were completed with 15 participants, including staff, family members, Board members, and other community stakeholders (see Table 1). The non-resident findings are presented in separate sections. This section focuses on the perspectives of 12 non-resident participants who commented on residents already living in the new community-based homes. Respondents described early changes in daily life, support, relationships, and community participation following the move. Some also commented on the experiences of those who remained at Kinsmen Manor, as well as shifts in the overall environment there as the building became less full; those findings are examined in more detail in the later section.

Table 1. Number, Type, and Gender of Non-resident Interviewees

Relationship with Residents	Number of Respondents (12)
Family Member	3
Elmwood Staff / Manor	5
Key Stakeholders	2
Board Member	2

Gender of Non-Resident Participants	
Male	2
Female	10

We collected information under eight domains (Table 2) indicated in the literature (Brown et al., 2009; Rand & Malley, 2017; Schalock, 2008; Verdugo et al., 2005, for instance).

Table 2. QoL Domains and Indicators

Domain	Indicators
Personal Development	Residents' adaptation capacity to change and support to engage in various new, meaningful activities. (e.g., outdoor activities, in-house activities or training, employment).
Self-Determination	Staff use appropriate communication and support residents' choices . Residents are invited to express their preferences to participate in recreational activities. Residents are part of person-centred planning and lead individualized lives .
Interpersonal Relationships	Residents experience positive and respectful interaction . Residents are positively regarded by staff .

Domain	Indicators
Social Inclusion	Staff are proactive and support positive contact with family members.
Rights	Residents are treated with dignity and respect .
Emotional Well-being	Residents are comfortable in their environment .
Physical Well-being	Residents are supported to stay in a safe environment . Residents have access to personalized support immediately.
Material Well-being	Residents are comfortable with the residential arrangement .

When non-resident interviews relating to residents who had moved to community-based homes were coded thematically (guided by the QoL framework), the analysis identified three major themes: Perceptions of QoL Indicators, Challenges of Change, and Early Impact on QoL in Community-based Homes. Relevant subthemes were then grouped under each broader theme (see below).

Non-Resident Perceptions of QoL Indicators

- Social Inclusion and Interpersonal Relationships
- Recreational Activities and Routine
- Choice, Autonomy, and Independence
- Health & Safety
- Privacy, Personal Space, and Home Environment

Challenges of Change

- Initial Anxiety and Uncertainty during Adjustment Period
- Transportation and Scheduling
- Equipment and Bathtub Fit
- Missing Familiar Staff and Friends

Early Impact on QoL in Community-based Homes

- Household Participation and Daily Routines in Personalized Living Environment
- Choice and Decision-Making

- Person-centred Supports and Continuity of Care
- Interpersonal Relationships
- Recreational Activities
- Privacy, Dignity, Personal Space, and Pride in Home

The most frequent words in response to the question, “What seems to be important for residents’ happiness and daily life in their new homes?” are plotted in the word cloud below (Figure 1).

Figure 1. Non-Resident Perceptions of Most Important Measures to QoL



Social Inclusion and Interpersonal Relationships

Most respondents described social inclusion as part of what helps daily life go well for residents. They mentioned relationships, regular contact with other people, and chances to stay connected through visits, work, and shared activities. This included both the people residents live with and the people they continue to see outside the home. One family member said:

Well, the things of course that contribute are that they're all compatible and they get along. I'm sure there are times but we haven't seen it when they may disagree on something, but the staff have been very wonderful as well. And they seem to be very accommodating.

Some respondents also spoke about social inclusion in terms of everyday contact with familiar people. One family member said the resident had “a good relationship” with the people around him, that there was “lots of joking around,” and that he “seems happy.” Others pointed to family, friends, work, and community activities as important parts of residents’ social lives.

For some of them, being able to see their family or friends is really important to them.

Some get a lot of value out of going to Cosmo or their work, that kind of thing. And really the community activities that they sometimes go to.

Social inclusion was understood as important to QoL in terms of belonging, staying connected, and having positive relationships with the people who are part of residents’ daily lives.

Recreational Activities and Routine

Respondents identified recreational activities and routine as important to residents’ happiness, daily lives, and overall QoL. As in Year One, they emphasized that it mattered for residents to have activities to look forward to, to continue with familiar routines, and to be involved in activities that suited their interests and preferences. Several respondents suggested that smaller homes made it easier to support both regular routines and more individualized activities.

One staff member emphasized the importance of keeping residents engaged in activities they already enjoyed, while also recognizing that different residents wanted different things:

For their activities, they come back here for their Phoenix dances, art clubs, bowling. They go bowling and they come here for yoga, chair yoga and other activities... each one has their own preferences. Not all of them are doing yoga, not all of them are doing art, so each of them is going to the activities that they wanted to.

Similarly, another participant stressed the value of more individualized activities in the new homes:

In the community homes we really strive to offer one-on-one activities to residents. So whether that is going shopping or going out for a coffee or even just a walk... because in the evening there’s often a second staff so we have that ability to actually provide one on one, which is incredibly important to the residents.

For some respondents, routine was just as important as organized recreation, something emphasized by one family member: “Routine is really, really important for him. If he’s got his work, he’s happy.” Residents continuing with preferred routines, taking part in activities they enjoyed, and having some say in how they spent their time were most important for QoL.

Choice, Autonomy, and Independence

Respondents also identified choice, autonomy, and independence as important to residents' happiness, daily lives, and QoL. This was often described not simply in terms of doing things themselves, but in terms of residents having more say in their everyday lives. This included being able to make decisions about meals, outings, bathing, household tasks, daily routines, and who they spend time with. For several respondents, that feeling in control of these ordinary parts of life was an important indicator of QoL. One family member put this very simply: "I think the fact that they have choice," while another spoke more directly about why this matters:

It makes you feel valued. You matter as a person, this is your life, and you are in control of that life; having decision-making power and being encouraged to make choices is important.

A staff member made a similar point, stressing that what stood out in the new homes was "that ability to have so much more choice in their own lives." She went on to explain that residents can now do more things which she tied to greater independence and better QoL.

Respondents also suggested that autonomy includes having a voice in broader decisions. One stakeholder, for example, underlined how important it was for individuals to plan:

To continue to be a part of the planning processes, like with personal goals, how they want to spend their weekends or who they want to invite over, or just making plans in general.

Another family member described the new setting as being "more about choice and more about what would you like to do, like what's important to her."

Health and Safety

Respondents also identified health and safety as important indicators of QoL. In Phase Two, this was about residents being able to say when something is wrong, having support for personal care and mobility, and knowing that help is available quickly when needed, including staff noticing changes and making sure medical concerns are addressed. One stakeholder, for example, said that it is important that residents are able to say, "I want to go to the doctor, I have a pain here." A family member similarly stressed the importance of support being there for residents who need more help in daily life:

During the day there seems to be staff there. There seems to be always two there... M needs quite a lot of support in terms of her personal care and mobility.

Other respondents spoke about reporting anything unusual to nurses and having it acted on right away, especially in an emergency. Health and safety, that is, were not only about medical matters but also about everyday care, attentiveness, and timely help.

Privacy, Personal Space, and Home Environment

Respondents also identified privacy, personal space, and the home environment as important to residents' happiness, daily lives, and QoL. They repeatedly pointed to the importance of having a room of one's own, having space for personal belongings, and living in a setting that feels more like a home. Shared spaces matter too, including living rooms and outdoor areas, because these are places where residents can relax, spend time with others, and have family or friends visit. One respondent was clear on what seemed important to residents' QoL:

Still having their private space. Their bedrooms are very important.

Another family member made a similar point: "She has, I think, a really comfortable feeling for having her own space, with having her own room..."

Respondents also spoke about making these rooms feel personal. One family member noted that the resident's room was decorated with what was important to her, and that choosing the colour of the room "was a big feature and important to her." Privacy was therefore not only about the choice to be alone being respected; it was also about having a space that feels like one's own. However, a few respondents noted that this was not always simple. For some residents, moving into the new homes meant less physical space than they had before, or having to share a washroom. Even so, private space, comfort, and a more home-like environment were ultimately important parts of QoL.

Challenges of Change

Although most respondents spoke positively about the move overall, they also identified some challenges in Phase Two. The two issues that came up most often were transportation and adjusting to change. These were described as practical and emotional challenges that still needed attention as the transition continued. These challenges were especially noticeable in the early months, while residents were still settling in and while some were still waiting for their move. Some respondents also raised concerns about changes in space, shared washroom arrangements, and maintaining familiar relationships with staff and other residents, though these issues were not raised consistently and were neither reported by nor necessarily observed in residents.

Initial Anxiety and Uncertainty during Adjustment Period

Participants also identified initial anxiety and uncertainty as one of the main challenges in Phase Two. Many of the residents had lived at the Manor for a long time (for decades in some cases), and respondents noted that even when they were excited about the move, some still felt worried when it became real. In several interviews, the stress seemed strongest in the days just before moving and in the first little while after arriving at the new home.

One family member described this very clearly in the case of one resident who had expressed excitement for a long time, but became anxious when the move was actually happening:

But when it came to moving, like day of, that's when it hit him. And he was quite anxious. He wanted to keep his laptop in the car. That way it was sort of an insurance that he was going back to the Lodge.

She explained that he kept returning to the Lodge (or Manor) to shower because it was familiar, and that his anxiety was quite high "for a little while." However, she also described the supports that were put in place. Family came down to help him move and get settled, staff checked on him regularly, and familiar routines were brought into the new home right away through day program and work. Staff even set up a work station for him in the house so that he could continue doing his usual tasks there.

A staff member gave another example of this early uncertainty. She described one resident who did not like change and had very rigid routines:

This person does not like change. They have lived here for a long time and is very rigid in routines... kept saying to me that they didn't want to move.

She explained that this resident needed a great deal of time, trust, and reassurance. She spent time learning how the resident communicated, shared that knowledge with support workers, and even used joking with the resident to ease some of the stress. For some residents, she described the situation in this way:

The lead up is intense... almost like torture, like can't we just get it over with, right? They just needed to get it over with and then they could start settling.

An advocate described a similar pattern in one resident she supported through the process. In that case, the resident had not yet moved at the time, but her feelings about the move changed from day to day. Some days she would say she was not moving at all, and other days she was excited and planning her housewarming party. The advocate was involved to help address that anxiety, answer questions, and make sure the resident felt confident that her plans were respected.

Other participants made similar points. One said that for some residents who had lived in a congregate setting for much of their lives, "it's new and scary," but that with proper support they are able to express those fears and "talk through why this is maybe a better living situation for them." Another said that "it takes a long time to build a new routine," and stressed that residents were still in the process of building schedules that worked for them and for the staff supporting them with person-centred preparation. An advocate also pointed to the amount of planning and preparation that went into the move itself, noting that residents could be informed in the way that worked best for

them, whether by visiting the house, seeing pictures, or being involved in conversations ahead of time, and that when they arrived “their rooms were set up, everything was ready,” so they were not walking into chaos.

Ultimately, respondents stressed that this early anxiety did not last. One staff member said that before the move, “some residents were anxious about adjusting to a new environment, worried that it would be vastly different,” but also noted that this was part of the transition process. And although one resident had been expected to have difficulty, he settled once he established his usual routine in the home. The same participant added that, apart from a few cases like this, most of the 12 residents who had moved had transitioned very well, commenting on “their resilience and their ability to adapt to change.”

Transportation and Scheduling

Transportation and scheduling were identified as challenges in Phase Two. Several respondents noted that the new homes did not always have the same ready access to vehicles that residents were used to at the Manor. One pointed to a lack of capital funding for vehicles that meant some homes would share. As a result, residents’ ability to go out, attend activities, and make more individualized choices about how they spent their time could be limited. One staff member explained this very directly:

their ability to access the things that they’d like to is definitely hindered because we don’t have the transportation available to allow them to be completely independent or free within their homes.

Evidently, scheduling exacerbated the issue. As one respondent put it, “we very much have to plan around vehicle schedules,” which meant that not every activity or outing could happen as easily or as spontaneously as hoped.

This also affected some residents’ day-to-day routines. One stakeholder explained that transportation between Cosmo and the homes had created much longer days for some residents:

Some people are attending like two or three hours longer than they previously were, which can be pretty exhausting if your workday suddenly extends that much.

She went on to say that this was not something residents chose, which shows how transportation and scheduling could limit residents’ control over their time. Another respondent pointed out that transportation was also tied to staffing, saying that residents look forward to outings but that “if a staff is not van-trained they might miss out.”

Equipment and Bathtub Fit

Another challenge identified by some respondents was the fit of certain equipment in the new homes, especially the tubs. Although the homes were generally described as much more accessible than the Manor, a few respondents noted that some of the bathing equipment did not suit all residents as well as expected. In particular, there were concerns that some tubs were not the right fit for residents with larger bodies or more complex physical support needs. Because of this, staff also had to think differently about transfers and shower chairs. One staff member explained that this was something they had learned through experience:

We also have had a few concerns with some of the tubs that have been put into the houses. The tub that they ordered is not bariatric friendly. And as an ageing population, people with physical disabilities, we have residents that are going to be larger that need very strict tubs. For house 5 and 6, we will definitely be more thorough with the OT [Occupational Therapist] and definitely more demanding that we have a choice in the type of tub that we order.

Another staff member explained that there had been too little follow-up from the occupational therapist assigned by the ministry, and that this mattered because the tubs were expensive and could not easily be changed once installed:

Sadly, the occupational therapist that the ministry had assigned did very little follow up despite us asking and the tubs... we have people that don't fit very well. And these are tubs that are 40, 50 thousand [dollars]."

She then described one resident who had enjoyed bathing before, but whose new tub did not fit him physically:

he physically doesn't fit in the tub... so he's had to go from enjoying that in their tub here to having showers because there is an accessible shower.

Another respondent said that the resident could still sit in the tub but was "too broad across the sides" for it to work properly for bathing, so showers had become the practical option.

Respondents made clear that while mistakes had been made, lessons had been learned. More than one respondent indicated that Elmwood brought in another OT to assess all eight residents who have yet to move to ensure input on tub selection when the remaining homes are built.

Missing Familiar Staff and Friends

Another challenge identified by some respondents was missing familiar staff and friends from the Manor with whom they had built close ties. Even if residents were otherwise settling in well, one staff member pointed to a positive outcome of missing familiar friends and staff:

Some of the residents absolutely miss that... I would actually say we've seen an improvement in attendance to those activities because they want to see the people that they don't live with... We have one resident that comes to the Manor during the week to solely see staff.

A board and family member made the point that because of staffing arrangements and seniority, those same familiar staff could not always move with them to the group homes. He suggested that this could be a downside for some residents who were missing those familiar people.

Another staff member also pointed out that, in the homes, residents have "a lot smaller of a support system" around them than they did at the Manor. Although she said this could be seen in more than one way, her comment still suggests that the move involved leaving behind a larger network of familiar people.

However, participants also described efforts to maintain those connections. One staff member talked about a resident who had been nervous about moving still comes back to the Manor for day programming, seeks her out in her office, and continues to talk with her there. She said those relationships are maintained, even though the resident now goes "home to their home" at the end of the day. These comments suggest that missing familiar staff and friends was a challenge for some residents in Phase Two. The move brought many benefits, but for some it also meant being separated from people who had been part of everyday life for many years. Still, respondents highlighted how continued contact through day programs, visits, and activities helped residents stay connected and feel comfortable.

Early Impact on QoL in Community-Based Homes

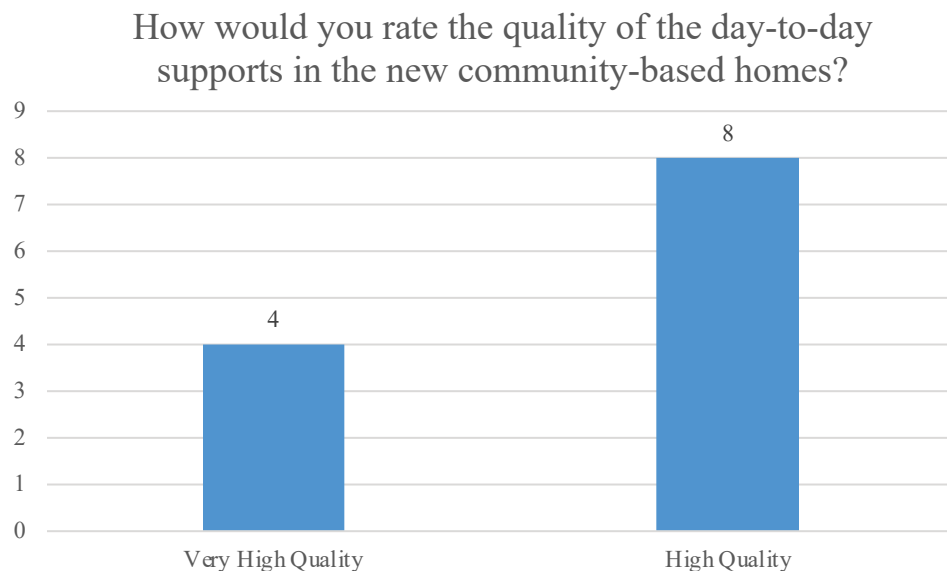
Respondents often compared the Manor's large, shared, and institutional feel with the smaller and more home-like atmosphere of the community houses. They described the new homes as quieter, calmer, and more personal. Several also noted that residents had been involved in choices about the space itself, which seemed to strengthen their sense that this was really their home. One stakeholder explained that this personal involvement was important to the move:

I think Elmwood did such an amazing job of having the individuals a part of the building process. Like picking out paint colours and cabinets or flooring and the colours that they want, so that everything was so personalized to them, and they were involved in that process. I dream of someday being able to build my own home. I think that's a dream for a lot of people. I think that's just a really neat experience and to go from living with, how many people, and to now just a few. It's more of a family environment where you're with your roommates and you just don't get that here. Like even now when I walk in, the living

room is so impersonal. Like it's just a part of the lodge where people sit to watch TV, it's a public place. It's not like a home.

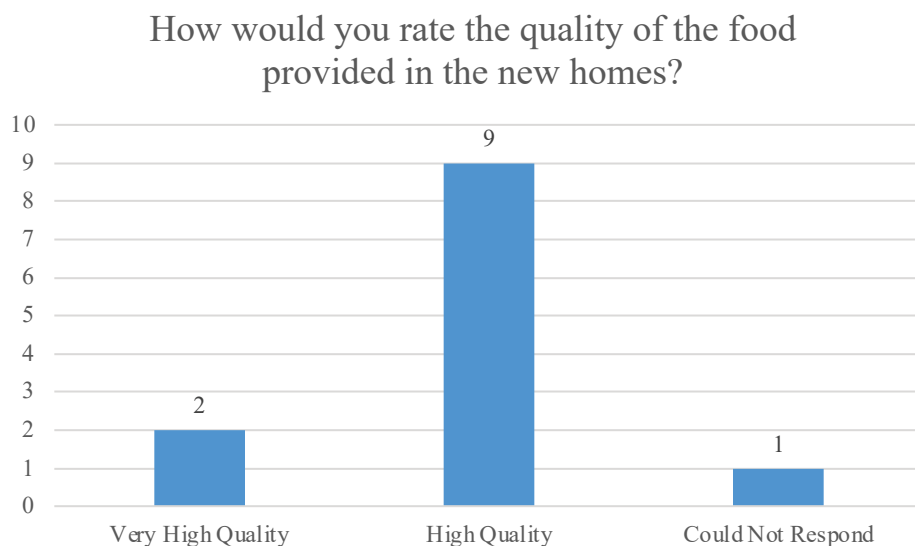
To understand early impact on QoL in the new community-based homes, respondents were asked to rate several aspects of life after the move, including day-to-day support, food, recreational activities, and available medical care and supports in the homes. As in Year 1, we used a five-point rating scale to assess perceptions of service quality. For example, when asked to rate the quality of day-to-day care for residents in their community-based homes, most reported being very satisfied. Out of twelve participants, four (n=4) rated the quality of day-to-day support as very high, while eight (n=8) rated it as high. See Figure 2.

Figure 2. Non-resident Satisfaction with Day-to-Day Care Quality in the Community-Based Homes



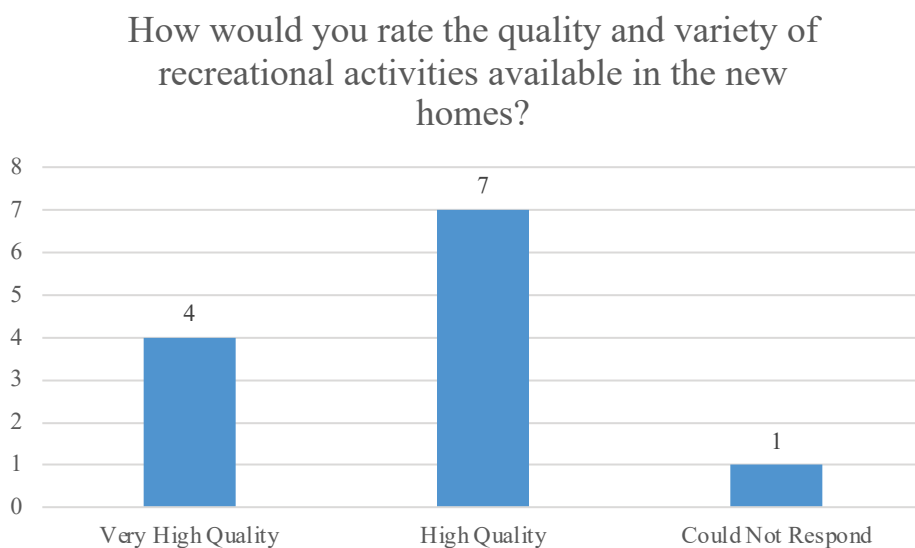
When asked about the quality of food in the new homes, respondents again gave largely positive ratings. Out of twelve participants, two (n=2) rated the food as very high quality and ten (n=9), rated it as high, and one (n=1) felt they could not comment. Several respondents emphasized that meals in the homes were more individualized and flexible than at the Manor, with greater opportunity for residents to express preferences, help with meal planning, and choose what they wanted to eat. See Figure 3.

Figure 3. Non-resident Perceptions of Residents' Diet Quality.



Participants similarly rated the quality and variety of recreational activities in the new homes positively. Out of twelve participants, four ($n=4$) rated recreational activities as very high quality and seven ($n=7$) rated them as high. One additional participant was unsure so could not confidently respond. See Figure 4.

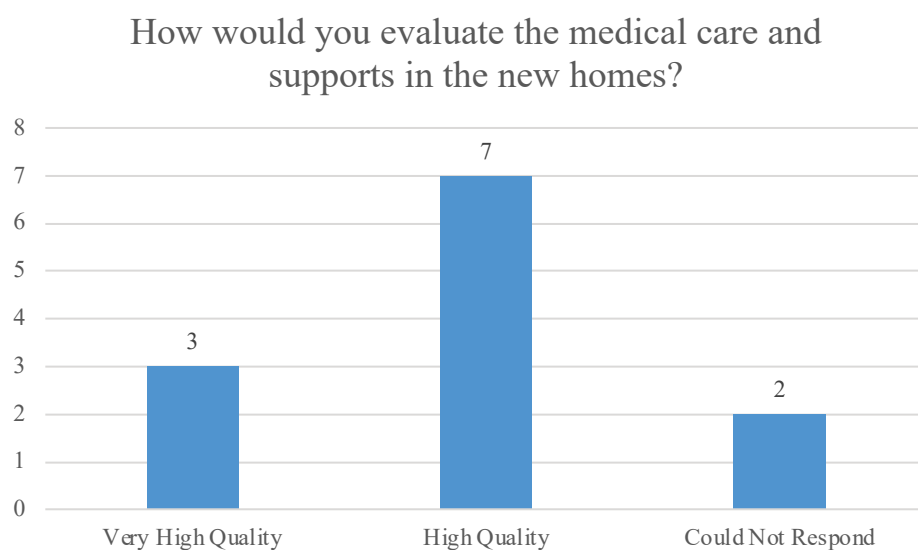
Figure 4. Non-resident Ratings of Recreational Activities.



Medical care and supports in the new homes were also rated positively. Out of twelve participants, three ($n=3$) rated medical care and supports as very high quality, while 7 ($n=7$) rated

them as high. Two additional participants felt they could not really comment on medical care because they had not observed enough to be able to rate it. In general, though, participants described the homes as continuing to provide strong health supports, including nursing involvement, timely follow-up, and attention to residents' individual needs. See Figure 5.

Figure 5. Non-resident Satisfaction with Medical Care and Supports



Asked to reflect on residents' day-to-day experiences after the move to community-based homes, respondents rated these early changes very positively. Their responses suggested that residents were beginning to benefit from more home-like surroundings, closer shared living, more welcoming visits, and greater privacy and personal space. From these responses, four subthemes were identified.

Household Participation and Daily Routines in Personalized Living Environments

When respondents were asked what changes they had noticed in the way residents now do things for themselves, and what new things residents might have to do every day in the homes, one of the most common responses was increased participation in ordinary household routines. Across interviews, participants repeatedly mentioned meal planning and preparation, setting the table, putting away dishes, loading or unloading the dishwasher, doing laundry, and helping with grocery shopping. These activities were described as an important part of daily life in the homes. One staff member linked these changes to greater independence:

I would say that the new homes are drastically improving their ability to be more independent. . . . All of the residents have actively taken part in helping prepare meals,

setting the table, putting away their dishes or even just the ability to do their own laundry. We also have another resident that has really enjoyed helping the staff do grocery shopping.

Other respondents described similar changes. One staff member described residents learning to wash their own clothes, use the washer and dryer, and help collect dirty dishes, noting that some were eager to take part and were already beginning to treat these routines as part of their schedule. Another participant said that residents were “actively participating in household chores, such as cleaning their rooms, putting away dishes and emptying the dishwasher.” A family member also described a resident helping prepare meals and “actually making cookies,” which she connected to a sense of accomplishment.

Some respondents linked these routines to the process of settling into the homes. One participant said that residents were “relishing the opportunity to assist with kitchen duties, select their meals and plan outings.” Another described residents baking together and helping in the kitchen:

They were wanting to help out with different things that they literally were not allowed to do here [at the Manor] because of our industrial grade kitchen.

She went on to describe their reaction:

‘Let’s make cupcakes.’ ‘What? I can do that?’ The smiles, the laughs... It’s just a side that I haven’t necessarily seen.

Accessibility was another important part of improved living conditions. Several respondents stressed that the new homes were built with residents’ physical needs in mind, unlike the Manor, where the building had to be adapted over time. They pointed to wider doorways, more accessible washrooms, ceiling tracks, accessible tubs and showers, and shorter distances within the homes. In some cases, participants felt this had already made a direct difference in residents’ daily lives. One staff member, for example, described a resident who had used a wheelchair almost all the time at the Manor but was now walking much more in her new home because the space was easier to move through.

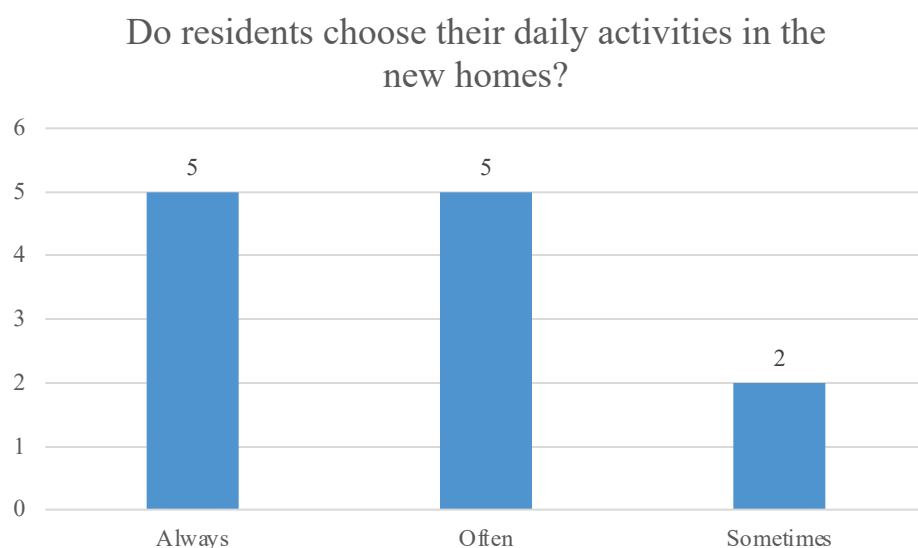
Our community homes were purpose built. And so they took all of the physical needs that each resident had and we designed a house around that... Whereas this building, when it originally opened, there was actually very few people that lived here that had physical impairments... Whereas in the community homes, they’re not making any type of adaptation to their environment. We adapted the environment to their needs.

Overall, responses showed that household participation and daily routines had become an important part of residents making themselves at home, contributing positively to their QoL.

Choice and Decision-Making

Choice and decision-making came through strongly when participants were asked, “In what ways do you think living in a community-based home has changed the choices and opportunities available to residents?” and “Do residents now choose their daily activities in the new homes?” The latter used the response options always, often, sometimes, rarely, or never. Most responses fell at the higher end of the scale: five (n=5) respondents answered always, five (n=5) answered often, and two (n=2) answered sometimes. See Figure 6.

Figure 6. Non-Resident Perceptions of Resident Decision-Making Capacity



When respondents explained these answers in more detail, they often described residents as having more say over how they spent their time, whether they wanted to participate in activities, and what they wanted to do on a given day. One family member said:

I think they always choose them, the opportunities are brought forward to them, but they choose whether they wish to participate... there's no obligation for her to do that and no one is forcing her to do that.

That same respondent connected this directly to empowerment, saying that what mattered was “the empowerment of feeling like they have a say in what they’re going to do.” Another participant described a similar shift when reflecting on everyday choices. residents could now make more freely:

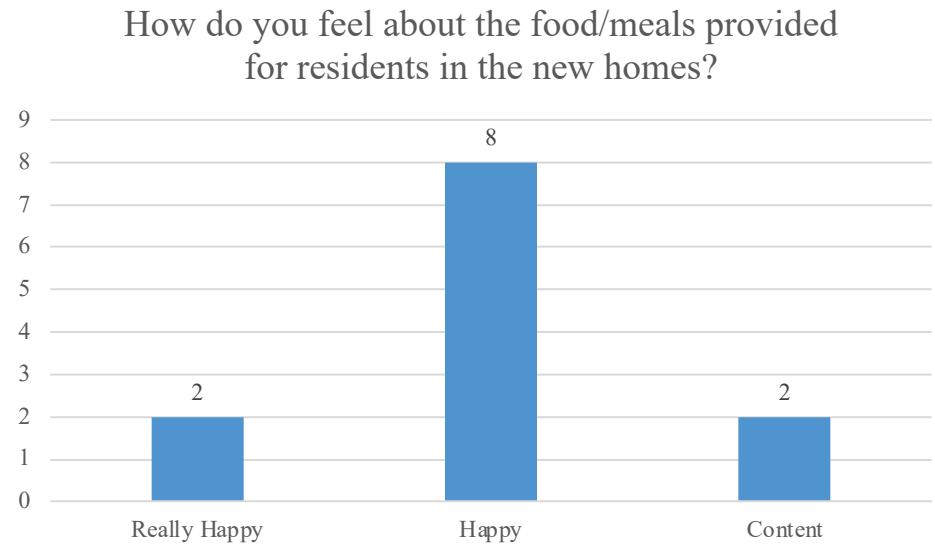
The residents on Tuesday evening, they can say I’d like to have a drink. They’re very able

to go get water... there's way more flexibility within the homes. So they have a lot more choice.

Several interviews also linked decision-making to a broader sense of control over daily life. One respondent described a resident whose regular day program hours had been reduced and said he was then able to decide whether to stay home or explore activities, which “allowed him control over his daily life.” Another family member said that activities were often suggested, but residents could still pick, which was viewed positively because it gave residents “a little more independence.” A staff member similarly said, “We always give them the chance to choose,” even while acknowledging that choices sometimes had to be explained and negotiated.

Food came up often in these interviews as one of the clearest examples of greater choice, and most participants reporting being happy with the food provided (see Figure 7). At the Manor, meals were more fixed and had to work within a larger kitchen system. In the homes, participants said meals had become more individualized. Residents could help plan what they wanted to eat, be involved in shopping, and have more say in snacks and drinks.

Figure 7. Non-Residents’ Feelings on Food Provided to Residents



Available Supports

In so many ways, household decisions had become more available in the homes, giving residents a more active role in their own lives. One family member gave an example:

And he's always been a stickler from day one, like he's got his favourite clothes and he would wear them every day and not change. So that's always been an issue. And one way

that they were able to get him to change clothes was to show him how to do laundry and he loves doing laundry. So now he's changing clothes... Cooking, same thing. Apparently, he helps with meals every day. That seems to be his thing. He likes grocery shopping and he helps with meal preps every day... And he's able to, like they've always been flexible with him. He picks and chooses the activities that he wants to do.

Respondents also suggested that the smaller homes made it easier to be flexible with routines and activities outside the home. For one family member, what stood out most was that participation seemed more suited to each person:

All of that is available. She can fold the laundry and they make sure they put it out there for her to do that so she feels engaged in the home. If she doesn't feel like doing it, she doesn't have to. They are involved as much as they want to be, which is special. And if you don't want to, you don't have to.

Overall, participants suggested that the move to community-based homes had increased residents' ability to make everyday choices and to live with more flexibility than was possible at the Manor. From their perspective, this was one of the clearest ways the new homes improved residents' QoL.

However, some participants also pointed to limits on choice. These limits were usually not described as a lack of willingness to involve residents, but as constraints related to staffing, transportation, and shared living. One respondent who answered "almost always" to the question about choosing daily activities also explained why it could not be always:

There's always constraints because if you only have one staff and one person wants to do something and the other three don't, then you always have to go with majority.

Another respondent said that residents' choices were respected, but that sometimes staff still had to explain "why we're not going right now."

Person-centred Supports and Continuity of Care

Person-centred supports and continuity of care also emerged as important to early QoL in the new homes. In addition to the close-ended rating questions on day-to-day support and medical care, respondents were also asked whether Elmwood's support systems had been sufficient during the transition and in the homes, whether residents were receiving help more quickly and effectively, and what kinds of supports seemed most important now. Across these questions, responses rated day-to-day support as high or very high, and many described the homes as places where residents were receiving more individualized attention and more responsive care.

In the open-ended responses, one of the most striking patterns related to staff ability to respond more closely to residents' needs in the smaller homes. One respondent said that one of the main benefits of the new homes was associated with care:

the increased frequency and personalized care that each resident receives. With a smaller resident-to caregiver ratio, the care provided is more one-on-one and tailored to each individual's needs."

Another family member made a similar point when describing daily support in one of the homes:

They understand the issues that each of the people that live there have, and they work with them in a very professional way... for the most part from what I've seen, they know them very well.

Some respondents also connected the quality of support to continuity of care. In several cases, staff who had known residents in the larger setting had also moved into the homes with them. This mattered because it helped preserve familiarity while residents adjusted to a new living arrangement. One family member said that this continuity "has helped as well because it all brings for a very good, very positive energy in the home." Another participant stressed that emotional support and companionship had become especially important in the new homes.

When respondents were asked more directly whether residents were receiving help more quickly and effectively in the new homes, several suggested that they were. One respondent answered simply, "Yes. We always have two staff working on every shift," which meant there was "pretty much always someone" available when residents needed support [CLSD funding does not guarantee two staff at all times, though it does cover peak times such as evenings and weekends and there is funding for float staff to support TLR (Transfers, Lifts, and Repositioning) at all times]. A family member similarly described Elmwood's supports as sufficient not only during the transition but also after the move, when staff had "when needed, stepped in and really helped out in a couple of situations."

Medical support was also discussed positively by many respondents, although not all respondents felt equally able to comment on medical care. Several described nursing care, medication support, and follow-up as continuing well in the homes. One participant said that "all her medications are taken care of and given appropriately," and that they had "not noticed any medical issues that she's had that have not been addressed.

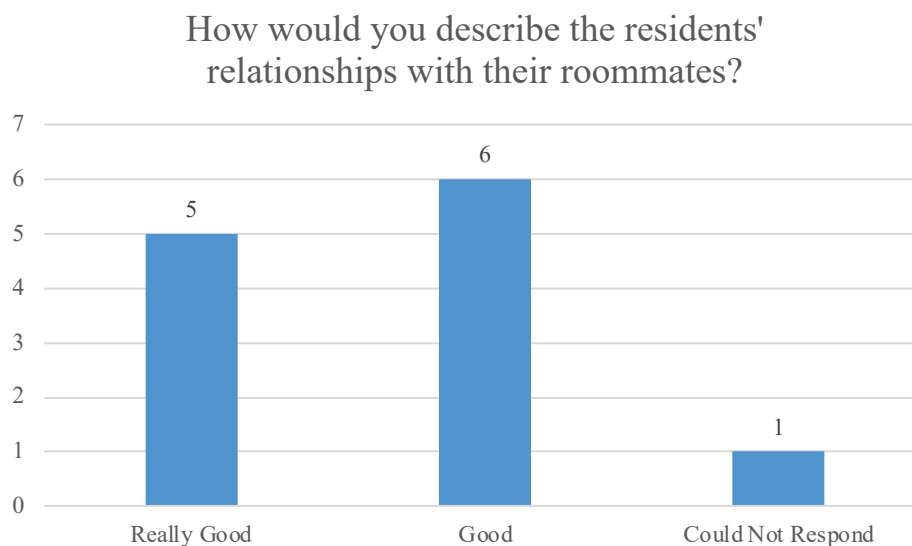
Responses suggest that overall support in the new homes was seen as attentive, sufficient, and person-centred. Respondents frequently emphasized not only the availability of staff, but the quality

of their interactions with residents, their knowledge of individual needs, and their ability to provide consistent support during a period of adjustment.

Interpersonal Relationships

Respondents were asked how they would describe residents' relationships with their roommates in the new homes, and whether they had seen those relationships change or develop since the move. Responses were overwhelmingly positive. On the five-point scale, six respondents (n=6) rated these relationships as really good, five (n=5) rated them as good, and one (n=1) said they had not witnessed enough to provide a rating. Many responses also emphasized compatibility, shared routines, and the sense that smaller group living had helped residents get to know one another better. See Figure 8.

Figure 8. Non-resident Perceptions of Interpersonal Relationships Among Residents



Several respondents pointed directly to the way the homes had been grouped. One participant said that the roommate groupings had been chosen with care, which was very important to how the homes were functioning:

We really talked to the residents about who they wanted to live with and who they didn't. And we worked very hard to ensure that no one is living with someone that they requested not to live with.

The same respondent added that this had been “a huge benefit,” and that in two of the homes the residents were already close friends, which had made the transition go especially well, “without a lot of adjustment towards each other.” She felt that the relationships were likely to improve further

over time because of the closeness of living together:

The more they are together, the more they will understand and the more they will try to know more about their housemates.

Other respondents described the relationships in the homes as warm and increasingly interactive. One family member said that the four women in one home had known each other before the move and that “the interactions between those four now is so much more,” adding that “they were all compatible people” and that she had “not seen any interaction between any of them that wasn’t positive.”

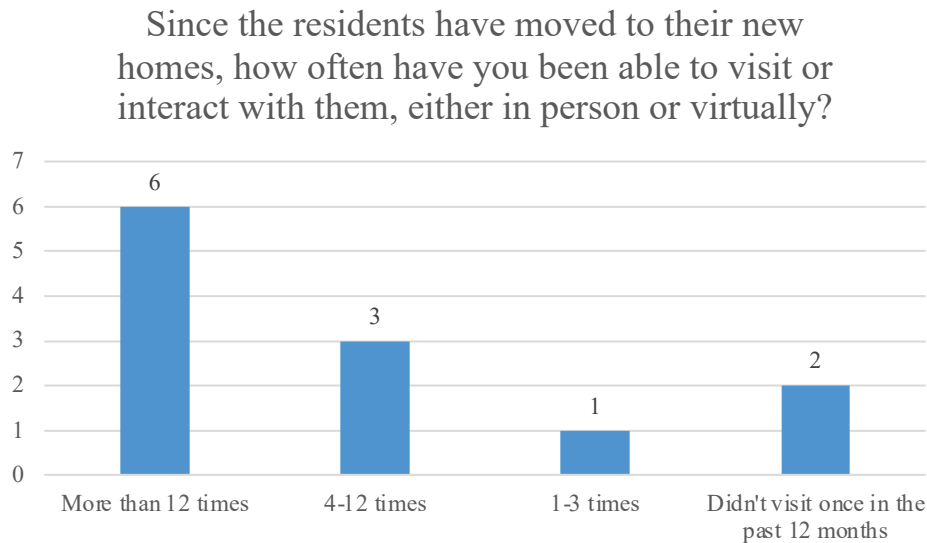
Another respondent said that residents in one home had “formed strong bonds with each other,” watching movies together, sharing meals, and going on rides together. One staff member also said that in one of the first homes there now seemed to be “a little bit more interactions and sense of belonging rather than co-existing,” giving the example of housemates noticing when one resident had not yet come up for supper and wanting to go get them.

Some respondents also described the homes as creating a more family-like atmosphere. One family member explained that in the small home setting, families now came in, brought treats, and visited with everyone together:

families come in and bring Tim Hortons and Timbits and share with everybody, like it’s kind of a real family situation... it’s really quite special.

Another respondent said that visitors often already knew one another, so visits could become “social gatherings where everyone interacts with each other.” This suggests that interpersonal relationships in the homes were therefore seen as also contributing to a more relaxed and shared social atmosphere. Figure 9 shows how often non-resident respondents had been able to visit or interact with residents since the move.

Figure 9. Non-resident Post-move Record of Visits and Interactions



However, a few acknowledged that living together still involved occasional disagreements, just as it would in any household. Another family member similarly said that even though there were “some disagreements sometimes,” it was still “a great environment” and part of “the normal things that happen when people live together.”

A few respondents also noted that relationships with staff and former connections were still developing. One participant said that although residents were building new relationships, “you lose all of those connections” with some of the staff and others they used to see more regularly, and that “it takes a long time to build that relationship and trust yet.” Other respondents described Elmwood staff making real efforts to maintain those ties. One family member described taking a resident to an Elmwood event when staff came over to visit, told her that they missed her and that some still came to visit her at home. She described this as making “a huge difference.”

One family member described this change in the smaller, more intimate setting:

And I feel that because the group is a small number of four people, all ladies that she knew prior to moving, and they were friends there at the home. And I noticed that the interactions between those four now is so much more than in the large group setting. And they were all compatible people. They knew each other so it was real compatibility. And we’ve not heard her say anything about any of the other people, that she’s not happy with them there. And anytime we go, a lot of times they’re all sitting out.

Other respondents similarly stressed that the smaller homes allowed more compatible groupings and reduced some of the tensions that can come with larger congregate living. One

stakeholder explained that residents had been grouped with care and that close friendships from the Manor carried over into the new setting in homes. Another noted that one benefit of the move was that residents did not have to live alongside so many people they might not choose for themselves.

Overall, non-residents suggested that the move to smaller homes helped create closer day-to-day relationships and a more personal visiting experience. While some residents still missed familiar people from the Manor, relationships in the homes were felt to be more meaningful, more comfortable, and more like those found in an ordinary home.

Recreational Activities

The general sentiment regarding recreational activities in the new homes was positive. When asked to rate the quality and variety of recreational activities available to residents and to describe which activities seemed most important after the move, most spoke favourably about the opportunities available. Respondents referred to both familiar activities that residents had continued to enjoy and newer opportunities that came with the smaller home setting. Several respondents emphasized continuity in activities that residents already valued. One staff member described the range of activities residents were still attending after the move:

They come back here for their Phoenix dances. Art clubs, bowling... chair yoga and other activities... they do the same activities that they've been doing.

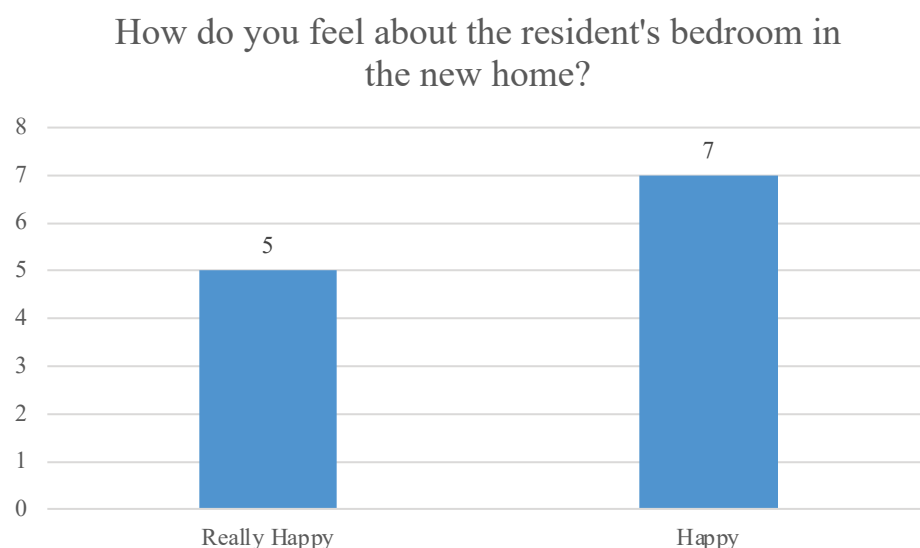
That is, recreational life after the move remained a regular part of residents' lives. One family member explained that for her brother, moving out had actually made returning for events more appealing, because activities now felt more like outings. Familiar events could take on a different meaning once residents were no longer living in the larger congregate setting. Respondents also pointed to the value of smaller and more individualized activities in the homes. One staff member said that in the community homes they were now able to provide more one-to-one activities, "whether that is going shopping or going out for a coffee or even just a walk," and described this as "incredibly important to the residents." Still, a few participants noted that access to vehicles, van-trained staff, and transportation schedules could affect how easily residents could get to certain activities or outings.

Privacy, Dignity, Personal Space, and Pride in the Home

Questions about privacy, dignity, bedrooms, shared washrooms, and the feel of the homes brought out some of the clearest reflections on residents' day-to-day living environment. When respondents were asked how well residents' privacy and individual rights were being upheld, how they felt about residents' bedrooms, and how shared facilities such as washrooms were affecting residents, most responses were positive (see Figure 10). Participants often spoke about residents having their own

rooms, being comfortable in those spaces, and taking an interest in how their homes looked and felt. At the same time, a few respondents also pointed to ongoing adjustments related to room size, bathroom sharing, and accessibility needs.

Figure 10. Non-Residents' Satisfaction with Residents' Rooms in the New Homes



Many non-residents felt that the move to community-based homes improved residents' privacy and dignity, especially during daily care. Whereas in the Manor, care often took place in a much larger and more public setting, the smaller homes allowed support to be provided in a more respectful and dignified way. They also felt that staff in the homes had more time to respond to individual needs and preferences, rather than working within the pressure of a large congregate environment. One advocate described the difference in privacy quite clearly:

I've been here and witnessed people stuck sitting in the washroom because it's such a big building, calling, waiting for somebody to come get them off the toilet. Nobody should be stuck waiting. When we go to see if the person is okay . . . next thing you know, they are asking you to assist in the washroom with no concept of privacy, who is a staff and who is not... So if you move into a smaller home environment, staff aren't so taxed and . . . privacy would be a lot better.

One staff member explained that personal care could now happen in a more contained and familiar environment:

They can get undressed in the bathroom and have their shower. There's only one staff that's going to be entering the bathroom while they're going. So I think that just allows for a more intimate setting for care.

One family member gave the example of the resident she visited receiving very individualized support, with staff taking the time to honour her wishes and work around her own schedule. Another respondent said the smaller staff-to-resident ratio meant there was less waiting and less competition for help and that it's been a "huge, huge improvement."

Participants also talked about other little important examples of dignity. In the Manor, people sometimes hid snacks, pop, or personal items in their rooms because they were worried others might go into their room and take them. One respondent also recalled mix-ups with laundry and belongings going missing, including Christmas gifts ending up in the wrong place. In the homes, she felt this would be much less likely because residents had more control over their own space and belongings. Another participant similarly noted that bedrooms in the homes were no longer functioning like semi-public spaces or training areas for others coming in and out, but more clearly belonged to the resident.

One respondent described the homes as places where "everything was so personalized to them." One staff member said that residents were "incredibly excited" to show visitors their new rooms, while another recalled a resident saying simply, "I love my new home." As such, privacy, personal space, and pride in the home were closely connected in residents' early life in the community-based houses. Personal space was important because it felt like theirs.

Some of them picked out some new furniture and they all picked out their paint colour. some of the basic stuff that makes all the difference. They're proud to show it off.

While one family member described an occasion when personal conversation had to take place in the kitchen because there was no separate room available and other residents could overhear, she did not present this as a major problem, but as a reminder that the homes were not perfect. Overall, however, non-residents felt that the homes offered residents more dignity, better privacy, and more attentive support than had been possible in the Manor. The smaller environment allowed care to be given in a way that was much less public and rushed and much more centred on the individual.

Residents in Community-Based Homes: Resident Findings

Resident interviews were completed in person across the eight domains outlined in Table 2, with support from either a family member or another support person when needed. In total, 20 residents took part in interviews. Again, like non-resident findings, because some residents had already moved to community-based homes while others were still living at Kinsmen Manor, the findings are presented in separate sections. This section focuses on 13 residents who had already moved. These interviews explored how residents felt about their new living arrangements, their experiences of the move, and the ways the transition appeared to shape their QoL. Across the full resident sample, 6

interviews were supported by family members and 7 completed with the support of a person from Inclusion Saskatchewan (Table 3).

Table 3. Number, Gender, and Relationship of Supporting Members.

Relationship with Residents at Manor	Number of Respondents (13)
Siblings	1
Mother	3
Niece	2
Support person	7

Gender of the interviewed residents	
Male	8
Female	5

Because interviews were completed over an extended period, residents in this section had been living in the new community-based homes for different lengths of time, ranging from roughly one or two months to just over a year. Resident interviews were analyzed thematically and produced themes similar to those in the non-resident section.

QoL Indicators in a Community-based Home

- Social Inclusion
- Recreational Activities and Routine
- Choice, Autonomy, and Independence

Challenges of Change

- Uncertainty and Adjustment
- Missing Familiar People and Wanting More Contact
- Areas for improvement

Early Impact on QoL in a Community-Based Home

- Improved and More Personalized Living Environment
- More Choice, Increased Decision-making, and Flexibility

- Closer Interpersonal Relationships
- Enhanced Privacy, Dignity, and Person-Centred Support

QoL Indicators in a Community-based Home

Residents were asked questions about their day-to-day lives in the new homes, including how they felt about their activities, relationships, choices, and routines. Their responses pointed to early indicators of QoL especially important to their well-being. These indicators were also broadly consistent with what non-residents identified. Three subthemes emerged.

Social Inclusion

Mirroring feedback from non-residents, residents showed that social connection is important to them in everyday life. This often took the form of family involvement, seeing friends at work or at the Manor, spending time with others inside and outside the home, and feeling comfortable with roommates and staff. Because many residents communicated briefly, these ideas often came through in short responses and supported conversation.

As in Year One, family involvement proved especially important for many residents. Several respondents said they liked having family visit, talking by phone, or deciding when family could come. In one interview, when asked whether there were things she would still like to decide more for herself, one resident answered:

When family comes.

Another resident said she liked talking with family “very much” and added that:

Staff lets me talk to my family and that’s no problem.

Some conversations also touched on the social aspect of work and outings. Residents often spoke about going to work, going back to the Manor, going on van rides, or going out for coffee and games. These activities were importantly ways of being with other people. One resident described the social side of work this way:

Yeah, we have lots of friends that talk to us. People hug me.

Another resident, when asked who he liked to see at work, gave a very simple reply: “Everyone.” Residents also shared that it matters who they live with and who supports them in the home. Several said they were happy with their roommates and staff. One resident said:

I get along with everybody.

Recreational Activities and Routine

Residents also spoke about a range of activities that shaped their day-to-day lives in the new homes and pointed to both regular routine and preferred activities as important parts of daily life. As shown in Figure 11, some activities mentioned most often included work, watching TV, listening to music, colouring, going for coffee or to movies or Blades games, van rides, going shopping, walks, parties and dances.

Figure 11. Most Important and Most Common Daily Activities Identified by Residents



Many still valued going to work at Cosmo or back to the Manor for work or programs. For example, some described work as part of their weekly routine and something they looked forward to. One resident went five days a week, while others named their work days when asked what they did during the week. In a few interviews, work was one of the first things residents mentioned when asked about daily life, which suggests that it continues to provide structure and meaning in addition to activity. Residents also frequently mentioned outings and shared activities. One resident said:

We go for van rides. We go for walk clubs and Blades games and stuff like that.

Getting out of the house and taking part in ordinary community activities remains an important part of residents' everyday lives.

Additionally, residents also valued quieter activities in the home. Television came up often, along with music, books, puzzles, and drawing. One resident, for example, liked:

Cop shows.

I like the news.

Another resident liked watching ball games while others mentioned singing along to music, listening to the radio, drawing, or doing puzzles. Smaller routines and familiar interests are important as are outings or more structured activities.

Choice, Autonomy, and Independence

Another important indicator identified by residents was the ability to choose and decide things for themselves. Across interviews, respondents spoke about choice in very simple ways: deciding when they wanted a snack, where they wanted to go, what they wanted to do, or having some say in what happened in the home. For some this also included choosing roommates, speaking up about preferences, or deciding small things in daily routine.

Several residents spoke positively about being able to make choices about outings, snacks, or daily activities. One resident said:

When I want to go out, I'll go out.

When asked whether he could choose what to do when he wanted, he said that this was possible "sometimes," and when asked how that felt, he said, "It feels good." Another resident, when asked whether she got to choose new places to go, said:

I picked out new places.

Being able to make choices, even if not all the time, seemed an important part of independence for some residents, who connected it to having a say in smaller daily decisions, like being able to say they want to go to McDonald's or the mall, for example.

Challenges of Change

Residents identified fewer and less detailed challenges than non-residents. Many said they were happy in the new homes and raised only a small number of concerns when asked directly. These had less to do with transportation, equipment, or bathtub fit raised by non-residents than with adjusting to change, missing familiar people, and identifying small improvements in the home or in daily life. In fact, when residents were asked about sharing bathrooms, using the shower, or getting around these spaces, most suggested that these arrangements worked very well for them.

Uncertainty and Adjustment During the Move

For some residents, the move itself was a challenge. While many said they were excited, a few also described feeling nervous or unsure as the move became real. Because several residents communicated briefly, these concerns often came through only after probing questions. The main issue was usually not the physical set-up of the homes, but uncertainty about what the new place

would be or feel like and the need for time and reassurance to adjust. Figure 12 shows the most frequent words used when residents and their supports talked about resident feelings during the move.

Figure 12. Most frequent words used to describe how residents felt during the move



One resident explained this uncertainty when asked what had worried him before the move:

Researcher: Did you have any worries?

Resident: Yeah.

Researcher: What were you worried about?

Resident: My room.

For him, it was difficult not knowing what the new room and house would be like.

Another resident also needed support to understand what was happening and feel less worried about the move. In that interview, a support person reminded her about the story that had been made to explain the process:

Support Person: Do you remember the story that L created for you? The book?

Resident: Oh yeah.

Support Person: To try to help you understand the process, do you remember that?

Resident: Yeah.

Support Person: And was that helpful?

Resident: Yes.

Researcher: Did that reduce your worries? Did it help you feel better about the move?

Resident: Yes.

In one interview, a support person also described the first stage of settling in after the move. She explained that once the resident arrived in the new home, he needed time to look around and get used to the space:

When they moved in and everybody went to bed, he crawled into bed and then he crawled out again and he walked around and he was checking everything out and then they took him around and showed him things and, yeah, it was reassuring.

These interviews suggest that one of the clearest challenges for residents in Phase Two was the uncertainty that came with moving and the first stage of adjustment. Even when residents were looking forward to the move, some still needed time, explanation, and reassurance to feel comfortable in the new home, with the last two being especially important.

Missing Familiar People and Wanting More Contact

Another challenge identified by some residents was missing familiar people and wanting more contact with them after the move. Many had lived at the Manor for a long time and were used to seeing certain family members, staff, and friends. For some residents, moving to a new home meant feeling that those important connections had changed.

In a few interviews, family contact stood out as especially important. When asked what their biggest worry had been, one resident said:

That I wouldn't see Mommy.

Another resident spoke very clearly about wanting more time with family:

The thing I'd like to do is have my family come and visit me more often because they're really special to me. I'd like them to come and visit me more often because they live so far.

Some residents also appeared to miss familiar people from the Manor. In one interview, when asked about the move and what it had felt like, one resident replied:

Resident: I like the Manor.

Support Person: You liked the Manor?

Resident: I like the staff.

In another interview, a resident agreed that there were things he had missed after moving and still went back to the Manor for work and visits. This suggests that one challenge in Phase Two was not only moving to a different place but adjusting to a different pattern of everyday contact with familiar staff and friends.

Areas for Improvement

A few residents also identified things they would still like to improve in the homes or in daily life. These were usually small and specific, but they show what still mattered to residents after the move. Some wanted better ways to stay connected with family, or small changes that would make the home feel better for them. One resident, for example, said she would like a better way to stay in touch with her sister and video contact would help with that:

I would love to have an iPad. Then I can phone my sister on the iPad.

A few residents also named small things they still wanted in the home or yard. One resident said, “We need a bird bath and some grass.” Another said, “We need a Bible.” These comments were not major complaints, but they do suggest that some residents were still thinking about what would make the home feel better or more complete for them.

Early Impact on QoL in Community-Based Homes

Unlike Year One, when residents were mostly speaking about what they hoped the move would be like, residents in Phase Two were able to reflect on how life had actually changed after leaving the Manor. Many residents compared the new homes positively to the Manor, especially in relation to the living environment, daily flexibility, relationships, and more personal support.

Improved and More Personalized Living Environment

The move to community-based homes reportedly improved the living environment for many residents. Across the interviews, residents described the new homes as quieter, smaller, more comfortable, and easier to settle into than the Manor. These changes seemed to make the homes feel more personal, more suited to individual preferences, and more like home.

For some residents, this impact was expressed quite directly. One resident, when asked whether things were better or worse than a year ago, answered simply that they were “better.” He also said that it was better having fewer people in the house and that he appreciated that it was quieter than at the Manor. Another resident said she liked that the new home was quieter and that she “really loved it,” adding that she liked everything.

For one resident, his support person described how he now had a chair that was chosen to suit him and made the space feel more comfortable:

Support Person: He’s got his own chair.
Researcher: Yeah, it looks very comfy.
Support Person: He paid for the whole thing.

That is, having a home environment that could be shaped more closely around the resident’s own preferences and comfort was important.

To understand further resident perception of their QoL at Kinsmen Manor, they were asked their opinions about their room (see Figure 13), shared spaces (Figure 14), daily assistance, the meals (Figure 15), recreational activities, and medical care and supports. A five-point scale with pictures or emojis helped with answering.

Figure 13. Residents’ Feelings about Their Rooms in the New Home

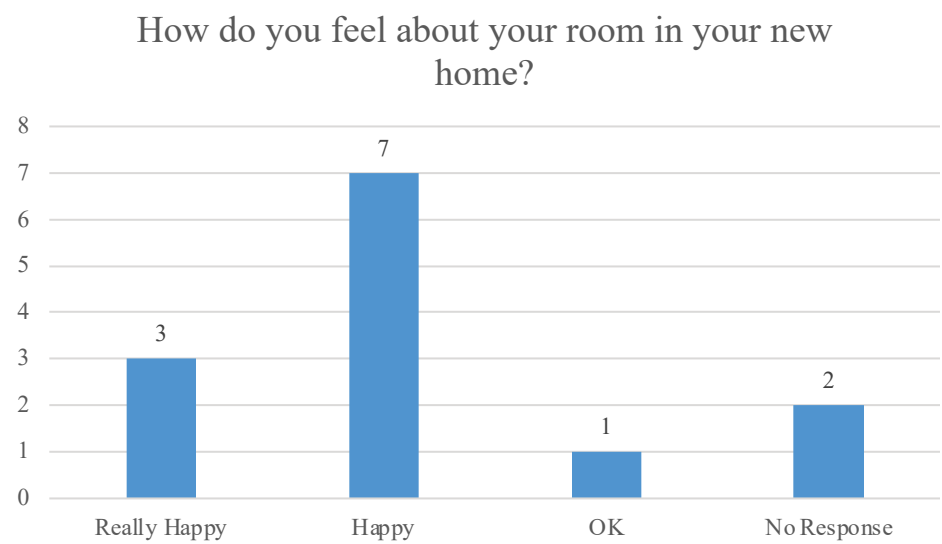


Figure 14. Residents' Feelings about Main Living Space

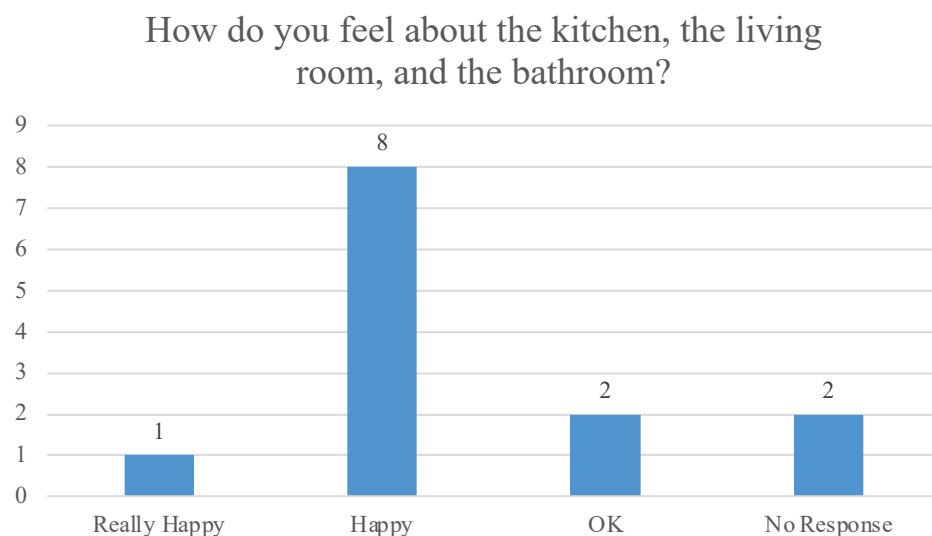
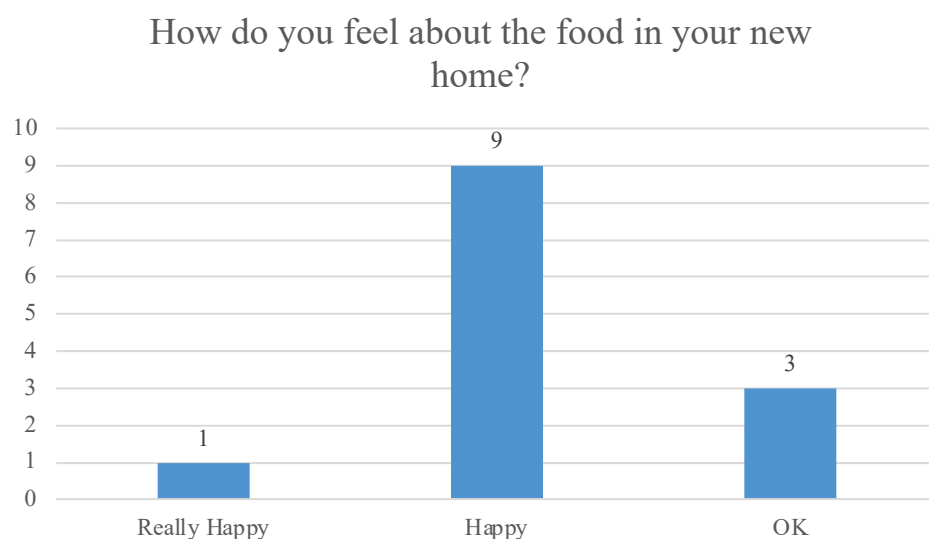


Figure 15. Residents' Feelings about the Food in the New Homes



One resident described the food as better than it had been at the Manor because, as he explained, “The staff make good food,” and he could make suggestions about what he wanted, including tacos and beef stew. Another resident also said the food was better and suggested that part of the difference was being able to get what he wanted more easily:

Researcher: Does it feel better than at the Manor?

Resident: Yeah. At the Manor, they make the meals for us. But here we make our own.

Researcher: And you don’t have to wait?

Resident: No.

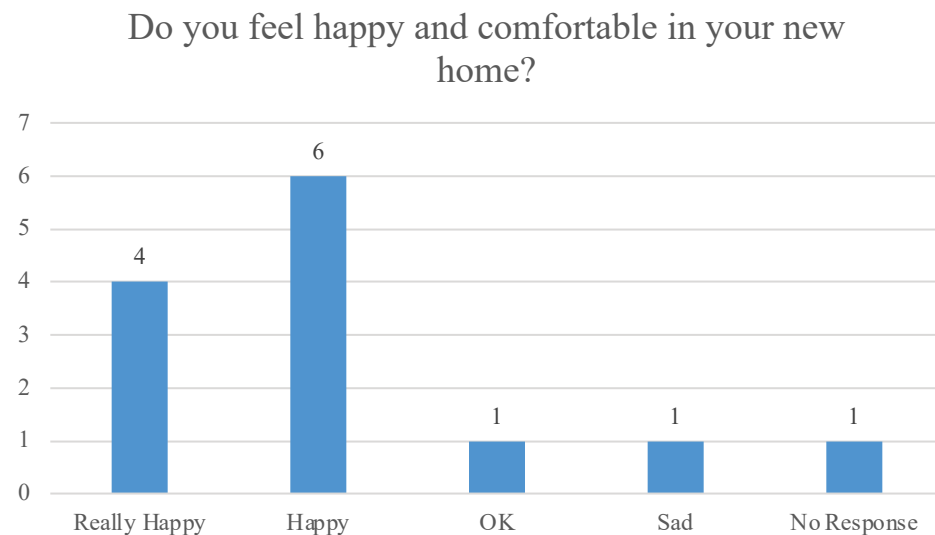
Researcher: So you can say, “I’d like a snack now,” and you can?

Resident: Yeah. We make our own lunches.

In this way, increased flexibility could be seen in having more say in ordinary daily routines, including what to eat and when. Another said he enjoyed being able to go into the kitchen and get a snack when he wanted to, and later gave two thumbs up when asked how getting to decide things for himself made him feel.

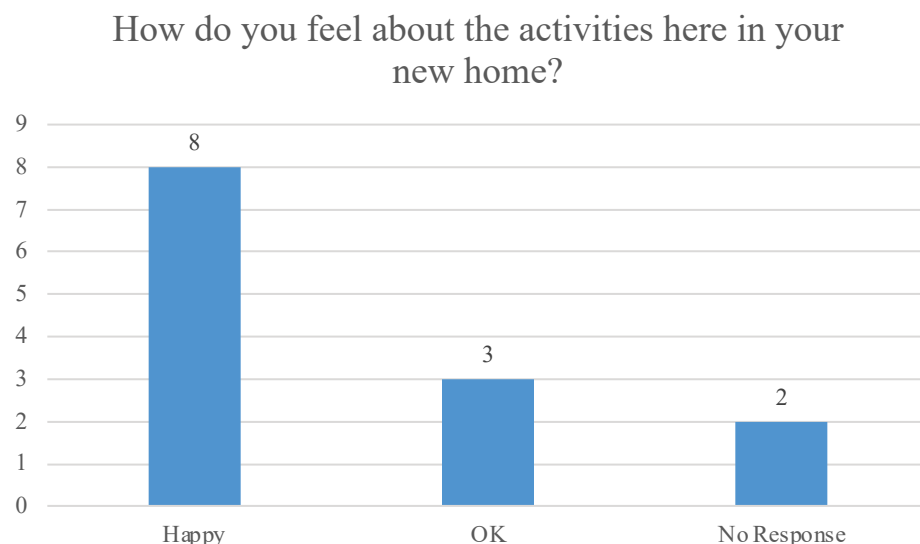
Responses on overall feelings about their new home were overwhelmingly positive (Figure 16), with most residents saying they felt happy or really happy ($n = 10$). One resident reported feeling sad ($n = 1$), though this seemed more about missing her mother than dissatisfaction with the home itself.

Figure 16. Residents’ Overall Feelings about the New Home



The variety of recreational activities and daily routines in the community homes seems to contribute positively to residents’ early QoL. These activities offer social interaction, entertainment, structure, and enjoyment, enhancing residents’ daily lives in the new homes. Residents described a range of activities, including work, television, puzzles, drawing, baking, van rides, mall trips, coffee outings, sports games, camp, and time in the yard. We asked the residents how they felt about their activities now, and most ($n=8$) said they were happy with them, while a few ($n=3$) said they were okay (see Figure 17). Two residents did not rate their response but still spoke positively about their activities and daily routines in the new homes.

Figure 17. Residents' Feelings about Activities Available in New Homes



Work remained a central part of daily life for many residents. Several still went to Cosmo or back to the Manor for work and clearly valued that routine to give shape to the day and help maintain continuity after the move. For example, one resident went five days a week, leaving at eight in the morning, coming home at four, and then settling into a familiar evening routine of supper, snack, music, and bed. Another resident spoke about still going back each day:

Researcher: Do you like to go to the Manor and do your work?

Resident: Yep. I go everyday.

Researcher: And see your friends?

Resident: Yep.

Residents also described a range of outings and activities that seemed to make life in the new homes feel fuller and more varied. These included going for van rides, going to the mall, having coffee, watching hockey, going to Blades games, and spending time outdoors. In a few interviews, residents suggested that they were doing more now than they had at the Manor.

For some residents, daily life in the new homes also included more participation in ordinary household routines. One resident described time in the kitchen:

Participant: Yeah, we do a lot of baking here. Cakes, stuff like that. We make our own lunches here.

At the same time, residents did not all enjoy the same things, and that is important to note. Some were happy to do more and liked being busy, while others preferred a quieter life at home and were not especially interested in chores or frequent outings. For example, one resident said she liked work, but did not want to do “work” at home:

Researcher: I’m getting the idea that you like your work, you’re a good worker, but you don’t want to do work at your home, is that right?

Resident: Yes.

Researcher: You just want to enjoy your music and your friends, and visits and parties?

Resident: Yeah.

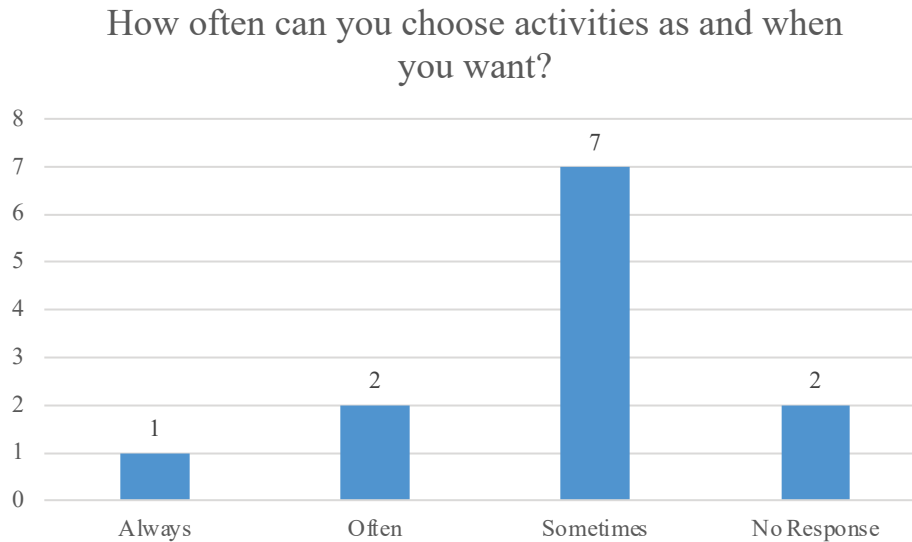
Some residents appeared to value continuity, especially through work, while others seemed to enjoy the greater variety of outings and household activities suiting their own interests in the new homes.

More Choice, Increased Decision-making, and Flexibility

The move to community-based homes appears to have given many residents more choice, decision-making power, and increased flexibility in daily life. Residents often described being able to do some things more easily than at the Manor, especially around meals, snacks, outings, and household routines. Several suggested that life in the new homes felt less tied to waiting and more open to everyday preferences. In some cases, residents also seemed to have more opportunities to help with household or other ordinary tasks than they had before.

We asked residents whether they could choose what to do, like picking activities, in their new home and how that made them feel. We also asked how often they could choose activities as and when they wanted, and the most common response was sometimes (see Figures 18). This suggests that residents generally felt they had some say in daily life in the community homes even if that choice was not the same for everyone.

Figure 18. Residents' Opinion on Choosing Daily Activity in the New Home



Residents spoke about deciding what to drink, asking for a snack, choosing when to go out, and having some say in who they lived with. One resident explained that even small choices like deciding when to have a snack mattered to him:

Researcher: So they come and help you go in the kitchen, but can you decide when you want a snack?

Resident: Yeah. I decide.

Researcher: And does that feel good?

Resident: Yeah.

Other residents gave similar examples. One resident said he could sometimes ask to go for coffee and staff would organize it. Another resident said it felt good to be able to choose who would be in the house with her and that having only a few good friends there made her feel better about her life. Another gave two thumbs up when asked how getting to decide things for himself made him feel. Choice was often experienced through small daily decisions, but those decisions mattered to residents' sense of comfort and control in the new homes.

However, one resident who said she could decide what to do on the days she was not working, but only sometimes, would still like more say in one area:

Researcher: And the days when you're not working, do you get to decide what you do?

Resident: Yeah.

Researcher: Is it all the time you get to choose or is it just sometimes?

Resident: Just sometimes.

Researcher: Would you like to decide more things for yourself?

Resident: Yeah.

Researcher: Can you tell us about what you'd like to decide about?

Resident: When family comes.

Choice was closely tied to family contact, visitors, or being able to have the people they cared about around them. One resident repeatedly connected feeling okay in the new home with still having her mother in her life.

Not all residents wanted more choice, however, and that is important to note too. Some seemed satisfied with the level of say they already had or preferred when staff decided. One resident said he preferred to “go with the flow” and was not too bothered about getting more choice, although he did say that choosing what he wore mattered to him.

Residents also described more flexibility in outings and activities. One resident said he had attended “more Blades games” than before when asked whether he could choose what to do more than at the Manor. Another said the new home offered “more outings now than at the Manor,” along with baking, cupcakes, and making lunches. Others said they had some say in where they went, whether that meant walk clubs, Blades games, church, or going for coffee.

Closer Relationships

The move to community-based homes was reported to have helped create closer and more personal relationships. Across the interviews, several residents suggested that living with fewer people changed the social atmosphere of daily life. Compared to the Manor, the homes seemed to offer more time together with fewer people, and for some residents this appeared to make relationships feel easier and more familiar. In a few interviews, residents also described doing more things together in the home and with family, including sharing meals, visiting, barbecues, and outings. One resident who had been worried before the move that she would not see her mother enough, shared that she had actually been seeing her more since moving.

We asked residents about the friends they live with, whether they enjoy doing things with their roommates and about the support they receive from staff in their new home. Most residents described their relationships with roommates as good or really good and enjoyed doing things with them, and most also gave positive responses about staff support (see Figures 19, 20, and 21).

Figure 19. Residents' Feelings on Relationships with their Roommates

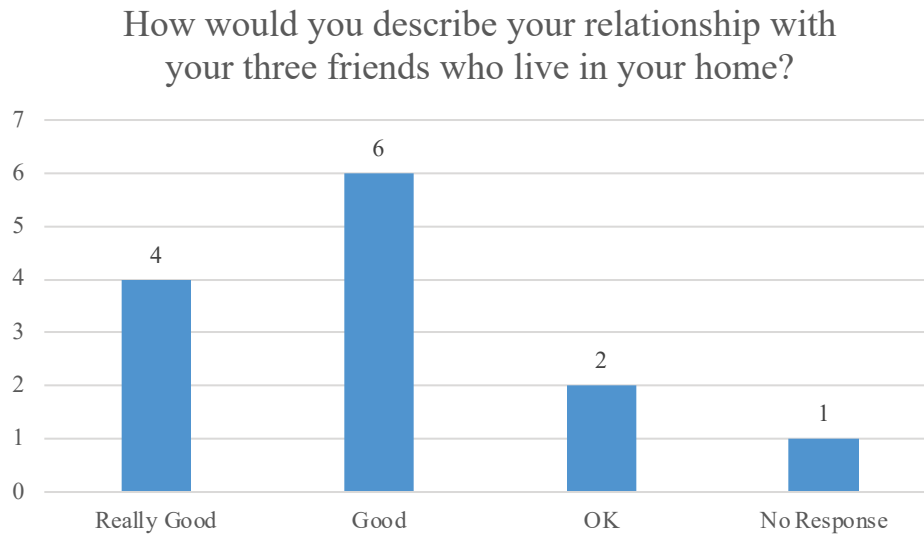


Figure 20. Residents' Feelings about Shared Activities with their Roommates

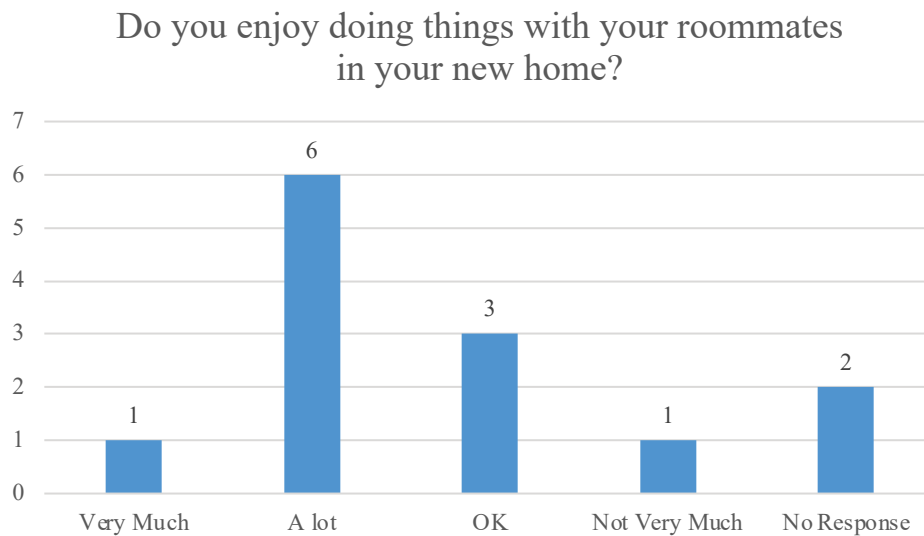
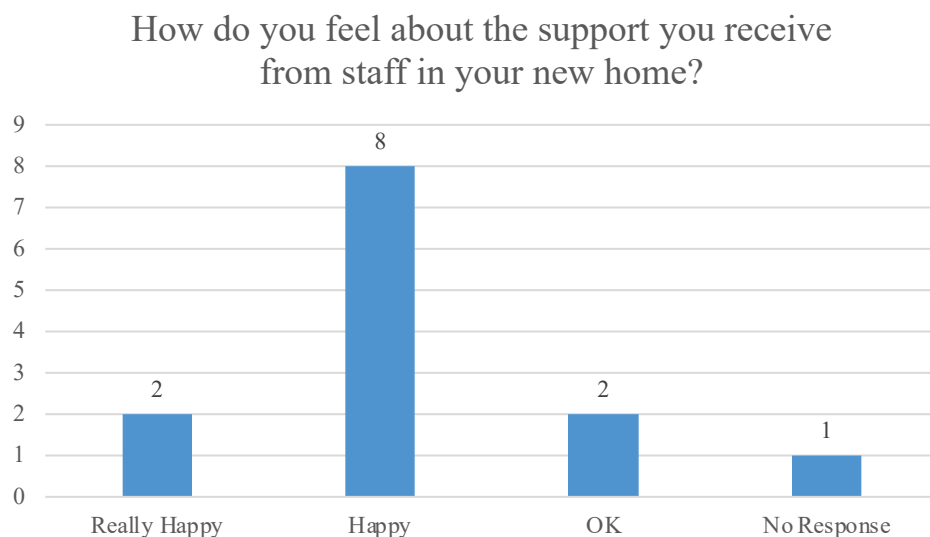


Figure 21. Residents' Feelings on Staff Support in the New Homes



One resident said this when asked about both her roommates and staff:

Resident: Yeah. I get along with everybody.

Researcher: Excellent. What about staff?

Resident: Yeah, all the staff get along with everybody.

Researcher: Would you give them one thumb up or two thumbs up?

Resident: Two.

The resident not only said she got along with everybody but also described the new home as a place where staff listened, followed through, and supported more participation in daily life. Similar comments appear in other interviews, where residents said they were happy with their roommates, felt closer to them, or liked being with only a few good friends in the house.

A second resident also described these relationships:

Researcher: Are you happy with the roommates?

Resident: Yep. Two thumbs up.

Researcher: Is there one that's a special friend or a best friend?

Resident: E is my best friend.

Researcher: Is E new to you?

Resident: No, I knew her for a long while.

Researcher: So it's been good to have her support?

Resident: Yep.

Researcher: How does that make you feel?

Resident: Happy.

This shows that early QoL in the homes could also involve continuity and familiarity, in addition to getting along well with roommates, especially when residents already knew and trusted the staff supporting them. In this case, daily life in the new home seemed to feel better because it included both a close friend and support from someone familiar.

Support from staff also came through across the interviews. Residents often spoke about staff helping with meals, laundry, outings, phone calls, and day-to-day routines. Some said staff were “really nice,” while others emphasized that staff listened when they asked for something or helped them when needed, so support in the homes seemed experienced less as a formal service and more as relationships and part of everyday life.

Visitors and family contact also remained part of what made life in the homes feel positive. Several residents said they liked having family come over, talking by phone, or visiting with others in the summer. For some, these ongoing connections seemed to help the new homes feel more normal and more like home. In one interview the resident said she liked family visits “very much,” while in another, a resident said he still talked with friends and had people visit.

At the same time, the interviews also show that relationships in the homes were not perfect for everyone. One resident described her roommates as friends, but made it clear that living together could still be stressful as they sometimes argued:

Support Person: Are you like siblings with your roommates?

Resident: They’re my friends.

Researcher: So you all get on?

Resident: Not all the time.

Support Person: Does it bother you when they argue or fight?

Resident: It bugs me a lot.

In another interview, a resident talked about visits:

Researcher: Do they ever come over and visit?

Resident: Yeah, they come and we visit people’s houses too.

Researcher: Are they able to visit you more often here?

Resident: Yeah. In the summertime.

In the same interview, that resident also said, “I like that very much” when asked about family coming to visit. Although some of these shared experiences relate to activities, they also suggest that the move created more opportunities for residents to spend time together in ordinary and enjoyable ways. One resident said that having fewer people in the house had changed the way they interacted, and another said there were not as many people in the new home as at the Manor and that he felt closer to his friends there.

Overall, the interviews suggest that the move to community-based homes may have helped strengthen relationships for residents. For many residents, the smaller homes seemed to make relationships feel more personal and manageable.

Enhanced Privacy, Dignity, and Person-Centred Support

The move to community-based homes appears to have improved privacy, dignity, and person-centred support for some residents. Compared to the Manor, a few residents suggested that staff had more time, that help was more immediate, and that the smaller homes allowed for more privacy and quieter space. One resident said, “it’s different” and when asked about privacy, said:

It’s better here.

Another resident emphasized that staff listened to her and people respected her privacy:

Researcher: Do you feel people respect your privacy if you want to have some quiet time?

Resident: Yeah. They do that.

Researcher: Nobody barges in on you?

Resident: No, nobody does.

Researcher: Are they respectful?

Resident: Yeah.

Researcher: Do they knock on the door?

Resident: Yeah, they do.

Although one resident still said that people “march in the room,” while another gave a more mixed view of staff support, this suggests that these areas had improved for many residents, but not perfectly or in every home.

Residents in Kinsmen Manor: Non-Resident Findings

This section focuses on interviews with three family members, two staff, one board member, and one other stakeholder about residents who had not yet moved (Table 4), their supports, hopes, or concerns about the upcoming move.

Table 4. Number, gender, and relationship of non-resident participants contributing to findings

Relationship with Residents	Number of Respondents (7)
Family Member	3
Elmwood Staff / Manor	2
Key Stakeholders	1
Board Member	1

Gender of the interviewed residents	
Male	1
Female	6

These non-resident interviews were coded thematically for four major themes (and related subthemes): Perceptions of QoL Indicators, Challenges to QoL, QoL at Kinsmen Manor during Transition Process, and Anticipated Impacts of a Community-based Home on QoL

Non-resident Perceptions of QoL Indicators

- Social Inclusion and Interpersonal Relationships
- Recreational Activities and Routine
- Choice, Autonomy, and Independence
- Health & Safety

Challenges to QoL

- Delay and uncertainty
- Need for Communication, Reassurance, and Transition Support

QoL at Kinsmen Manor during Transition Process

- Social Inclusion and Relationships, Recreation and Routine



inclusion, familiar relationships and routine, meaningful activities and work, opportunities for choice and participation in daily life, and individualized support that promoted comfort and well-being. These perceptions align closely with the broader QoL indicators identified elsewhere in the study.

Social Inclusion and Relationships

Most respondents discussed social inclusion and relationships as important indicators of QoL for residents still awaiting transition. Family members emphasized the importance of familiar people, good relationships with staff and caregivers, and ongoing contact with peers through shared spaces and activities such as Cosmo and programming at the Manor. It was clear that residents' QoL was shaped in part by whether they felt connected to the people around them and remained socially involved in familiar ways. Even where residents were nonverbal or did not always express themselves directly, respondents suggested that these social ties still mattered and formed an important part of their lives. Overall, they emphasized familiar relationships, social connection, and a sense of belonging in supporting residents' QoL.

Recreational Activities and Routine

Respondents identified involvement in recreational activities, work, and meaningful daily routines as important indicators of QoL for residents who were still awaiting transition. As in Year One, activities were also seen as sources of purpose, structure, and engagement. Family members especially stressed the importance of having something to do, keeping busy, and maintaining routines that gave residents a reason to participate in daily life. For example, for one family member, work was clearly one of the most important parts of her sister's life:

If she has a job to do, she's happy.

She went on to say that work at Cosmo had changed her sister's life "absolutely, for the better," and described it as giving her "a sense of something to do," and ultimately a central part of routine, identity, and QoL.

The same respondent also described other activities that were important to her sister, including rug hooking, colouring, sorting papers, and other tasks that kept her busy. She suggested that even simple activities mattered, that her sister would "love to fold towels" and liked "just anything to keep busy." Another family member similarly emphasized the importance of ordinary day-to-day activities and routines, saying that what would matter most was having "regular outings, just more normal, like what you and I would do every day," including "doing regular day-to-day things, outings, cooking, that kind of thing."

Activities were also discussed more broadly across the other non-resident interviews. For example, although this interview focused mainly on residents who had already moved, one staff member also highlighted the broader importance of activities such as Phoenix dances, bowling, yoga, art club, and outings or visits to places like Walmart and Berry Barn in residents' lives more generally and for their happiness.

Choice, Autonomy, and Independence

Another important factor identified by respondents was residents' ability to make choices, participate in daily life, and maintain some independence. Family members emphasized that QoL was shaped not only by aspects of care and safety but also by resident ability to have a say in what they did, help with ordinary tasks, and feel involved in the things around them. In these interviews, independence included being encouraged to take part, making even small decisions, and having opportunities to contribute.

One family member stressed the importance of choice very clearly and said of her relative that "she has really had no choice in the matter," suggesting that being able to exercise more control over her own life was itself an important QoL issue. Another family member similarly pointed to the value of small responsibilities and participation in everyday tasks, recalling that when residents first came to Elmwood, "they all had little jobs to do," such as washing dishes and folding clothes, and that "they had a purpose."

Some also described independence in terms of helping with ordinary household routines. One family member said her relative "likes to bake cookies and she likes to help," while another explained that her sister had always liked peeling potatoes, cleaning vegetables, and helping out when meals were being prepared. In a similar way, another family member spoke about the importance of everyday life feeling more normal and meaningful, including opportunities for outings, cooking, and other regular activities.

Health and Safety

Many respondents also identified health and safety as important indicators of QoL for residents awaiting transition. Among them, the importance of proper medical support, accessible surroundings, and also timely help was mentioned in several interviews. Family members emphasized that some residents had high physical and medical needs and required supports that matched those needs. Accessible bathrooms, wide hallways and doorways, lifts, and spaces that residents could move through more safely and comfortably were all important.

One family member spoke very directly about the level of support her relative needed and why health care remained such an important QoL issue:

She's got high medical needs and high physical needs, because she is in a wheelchair.

Another family member also felt that many residents needed a good deal of medical attention: "the reality is they need medical, like a lot of them need to have a lot of medical attention."

Ultimately for these family members of the residents still waiting, QoL was strongly associated with whether residents' health needs would be recognized and properly supported.

Accessibility was also repeatedly discussed as part of health and safety. One family member described the new homes and emphasized the importance of space and mobility features when asked if the new homes were accessible:

Yes, they should be because they all have to have lifts. They're very very nice. Very roomy. The hallways are wide and the doorways are wide.

Other participants referred to ceiling tracks, grab bars, wide hallways, accessible tubs and showers, lower counters, and spaces better suited to wheelchairs and mobility supports. Some also noted that more accessible bathing spaces and closer support could make everyday care easier and safer for residents, which would also play a role in their QoL.

Challenges to QoL

For the residents who had not yet moved, respondents identified several ongoing challenges during the transition:

- Delay and Uncertainty
- Need for Communication, Reassurance, and Transition Support

Although many continued to view the move to community-based homes as positive, the delay was difficult, particularly for those left with uncertainty about when they would move and struggled to understand the changes happening around them, or needed more reassurance and support while waiting.

Delay, uncertainty, confusion, and difficulty adapting to change were closely connected in the interviews. Rather than simply waiting for a future move, some residents were living through a period in which other people were leaving, things around them were changing, and the Manor was becoming emptier. Respondents suggested that this could affect residents' emotional well-being, daily comfort, and sense of security, especially for those who did not fully understand why others had moved or when their turn would come.

Several family members described this waiting period as upsetting in itself. One family member said her relative was clearly affected by watching others leave while she remained behind:

I'm sure it's bothered D not moving. Because she was wondering where everybody's going, and she's not going. And her understanding about what's happening, we don't always know that she does understand.

Another family member similarly described her sister, who was one of the remaining eight:

There's been times where she's wondered where people have gone. She's looking around, but she doesn't communicate. So there's a negative impact there. Because she is one of the last eight she doesn't quite comprehend why everybody was there and now they're gone.

For some residents, these difficulties were made worse by a strong reliance on routine and familiarity. One family member said very plainly that her relative “does not respond well to change” and that “routine is her backbone.” She later explained that repeated changes in staff, routines, and living arrangements had been hard on her, and felt that “her happiness has probably decreased.” When asked directly, she rated her relative's current QoL as “low.” Living through an extended period of uncertainty and change was ultimately seen as a bigger challenge than the future move itself.

Staff and stakeholders also noticed this. One respondent said that it took two years to announce Houses 5 and 6 and that this “left people feeling left out and neglected here.” Another said that the people most affected were “the ones that are just left behind,” especially as the building itself was “just becoming empty.” A staff member also observed that some residents who were still waiting seemed less positive and more frustrated as they watched others move into “shiny new homes” while their own house was still not ready. One family member summed this up:

The ones that are left, the families and the residents are feeling lost and left behind... a lot of times the last ones to go feel left behind. . . . There needs to be more importance put on the people that are left and their mental health.

However, support during this time could not be one-size-fits-all. Because residents differed in their level of understanding, communication and reassurance needed to be very clear, repeated, and tailored to the individual. One family member explained this in relation to her sister:

They're very good at trying to communicate... I know they have to customize it to the individual because some have better comprehension. I think that could be a bit of an area of improvement for them, is someone like my sister. You can't just say we're going to have dinner once a month so we can talk about it. That doesn't work for her.

QoL at Kinsmen Manor during the Transition Process

For the residents who had not yet moved, non-resident respondents spoke about aspects of current QoL, offering insight into what seemed to matter most in residents' lives during this period.

Respondents spoke less about separate QoL indicators in isolation and instead talked about these issues in a more connected way, often linking residents' activities, routines, relationships, choices, privacy, support, and sense of safety together in daily life. As a result, the following sections group together indicators that were closely connected in the interviews: Social inclusion and relationships, recreation, and routine; Choice, autonomy, and privacy; support, health, and safety.

Social Inclusion and Relationships, Recreation, and Routine

For the residents who had not yet moved, respondents suggested that QoL in this area depended less on a wide range of formal activities and more on continuity, familiar relationships, and having something meaningful to do each day. Recreation was often discussed together with routine and relationships, as activities such as work, day programming, hobbies, and contact with familiar people were tied to residents' daily structure and overall happiness.

For one family member, routine was central to her relative's well-being. She explained that changes in daily life at the Manor had made it harder for her relative to feel settled and content:

She needs routine. And if it's not there then she rebels and I think a lot of the routines have gone out the window in the last while with all the changes.

Another family member similarly emphasized continuity and activity as especially important:

Continuity I think is one of the main things for D, to have things pretty well the same all the time, like no big surprises. And one thing that's really important to her is work.

For this resident, work at Cosmo was described as one of the clearest sources of structure, purpose, and satisfaction in daily life. The same respondent explained that before D had work, she had little direction on weekends, but once she got the job, her life completely changed for the better, which she credited Elmwood with helping make happen.

Respondents also noted that social connection during this period was often shaped by familiar places and repeated contact. One family member said that D still saw some of the residents who had moved because "they do a lot of things at the gym. And then of course there's Cosmo, too. She sees them at Cosmo all the time." However, a staff member observed that one of the residents still waiting, who had usually enjoyed coming down to the recreation and Community Inclusion Program staff to talk about work and recycling, was not doing that as much anymore. This suggests

that familiar social routines and everyday contact remained important but could become harder to maintain as the transition changed the overall environment at the Manor and was impacting residents' mood.

There was also some indication that limited time and support in the large congregate setting could affect how residents engaged in hobbies and leisure. One family member said that her sister still did some of her two favourite pastimes, but not in the same way as before, and wondered whether this reflected the lack of more individualized attention and negative impacts of a delayed, protracted transition process.

Choice, Autonomy, and Privacy

Choice, autonomy, and privacy were also identified as extremely important parts of QoL. Respondents suggested that these areas too were shaped by both the realities of congregate living and the disruptions of the current transition period. Again, family members and staff spoke about choice less in terms of major decisions and more in terms of little things in everyday life, like what residents could eat, when they could have something, how much privacy they had, and how much control they had over their own routines and space. In several interviews, these concerns were tied not only to life at the Manor in general, but also to the changes taking place in the transition. One family member described the issue of privacy:

A lot of times here, the doors are just left open in the bathroom, and she's in there and people are wandering by while she's doing her business.

This same respondent also spoke about repeated room moves during the transition and the loss of familiar things in the resident's space, making her room feel less personal, which made it harder for her to feel settled. Privacy and personal space were necessary and important parts of day-to-day QoL, especially for someone who depended heavily on routine and familiarity.

Choice was also discussed in relation to food and routine. One family member said food was "very important" to her relative and that she heard "a lot of complaints about it." She explained that some changes, such as a minced diet, had been imposed for safety reasons, but were still upsetting for the resident, who did not fully understand why that had happened. The same participant suggests that this issue was made harder by the fact that it came during a period when the resident was already dealing with many other changes.

One staff member similarly commented on aspects of food and choice in the congregate setting, saying that residents often had far less than "simple baby choices," giving the example that

if someone asked for a drink too often, the answer was often “no” because supper was at a set time. She added that food at the Manor was generally good, but that “supper is what it is,” and residents did not have much choice in comparison with what would be possible in the homes. These issues could become even more noticeable or worse, as room moves and other disruptions made it harder for some residents to feel settled, comfortable, and in control of their own daily life at the Manor.

Support, Health, and Safety

Most respondents described support, health, and safety as very important to residents’ QoL at the Manor. Family members especially valued familiar staff, consistent care, and access to nursing support. However, they also gave a mixed picture of how well these needs were being met during the transition. Some felt staff were doing their best in a difficult situation, but they also pointed to concerns about staffing, reduced consistency, and the challenge of supporting residents with high needs in a large and changing building. One family member described this:

There’s been a lot of staffing changes in this organization and that’s the one thing I have seen... I’ve watched some incidents where I’ve been very concerned about safety and for D, that’s a big concern because she really relies on these people.

For this family member, support was also about whether the right people were there, knew the resident well, and could understand what she needed. She explained that regular staff mattered because her family member relied on people who knew her history, knew how to read her, and knew what helped her feel safe. Without that consistency, both safety and QoL could suffer.

Families also raised concerns about medical support. One respondent said that, until recently, there had “always” been a nurse present at the Manor because many residents needed a lot of medical attention. Another described a situation in which a nurse was not there and a resident with high physical needs was left waiting in the bathroom. For these residents with complex needs, health and safety were ultimately essential to QoL.

However, one family member said staff were “doing the best they can” and were “definitely keeping us informed all the time with what’s going on.” Staff and stakeholders also suggested that the transition had made their work harder, as one participant said staff sometimes seemed unsure about what they could or should say to residents who were asking questions and looking for reassurance. Another noted that layoffs and reductions had added even more change. Overall, respondents valued the support that was there, but they also suggested that QoL had become more fragile during the transition, as staffing and the building itself changed.

We asked questions to understand how respondents thought community-based homes would affect residents' QoL, support, food, activities, medical care, and choice. Because the 5-point rating questions were not always asked or answered in the same way across the interviews, these findings are presented in the discussion rather than in bar charts. Participants generally expected a positive effect on residents' QoL: more choice, a more comfortable and home-like setting, and more individualized support, while cautioning about adjustment, staffing, and medical care. Figure 23 shows the most frequent words about activities and tasks in the new homes.



A common expectation among the three participants whose residents had not yet moved was that community-based homes would offer a more home-like and comfortable living environment, more personal, more private, and more like an ordinary family home than the institutional setting. One family member explained:

Being in a family home with four other residents... it's complete. It's just so much better. It's if you and I were to say, would you like to live in a building with 35 people where you have one main area? Or would you rather live in a home that's comfortable and gives you that sense of home?

It would give more choice and more opportunities to take part in everyday life, like getting out more and helping around the home. One family member said:

I hope that being in the environment that they're going to be in gives them some sense of

normalcy to day-to-day activities that they would never possibly do when they're here... I think it'll give them different opportunities for regular day-to-day life.

Another family member similarly felt that a smaller home would create more room for one-on-one support and, as a result, more opportunity for residents to decide what they want to do:

I think so. There will be more one-on-one hopefully. Like when there's four of them there and I would think that there's going to be at least two workers.

The same ideas appeared in the discussion of chores, hobbies, and daily participation. One respondent said that her family member might return to skills she had used before, such as folding, ironing, chopping, and helping around the house, if those activities were encouraged and supported by staff she liked. She also felt that more choice and opportunity would matter a great deal for her QoL. Another respondent said her family member could benefit from getting out more because, in the current setting, she sometimes "gets lost in the shuffle" and needs more individualized support to do the things she enjoys.

When asked to imagine how often residents would be able to choose their daily activities in community homes, one participant answered "almost always," adding that smaller settings would give more freedom to make choices and support greater independence and fuller participation in daily life. This was also tied to the physical layout of the homes, as one family member put it:

Well, I know that the physical part of the home is going to be very good. We have been to the new home so we know the convenience of the bathrooms and the size of the hallways and that kind of thing. So the comfort level is wonderful.

Privacy was another anticipated improvement. Although sharing bathrooms might take some adjustment, the smaller setting would still offer more dignity and privacy than the Manor:

I think it will be more private. In a home, you'll get to know who these people are, you'll get to know that you don't knock on the door while D's in there, for example.

Other stakeholders also described the smaller homes as feeling more like a family home environment unlike the Manor that felt "impersonal" and "not like a home." Another observed that family members were more comfortable visiting in the homes because the environment was quieter and less overwhelming.

Anticipated Improvements in Key Areas of QoL

Participants were also asked to rate several areas of QoL based on what they thought the move to community-based homes would be like: day-to-day support, food, recreational activities, medical

care, and overall QoL. Although these responses were based on expectations and not direct experience, the responses were generally positive. Most respondents expected that residents would receive better support, have better food choices, and experience an overall improvement in QoL after the move. One family member rated several areas positively and said:

I hope it's high quality... I definitely believe that will be high quality. There is no question on that. They are very good at managing diet and providing good food... Again, high quality for that too... Very good. I am beyond excited for them.

More specifically, this respondent rated support as high quality, food as high quality, recreational activities as high quality, medical care as good, and overall QoL as very good.

Another family member was somewhat more cautious but still expected positive changes in several areas. She thought the physical home itself would be “very good,” especially in terms of comfort, layout, and accessibility. She also felt that food in the homes would likely be fine and that residents would have more opportunities to help and be involved in household life. However, at the same time, she was less certain about recreational activities and felt that some things would depend on the staff and on how the home functioned day to day.

Another family member interviewed did not give the same kind of clear ratings but still suggested that the move could improve QoL, especially around food, choice, and more individualized support. She felt that a smaller setting might make it easier for staff to sit with her family member at meals, support preferred routines, and involve her in more everyday activities:

In a smaller setting where they're not looking out for 30 people, they might be able to say, okay I'll just sit with you while you eat actually.

Overall, respondents expected community-based homes to improve several key areas of QoL.

Fear of Losing Routine and Support

Although respondents were generally hopeful about the move, they also expressed concern that some residents might struggle with the loss of a familiar living space and consistent support. For residents who rely heavily on predictability, change might not always be positive at first, as one family member explained:

I know for my sister specifically, her concern will be adapting to a new place that she's not familiar with. That'll probably be a struggle for a lot of them. A lot of them like routine, especially my sister. So that will be a definite guaranteed struggle for her, is helping her to adapt to a place that she is probably afraid of.

Similarly, another respondent described routine as essential to her family member's QoL and worried that too many recent changes had already affected her well-being:

Whether it's staffing, or she's moved rooms a number of times, that messes with her.

Participants also worried that residents might lose important relationships and some support during the transition. In a smaller home, residents may benefit from more one-on-one attention, but this also depends on whether the right staff are in place and whether strong relationships can be built. One family member felt uncertain about this and said that the personal side of the support "will either be a love or a hate situation as far as personnel goes."

One respondent worried that without the same level of nursing presence as at the Manor, her family member's physical and medical needs might be harder to meet:

Primarily because there's not going to be a nurse on staff all the time... So I'm concerned about that. And if the right things are in place, then I think it might be okay. But she's got high medical needs. So I'm concerned about supports in place that will facilitate that.

While respondents often expected the move to improve residents' QoL in the long term, they also feared that the transition could negatively disrupt residents' routines and important supports, especially in the early stages of adjustment. These concerns were similar to those raised in Year One. However, overall, the three family members were generally hopeful that community-based homes would improve QoL, especially by offering more choice and privacy.

Residents in Kinsmen Manor: Resident Findings

This section focuses on seven residents who were interviewed while still living at Kinsmen Manor. At least one resident had been living there for over 50 years. The interviews were completed in person across the eight domains outlined in Table 2 with a focus on residents' current experiences at the Manor, their feelings about the upcoming move, and how the transition process appeared to affect their QoL. Three interviews were supported by family members, three by a support person from Inclusion Saskatchewan, and one person from CLASI or Community Living Association Saskatoon (Table 5).

Table 5. Number, Gender, and Relationship of Supporting Members

Relationship with Residents	Number of Respondents (7)
Siblings	3
Support person	4

Gender of the interviewed residents	
Male	2
Female	5

Again, resident interviews were coded thematically, identifying four main themes (and related subthemes): Resident Perceptions of QoL Indicators; Ongoing Challenges to QoL during the Transition Process; QoL at Kinsmen Manor while Awaiting Transition; and Anticipated Impact of a Community-Based Home on QoL.

Resident Perceptions of QoL Indicators

- Social Inclusion and Relationships
- Recreational Activities, Work, and Routine
- Choice, Autonomy, and Independence

Ongoing Challenges to QoL during the Transition Process

- Delay, Uncertainty, and Feeling Left Behind
- Difficulty Understanding and Adapting to Change

QoL at Kinsmen Manor while Awaiting Transition

- Social Inclusion and Relationships
- Choice and Autonomy
- Available Supports
- Home Environment, Privacy and Personal Space

Anticipated Impact of a Community-Based Home on QoL

- More Choice and Independence
- More Home-like and Comfortable Living Environment
- Fear of Losing Familiar Routines

Several residents identified missing those who had already moved as one of the clearest signs that these relationships mattered to their QoL. One resident said,

Yeah, I miss D at the group home. Yeah. I miss M. And S. in the group home.

Other residents also referred to particular friends, said that all their friends were special, or spoke positively about seeing people return to the Manor for activities and visits.

Recreational Activities, Work, and Routine

Residents and non-resident respondents both pointed to the importance of activities in daily life. In the resident interviews, this subtheme extended beyond recreation alone to work and routine. Many residents described structured, familiar activities as an important part of everyday life at the Manor. Work at Cosmo or in the day program continued to matter, and some spoke with pride about being good workers and liking to keep busy. One resident said:

You betcha. I always work hard.

Even among those who no longer went out to work, routine remained important, whether through ripping books at the Manor, doing math, writing, drawing, or watching favourite programs.

Residents also identified leisure activities that mattered: watching television, listening to music or the radio, colouring, making cards, playing cards, and going to dances or church events. Several residents also spoke about going to the mall, going for coffee or lunch, attending hockey games, concerts, camp, or community events. One resident shared:

I like to watch *Dirty Dancing*. And I like to watch *The Sound of Music*.

Choice, Autonomy, and Independence

Choice, autonomy, and independence also emerged as important indicators of resident QoL. Across the interviews, residents showed this through their preferences, the things they liked and did not like, and the ways they wanted to do things. Residents spoke about favourite foods and drinks, colours they liked, and tasks they preferred to do themselves. As noted in the previous subtheme, this also appeared in the pride some took in work and in helping with everyday tasks. One resident was very direct about independence:

No. I like to do things myself.

Another resident talked about helping:

I like sweeping M's floor. Clean her floor.

Supporting members also noted that residents had clear preferences of their own. As one supporting member explained:

She'll let you know if she doesn't like anything.

Ongoing Challenges to QoL while Waiting

Although many positive aspects of life at the Manor were described, some challenges related to remaining there while waiting for transition, the experience of being in-between.

Delay, Uncertainty, and Feeling Left Behind

Across the seven interviews, residents and supporting members described the long wait, uncertainty about when homes would be ready, missing friends who had already moved, and difficulty adjusting to the changes that had already taken place at the Manor. This theme was especially clear in the contrast between residents who wanted the move to happen sooner and those who preferred things to stay as they were. One resident said plainly that he wanted them to “move faster,” while another said, “I’d rather stay here.” Although not all residents described the wait in the same way, several interviews pointed to frustration with how long the process was taking, uncertainty about when or where they would move, and the feeling of remaining behind while others had already left. One resident articulated how uncertainty felt:

Don’t know if they’re going to have it. That’s the problem.

Residents also spoke about missing the people who had already moved, while supporting members described observing changes in mood and routine. One such family member said:

She enjoys having people around. She sits back in the corner and watches everybody else. And she’s kind of down when she can’t go to Cosmo, when she has to stay behind and everyone else is going.

There were signs that the Manor itself felt different as more people moved out. One family member noted that the day program room was “pretty quiet” now. Another resident said simply, “Gotta stay here,” when asked how it felt that others had moved while she remained.

Difficulty Understanding and Adapting to Change

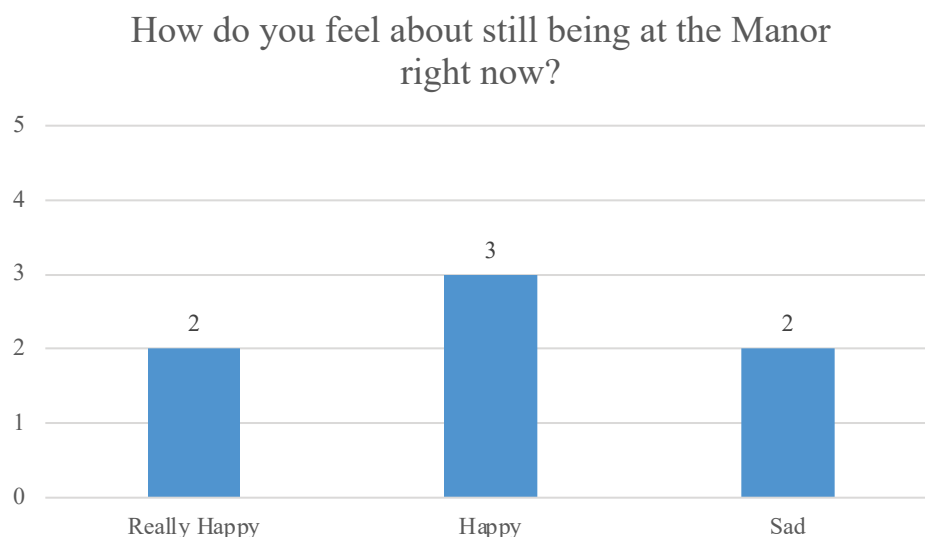
Another ongoing challenge involved difficulty understanding and adapting to change. While some residents remained excited about the move, others were less certain or clearly preferred the familiarity of the Manor. In these interviews, resistance to change was often tied to comfort, routine, and attachment to familiar spaces rather than to one single concern. Some residents did not see the move as something better, while others had difficulty picturing what life in a new home would be like. In another interview, a supporting member put the difficulty well:

Change is very hard. Even thinking about change is hard.

QoL at Kinsmen Manor during the Transition Process

To understand resident QoL while the transition remained unfinished, we asked residents about life at the Manor. As in year one, the responses linked resident QoL to relationships, activities and routines, and comfort and support. Also, because resident provided direct detail about life at the Manor, the QoL themes could be more clearly articulated. See Figure 25.

Figure 25. Residents' Feelings about Still Living at Kinsmen Manor



Most residents said they felt happy or really happy still being at the Manor ($n=5$), which may reflect the familiarity and sense of safety it still offered. In contrast, the sad responses ($n=2$) appeared to be tied more to the strain of waiting, seeing others leave first, and coping with the change and confusion around them.

Social Inclusion and Relationships at the Manor

This subtheme focuses on residents' current social lives at the Manor while they continued to wait for transition. Overall, many residents still experienced positive social relationships at the Manor, even though some also missed people who had already moved. Residents spoke about still having friends around, liking staff, and continuing to see familiar people through visits, activities, and special occasions. In this way, social inclusion at the Manor remained an important part of current QoL during the transition period.

For some residents, visits were part of what helped maintain those relationships. One resident indicated that things at the Manor were fine so long as she could still see people "when they come for programs and for visits." In another interview, a support person explained that old friends still

returned for activities and added: “They still have this as a base.” Family and friends coming to visit at the Manor, including during Christmas and other special occasions, remained important and one resident said she still had “lots of good friends here.”

Activities, work, and routine shaped residents’ current QoL at the Manor, many still able to take part in familiar routines and activities. One resident, for example, liked to go to the workshop. For others, it included quieter routines such as listening to music, watching television, doing math, colouring, making cards, or taking part in outings, camp, hockey games, church events, and special events. Residents often described continuity in this area. One resident reported:

“Same things.”

“I’m always happy.”

Another resident, who did not want to move, linked part of that reluctance to a familiar activity at the Manor:

I like the Phoenix dance to be in the gym.

Choice and Autonomy

Although they appeared in a more limited way in the interviews, choice and autonomy still influence resident QoL. In contrast to the indicators theme, where residents identified choice as something that mattered to their QoL, this subtheme focuses on what choice looked like in everyday life at the Manor. Residents were able to express some preferences and make some choices about their day-to-day lives, but that these choices were often shaped by the routines of congregate living, especially in relation to activities and meals.

One resident explained that staff did listen to her and let her choose some things, but that she still wanted more opportunities:

Resident: Yes.

Researcher: Can you tell me about the things that you’d like to do more?

Resident: Anything.

Another resident reported being able to choose activities, but another showed that choice could be limited:

Researcher: Do you get to pick what you eat here?

Resident: No. Not really. They cook for us.

Resident QoL, that is, was supported by resident choice that was not always or equally available.

Available Supports

Available supports remained an important part of resident QoL during the transition process.

Residents generally spoke positively about the staff and the care they received. They described staff as good to them, said they were well looked after, and indicated that help was available when they needed it: in personal care, meals, daily routines, and nursing care where help came quickly if they were sick or uncomfortable. One resident spoke about the support she received:

They help me out with my diaper and stuff. I love that.

In another interview, a resident responded just as clearly when asked about staff support and if they take good care of her:

Researcher: Who do you like the best at the Manor?

Resident: Oh, I like the staff.

In terms of nursing care and attention when they were not feeling well, one resident said the nurse still came to the Manor, that she had been well looked after when she had been sick, and that it “didn’t go on too long.” Another resident confirmed that if he needed help or was uncomfortable, staff and the nurse responded quickly. Overall, the interviews suggest that current QoL at the Manor was supported by the availability of familiar staff, feeling cared for, and ongoing care.

Home Environment, Personal Space, and Privacy

Home environment, personal space, and privacy also shaped resident QoL. In these interviews, residents spoke about their room, their bed, their bathroom, and the Manor itself. For most residents, the Manor was still home. It was the place where things felt familiar and comfortable, their current QoL tied to the physical environment of everyday living. One resident said:

I’m happy in my room. And my bed.

Another resident said, “I love it here,” and “my favourite place” and agreed that the Manor was home. In another interview, a supporting member explained that a resident missed her old room because of its familiarity and also referred to the electric fireplace she liked to sit in front of.

Privacy was also important. One resident indicated that people at the Manor still respected her privacy when she wanted to go to her room and be quiet. Another support person explained that a resident had had her own bathroom for about ten years and had appreciated that arrangement.

Anticipated Impact of Community Homes on QoL

The final theme looks ahead to the changes residents expected community homes to bring to their QoL in comparison with life at the Manor. Residents most often anticipated more choice and independence in everyday life, a more comfortable environment with more privacy, and, for some, the possibility of losing familiar routines. The most frequent words used when talking about the new homes are shown in the word cloud below (Figure 26).

Figure 26. Anticipated Activities and Tasks in the New Homes



More Choice and Independence in Everyday Life

Residents and support persons suggested that the new homes may give residents more opportunities to make choices and take part in ordinary daily activities. Residents tended to respond favourably to the idea of having more say in what they do, being able to get a snack when they want, helping in the kitchen, and taking part in simple household tasks such as setting the table, putting dishes away, or keeping their space tidy. One resident spoke directly about wanting more choice in her new home and, when asked what she would like to do more of, simply answered “Anything .”

This theme also came through in the way support persons described residents’ interests and abilities. In one interview, a support person explained that the resident had always liked keeping busy and helping with practical tasks, describing her as “a great laundry person” who “loves to fold clothes.” The same support person also described how she liked flowers and yard work, saying that “you wouldn’t let the dandelions grow” and recalling how she had nearly picked a whole patch of marigolds, while also noting that she liked being outside.

More Personal and Home-Like Living Spaces

Another anticipated impact was that the new homes may offer a more personal and home-like living environment than the Manor. Several residents spoke about their rooms in relation to colours, belongings, and what they would want to bring with them. Some residents already knew exactly what colour they wanted their room to be and showed excitement:

Green, green, green!

Another explained that she would bring her TV, pictures, and “I may take everything with me.” A third said that when the time came, she “could buy some more beads and colouring books” for her room. These comments suggest that, for some residents, the move was linked with having a space that felt more their own and could reflect their own tastes, interests, and belongings.

This idea also appeared in the way support persons talked about the homes. One support person described how room choices mattered to the resident, saying they might want matching curtains and bedspread, a new dresser, or even a new bedroom suite. In the same interview, the support person described the resident’s current room as already feeling special and personal.

Not every resident, however, expected the new home to feel more comfortable than the Manor. Some were strongly attached to the privacy and familiarity they already had. One resident said plainly that she already got a lot of privacy and liked that.

Fear of Losing Familiar Routines

While some residents looked forward to the new homes, others seemed more focused on what they already had and did not want to lose. This included familiar rooms, beds, staff, daily routines, group life, and the people they saw regularly. One resident was clear about her wishes:

I’d rather stay here.

Another lamented the changes:

Everybody’s changed since I’ve seen them. I don’t like it very much.

This was also clear in one interview where the resident was very attached to her old room and the support person explained that change was hard for her. One support person said the resident liked the groups at the Manor and did not think the new home would necessarily be better.

CONCLUSION

Phase Two of the Manor Transition Initiative builds on the baseline findings from Year One and continues to follow Elmwood Residences' move from congregate living at Kinsmen Manor to smaller community-based homes. This change reflects broader changes in disability services toward more individualized and community-based support, while responding to the reality that Kinsmen Manor no longer meets all residents' needs as well as it once did.

As part of this longitudinal study, Phase Two offers a chance to look at how residents' QoL may be changing during the transition as well as what seems to support or complicate that change. This phase of the study was especially important because it included both the early experiences of residents who had already moved and the perspectives of those who were still at the Manor waiting for their transition. The interviews with residents and non-residents made it possible to capture early changes as well as the uncertainty and challenges that can come with waiting.

The Phase Two findings have several encouraging early outcomes for residents who had already moved. In both resident and non-resident interviews, the new homes were often described as offering more privacy, more choice in daily life, greater comfort, and a more personal and home-like environment. Relationships, routine, meaningful activities, and access to support remained important to QoL, just as they were in Year One, but many respondents suggested that these could now be supported in more individualized ways. Residents were also often described as having more say in daily routines, meals, activities, and household tasks like grocery shopping and baking, which appeared to support their autonomy and well-being.

The findings also show that the transition has not been easy for everyone. Some residents experienced anxiety and uncertainty before the move and during the early adjustment period, while some non-resident respondents also identified areas that still needed attention, such as transportation and scheduling, and in some cases the fit of equipment in the homes. A few participants also said that residents missed familiar staff and friends from the Manor. Therefore, these findings suggest that community-based homes can improve important parts of QoL, but the benefits still depend on having strong planning, flexibility, and ongoing support.

The experiences of residents who had not yet moved are also an important part of the Phase Two findings. Many continued to speak positively about life at Kinsmen Manor, especially when it came to staff, routines, and the comfort of a known environment. Some residents still felt very happy and comfortable where they were. However, some also expressed mixed feelings about the upcoming move, including both excitement and worry. The waiting period itself and delays brought their own difficulties and appeared to have a negative impact on some residents, who sometimes struggled with routines changing and with understanding why they were still waiting.

Another important finding is that Elmwood was widely praised for the way the transition had been handled. Respondents described communication, reassurance, person-centred preparation, and family involvement as important strengths. Several spoke positively about efforts to explain the move in ways residents could understand, to maintain familiar routines, and also to provide support during the early adjustment period. A few still pointed to areas where communication needed to be repeated or more tailored, but in general, findings suggest that thoughtful planning and individualized support helped ease what could have been a much more difficult transition.

The Phase Two findings suggest that the move to community-based homes is already linked to positive changes in several areas of QoL, such as privacy, closer relationships with those around them, increased participation in activities and outings, individualized support, and overall greater choice in everyday living. They also show that positive outcomes cannot be assumed just because a move has happened. It is important to continue addressing communication, accessibility and transportation, staffing and the preservation of routines and relationships. Additionally, some non-resident respondents felt that these early findings should still be viewed with some caution, as the positive feedback may partly reflect the early stage of the move, when everything is still new, or in a “honeymoon phase.” This is one reason that it is so important to continue the study over time. Following residents across later stages of the transition will help show whether these early benefits continue, what new challenges may come up, and how QoL changes as the move settles over time.

That said, this study offers encouraging evidence and useful insight for Elmwood Residences, families, staff, policymakers, and others involved in disability services. It reinforces the importance of a rights-based and resident-centred approach in which QoL is understood broadly, including not only health and safety, but also dignity, belonging, autonomy, comfort, and involvement in daily life. Phase Two also adds to the limited Canadian research on deinstitutionalization and community living by documenting both early benefits and ongoing challenges. Most importantly, the findings continue to show that the voices, preferences, and experiences of residents themselves must continue to be at the centre of this work.

REFERENCES

- Alatawi, M. (2024). Challenges of providing transitional care and empowerment for individuals with intellectual disabilities (ID): A qualitative study of families' experiences through guardian interviews. *Journal of Ecohumanism*, 3(8), 2927–2942. <https://doi.org/10.62754/joe.v3i8.4944>
- The Americans with Disabilities Act of 1990 - ADA*. https://www.olmsteadrights.org/about-olmstead/item.6460-The_Americans_with_Disabilities_Act_of_1990_ADA
- Baranowski, M., Cameranesi, M., Mignone, J., McCombe, L., Kostal, K., Heschuk, J., & Shooshtari, S. (2024). Families' perspectives on the process of community transitions of individuals with severe intellectual and developmental disabilities. *Journal of Intellectual & Developmental Disability*, 49(1), 57–66. <https://doi.org/10.3109/13668250.2023.2193135>
- Baumann, B. (2020). *Collaborative policy construction and de-institutionalisation: The case of the Valley View Centre* (Doctoral dissertation). University of Saskatchewan. <https://harvest.usask.ca/items/c08ad87a-ca30-4464-9519-5ec8fbc81c20>
- Beadle-Brown, J., Mansell, J., & Kozma, A. (2007). Deinstitutionalization in intellectual disabilities. *In Current Opinion in Psychiatry* (Vol. 20, Issue 5, pp. 437–442). Curr Opin Psychiatry. <https://doi.org/10.1097/YCO.0b013e32827b14ab>
- Beadle Brown, J., Šiška, J., & Káňová, Š. (2023). Mapping frameworks and approaches to measuring the quality of transition support services for young people with intellectual and developmental disabilities. *Frontiers in Rehabilitation Sciences*, 4. <https://doi.org/10.3389/fresc.2023.1043564>
- Benfer, E. A., Vlahov, D., Long, M. Y., Walker-Wells, E., Pottenger, J. J. L., Gonsalves, G., & Keene, D. E. (2021). Eviction, health inequity, and the spread of COVID-19: Housing policy as a primary pandemic mitigation strategy. *Journal of Urban Health*, 98(1), 1-12. doi:10.1007/s11524-020-00502-1

- Bickenbach, J. E. (2011). Monitoring the United Nation's Convention on the Rights of Persons with Disabilities: data and the International Classification of Functioning, Disability and Health. *BMC Public Health*, 11(Suppl 4), S8. <https://doi.org/10.1186/1471-2458-11-s4-s8>
- Bintay Kader, S., Cook, A., Findlay, I. M., & Community-University Institute for Social Research. (2025). *Manor Transition Initiative: Outcomes and evaluation year one*. Community-University Institute for Social Research. <https://cuisr.usask.ca/documents/manor-transition-initiative-report-2025.pdf>
- Braubach, M., Jacobs, D., & Ormandy, D. (2011). *Environmental burden of disease associated with inadequate housing: a method guide to the quantification of health effects of selected housing risks in the WHO European region*.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brown, I., & Radford, J. P. J. P. (2015). The growth and decline of institutions for people with developmental disabilities in Ontario: 1876-2009. *Journal on Developmental Disabilities*, 21(2), 7–27. <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=112038238&site=ehost-live&scope=site>
- Brown, R. I., Schalock, R. L., & Brown, I. (2009). Quality of life: Its application to persons with intellectual disabilities and their families: Introduction and overview. *Journal of Policy and Practice in Intellectual Disabilities*, 6(1), 2–6. <https://doi.org/10.1111/j.1741-1130.2008.00202.x>
- Cameranesi, M., Chimney, K., & Shooshtari, S. (2022). Changes in the quality of life of persons with profound intellectual and multiple disabilities following community transition: A Canadian study. *Research in Developmental Disabilities*, 131, <https://doi.org/10.1016/j.ridd.2022.104360>
- Cameraesi, M., Baranowski, M., McCombe, L., Kostal, K., Mignone, J., & Shooshtari, S. (2025a). “If I died tomorrow, I’d die knowing that my son is safe, loved by the people in here, well cared for, and happy”: Exploring maternal perspectives on community living for their adult children with intellectual and developmental disabilities. *Disabilities*, 5(2), 39. <https://doi.org/10.3390/disabilities5020039>

- Cameranesi, M., Kostal, K., Dufault, B., Matlabi, M., Baranowski, M., McCombe, L., Jiang, D., & Shooshtari, S. (2025b). Quality of life trajectories in persons with intellectual and developmental disabilities undergoing community transition in Central Canada: A longitudinal repeated measures study. *Research in developmental disabilities*, 164, 105060. <https://doi.org/10.1016/j.ridd.2025.105060>
- Campo, S. F., Sharpton, W. R., Thompson, B., & Sexton, D. (1997). Correlates of the quality of Life of adults with severe or profound mental retardation. *Mental Retardation*, 35(5), 329–337. [https://doi.org/10.1352/0047-6765\(1997\)035<0329:COTQOL>2.0.CO](https://doi.org/10.1352/0047-6765(1997)035<0329:COTQOL>2.0.CO)
- Canadian Human Rights Commission. (2024). *What we learned: Housing for people with disabilities*. https://www.chrc-ccdp.gc.ca/sites/default/files/documents/what-we-learned-about-housing-for-people-with-disabilities_0.p
- Canadian Human Rights Commission & Office of the Federal Housing Advocate. (2024). The right to housing for people with disabilities: *Monitoring framework*. <https://www.chrc-ccdp.gc.ca/sites/default/files/documents/the-right-to-housing-for-people-with-disabilities-monitoring-framework.pdf>
- Carey, F., Minter, E. R., D’Cruz, K., Douglas, J., Winkler, D., & Mulherin, P. (2025). “It’s going to be huge”: family member experiences of the transition into individualised housing for people with disability. *Disability and Rehabilitation*, 1–10. <https://doi.org/10.1080/09638288.2025.2469767>
- Chenier, N.M. (1999). Health and homelessness. Parliamentary Research Branch. <https://homelesshub.ca/resource/health-and-homelessness>
- Claes, C., Van Hove, G., Vandeveld, S., van Loon, J., & Schalock, R. (2012). The influence of supports strategies, environmental factors, and client characteristics on quality of life-related personal outcomes. *Research in Developmental Disabilities*, 33(1), 96–103. <https://doi.org/10.1016/j.ridd.2011.08.024>
- Committee on the Rights of Persons with Disabilities. (2025). *Concluding observations on the combined second and third periodic reports of Canada* (CRPD/C/CAN/CO/2 3). United Nations. <https://digitallibrary.un.org/record/4080760?ln=en&v=pdf>
- Coppus, A., & van Berkel, J. (2024). Limits on quality of life: Who has the answer? *Journal of Policy and Practice in Intellectual Disabilities*, 21(2), Article e12506. <https://doi.org/10.1111/jppi.12506>

- Dickson, D. (2022). Multilevel governance and the implementation of inclusion policy for older adults with intellectual and developmental disabilities in Canada. *Journal of Policy and Practice in Intellectual Disabilities*, 19(2), 183–192. <https://doi.org/10.1111/jppi.12397>
- Dickson, D., & Linton, M. (2025). A haunting legacy: Systemic ableism in Canadian housing policy for people labelled with intellectual and developmental disabilities. *Canadian Journal of Political Science*, 1–26. <https://doi.org/10.1017/S0008423925000253>
- Doll, K., Karabanow, J., Hughes, J., Leviten-Reid, C., & Wu, H. (2022). Homelessness within the COVID-19 pandemic in Two Nova Scotia communities. *International Journal of Homelessness*, 2(1), 6-22.
- Doody, O. (2012). Families' views on their relatives with intellectual disability moving from a long-stay psychiatric institution to a community-based intellectual disability service: An Irish context. *British Journal of Learning Disabilities*, 40(1), 46–54. <https://doi.org/10.1111/j.1468-3156.2011.00682.x>
- Douglas, J., Winkler, D., Oliver, S., Liddicoat, S., & D'Cruz, K. (2023). Moving into new housing designed for people with disability: preliminary evaluation of outcomes. *Disability and Rehabilitation*, 45(8), 1370–1378. <https://doi.org/10.1080/09638288.2022.2060343>
- Edwards, M., & Schippers, A. P. (2024). Expanding the quality of life paradigm: Contributions from the field of disability studies. *Journal of Policy and Practice in Intellectual Disabilities*, 21(1). <https://doi.org/10.1111/jppi.12483>
- Elmwood Residences Inc. (2022). *Annual report 2021–2022*. https://www.elmwoodyxe.ca/wp-content/uploads/2022/06/22ELM001_Annual-Report_rev.pdf
- Elmwood Residences Inc. (2023). *Strategic plan 2025 and beyond*. https://www.elmwoodyxe.ca/wp-content/uploads/2023/08/STRATEGIC-PLAN_2025.pdf
- Elmwood Residences Inc. (2024a). *2023–2024 annual report*. https://www.elmwoodyxe.ca/wp-content/uploads/2024/06/24ELM002_Annual-Report-1.pdf
- Elmwood Residences Inc. (2024b). *Family engagement roundtable notes*. <https://www.elmwoodyxe.ca/wp-content/uploads/2024/05/Family-Engagement-Roundtable-Notes-April-24-2024.pdf>
- Elmwood Residences Inc. (2024c). *2023–2024 annual report*. https://www.elmwoodyxe.ca/wp-content/uploads/2024/06/24ELM002_Annual-Report-1.pdf

- Elmwood Residences Inc. (2024d). *Future Focus: Issue 12*. <https://www.elmwoodyxe.ca/wp-content/uploads/2024/10/Issue-12-October-2024.pdf>
- Elmwood Residences Inc. (2025a). *Future Focus: Issue 13*. <https://www.elmwoodyxe.ca/wp-content/uploads/2025/02/Issue-13-Future-Focus-February-2025.pdf>
- Elmwood Residences Inc. (2025b). *Family engagement roundtable minutes*. <https://www.elmwoodyxe.ca/wp-content/uploads/2025/06/April-30-2025-Family-Roundtable-Minutes.pdf>
- Elmwood Residences Inc. (2025c). *Future Focus: Issue 14*. <https://www.elmwoodyxe.ca/wp-content/uploads/2025/06/Issue-14-May-2025.pdf>
- Elmwood Residences Inc. (2025d). *2024–2025 annual report*. <https://www.elmwoodyxe.ca/wp-content/uploads/2025/06/AR-2025-Page-Style.pdf>
- Emerson, E., & Hatton, C. (1996). Deinstitutionalization in the UK and Ireland: Outcomes for service users. *Journal of Intellectual and Developmental Disability*, 21(1), 17–37. <https://doi.org/10.1080/13668259600033021>
- Esteban, L., Navas, P., Verdugo, M. Á., García Iriarte, E., & Arias, V. B. (2023). A community living experience: Views of people with intellectual disability with extensive support needs, families, and professionals. *Research in Developmental Disabilities*, 137, 104503. <https://doi.org/10.1016/j.ridd.2023.104503>
- Esteban, L., Arias, V. B., Navas, P., & Verdugo, M. Á. (2025). Decision-making opportunities: A key aspect in processes aimed at fostering independent living. *Intellectual and Developmental Disabilities*, 63(3), 230–243. <https://doi.org/10.1352/1934-9556-63.3.230>
- Findlay, I. M., & Damji, A. (2013). *Self-directed funding: An evaluation of self-managed contracts in Saskatchewan*. Community-University Institute for Social Research and Centre for the Study of Co-operatives.
- Fitzgibbon, G. (2025). *2025 statement on deinstitutionalization and the right to live in the community: Conference of States Parties to the Convention on the Rights of Persons with Disabilities*. Keystone Human Services. <https://www.khs.org/2025-statement-on-deinstitutionalization-and-the-right-to-live-in-the-community-conference-of-states-parties-to-the-convention-on-the-rights-of-persons-with-disabilities/>
- Galer, D. (2015). Disability rights movement in Canada | *The Canadian Encyclopedia*. <https://www.thecanadianencyclopedia.ca/en/article/disability-rights-movement>

- Gamey, J., & Terashima, M. (2023). Accessible Housing in Canada: An overview of policy initiatives and the need for renewed action: Un aperçu des initiatives politiques et la nécessité d'une action renouvelée. *Canadian Planning and Policy Aménagement Et Politique Au Canada*, 2023(1), 160–186. <https://doi.org/10.24908/cpp-apc.v2023i1.16687>
- Glasby, J., Waring, J., Miller, R., Glasby, A. M., & Ince, R. (2025). Out of sight, out of mind—Explaining and challenging the re institutionalisation of people with learning disabilities and/or autistic people. *Sociology of Health & Illness*, 47, e70009. <https://doi.org/10.1111/1467-9566.70009>
- Government of Saskatchewan, Ministry of Social Services. (2013). *Valley View Centre transition planning recommendations to the Minister of Social Services: Recommendations summary*.
- Government of Saskatchewan. (2019). *Last resident leaves Valley View Centre* [News release]. <https://www.saskatchewan.ca/government/news-and-media/2019/september/24/last-vv-resident-moves>
- Government of Saskatchewan, Ministry of Social Services. (2020). *2019–20 annual report* (pp. 16, 26). <https://publications.saskatchewan.ca/#/products/106879>
- Grigaitė, U., Levickaitė, K., Juodkaitė, D., & Goštautaitė Midttun, N. (2025). Promoting human rights based deinstitutionalization in Lithuania by applying the World Health Organization's Quality Rights Assessments. *International Journal for Quality in Health Care*, 37(1). <https://doi.org/10.1093/intqhc/mzae118>
- Higgins, S. (2004). Quality of life and disability: an approach for community practitioners Ivan Brown Quality of life and disability: an approach for community practitioners. *Learning Disability Practice*, 7(3), 24–25. <https://doi.org/10.7748/ldp.7.3.24.s20>
- House of Commons Special Committee on the Disabled and the Handicapped. (1982). *Obstacles: Progress report*. <https://archive.org/details/obstaclesprogres0000cana>
- Howard, A., Johnston, L., Tseris, E., & Joseph, P. (2024). “Not just a new house”: The complexities of undoing institutional practices and identities in transitions to community living. *Australian Journal of Social Issues*, 59, 922–939. <https://doi.org/10.1002/ajs4.315>
- Hwang, S. W. (2001). Homelessness and health. *CMAJ*, 164(2), 229–233.
- Inclusion Canada. (2024). *Impact report 2023–2024*. <https://inclusioncanada.ca/wp-content/uploads/2024/11/InclusionCanada-ImpactReport2023-2024-EN-WEB.pdf>

- Jacinto, M., Rodrigues, F., Monteiro, D., Antunes, R., Ferreira, J. P., Matos, R., & Campos, M. J. (2023). Quality of Life in Individuals with Intellectual and Developmental Disabilities: The Congruency Effect between Reports. *Healthcare, 11*(12), 1748. <https://doi.org/10.3390/healthcare11121748>
- Jenaro, C., Verdugo, M. A., Caballo, C., Balboni, G., Lachapelle, Y., Otrebski, W., & Schalock, R. L. (2005). Cross-cultural study of person-centred quality of life domains and indicators: A replication. *Journal of Intellectual Disability Research, 49*(10), 734–739. <https://doi.org/10.1111/j.1365-2788.2005.00742.x>
- Jones, C. T. (2017). Writing institutionalization and disability in the Canadian culture industry: (Re) producing (absent) story. *Canadian Journal of Disability Studies, 6*(3), 150–159. <https://doi.org/10.15353/cjds.v6i3.369>
- Kearney, J. R. (2006). Social security and the “D” in OASDI: The history of a federal program insuring earners against disability. *Social Security Bulletin, 66*(3), 1–25. <https://www.ssa.gov/policy/docs/ssb/v66n3/v66n3p1.html>
- Kilroy, S., Egan, J., Walsh, M., McManus, S., & Sarma, K. M. (2015). Staff perceptions of the quality of life of individuals with an intellectual disability who transition from a residential campus to community living in Ireland: An exploratory study. *Journal of Intellectual and Developmental Disability, 40*(1), 68–77. <https://doi.org/10.3109/13668250.2014.984666>
- Kim, S., Larson, S. A., & Lakin, K. C. (2001). Behavioural outcomes of deinstitutionalisation for people with intellectual disability: A review of US studies conducted between 1980 and 1999. *Journal of Intellectual and Developmental Disability, 26*(1), 35–50. <https://doi.org/10.1080/13668250020032750>
- Kostal, K., Baranowski, M., Casiano, H., Cameranesi, M., McCombe, L., & Shooshtari, S. (2024). Examining the changes in problem behaviours and communication of persons with intellectual and developmental disabilities after transitioning from an institutional setting to the community. *Disabilities, 4*(2), 290–302. <https://doi.org/10.3390/disabilities4020019>
- Kunzekweguta, M., Findlay, I.M., Kowalchuk, M., & Pham, A. (2022). *2022 Saskatoon point-in-time homelessness count*. Community-University Institute for Social Research, University of Saskatchewan.
- Kyle, T., & Dunn, J. R. (2008). Effects of housing circumstances on health, quality of life and healthcare use for people with severe mental illness: A review. *Health and Social Care in the Community, 16*(1), 1–15. <https://doi.org/10.1111/j.1365-2524.2007.00723.x>

- Lakin, K. C., Anderson, L., & Prouty, R. (1998). Children and youth receiving residential services for persons with developmental disabilities outside their family home: Trends from 1977 to 1997. In *Minnesota Univ., Minneapolis. Inst. on Community Integration. National Inst. on Disability and Rehabilitation Research* (Vol. 9, Issue 1, pp. 1–8). <http://www.ici.coled.umn.edu/ici/>
- Lakin, K. C., Hill, B. K., & Anderson, D. J. (1991). *Persons with mental retardation in nursing homes in 1977 and 1985 - PubMed*. <https://pubmed.ncbi.nlm.nih.gov/2017048/>
- L'Arche Canada. (2024). *At home in a neighbourhood where I belong: Inclusive Housing Solutions Lab Phases 1 3 report*. L'Arche Canada. <https://larche.ca/wp-content/uploads/2024/02/F1-L-Arche-CMHC-Report-Phases-1-3.pdf>
- Lemay, R. (2009). Deinstitutionalization of people with developmental disabilities: A review of the literature. *Canadian Journal of Community Mental Health*, 28(1), 181–194. <https://doi.org/10.7870/cjcmh-2009-0014>
- Leonardi, M., Lee, H., Kostanjsek, N., Fornari, A., Raggi, A., Martinuzzi, A., Yáñez, M., Almborg, A., Fresk, M., Besstrashnova, Y., Shoshmin, A., Castro, S. S., Cordeiro, E. S., Cuenot, M., Haas, C., Maart, S., Maribo, T., Miller, J., Mukaino, M., . . . De Camargo, O. K. (2022). 20 Years of ICF—International Classification of Functioning, Disability and Health: Uses and Applications around the World. *International Journal of Environmental Research and Public Health*, 19(18), 11321. <https://doi.org/10.3390/ijerph191811321>
- Lynch, K., & Findlay, I.M. (2007). *A new vision for Saskatchewan: Changing lives and systems through individualized funding for people with intellectual disabilities – A Research Report*. Centre for the Study of Co-operatives and Community-University Institute for Social Research.
- Martin, L., & Ashworth, M. (2010). Deinstitutionalization in Ontario, Canada: Understanding who moved when. *Journal of Policy and Practice in Intellectual Disabilities*, 7(3), 167–176. <https://doi.org/10.1111/j.1741-1130.2010.00261.x>
- McCarron, M., Lombard-Vance, R., Murphy, E., May, P., Webb, N., Sheaf, G., McCallion, P., Stancliffe, R., Normand, C., Smith, V., & O'Donovan, M. A. (2019). Effect of deinstitutionalisation on quality of life for adults with intellectual disabilities: A systematic review. *BMJ Open*, 9(4), e025735. <https://doi.org/10.1136/bmjopen-2018-025735>

- McColl, M. A., Jaiswal, A., Jones, S., Roberts, L., & Murphy, C. (2017). *A Review of Disability Policy in Canada*. 2nd edition. Canadian Disability Policy Alliance. Queen's University Centre for Health Services and Policy Research. <https://www.disabilitypolicyalliance.ca/wp-content/uploads/2018/01/A-Review-of-Disability-Policy-in-Canada-3rd-edition-Final-1-1.pdf>
- McCombe, L., Cameranesi, M., Baranowski, M., Kostal, K., Heschuk, J., & Shooshtari, S. (2023). The process of transitioning adults with intellectual and developmental disabilities to community living in Manitoba: What can we learn from community agencies? *Journal on Developmental Disabilities*, 28(3). <https://oadd.org/wp-content/uploads/2023/11/V28-N3-JoDD-22-383-McCombe-et-al-v2.pdf>
- Mumbardo Adam, C., Vicente, E., & Balboni, G. (2024). Self determination and quality of life of people with intellectual and developmental disabilities: Past, present, and future of close research paths. *Journal of Policy and Practice in Intellectual Disabilities*, 21, e12460. <https://doi.org/10.1111/jppi.12460>
- Nakken, H., & Vlaskamp, C. (2007). A need for a taxonomy for profound intellectual and multiple disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 4(2), 83–87. <https://doi.org/10.1111/j.1741-1130.2007.00104.x>
- National Affordable Housing Corporation. (2021). *Real life rentals: Empowering inclusion in affordable housing*. https://cdn.prod.website-files.com/60f03e68fe77a7b590fb49da/619440b4a51628b22935ca4c_2021.11.08%20FINAL%20RLR%20Empowering%20Inclusion%20In%20Affordable%20Housing-compressed.pdf
- National Health Care for the Homeless Council. (2019). *Homelessness & health : What is the Connection ? February, 2*. <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>
- Navas, P., Esteban, L., Arias, V. B., & Verdugo, M. Á. (2024). Improving quality of life and reducing behavioural problems of people with intellectual and developmental disabilities through deinstitutionalization. *Psicothema*, 36(2), 113–122. <https://doi.org/10.7334/psicothema2023.303>
- Navas, P., Arias, V. B., Vicente, E., Esteban, L., Guillén, V. M., Alvarado, N., Heras, I., Rumoroso, P., García-Domínguez, L., & Verdugo, M. Á. (2025). Empowering lives: How deinstitutionalization and community living improve the quality of life of individuals with intellectual and developmental disabilities. *Research in developmental disabilities*, 157, 104909. <https://doi.org/10.1016/j.ridd.2024.104909>

- Nieuwenhuijse, A. M., Willems, D. L., & Kruithof, K. (2024). Understanding quality of life of persons with profound intellectual and multiple disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 21, e12473. <https://doi.org/10.1111/jppi.12473>
- O'Donovan, M. A., & Whittle, E. L. (2024). Housing, homelessness and disability: The commodification of a core human right and breach of this right for people with disability. *Advances in Neurodevelopmental Disorders*, 8, 141–150. <https://doi.org/10.1007/s41252-023-00385-8>
- Office of the Federal Housing Advocate. (2025). *Informing meaningful action – The Federal Housing Advocate's 2024–2025 annual report to the Minister*. Canadian Human Rights Commission. <https://www.chrc-ccdp.gc.ca>
- Olauson, C., Nyamekye, R., Findlay, I. M., Muhajarine, N., Buhler, S., Holden, B., Christopherson-Cote, C., & Usiskin, L. (2022). *A review of affordable housing programs for those in greatest need in Saskatoon, Saskatchewan*. Community-University Institute for Social Research. <https://cuivr.usask.ca/documents/publications/2020-2024/affordable-housing-review-academic.pdf>
- Oliver, S., Gosden-Kaye, E. Z., Winkler, D., & Douglas, J. M. (2020). The outcomes of individualized housing for people with disability and complex needs: a scoping review. In *Disability and Rehabilitation* (Vol. 44, Issue 7, pp. 1–15). Taylor & Francis. <https://doi.org/10.1080/09638288.2020.1785023>
- People First of Canada. (2020). *Institution Watch Newsletter March 2020*. <https://www.peoplefirstofcanada.ca/wp-content/uploads/2020/03/Institution-Watch-Newsletter-March-2020.pdf>
- Perez, G. A. (2025). The Administration for Community Living: More than a decade of policies promoting the health of older adults, people living with disabilities, and their families and caregivers. *Journal of Gerontological Nursing*, 51(5), 7–11. <https://doi.org/10.3928/00989134-20250414-02>
- Perrin, B., & Nirje, B. (1985). Setting the record straight: A critique of some frequent misconceptions of the normalization principle. *Australia and New Zealand Journal of Developmental Disabilities*, 11(2), 69–74. <https://doi.org/10.3109/13668258509008748>
- Rand, S., & Malley, J. (2017). The factors associated with care-related quality of life of adults with intellectual disabilities in England: Implications for policy and practice. *Health and Social Care in the Community*, 25(5), 1607–1619. <https://doi.org/10.1111/hsc.12354>

- Ribenfors, F., Blood, L., Hatton, C., & Marriott, A. (2024). “It’s got its ups and downs”: What people with intellectual disabilities living in supported living and residential care like and dislike about their home. *Journal of Applied Research in Intellectual Disabilities*, 38, Article e13313. <https://doi.org/10.1111/jar.13313>
- Schalock, R. L. (2004). The concept of quality of life: What we know and do not know. *Journal of Intellectual Disability Research*, 48(3), 203–216. <https://doi.org/10.1111/j.1365-2788.2003.00558.x>
- Schalock, R. L., Bonham, G. S., & Verdugo, M. A. (2008). The conceptualization and measurement of quality of life: implications for program planning and evaluation in the field of intellectual disabilities. *Evaluation and Program Planning*, 31(2), 181–190. <https://doi.org/10.1016/j.evalprogplan.2008.02.001>
- Schalock, R. L., Brown, I., Brown, R., Cummins, R. A., Felce, D., Matikka, L., Keith, K. D., & Parmenter, T. (2002). Conceptualization, measurement, and application of quality of life for persons with intellectual disabilities: report of an international panel of experts. In *Mental Retardation* (Vol. 40, Issue 6, pp. 457–470). [https://doi.org/10.1352/0047-6765\(2003\)041<0066:E>2.0.CO;2](https://doi.org/10.1352/0047-6765(2003)041<0066:E>2.0.CO;2)
- Schalock, R. L., Verdugo, M. A., Jenaro, C., Wang, M., Wehmeyer, M., Jiancheng, X., & Lachapelle, Y. (2005). Cross-cultural study of quality of life indicators. *American Journal on Mental Retardation*, 110(4), 298–311. [https://doi.org/10.1352/0895-8017\(2005\)110\[298:CSOQOL\]2.0.CO;2](https://doi.org/10.1352/0895-8017(2005)110[298:CSOQOL]2.0.CO;2)
- Shooshtari, S., McCombe, L., Cameranesi, M., Baranowski, M., Kostai, K., Heschuk, J., Mankelow, S., Campbell, A., Duff, P., & MacDonald, T. (2022). *An update on community transitions outcomes: Health and quality of life*. St. Amant Research-Recherche. <https://stamant.ca/>
- Smith, D. (1981). *Obstacles: Report of the Special Committee on the Disabled and the Handicapped*. Ottawa: Ministry of Supply and Services Canada.
- Stancliffe, R. J., Tichá, R., Pettingell, S. L., Houseworth, J., & Bershadsky, J. (2023). Current services and outcomes of formerly-institutionalized and never-institutionalized US adults with intellectual and developmental disabilities: A propensity score matching analysis. *Journal of Applied Research in Intellectual Disabilities*, 36(4), 859–870. <https://doi.org/10.1111/jar.13103>
- Steele, L. (2025). Truth commissions on disability institutions: Towards a disability truth and repair framework. *Human Rights Law Review*, 25. <https://doi.org/10.1093/hrlr/ngaf012>

- Tichá, R., Pettingell, S. L., Houseworth, J., Bershadsky, J., Stancliffe, R. J., & Smith, J. G. (2025). Trends in privacy of adults with intellectual and developmental disabilities before and after the Home and Community Based Services Final Rule. *Journal of Disability Policy Studies*, 35(4), 258–267. <https://doi.org/10.1177/10442073241278555>
- United Nations. (1975). *Declaration on the Rights of Disabled Persons*. <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-rights-disabled-persons>
- United Nations. (2006). *Convention on the Rights of Persons with Disabilities (CRPD) | Division for Inclusive Social Development (DISD)*. United Nations. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>
- United Nations. (2021). *History of United Nations and Persons with Disabilities - A human rights approach: the 1970s | United Nations Enable*. 3–5. <https://www.un.org/development/desa/disabilities/history-of-united-nations-and-persons-with-disabilities-a-human-rights-approach-the-1970s.html>
- United Nations Committee on the Rights of Persons with Disabilities. (2025). *Concluding observations on the combined second and third periodic reports of Canada (CRPD/C/CAN/CO/2-3)*. Office of the High Commissioner for Human Rights. <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=cC2sdl0cD27I3SlxQgjPzUqSGIpul5tcPqqUxNdwpILblv8SKcDgGUGZcIkbd5FU%2B47donAgjRLclSb6OZ7TsDw%3D%3D>
- Valley View Centre Transition Steering Committee. (2013). *Valley View Centre transition planning: Recommendations to the Minister of Social Services*. Government of Saskatchewan. <https://www.saskatchewan.ca/government/news-and-media/2013/may/10/valley-view-centre-final-report-presented-to-government>
- Verdugo, M. A., Navas, P., Gómez, L. E., & Schalock, R. L. (2012). The concept of quality of life and its role in enhancing human rights in the field of intellectual disability. *Journal of Intellectual Disability Research*, 56(11), 1036–1045. <https://doi.org/10.1111/j.1365-2788.2012.01585.x>
- Verdugo, M. A., Schalock, R. L., Keith, K. D., & Stancliffe, R. J. (2005). Quality of life and its measurement: Important principles and guidelines. In *Journal of Intellectual Disability Research* (Vol. 49, Issue 10, pp. 707–717). <https://doi.org/10.1111/j.1365-2788.2005.00739.x>
- Wehmeyer, M. L., & Mithaug, D. E. (2006). Self-Determination, Causal Agency, and Mental Retardation. In *International Review of Research in Mental Retardation* (Vol. 31, pp. 31–71). Academic Press. [https://doi.org/10.1016/S0074-7750\(05\)31002-0](https://doi.org/10.1016/S0074-7750(05)31002-0)

- Wiesel, I. (2015). Housing for People with Intellectual Disabilities and the National Disability Insurance Scheme Reforms. *Research and Practice in Intellectual and Developmental Disabilities*, 2(1), 45–55. <https://doi.org/10.1080/23297018.2014.992037>
- World Health Organization (WHO). (2012). WHOQOL - *Measuring Quality of Life* | *The World Health Organization*. (n.d.). World Health Organization. Retrieved July 16, 2022, from <https://www.who.int/tools/whoqol>
- Wong, J., Pedersen, J., Tennety, N., DuBois, L., Chiu, R., Shah, D., Malecki, G., Wafford, Q. E., & Heinemann, A. W. (2023). Service delivery competencies in home and community based services needed to achieve person centred planning and practices: A systematic review. *Journal of Applied Gerontology*, 42(3), 493–504. <https://doi.org/10.1177/07334648221139476>
- Young, L. (2006). Community and cluster centre residential services for adults with intellectual disability: Long-term results from an Australian-matched sample. *Journal of Intellectual Disability Research*, 50(6), 419–431. <https://doi.org/10.1111/j.1365-2788.2006.00788.x>
- Young, L., Sigafoos, J., Suttie, J., Ashman, A., & Grevell, P. (1998). *Journal of Intellectual and Developmental Disability Deinstitutionalisation of persons with intellectual disabilities: A review of Australian studies*. <https://doi.org/10.1080/13668259800033661>

APPENDIX A



Resident Interview Conversation Guide (Post-Transition)

Manor Transition Initiative: Outcomes and Evaluation

Mark	Steps to be covered before the interview
a.	Explain purpose of interview –
	The purpose of this interview is to gather information about your experiences and feelings now that you have moved to your new community home with three of your friends. We want to understand how this change has impacted your Quality of Life (QoL) . QoL means how you feel about your life, your home, your friends, the supports in your life, your health and your goals. By talking about your experiences of moving to and living in your new home compared to your life at Kinsmen Manor , we can better understand the supports you and your friends need for the best possible outcomes for your QoL.
b.	Go over the interview consent guidelines –
	Whether or not you agree to talk with us will have no impact on the services you receive or how you are treated or cared for. We will not tell anyone about what you say.
	You are welcome to have a support person with you. A support person could be a family member, guardian, or appointed advocate . If you have any support needs, or if you want to bring anything that will help you feel more comfortable, you can talk with your support person. You may also ask to take a break and for us to schedule a second session to complete our conversation.
	If you agree to recording of the conversation, you can ask for the recorder to be turned off at any time; you do not have to answer a question if you don't want to; you can stop talking with us at any time and you don't have to explain why. Nobody will be upset with you. You can withdraw up to one month after the conversation. This is about your voice, your stories, to help get the support you and your friends need.

Mark	Steps to be covered before the interview
c. Sign the consent form –	
	If you agree to talk with us, you (or your support person) will sign the forms and you will get a copy to keep. We will ask you to confirm orally that you agree.
d. Explain what will happen to information from our conversation –	
	All the information will be put together into a report that will be made public. The report will share your story and the stories of your friends, focusing on your experience of the move from the Manor, what it's like living in your new home compared to Kinsmen Manor , and what is most important for your quality of life. You will again get a short plain language summary that tells your stories.

Interview Guide (TURN ON THE RECORDER IF PERMISSION IS GIVEN)

Explain that we will start by getting to know you.

We want to talk about how you felt about the move from Kinsmen Manor and how you feel about living in your new home. This will help us understand what's good and what we can make better.

For those not yet moved from the Manor, we adapt this guide accordingly. We ask what changes they have experienced, how they feel about their lives, and how well supported they feel.

Domain 1:

INDEPENDENCE:

1. Personal Development:

- a) **Tell us about how you feel about the move from the Manor. How did you feel when you were waiting to move? Were you excited? What were you expecting? Did you have worries about it?**
- b) **Did you always know when you were going and where you would be? Did you feel well supported?**
- c) **Tell us how you feel about living in your new home. How long have you been here? Do you like living here with your friends?**

d) How have you felt about the changes in your life since moving to your new home?

Please explain what changes were good for you and what not. Are there things you do here that you couldn't do at the Manor? Have friends and family over to visit when you like? Eat when you want to? Help at home? Garden? Laundry?

e. What do you do during the day now? Can you share what kind of activities you take part in at your new home and elsewhere? (Circle appropriate options, multiple responses are possible), Such as-

Indoor:

Reading	Wathcing TV	Drawing	Playing games	Other (Specify)
				

Outdoor:

Camping	Walking	Gardening	Going out for movie	Other (Specify)
				

Are they different from before (when you were at the Manor)? Are there things you miss at the Manor? How do you feel about your activities now?

1 2 3 4 5



Moods: Really sad – Sad – Content – Happy – Really happy

f) How do you feel about the way your new home looks, what your own room looks like, and the stuff in your new home? Did you get to choose colours and items yourself and put them where you like?

h. Are there things that you had at Kinsmen Manor that you don't have in your new home? Are there things that you have now in your home that you didn't have before?

2. Self-determination:

a) Can you choose what to do, like picking activities, in your new home? How does that make you feel?

				
Very sad	Sad	Okay	Happy	Really happy
1	2	3	4	5

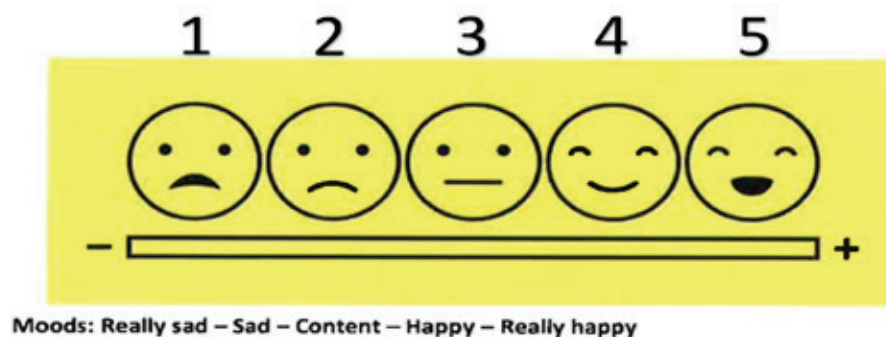
b) Can you choose activities as and when you want? If yes, how: (Circle one)

Always	Often	Sometimes	Rarely	Never
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c) Would you like to decide more things for yourself? Can you tell me about that?

d) Are some activities more important to you than others? Can you tell me which you enjoy the most or the least?

e) Can you tell me about your life here **in your new home**? How do you feel overall? (Circle one response)



Domain 2:

SOCIAL PARTICIPATION:

3. Interpersonal Relationships:

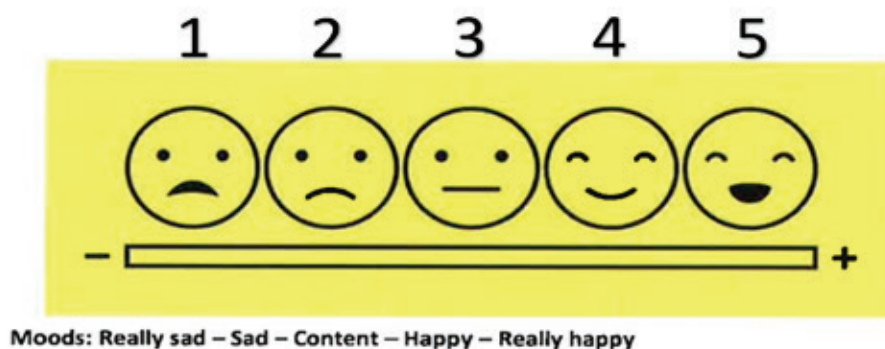
- a) How would you describe your relationship with **your three friends who live in your home?**

				
Really bad	Bad	Okay	Good	Really good
1	2	3	4	5

- b) Can you tell me who means the most to you, who are your best friends, and why?

- c) **Do you enjoy your relationships with your roommates even more in your new home than when you lived at the Manor?**

- d) How do you feel about the support you receive from staff in your new home? Do people help you when you need it? / Who helps you when you need something? Do you feel that you are being taken good care of?



4. Social Inclusion:

a) Do you enjoy doing things with **your roommates in your new home?**

				
Not at all	Not very much	Okay	A lot	Very much
1	2	3	4	5

b) How often can you talk with your family members? (Explore: having a normal life)

(Exclude for two residents, who have no family members)

c) Do you enjoy visitors? Can you tell me about that? / Do you go out with friends or have visitors here? What do you like doing with them?

d) Who do you talk to now when you have any questions, dreams, or concerns? (roommate, family member, staff member, friend)

e) When you talk about what you need or want, do people listen to you?

5. Rights:

a) Do you feel you have enough privacy **in your new home, like when you are in your room or using the bathroom?**

b) Do you feel you have more privacy and rights in your new home compared to the Manor?

Domain 3:

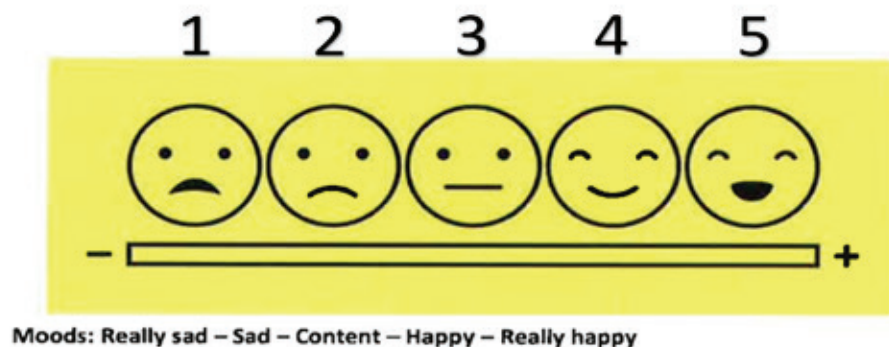
WELL-BEING:

6. Emotional:

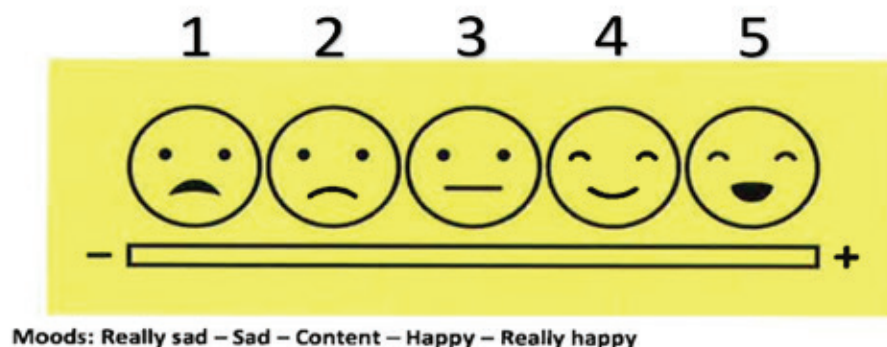
- a) How do you feel about your room **in your new home**? Do you like it? **Did you get to decorate it?**

				
Very sad	Sad	Okay	Happy	Really happy
1	2	3	4	5

- b) How do you feel about the kitchen, the living room, and the bathroom?
c) Do you feel happy and comfortable in your new home?



- d) How do you like the food **in your new home**? Do you like it better than the food at the Manor?



7. Physical:

- a) When you feel sick or need help **in your new home, do you get help fast?**
- b) Do you feel you get good care **in your new home? Do you feel the care is better than it was at the Manor?**
- c) Can you access/see a nurse when you need to?

8. Material:

- a) Do you feel any discomfort sharing the washroom **with a few friends in your new home.**
How do you feel about that?
- b) What is the best thing about your new home? Is there anything you want to change or make better?
- c) Can you think of anything you still need and would like in your new home?
- d) Is there anything else you want to share with us?

Wrap up:

Thank you for taking the time to talk to me/us today and sharing your feelings about your new home.

The next thing we are going to do for this study is to write down what you said during the recorded conversation (if it was recorded). If you have asked for it, we will send you a written copy and you can make changes, or add or remove information.



Non-Resident POST-Transition Interview Conversation Guide

Manor Transition Initiative: Outcomes and Evaluation

Mark	Steps to be covered before the interview
a.	Explain purpose of interview –
	The purpose of this interview is to gather insights on the experiences and outcomes for residents who have moved from Kinsmen Manor to their new community-based homes. We aim to understand how this transition has affected their Quality of Life (QoL) , including any changes in their support needs, and how their initial hopes and concerns have been met or changed. This information will enable us to better assess the impact of such living arrangements on people's QoL.
b.	Go over the interview consent guidelines –
	Explain that whether or not they participate will have no effect on the service residents are getting at their homes or how they are treated. We will not tell anyone about their responses.
	If they agree to recording of the conversation, they can ask for the recorder to be turned off at any time; they do not have to answer a question if they don't want to; they can finish the interview at any time for whatever reason with no penalty for choosing to end the interview.
	They may withdraw up to one month after the interview.
c.	Sign the consent form –
	If they agree to participate, get the individual to sign the forms and give them a copy for their records.

Mark	Steps to be covered before the interview
d. Explain what will happen to information from our conversation –	
	All the information will be put together into a report about resident QoL. The report will be shared with funders and made public. The goal of the research is to establish baseline data and quality of life indicators in support of a longer study following the transition to community-based homes. We will share a plain language summary and infographic with all of the participants as well as a final report to be published on the CUISR website.
Interview Guide (TURN ON THE RECORDER IF PERMISSION IS GIVEN)	
e. Getting to know the individual	
	Ask the individual for a general brief overview about themselves, their role and relationship to the residents.

This interview aims to gather your insights and observations about the transition of residents from Kinsmen Manor to their new community-based homes. Your feedback is important in assessing the impact of this change on their quality of life.

Domain 1:

INDEPENDENCE:

1. Personal Development:

- a) **How has the move from Kinsmen Manor to the new homes impacted residents?**
What changes have you noticed in the way residents do things for themselves? What challenges and successes have residents encountered during the process and since transitioning to community-based homes?
- b) **Can you share how the residents have been dealing with the move and the new things they encounter or have to do every day?**
- c) **Thinking about the residents now in their new homes,** what seems to be important for their happiness and daily life? Please consider their activities, friends, support, health, and goals. (important factors or measures in their QoL)

- d) How would you rate the quality of day-to-day support the residents now receive in their new **community-based homes**? **Please explain your rating.**

Very High Quality	High Quality	Average Quality	Low Quality	Very Low Quality
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- e) How would you rate the quality of the food provided to the residents **in their new home**? **Why?**

Very High Quality	High Quality	Average Quality	Low Quality	Very Low Quality
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- f) How would you rate the quality and variety of recreational activities available to residents **in their new homes**? **Please explain.**

Very High Quality	High Quality	Average Quality	Low Quality	Very Low Quality
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- g) How would you evaluate the medical care and supports **at the homes compared to what was available at Kinsmen Manor**?

Very High Quality	High Quality	Average Quality	Low Quality	Very Low Quality
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- h) In what ways do you think living in a community-based home **has changed** the choices and opportunities available to residents?

- i) **Have you noticed any difference in resident engagement with personal interests and hobbies in their new home compared to Kinsmen Manor?**

- j) Now that the residents have moved, can you share how they feel about living in their new homes? Do they seem content or excited?

- k) **Since the move, have you noticed** any concerns or fears among the residents about their new living situation?

- l) **Based on your observations**, how would you rate the overall QoL for the residents now that they are in their new homes?

Really Good	Good	Okay	Not very good	Really bad
-------------	------	------	---------------	------------

2. Self-determination:

a) **Now that residents have moved to their community-based homes**, what recreational activities do they find most important? How do these activities impact their QoL?

b) Do residents choose their daily activities **in the new homes**? Please explain how.

Always	Often	Sometimes	Rarely	Never
--------	-------	-----------	--------	-------

c) Can residents now decide when and with whom to do activities? Do you believe the residents have more opportunities to make choices about their daily activities in the homes? Please explain.

d) How do you think being able to make these decisions affects their QoL?

Domain 2:

SOCIAL PARTICIPATION:

3. Interpersonal Relationships:

a) **Now that the residents have settled into their homes**, how would you describe their relationships with their roommates?

Really Good	Good	Okay	Not very good	Really bad
-------------	------	------	---------------	------------

b) How have you seen the residents' relationships change or develop **since they moved to their new homes**?

c) **Reflecting on the support systems from Kinsmen Manor**, have you found them to be sufficient **during the transition and in the new homes**? Are there new supports that have become important?

d) **Based on what you have observed, do** the residents receive help more quickly and effectively or not in the new homes than they did at Kinsmen Manor?

4. Social Inclusion:

- a) **Since the residents have moved to their new homes**, how often have you been able to visit or interact with them, either in person or virtually?

I didn't visit once in past 12 months	1-3 times	4-12 times	More than 12 times	Really bad
---------------------------------------	-----------	------------	--------------------	------------

- b) Have you been visiting the residents more frequently **since they moved to the community-based home**? Can you share why or why not?
- c) **Have you seen changes in the resident's participation in group activities or community events after the move**? How does this compare to their experience at Kinsmen Manor?
- d) Do you think the residents miss their friends and staff from Kinsmen Manor **now that they are in their new home**? If so, what might be done to reassure and address any concerns? **How might they be helped to stay connected**?

5. Rights:

- a) **Considering the residents' new living arrangements**, how important do you think it is to maintain a focus on human rights, and how do you think this impacts their QoL?
- b) **Now that residents have moved**, how well do you think their privacy and individual rights are being upheld **in the new homes**? **Have there been** improvements in respecting residents' rights and privacy?
- c) Overall, do you feel the transition to community-based homes **has** positively influenced the residents' QoL?

Domain 3:

WELL-BEING: *(Explore: Life at Kinsmen Manor)*

6. Emotional:

- a) How do you feel about the resident's bedroom in the new home?

Really Happy	Happy	Content	Sad	Really Sad
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- b) Do you feel that the residents are happy with their bedrooms in the new home?
- c) How do you feel about the meals / food **in the community-based homes? How does it compare to the Manor?**

Really Happy	Happy	Content	Sad	Really Sad
--------------	-------	---------	-----	------------

- d) Do you think the quality of the food and services can be improved? **If so, how?**
- e) **Has moving into a community-based home** positively affected the residents' participation in household activities?

7. *Physical:*

- a) Are residents receiving attentive care from the staff **in the new homes?**
- b) **Do you believe there has been** an improvement in the quality and frequency of services provided to residents or not after the move? Please explain.

8. *Material:*

- a) How have shared facilities, like washrooms, affected the residents in their new homes?
- b) Are the new homes equipped with adequate accommodations and accessibility features to meet the residents' needs? **How does this compare to the facilities at Kinsmen Manor?**
- c) Are there difficulties residents faced at the Manor congregate setting that **have been** addressed by the move to a community-based home?
- d) **Based on your observations, how satisfied do you believe the resident is with their new living arrangement? What improvements, if any, do they wish to see?**
- e) Is there anything additional you'd like to mention about the residents' QoL that we haven't discussed? Are there any specific needs that have not been met?
- f) **Looking back at the transition process, what aspects were handled well, and what areas could have been improved?**

Wrap up:

Thank you for taking the time to talk to me/us today. We will be analyzing and integrating interview findings in a report. If you have requested, we will send you a transcript of the interview to review and make changes. Thanks, and have a good day.

APPENDIX B



Contact Letter to families, caregivers, Manor board and staff, and other stakeholders

Study Title: Manor Transition Initiative: Outcomes and Evaluation

Researcher(s):

Dr. Isobel M. Findlay, Professor Emerita, Edwards School of Business, University of Saskatchewan; University Co-Director, Community-University Institute for Social Research (CUISR); email: findlay@edwards.usask.ca; telephone: 306-966-2120

Alexis Cook, Master's Graduate Student, Applied Social Psychology, University of Saskatchewan; Research Assistant, Community-University Institute for Social Research (CUISR); email: [jq350@mail.usask.ca](mailto:jqi350@mail.usask.ca); telephone: 306-966-2120

Rosmary Martinez Rueda, Research Coordinator, Community-University Institute for Social Research (CUISR); cuisr.research@usask.ca; telephone: 306-966-2136

Aruna Wickramarathna, Research Administrative Co-ordinator, Community-University Institute for Social Research (CUISR); email: aruna.wickrama@usask.ca; telephone: 306-966-2121

You are invited to participate in an Interview for a research study entitled Manor Transition Initiative: Outcomes and Evaluation. Community-University Institute for Social Research (CUISR), University of Saskatchewan, is conducting the study funded by Elmwood Residences Inc, a Saskatoon community-based organization, that provides a residential home for individuals living with intellectual disabilities. As a part of its commitment to a community-based service delivery model, Elmwood is closing Kinsmen Manor and moving to a community-based home model. The impact on residents' quality of life of the move from the congregate setting to a community-based living model is the focus of this research. The research has been reviewed and approved by the Behavioural Research Ethics Board at the University of Saskatchewan.

The purpose of this study is to examine the impact of living arrangements on the quality of life of residents of Kinsmen Manor. We are inviting you to share your experiences and perceptions of their

living arrangements, including supports and activities, plans and schedules for the transition, and their impact on residents' goals and needs and overall quality of life. If you agree to participate, you can help us to establish baseline data and quality of life indicators in support of a potential longitudinal study (subject to funding) following the transition to community-based homes.

We will conduct up to twenty **face-to-face interviews** lasting approximately **60 minutes** with families, caregivers, Elmwood staff and board, and other stakeholders following an interview guide prepared by the researchers. The interview will be conducted in a private room at Kinsmen Manor, Elmwood Residences, following all public health measures (if allowed). If in-person gatherings are not permitted, you may choose to participate in a password-protected Zoom meeting. If you agree, we will record the interview which will be transcribed by the CUISR research assistant who has signed a confidentiality agreement.

Participation in this study is voluntary. You do not have to answer any questions that make you uncomfortable. Your name and information will remain confidential, unless you choose to be acknowledged in the publication. You can ask to stop recording and withdraw from the study at any time (up to one month after your interview) without any penalty. Your choice to participate or not in the study will have no impact on access to services or how you are treated. The results of the study will be given to the funders and published by CUISR.

Please feel free to communicate with the research team for more information. If you have questions or if you wish to participate, please contact Dr. Isobel M. Findlay at 306-966-2120 or findlay@edwards.usask.ca.

Your time and interest in this study are very much appreciated.

Sincerely,

Dr. Isobel M. Findlay and Alexis Cook



Contact Letter for Residents

Study title: Manor Transition Initiative: Outcomes and Evaluation

You are invited to take part in a study funded by Elmwood Residences Inc. and conducted by Community-University Institute for Social Research (CUISR) to tell us about your quality of life at Kinsmen Manor and the move to a home in the community with some of your friends.

Quality of Life means how you feel about your life, your home, your relationships, the supports in your life, your health and your goals. The research has been reviewed and approved by the Behavioural Research Ethics Board at the University of Saskatchewan. We hope to talk to all residents at Kinsmen Manor and to up to 20 family members, caregivers, Elmwood staff and board, and other interested people.

We want to find out how you feel about your quality of life at Kinsmen Manor and the move to a new home with three of your friends starting in the fall of 2023. Talking to us will give you a chance to share what it is like to live at Kinsmen Manor, how good your life is, your goals and needs, the people who help you, what supports, and activities, what you enjoy or not, and how they affect your quality of life.

If you agree to talk with us, you will help us understand what matters to you and what is important in your life. Your answers will also help people like government develop policy and programs to support your and other residents' quality of life. Please ask any questions you have about the study and what will happen next.

You are welcome to have a **support person** with you. A support person could be a family member, guardian, or appointed advocate. If you have any support needs, or if you want to bring anything that will help you feel more comfortable, you can talk with your support person.

If it is safe for us to meet in-person, we will come to Kinsmen Manor and talk with you. Our conversation will last for **up to 60 minutes**. We will talk with you in a private room so other people cannot hear us talk. If you agree, we will record our conversation so that we can listen to the recording of you talking. The CUISR research assistant (who has signed an agreement not to tell anyone about what you say) will prepare a copy of what you say that you can add to or change. If

you want to have someone with you as you read the copy of what you said, you will be able to have a support person with you.

It is your choice to agree to talk to us or not. You don't have to answer any questions you don't want to. You can let us know if you want to take a break or stop talking to us or stop recording. You can stop talking at any time and you can ask to talk again in a second conversation. You may withdraw from the study at any time (up to one month after our conversation) without anyone being upset with you. Your choice to participate or not in the study will not change the services you receive or how you are treated and cared for.

The results of the study will be presented to the funders, the disability and broader communities and published in a report and plain language summary that will be given to the funders. We will not share your name or any other information in any of our presentations, summaries, or reports or articles unless you want people to know.

You are welcome to contact the research team for more information. If you have questions or wish to participate, please contact Dr. Isobel M. Findlay at 306-966-2120 or findlay@edwards.usask.ca.

Your time and interest in this study are very much appreciated.

Researcher(s):

Dr. Isobel M. Findlay, Professor Emerita, Edwards School of Business, University of Saskatchewan; University Co-Director, Community-University Institute for Social Research (CUISR); findlay@edwards.usask.ca; telephone: 306-966-2120

Alexis Cook, Master's Graduate Student, Applied Social Psychology, University of Saskatchewan; Research Assistant, Community-University Institute for Social Research (CUISR); [jq350@mail.usask.ca](mailto:jqi350@mail.usask.ca); telephone: 306-966-2120

Rosmary Martinez Rueda, Research Coordinator, Community-University Institute for Social Research (CUISR); cuisr.research@usask.ca; telephone: 306-966-2136

Aruna Wickramarathna, Research Administrative Co-ordinator, Community-University Institute for Social Research (CUISR); aruna.wickrama@usask.ca; telephone: 306-966-2121

APPENDIX C: Consent form for Families, Caregivers, and Manor board and staff



INTERVIEW

Participant Consent Form

Study Title: Manor Transition Initiative: Outcomes and Evaluation

Principal Investigator: Dr. Isobel M. Findlay, professor emerita, Edwards School of Business, University of Saskatchewan; University Co-Director, Community-University Institute for Social Research (CUISR); findlay@edwards.usask.ca; tel: 306-966-2120.

Student Researcher: Alexis Cook, Master's Graduate Student, Applied Social Psychology, University of Saskatchewan; Research Assistant, Community-University Institute for Social Research (CUISR); email: jq350@mail.usask.ca; telephone: 306-966-2120

Research Coordinator: Rosmary Martinez Rueda, Research Coordinator, Community-University Institute for Social Research (CUISR); cuivr.research@usask.ca; telephone: 306-966-2136

Administrative Co-ordinator: Aruna Wickramaratna, Research Administrative Co-ordinator, Community-University Institute for Social Research (CUISR); email: aruna.wickrama@usask.ca; telephone: 306-966-2121

Purpose of the Research:

The purpose of this study is to examine the living arrangements and quality of life of the people who have been living with intellectual disabilities at Kinsmen Manor, Elmwood Residences Inc. and have now transitioned to their community-based home. It will be carried out by the Community-University Institute for Social Research (CUISR). As a part of its commitment to a community-based service delivery model; Elmwood is partnering with the Ministry of Social Services, Community Living Service Delivery (CLSD), to close Kinsmen Manor and move to a community-based home model in which residents live together in groups of four. This transition starting in early 2024 is motivated by (a) best practice literature for residential service delivery showing improved health and well-being outcomes for residents and (b) aging infrastructure that no longer meets individual residents' needs. The move from the congregate setting to a community-based living model is the

focus of this phase of the research . Your involvement in the research is an opportunity for you to tell us about your perspective on the impact of living arrangements at Kinsmen Manor on residents. This will give us opportunity to complete the following:

- To examine the change in quality of life experienced by residents as a result of the move
- To understand the process by which the change in quality of life occurred
- To provide data that will help policy and program further improve the quality of life of people living with intellectual disabilities
- To build on baseline data and quality of life indicators in support of a longitudinal study following the transition to community-based homes
- To fill an important gap in Canadian disability research

You will be asked questions on a range of topics such as the potential impact of this move on resident quality of life, the supports and schedule needed for optimal results.

Procedures:

- You are invited to participate in one of up to 20 In-depth face-to-face interviews (recorded if you agree) at Kinsmen Manor, Elmwood Residence; 2012 Arlington Avenue, Saskatoon; SK – S7J 2H5. It will take approximately **60 minutes** to complete. We will conduct this interview in a private room following the attached interview guide—and following all public health measures (if allowed).
- We are taking all safety precautions to reduce the risk of spread of COVID-19, including temperature check, use of PPEs for researchers and participants throughout (disposable masks will be provided), sanitizing of surfaces and shared items, hand washing, physical distancing, etc.) and expect you to follow public health directives as well.
- We will ask questions about coughs or other symptoms, travel, and contacts with people with COVID-19.
- If you or researchers answer “yes” to any of these questions, the interview will be postponed.
- The research team members adhere to the USask vaccine mandate and are fully vaccinated to reduce the risk of spread of COVID-19.
- You may choose to participate by telephone or by a password-protected Zoom meeting. The USask agreement with Zoom ensures that all data will be stored on servers in Canada. You may choose to use or turn off video. You may ask for the recording to be turned off at any time without giving a reason.
- Please note that, when interviewing from home, the researcher(s) will interview from a location where they cannot be overheard and will make no unauthorized recording. To the

extent possible, you are also requested to maintain the privacy of our conversation on your end and make no unauthorized recording of the interview.

- If you agree, we will tape the interview to ensure the accuracy of the record. If you do not agree, the researcher(s) will take field notes. The interview will be transcribed by the CUISR research assistant who has signed a confidentiality agreement.
- Please note no guarantee of privacy can be made with any of the online videoconferencing platforms currently in use.
- Once the interview has been transcribed a copy will be sent to you if you choose for your final approval. You have a deadline of two weeks to respond and return any transcript revisions. You can add, alter, or delete information from the transcript as you see fit within the given period. A reminder email will be sent to participants after one week. If there is no response by the deadline, it will be assumed that participants accept the transcript as sent to them.

Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Funded by:

This study is funded by Elmwood Residences Inc.

Potential Risks:

There are no anticipated harms from participating, although sharing your perceptions could stir emotions or cause some stress. If any question make you feel uncomfortable and cause stress, you may choose not to answer. If your discomfort persists, we can refer you for counselling at Kinsmen Manor or you may access counselling from Family Service Saskatchewan at counsellingconnectsask.ca. Please bear in mind researchers' duty to report to the appropriate authorities if any abuse or neglect is disclosed.

Potential Benefits:

Participants often appreciate the opportunity to be heard through a research study. Your answers and perspectives will help us understand what supports and living arrangements will enable residents to have the best quality of life outcomes. Your answers can facilitate policy and program decision making I support of optimal outcomes. We cannot promise that changes will happen, but by sharing your perspective, you will help people understand more about factors shaping resident quality of life.

Confidentiality:

- The data will be presented in aggregate form, so that it will not be possible to identify individuals. We will remove all personal data before the analysis. This means that any direct quotes, opinions, or expressions will be presented without revealing names. To further protect confidentiality, only the research team will have access to the study data. We will share the final report and findings with our funder and it will be published by CUISR. Your identity will remain confidential, unless you choose to be acknowledged in the publication. Your contact information will be coded in the master list which will be stored separately from the data collection. We will destroy the master coding sheet once we analyze the data and integrate findings into the draft report (likely within two-three months of interviews).
- Your confidentiality may be limited, however, by the naming of Kinsmen Manor in the report, by the small population on which the study draws, by recruitment procedures, and by choosing in-person interviews at Kinsmen Manor.
- Confidentiality will also be waived if any abuse or neglect is disclosed. Researchers have a duty to report any such disclosures to authorities.
- The privacy policy of Zoom Video Communications, which hosts the Zoom platform, is available at <https://www.zoominfo.com/about-zoominfo/privacy-policy>

Storage of Data:

All recordings and transcription will be stored on the PI Dr. Findlay's password-protected laptop (with a back-up on OneDrive-University of Saskatchewan) in a locked CUISR office for five years after publication. Access to files and raw data will be restricted to the research team. After five years after publication, the data will be destroyed permanently and beyond recovery.

Right to Withdraw:

Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort up to one month after the interview.

Your choice to participate or not in the study will not impact your employment or relationship with your employer or residents of Kinsmen Manor or how you or they are treated.

Follow up:

To obtain results from the study, please contact CUISR by phone (306-966-2121) or by email (cuisr.oncampus@usask.ca) or visit our website <https://cuisr.usask.ca>. A summary of the findings will be available March, 2023.

Questions or Concerns:

Contact the researcher(s) using the information at the top of page 1;

This research project has been reviewed and approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free 1-888-966-2975.

Consent:

Option 1 – SIGNED CONSENT

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

_____	_____
<i>Name of Participant</i>	<i>Signature</i>

_____	_____
<i>Researcher's Signature</i>	<i>Date</i>

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Option 2 – ORAL CONSENT

By signing this segment, the researcher acknowledges having read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Researcher's Signature

Date

I consent to audio recording of my interview Yes _____ No _____

I would like to review a transcript of my interview Yes _____

Consent form for Residents



INTERVIEW

Resident Consent Form

Study Title: Manor Transition Initiative: Outcomes and Evaluation

Principal Investigator: Dr. Isobel M. Findlay, professor emerita, Edwards School of Business, University of Saskatchewan; University Co-Director, Community-University Institute for Social Research (CUISR); findlay@edwards.usask.ca; tel: 306-966-2120.

Student Researcher: Alexis Cook, Master's Graduate Student, Applied Social Psychology, University of Saskatchewan; Research Assistant, Community-University Institute for Social Research (CUISR); email: jq350@mail.usask.ca; telephone: 306-966-2120

Research Coordinator: Rosmary Martinez Rueda, Research Coordinator, Community-University Institute for Social Research (CUISR); cuivr.research@usask.ca; telephone: 306-966-2136

Administrative Co-ordinator: Aruna Wickramaratna, Research Administrative Co-ordinator, Community-University Institute for Social Research (CUISR); email: aruna.wickrama@usask.ca; telephone: 306-966-2121

What is the study about?

This study is about how you feel about where you live **now that you have moved to your new home** and **how** your quality of life **may have changed or not since moving from** Kinsmen Manor. **Quality of Life** means how you feel about your life, your home, your relationships, the supports in your life, your health and your goals.

We will talk with residents, families and supporters, staff and board members, and others. We will ask questions about how good your life is, your goals and needs, the people who help you, what supports and activities you enjoy or not, and what is important in your life.

We will also ask about how you feel about the move from Kinsmen Manor to your community-based home with three roommates. We will ask you questions about how good your life is in

your new home, your goals and needs, the people who help you, what supports and activities you enjoy or not, and what is important in your life now that you have moved.

These conversations will help your team learn how to support you for the best quality of life outcomes.

What is involved?

- You are invited to talk to us in a conversation in a private room in your new home or at Kinsmen Manor that will take about 60 minutes. We will follow all public health measures (if allowed).
- We are taking all safety precautions to reduce the risk of spread of COVID-19, including temperature check, use of PPEs for researchers and participants throughout (disposable masks will be provided), sanitizing of surfaces and shared items, hand washing, physical distancing, etc.) and expect you to follow public health rules as well.
- We will ask questions about coughs or other symptoms and contacts with people with COVID-19.
- If you or researchers answer “yes” to any of these questions, the interview will be postponed.
- The research team members adhere to the USask vaccine mandate and are fully vaccinated to reduce the risk of spread of COVID-19.
- You are welcome to have a support person with you. A support person could be a family member, guardian, or appointed advocate who will be asked to maintain your confidentiality. If you have any support needs, or if you want to bring anything that will help you feel more comfortable, you can talk with your support person.
- You may also ask us to schedule our conversation over two sessions.
- If in-person gatherings are not permitted, interviews will be conducted via password-protected Zoom meetings where the researcher will be in a place where other people cannot hear us talk. This is to protect your privacy. If you have any hearing impairments, we will provide audio captioning for the zoom meeting. Please note, USask’s agreement with Zoom ensures that everything is stored in servers in Canada. Here is a link to Zoom’s privacy policy: <https://explore.zoom.us/en/privacy/>
- Please note no guarantee of privacy can be made with any of the online videoconferencing platforms currently in use.
- If you agree, we will tape record this conversation. You can ask for the recording to be stopped at any time. If you do not want us to tape record, the researchers will take notes. The researchers (who have signed an agreement not to tell anyone about what you say)

will prepare a copy of what you say and send it to you/ your support person. You or your support person can add to or change the copy within two weeks of getting it.

- We will send you or your support person an email to remind you after one week. If you do not respond by the end of two weeks, we will consider that you accept the copy as sent.

Please feel free to ask any questions about what is involved in the study.

Funded by:

This study is funded by Elmwood Residences Inc.

Potential Risks:

There are no known risks to taking part in this study, although sharing your story could cause some anxiety and/or stress. You may answer only those questions that you want to answer or feel comfortable answering. And you don't have to take part if you're not sure. Your access to care and services will not be affected if you don't take part. And if you become upset because of the questions, you can get counselling at Kinsmen Manor, or you may access counselling services from Family Service Saskatchewan at counsellingconnectsask.ca. Please bear in mind researchers' duty to report to the appropriate authorities if any abuse or neglect is disclosed.

Potential Benefits:

Participants often appreciate the opportunity to be heard through a research study. Your story and answers will help us understand what matters to you, your goals, and needs, and help advise on what supports and living arrangements will help you to live your best life. We cannot promise that changes will happen, but by sharing your story, you will help people understand more about what is important to you.

Confidentiality:

- Participants often appreciate the opportunity to be heard through a research study. Your story and answers will help us understand what matters to you, your goals, and needs, and help advise on what supports and living arrangements will help you to live your best life. We cannot promise that changes will happen, but by sharing your story, you will help people understand more about what is important to you.
- Confidentiality: Your name or any other information that could identify you (consent form, recording, or written copy of our conversation) will not be shared with anyone outside the research team. They will be stored safely and separately by the researchers. The results

of the study (in the form of a formal report) will be given to the funders and published by CUISR. We will not put your name in our report. The report will say “one person said”. We will also not include in the report anything you share that might identify you because it is unique to you.

- Your confidentiality may be limited by the naming of Kinsmen Manor in the report, by the small population on which the study draws, and by recruitment procedures.
- If a support person is present, they will be asked to keep the conversation confidential and not repeat anything that is discussed.
- Confidentiality will also be waived if any abuse or neglect is disclosed. Researchers have a duty to report any such disclosures to authorities.
- Your contact information will be given a code number in the master list of residents being interviewed which will be stored separately from the information you share. We will destroy the master list once we analyze and include findings into the draft report (likely within two-three months of interviews).

Storage of Data:

All recordings and transcription will be stored on the Principal Investigator, Dr. Findlay’s, password-protected laptop (with a back-up on OneDrive-University of Saskatchewan) in a locked CUISR office for a period of five years after publication. Access to files and raw data will be restricted to the research team. After five years after publication, the data will be destroyed permanently and beyond recovery.

Right to Withdraw:

- *Right to withdraw* means that it is your choice whether you talk to us or not and you don’t have to answer any questions you don’t want to. You may ask to have the recording turned off and can stop talking with us at any time and you do not have to explain why. You can ask to finish talking with us in a second conversation. No one will be upset with you. You can withdraw up to one month after we talk with you.
- Whether you agree to talk with us or not will not change the services you receive or how you are treated and cared for.

Follow up:

We will send you a short summary of the results of the study, which should be available **by March 2025**. To get the full report, please contact CUISR by phone (306-966-2121) or by email (cuivr.oncampus@usask.ca) or visit our website <https://cuivr.usask.ca>.

Questions or Concerns:

Contact the researcher(s) using the information at the top of page 1;

This research project has been reviewed and approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free 1-888-966-2975.

Consent:

Permission to audio record the conversation? Yes _____ No _____

Review a written copy of the conversation? Yes _____ No _____

SIGNED CONSENT/ASSENT

Consent means that you give permission for something to happen or you agree to do something. Your signature below indicates, or tells others, that you have read and understand the description provided and that you give your consent to participate;

I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>

_____	_____	_____
<i>Name of Support person (if applicable)</i>	<i>Signature</i>	<i>Date</i>

_____	_____
<i>Researcher's Signature</i>	<i>Date</i>

ORAL CONSENT/ASSENT

I explained the research to the participant and their support person (if applicable) and, to the best of my knowledge, the participant and support person understood the proposed research and freely consented/assented to participate

Researcher's Signature

Name of Support person (if applicable)

Researcher's Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

LIST OF PUBLICATIONS

COMMUNITY-UNIVERSITY INSTITUTE FOR SOCIAL RESEARCH

- Alderman-Hansson, Jerilyn, Opoku-Mensah, Fiona, and Findlay, Isobel M. (2024). *MMIWG2S+ Family Experience of Police Intervention: Literature Review and Environmental Scan*. Saskatoon: Community-University Institute for Social Research.
- Allan, Nancy, & Michael Gertler. (2006). *Remaking the Links: Fair Trade for Local and Global Community Development*. Saskatoon: Community-University Institute for Social Research.
- Amankwah, Dinah. (2003). *Integrative Wraparound (IWRAP) Process Training*. Saskatoon: Community-University Institute for Social Research.
- Avis, Kyla, & Angela Bowen. (2004). *Postpartum Depression Support Program Evaluation*. Saskatoon: Community-University Institute for Social Research.
- Banks, Christopher. (2003). *The Cost of Homophobia: Literature Review on the Human Impact of Homophobia On Canada*. Saskatoon: Community-University Institute for Social Research.
- Banks, Christopher. (2004). *The Co\$t of Homophobia: Literature Review on the Economic Impact of Homophobia On Canada*. Saskatoon: Community-University Institute for Social Research.
-  Basualdo, Maria, & Kangayi, Chipso. (2010). *Cypress Hills Abilities Centres, Inc: Exploring Alternatives. A Research Report*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
- Battiste, Marie, Isobel M. Findlay, Joe Garcea, Jania Chilima, and Ryan Jimmy. (2018). *Maximizing the Potential of Urban Aboriginal Students: A Study of Facilitators and Inhibitors within Postsecondary Learning Environments*. Saskatoon: Community-University Institute for Social Research and UAKN Prairie Regional Research Centre. http://uakn.org/wp-content/uploads/2016/10/NAFC-UAKN-PHASE-2-National-Report_Prairie-Region_Saskatchewan-Final-Report-.pdf
- Berntson, Ron. (2003). *Peer Victimization Experiences in High School*. Saskatoon: Community-University Institute for Social Research.

- Bidonde, Julia. (2006). *Experiencing the Saskatoon YWCA Crisis Shelter: Residents' Views*. Saskatoon: Community-University Institute for Social Research. Please contact Clara Bayliss at the YWCA at 244-7034, ext. 121 or at info@ywcaskatoon.com for copies of this report.
-  Bidonde, Julia, & Catherine Leviten-Reid. (2011). *"A Place to Learn, Work, and Heal": An Evaluation of Crocus Co-operative*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
-  Bidonde, Julia, Mark Brown, Catherine Leviten-Reid, & Erin Nicolas. (2012). *Health in the Communities of Duck Lake and Beardy's and Okemasis First Nation: An Exploratory Study*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
- Bowditch, Joanne. (2003). *Inventory of Hunger Programs in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Bowen, Angela. (2004). *Healthy Mother Healthy Baby: Program Logic Model and Evaluability Assessment*. Saskatoon: Community-University Institute for Social Research.
-  Brown, K., I. Findlay, & R. Dobrohoczki (2011). *Community Resilience, Adaptation, and Innovation: The Case of the Social Economy in LaRonge*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research
- Brownlee, Marilyn, & Allison Cammer. (2004). *Assessing the Impact of the Good Food Box Program in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Brownlee, Marilyn, & N. Chopin. (2009) *Evaluation Report: Snapshot of Collaborative Processes. Saskatoon: Saskatoon Regional Intersectoral Committee and Community-University Institute for Social Research*. Saskatoon: Community-University Institute for Social Research.
- Buhler, S. (2025). Infographic—*Research Summary: The Impacts of Eviction*. Pathways to Equity. Saskatoon: Community-University Institute for Social Research.
- Buhler, S. (2025). Infographic—*Research Summary: Access to Justice for Tenants Facing Eviction*. Pathways to Equity. Saskatoon: Community-University Institute for Social Research.
- Buhler, S., & Aneke, K. (2025). *Financialization of Housing in Canada: A Case Study of the Eviction Practices of Epic Alliance Properties*. Saskatoon: Community-University Institute for Social Research.

- Chambers-Richards, Tamara, Rawia Ahmed, & Isobel M. Findlay. (2014). *Parkinson Society Saskatchewan: Working Together to Meet Member Needs—A Research Report*. . Saskatoon: Community-University Institute for Social Research.
- Chopin, N., S. Hogg, S. McHenry, J. Popham, M. Stoops, S. Takahashi, & I.M. Findlay. (2012). *Fetal Alcohol Spectrum Disorder Awareness and prevention Strategies: Learning from the Reported Alcohol Knowledge and Behaviours of College-Age Youth — A Research Report*. Saskatoon: Community-University Institute for Social Research.
- Chopin, Nichola, Bill Holden, Nazeem Muhajarine, & James Popham. (2010). *Ten Years of Quality of Life in Saskatoon: Summary of Research 2010 Iteration*. Saskatoon: Community-University Institute for Social Research.
-  Chopin, N., & I. Findlay. (2010). *Exploring Key Informants' Experiences with Self-Directed Funding: A Research Report*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.
- Chopin, N., & S. Wormith. (2008) *Count of Saskatoon Homeless Population: Research Findings*. Saskatoon: Community-University Institute for Social Research.
- CUISR. (2001). *Proceedings of the Prairie Urban Congress 2001*. With support from Canada Mortgage and Housing Corporation, City of Saskatoon, GE Capital Mortgage & Insurance Canada, Government of CANADA, Saskatchewan Housing Corporation, and Western Economic Diversification Canada. Saskatoon: Community-University Institute for Social Research.
- CUISR. (2002). *Partnerships for a Healthy Sustainable Community: CUISR—Present and Future*. Saskatoon: Community-University Institute for Social Research.
- CUISR. (2003). *“We Did It Together”: Low-Income Mothers Working Towards a Healthier Community*. Saskatoon: Community-University Institute for Social Research.
- CUISR. (2004). *Building Community Together: CUISR—Present and Future*. Saskatoon: Community-University Institute for Social Research.
- CUISR. (2004). *CUISR at the Crossroads: Strategic Planning Session, June 23, 2004*. Saskatoon: Community-University Institute for Social Research.
- CUISR. (2005). *Partnering to Build Capacity and Connections in the Community*. Saskatoon: Community-University Institute for Social Research.

- CUISR. (2010). *2009 Saskatoon HIFIS Report on Homelessness*. Saskatoon: Community-University Institute for Social Research.
- Cook, Alexis, & Isobel M. Findlay. (2026). *Manor Transition Initiative: Outcomes and Evaluation Phase Two*. Saskatoon: Community-University Institute for Social Research.
- Daniel, Ben. (2006). *Evaluation of the YWCA Emergency Crisis Shelter: Staff and Stakeholder Perspectives*. Saskatoon: Community-University Institute for Social Research. Contact the YWCA at 244-7034, ext. 121 or at info@ywcaskatoon.com for copies of this report.
-  Diamantopoulos, Mitch, & April Bourgeois. (2014). *Worker Co-operative Development: Problems, Prospects, and Proposals*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research
-  Diamantopoulos, Mitch, & Isobel M. Findlay. (2007). *Growing Pains: Social Enterprise in Saskatoon's Core Neighbourhoods*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research
-  Dozar, Marsha, Don Gallant, Judy Hannah, Emily Hurd, Jason Newberry, Ken Pike, & Brian Salisbury. (2012). *Individualized Funding: A Framework for Effective Implementation*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
- Drechsler, Coralee. (2003). *Influencing Poverty Reduction Policy Through Research Evidence: Immigrant Women's Experience in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Dressler, Mary Pat (2004). *Aboriginal Women Share Their Stories in an Outreach Diabetes Education Program*. Saskatoon: Community-University Institute for Social Research.
- Dunning, Heather. (2004). *A Mixed Method Approach to Quality of Life in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Dyck, Carmen. (2004). *"Off Welfare...Now What?": A Literature Review on the Impact of Provincial Welfare to Work Training Programs in Saskatchewan*. Saskatoon: Community-University Institute for Social Research.
- Dyck, Carmen G. (2005). *"Off Welfare ... Now What?": Phase II, Part 2: Analysis*. Saskatoon: Community-University Institute for Social Research.

-  Elliott, Patricia W. (2011). *Participatory Action Research: Challenges, Complications, and Opportunities*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
- Engler-Stringer, Rachel. (2006). *Collective Kitchens in Three Canadian Cities: Impacts on the Lives of Participants*. Saskatoon: Community-University Institute for Social Research.
- Engler-Stringer, R., & J. Harder. (2011). *Toward Implementation of the Saskatoon Food Charter: A Report*. Saskatoon: Community-University Institute for Social Research
- Evitts, Trina, Nazeem Muhajarine, & Debbie Pushor. (2005). *Full-Time Kindergarten in Battlefords School Division #118 Community Schools*. Saskatoon: Community-University Institute for Social Research.
- Fernandes, Neville. (2003). *Saskatchewan's Regional Economic Development Authorities: A Background Document*. Saskatoon: Community-University Institute for Social Research.
- Fillingham, Jennifer. (2006). *SEN-CUIISR- Environmental Charitable Organization Feasibility Study, Phase Two*. Saskatoon: Community-University Institute for Social Research.
-  Findlay, Isobel M., Julia Bidonde, Maria Basualdo, & Alyssa McMurtry. (2009). *South Bay Park Rangers Employment Project for Persons Living with a Disability: A Case Study in Individual Empowerment and Community Interdependence*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.
-  Findlay, Isobel M. & Anar Damji. (2013). *Self-Directed Funding: An Evaluation of Self-Managed Contracts in Saskatchewan*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.
-  Findlay, Isobel M., James Popham, Patrick Ince, & Sarah Takahashi. (2013). *Through the Eyes of Women: What a Co-operative Can Mean in Supporting Women during Confinement and Integration*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.
- Findlay, Isobel M., Bill Holden, Giselle Patrick, & Stephen Wormith. (2013). *Saskatoon's Homeless Population 2012: A Research Report*. Saskatoon: Community-University Institute for Social Research. July 30. 70 pp.

- Findlay, Isobel M., Joe Garcea, John Hansen, Rose Antsanen, Jethro Cheng, Bill Holden. (2014). *Comparing the Lived Experience of Urban Aboriginal Peoples with Canadian Rights to Quality of Life*. Saskatoon: Community-University Institute for Social Research and UAKN Prairie Regional Research Centre.
- Findlay, Isobel M., Jania Chilima, Tamara Chambers-Richards, Vincent Bruni-Bossio, Dana Carrière, and William Rowluck. (2016). *The Urban Aboriginal Service Delivery Landscape: Themes, Trends, Gaps and Prospects: Final Report*. Saskatoon: Community-University Institute for Social Research and UAKN Prairie Regional Research Centre.
- Findlay, Isobel M., Sana Rachel Sunny, Sugandhi del Canto, Colleen Christopherson-Côté, and Lisa Erickson. (2017). *Impacting Community Strength and Sustainability: Community-Campus Engagement and Poverty Reduction at Station 20 West*. Saskatoon: Community-University Institute for Social Research.
- Findlay, Isobel M., Jania Chilima, Bill Holden, and Abdrahmane Berthe. (2018). *2018 Point-in-Time Homelessness Count, Saskatoon, Saskatchewan*. Saskatoon: Community-University Institute for Social Research.
- Findlay, Isobel M., Suresh S. Kalagnanam, Cassidy Rheaume, Anh Pham, Charles Plante, and Colleen Christopherson-Cote. (2023). *Basic Income: Calculating the Cost Savings and Downstream Benefits*. Saskatoon: Community-University Institute for Social Research.
- Findlay, Isobel M., Renée Penney, Kate Loseth, Daniel Owusu Nkrumah, John Hansen, Elisabeth Miller, Michael Kowalchuk, Jonathon Mercredi, and Jade Creelman. (2023). *Toward a Community of Safety and Care: Exploring Public Safety in Downtown Saskatoon*. Research Junction. Saskatoon: Community-University Institute for Social Research.
-  Garcea, Joe, & Neil Hibbert. (2014). *International Students in Saskatchewan: Policies, Programs, and Perspectives*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.
- Gauley, Marg. (2006). *Evaluation of Respectful Conflict Resolution and Peer Mediation Program*. Saskatoon: Community-University Institute for Social Research.
- Gold, Jenny. (2004). *Profile of an Inter-Sectoral Issue: Children Not In School*. Saskatoon: Community-University Institute for Social Research.

Gress, Cara Spence, Isobel M. Findlay, Bill Holden, Stephen Wormith, Pamela Brotzel, Sana Rachel Sunny, and Hanna Holden. (2015). *2015 Point-in-Time Homelessness Count: Saskatoon, Saskatchewan*. Saskatoon: Community-University Institute for Social Research.

Grosso, Paula. (2003). *Uprooting Poverty and Planting Seeds for Social Change: The Roots of Poverty Project*. Saskatoon: Community-University Institute for Social Research.

Grosso, Paula, & Jodi Crewe. (2004). *Project Greenhorn: Community Gardening*. Saskatoon: Community-University Institute for Social Research.

Harlingten, Leora. (2004). *Saskatoon Charging and Disposition Patterns Under Section 213 of the Criminal Code of Canada*. Saskatoon: Community-University Institute for Social Research.

 Heit, Jason. (2012). *Mapping Social Capital in a Network of Community development Organizations: The South West Centre for Entrepreneurial Development Organizational Network*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.

Henry, Carol J., Carol Vandale, Susan Whiting, Flo Woods, Shawna Berenbaum, & Adrian Blunt. (2006). *Breakfast/Snack Programs in Saskatchewan Elementary Schools: Evaluating Benefits, Barriers, and Essential Skills*. Saskatoon: Community-University Institute for Social Research.

 Hurd, E., & Clarke, L. (2014). *Awareness of and support for social economy in Saskatoon: Opinion leader views*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.

 Hurd, Emily. (2012). *Community Conversations about the Good Food Junction Co-operative*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.

Ieren, Igbaver I., Isobel M. Findlay, Suresh S. Kalagnanam, and Farhad Lashgarara. (2023). *Journey to Zero: Calculating the Social Return on Investment*. Saskatoon: Community-University Institute for Social Research

Jackson, Maureen. (2004). *Closer to Home: Child and Family Poverty in Saskatoon*. Saskatoon: Community-University Institute for Social Research.

Janzen, Bonnie. (2003). *An Evaluation Of The Federation of Canadian Municipalities Quality of Life Reporting System*. Saskatoon: Community-University Institute for Social Research.

- Jimmy, Ryan, & Isobel M. Findlay. (2015). *YXE Connects 2015: A Research Report*. Saskatoon: Community-University Institute for Social Research.
- Jonker, Peter, Colleen Whitedeer, & Diane McDonald. (2005). *Building Capacity of Fond du Lac Entrepreneurs to Establish and Operate Local Tourism Business: Assessment and Proposed Training*. Saskatoon: Community-University Institute for Social Research.
- Kachur, Brittany. (2014). *Urban First Nations, Inuit, and Metis Diabetes Prevention Project: Fresh Food Market Evaluation*. Saskatoon: Community-University Institute for Social Research.
- Kalagnanam, Suresh S., Abdrahmane Berthe, and Isobel M. Findlay. (2019). *Social Return on Investment Financial Proxies and the Saskatoon Poverty Elimination Strategy*. Saskatoon: Community-University Institute for Social Research.
- Kelsey, Melissa V. (2004). *Determining Saskatoon's Value Profile*. Saskatoon: Community-University Institute for Social Research.
- Klimosko, Kris, Marjorie Delbaere, & Isobel M. Findlay. (2015). *Engaging Provincial Stakeholders: A Strategic Communication Plan for Department of Pediatrics*. Saskatoon: Community-University Institute for Social Research.
- Klymyshyn, Sherry, & Lee Everts. (2007). *Evaluation of Saskatoon Community Clinic Group Program for "At Risk" Elderly*. Saskatoon: Community-University Institute for Social Research.
- Kunzekweguta, Machiweyi, Isobel M. Findlay, Michael Kowalchuk, Anh Pham. (2022). *2022 Saskatoon Point-in-Time Homelessness Count*. Saskatoon: Community-University Institute for Social Research.
- Kusimo, Comfort O., Kenechukwu Aneke, and Isobel M. Findlay. (2026). *Manufacturing Homelessness: Outcomes of Saskatchewan's Housing Policies, Programs, and Laws*. Saskatoon: Community-University Institute for Social Research.
- Kynoch, Bev. (2003). *The Brightwater Environmental and Science Project: Respecting Traditional Ecological Knowledge—The Soul of a Tribal People*. Saskatoon: Community-University Institute for Social Research.
- Lashgarara, Farhad, Rachel Engler-Stringer, Freda Atsuyno, Layane Fernandes de Sousa Moura, Hayley Walkeden, and Gordon Enns. (2021). *Promising Practices in Food Reclamation in Saskatoon*. Research Junction. Saskatoon: Community-University Institute for Social Research.

- Li, Song. (2004). *Direct Care Personnel Recruitment, Retention and Orientation*. Saskatoon: Community-University Institute for Social Research.
- Lind, Justin, Keith Da Silva, Michael Kowalchuk, and Isobel M. Findlay. (2022). *Exploring the Associations between Poverty, Poor Oral Health, and Quality of Life in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Lisoway, Amanda. (2004). *211 Saskatchewan Situational Analysis*. Saskatoon: Community-University Institute for Social Research.
-  Lynch, Karen, & Isobel M. Findlay. (2007). *A New Vision for Saskatchewan: Changing Lives and Systems through Individualized Funding for People with Intellectual Disabilities – A Research Report*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
-  Lynch, Karen, Cara Spence, & Isobel M. Findlay. (2007). *Urban Aboriginal Strategy Funding Database: A Research Report*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
- MacDermott, Wendy. (2003). *Child Poverty in Canada, Saskatchewan, and Saskatoon: A Literature Review and the Voices of the People*. Saskatoon: Community-University Institute for Social Research.
- MacDermott, Wendy. (2004). *Youth . . . on the brink of success. Youth Addictions Project*. Saskatoon: Crime Prevention—Community Mobilization and Community-University Institute for Social Research.
- MacDermott, Wendy. (2004). *Common Functional Assessment and Disability-Related Agencies and Departments in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- MacDermott, Wendy. (2004). *Evaluation of the Activities of the Working Group to Stop the Sexual Exploitation of Children*. Saskatoon: Community-University Institute for Social Research.
- McDowell, Megan, & Isobel M. Findlay. (2014). *Healthy Seniors on the 'Net: Assessing the Saskatoon Public Library's Computer Project*. Saskatoon: Community-University Institute for Social Research.
- McRae, Stacy, & Keith Walker. (2007). *An Evaluation of Family to Family Ties: A Review of Family Mentorship in Action*. Saskatoon: Community-University Institute for Social Research.

- Moneo, Cameron, Maria Basualdo, Isobel M. Findlay, & Wendy MacDermott. (2008). *Broadway Theatre Membership Assessment. A Research Report*. Saskatoon: Community-University Institute for Social Research.
- Muhajarine, Nazeem, Stacey McHenry, Jethro Cheng, James Popham, & Fleur MacQueen-Smith. (2013). *Phase One Evaluation: Improving Outcomes for Children with FASD in Foster Care: Final Report*. Saskatoon: Community-University Institute for Social Research and Saskatchewan Population Health and Evaluation Research Unit.
- Muhajarine, Nazeem, Maureen Horn, Jody Glacken, Trina Evitts, Debbie Pushor, & Brian Keegan. (2007). *Full Time Kindergarten in Saskatchewan, Part One: An Evaluation Framework for Saskatchewan Full-Time Kindergarten Programs*. Saskatoon: Community-University Institute for Social Research.
- Muhajarine, Nazeem, Trina Evitts, Maureen Horn, Jody Glacken, & Debbie Pushor. (2007). *Full-Time Kindergarten in Saskatchewan, Part Two: An Evaluation of Full-Time Kindergarten Programs in Three School Divisions*. Saskatoon: Community-University Institute for Social Research.
- Ofosuhene, Maxwell. (2003). *Saskatchewan River Basin-Wide Survey of Residents' Attitudes Towards Water Resources and the Environment*. Saskatoon: Community-University Institute for Social Research.
- Olauson, Caitlin, Reggie Nyamekye, Isobel M. Findlay, Nazeem Muhajarine, Sarah Buhler, Bill Holden, Colleen Christopherson-Cote, and Len Usiskin. (2021). *A Review of Affordable Housing Programs for Those in Greatest Need in Saskatoon, Saskatchewan*. Saskatoon: Community-University Institute for Social Research.
- Olfert, Sandi. (2003). *Quality of Life Leisure Indicators*. Saskatoon: Community-University Institute for Social Research.
-  Pattison, Dwayne and Isobel M. Findlay. (2010). *Self-Determination in Action: The Entrepreneurship of the Northern Saskatchewan Trapper's Association Co-operative*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.
- Pham, Anh, Anousheh Marouzi, Isobel M. Findlay, and Suresh S. Kalagnanam. (2024). *College of Nursing Distributed Education Program: A Social Return on Investment Analysis*. Saskatoon: Community-University Institute for Social Research.

- Pham, Anh, Suresh S. Kalagnanam, and Isobel M. Findlay. (2020). *Prairie Hospice Society: Social Return on Investment Analysis Report*. Saskatoon: Community-University Institute for Social Research.
- Prokop, Shelley Thomas. (2009). *Program Evaluation of the Saskatoon Community Clinic: Strengthening the Circle Program*. Saskatoon: Community-University Institute for Social Research.
- Propp, A.J. (Jim). (2005). *Preschool: As Essential As Food. An Effectiveness Review of the Saskatoon Preschool Foundation Tuition Subsidy Program*. Saskatoon: Community-University Institute for Social Research.
- Quaife, Terra, Laurissa Fauchoux, David Mykota, and Isobel M. Findlay. (2014). *Program Evaluation of Crisis Management Services*. Saskatoon: Community-University Institute for Social Research.
- Quinlan, Elizabeth, Ally Clarke, and Natasha Miller. (2013). *Coordinating and Enhancing Care and Advocacy for Sexual Assault Survivors: New Collaborations and New Approaches*. Saskatoon: Community-University Institute for Social Research.
- Radloff, Karla. (2006). *Community Resilience, Community Economic Development, and Saskatchewan Economic Developers*. Saskatoon: Community-University Institute for Social Research.
- Reed, Maureen. (2003). *Situating Indicators of Social Well-Being in Rural Saskatchewan Communities*. Saskatoon: Community-University Institute for Social Research.
- Roberts, Claire. (2006). *Refugee Women and Their Postpartum Experiences*. Saskatoon: Community-University Institute for Social Research.
- Ruby, Tabassum. (2004). *Immigrant Muslim Women and the Hijab: Sites of Struggle in Crafting and Negotiating Identities in Canada*. Saskatoon: Community-University Institute for Social Research.
- Sanderson, K. (2005). *Partnering to Build Capacity and Connections in the Community*. Saskatoon: Community-University Institute for Social Research.
- Sanderson, Kim, Michael Gertler, Diane Martz, & Ramesh Mahabir. (2005). *Farmers' Markets in North America: A Literature Review*. Saskatoon: Community-University Institute for Social Research.

- Schmidt, Heather, Cynthia Chataway, Patrick Derocher, Jeff McCallum, & Yolanda McCallum. (2006). *Understanding the Strengths of the Indigenous Communities: Flying Dust First Nation Focus Group Report*. Saskatoon: Community-University Institute for Social Research.
- Schwark, Tyler, Rahul Waikar, Suresh S. Kalagnanam, and Isobel M. Findlay. (2014). *Saskatchewan Summer Literacy: An Evaluation of Summer Reading Programming in Saskatchewan Public Libraries*. Saskatoon: Community-University Institute for Social Research.
- Sedaghat, Nadia, Isobel M. Findlay, and Rosmary Martinez Rueda. (2025). *Housing Security and Neighbourhood Safety: Pathways to Equity Workshop Report*. Pathways to Equity. Saskatoon: Community-University Institute for Social Research.
- Seguin, Maureen. (2006). *Alberta Mentoring Partnerships: Overview and Recommendations to Saskatoon Mentoring Agencies*. Saskatoon: Community-University Institute for Social Research.
- Sinclair, Raven, & Sherri Pooyak (2007). *Aboriginal Mentoring in Saskatoon: A cultural perspective*. Saskatoon: Indigenous Peoples' Health Research Centre in collaboration with Big Brothers Big Sisters of Saskatoon and the Community-University Institute for Social Research.
- Sivajohanathan, Duvaraga, Isobel M. Findlay, & Renata Andres, 2014. *Parent Resources for Information, Development, and Education: Pre-Service Evaluation—A Research Report*. Saskatoon: Community-University Institute for Social Research.
- Soles, Kama. (2003). *Affordable, Accessible Housing Needs Assessment at the North Saskatchewan Independent Living Centre*. Saskatoon: Community-University Institute for Social Research.
-  Spence, Cara, & Isobel M. Findlay. (2007). *Evaluation of Saskatoon Urban Aboriginal Strategy: A Research Report*. Saskatoon: Community-University Institute for Social Research.
- Stadnyk, Nadia, Nazeem Muhajarine, & Tammy J. Butler. (2005). *The Impact of KidsFirst Saskatoon Home Visiting Program in Families' Lives*. Saskatoon: Community-University Institute for Social Research.
- Sun, Yinshe. (2005). *Development of Neighbourhood Quality of Life Indicators*. Saskatoon: Community-University Institute for Social Research.

- Tabassum, Somiya, Marie Lovrod, Isobel M. Findlay, Shaylyn White, Emilia Gillies, and Haleh Mir Miri. (2023). *Learning is Healing. "When we know better, we do better": Saskatchewan Sexual Violence Education Initiative*. Saskatoon: Community-University Institute for Social Research
- Tai, Natalie and Keith Da Silva. (2025). *Housing Insecurity, Renter Equity, and Homelessness in Saskatchewan: Workshop Summary Report*. Pathways to Equity. Saskatoon: Community-University Institute for Social Research.
- Tannis, Derek. (2005). *Mentoring in Saskatoon: Toward a Meaningful Partnership*. Saskatoon: Community-University Institute for Social Research.
- Townsend, Lynne. (2004). *READ Saskatoon: Literacy Health Benefits Research*. Saskatoon: Community-University Institute for Social Research.
- Tupone, Juliano. (2003). *The Core Neighbourhood Youth Co-op: A Review and Long-Term Strategy*. Saskatoon: Community-University Institute for Social Research.
- Umereweneza, Patience, Isobel M, Findlay, Marie Lovrod, Crystal Giesbrecht, Manuela Valle-Castro, Natalya Mason, Jaqueline Anaquod, & Renée Hoffart. (2019). *Sexual Violence in Saskatchewan: A Survey Report*. Saskatoon: Community-University Institute for Social Research.
- Umereweneza, Patience, Marie Lovrod, Isobel M. Findlay, Crystal Giesbrecht, Manuela Valle-Castro, Natalya Mason, Jaqueline Anaquod, & Renee Hoffart. (2020). *Sexual Violence in Saskatchewan: Voices, Stories, Insights, and Actions from the Front Lines*. Saskatoon: Community-University Institute for Social Research.
- Victor, Janice. (2011). *Report to the Saskatoon Regional Intersectoral Committee: The Middle Ring Evaluation*. Saskatoon: Community-University Institute for Social Research.
- Wāhpāsiw, Omeasoo, Isobel M. Findlay, and Lisa Erickson. (2015). *Exploring the Potential for a University of Saskatchewan Research Shop: A Compliance Report*. Saskatoon: Community-University Institute for Social Research.
- Waikar, Rahul, Suresh Kalagnanam, & Isobel M. Findlay. (2013). *Financial Proxies for Social Return on Investment Analyses in Saskatchewan: A Research Report*. Saskatoon: Community-University Institute for Social Research.

- Williams, Alison with Sylvia Abonyi, Heather Dunning, Tracey Carr, Bill Holden, Ron Labonte, Nazeem Muhajarine, & Jim Randall. (2001). *Achieving a Healthy, Sustainable Community: Quality of Life in Saskatoon, Saskatchewan. Research Summary*. Saskatoon: Community-University Institute for Social Research.
- Wohlgemuth, Nicole R. (2004). *School Fees in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Woods, Florence. (2003). *Access to Food in Saskatoon's Core Neighborhood*. Saskatoon: Community-University Institute for Social Research.
- Wright, Judith and Nazeem Muhajarine. (2003). *Respiratory Illness in Saskatoon Infants: The Impact of Housing and Neighbourhood Characteristics*. Saskatoon: Community-University Institute for Social Research.



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