

FEASIBILITY OF A SOCIAL RESEARCH AND PLANNING PROGRAM IN THE QUINTE REGION

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1. Introduction

1.1 Purpose

The purpose of this study was to assess the feasibility of a permanent social research and planning program (SRPP) in the Quinte Region¹ that would contribute to a more inclusive and engaged community where people live together in ways that give everyone the opportunity to develop to their full potential. To determine feasibility, we:

- Identified the possible roles and unique contribution of a social planning program that undertakes research and planning to promote community wellbeing.
- Assessed the needs and opportunities for social research and social planning in the Quinte Region to create a program model and value proposition appropriate for our community.
- Identified the resources and capacities required to initiate and sustain this model and opportunities and strategies for securing these resources.
- Identified the critical conditions that need to be met to make the proposed program model sustainable.

1.2 Methods

A mixed-method approach was used to complete this feasibility assessment. After completing a brief review of relevant grey literature on community-based social planning and research, surveys were conducted with human service providers (n=44), and social service clients (n=208), and analyzed using descriptive statistics.

Building on the results of the surveys, focus groups with staff of human service providers in the Quinte Region (n=18) and interviews with past and present senior leaders of social planning organizations in Ontario (n=7) were completed. Thematic analysis identified key concepts from qualitative methods, and saturation was achieved. Focus groups were also held with social service clients but were not included in the analysis due to limited participation and absence of saturation.

A description of methods used in this study is included in Appendix A. Results from each method are presented in Appendix B.

As a research team, we analyzed and collaboratively interpreted the findings to create a model for an SRPP in the Quinte Region. We identified the resources and capacities required to initiate and sustain this model based on our experiences in human services and knowledge developed through the study.

¹ The Quinte region includes the Cities of Belleville and Quinte West, in addition to their adjacent municipalities located in south and central Hastings County (Madoc, Centre Hastings, Stirling-Rawdon, Marmora and Lake, Tweed and Deseronto).

2. Background

2.1 Role of social research and planning programs

In the early 1990s, the Social Planning Network of Ontario (SPNO) formed, identifying eight roles or approaches for community development or social planning organizations² to enhance community wellbeing (Appendix C):

1. Social research
2. Policy analysis and development
3. Convening and facilitating
4. Partnership development and collaboration
5. Community awareness and education
6. Service development
7. Community development
8. Advocacy and social action

Since then, the social and economic context has shifted markedly, presenting challenges for traditional social planning organizations, with many struggling to remain sustainable. Identifying the appropriate role and unique value of an SRPP in the current social and economic context and how it can fulfill this role while remaining sustainable are primary concerns of the present feasibility assessment.

Key informants from social planning organizations across Ontario unanimously affirmed that the traditional eight roles are still relevant. Several emphasized that the role and functions of social research and planning programs remain as important to communities as ever, even as methods and organizational models evolve in response to a changing context and financial pressures.

Several themes from our interviews with social planning organizations elucidated the unique value proposition of a local, community-based SRPP. Social planning and research programs:

- Are embedded in their community, reflecting the local context.
- Have a long-term commitment to the communities to which they belong.
- Have a connection to, and partnerships with, a wide array of organizations within the not-for-profit sector and beyond.
- Are connected to citizens and grassroots organizations both directly and through partnered organizations.

² The terms “social planning” and “community development” are used interchangeably, reflecting their common usage in reference to community-based organizations whose primary mandate is to fulfill some or all of the roles of a social planning program described in this section and in Appendix C.

- Are seen as an "honest broker" helping to navigate tensions and disagreements between various parties in the community and to facilitate diverse perspectives working together to develop and achieve a shared vision of community wellbeing.
- Are not in competition for resources with human service providers since they rarely engage in frontline service delivery.
- Serve an ambassador function, bringing knowledge and new ideas from other jurisdictions into the community and representing community knowledge and priorities to broader coalitions.
- Have knowledge and relationships to advocate effectively for community priorities and on behalf of nonprofit and charitable organizations who are often constrained in their capacity and ability to engage in advocacy.

These themes relate to the roles and functions of an SRPP, its place in the community, and its ways of being and working to fulfill its roles in advancing community wellbeing. They show that the value of an SRPP is in both *what* it does and *how* it undertakes this work; attention to both is necessary for developing a viable and sustainable SRPP in the Quinte Region.

2.2 Social planning in the Quinte Region

The Community Development Council of Quinte (CDC Quinte) has served its region since 1989. It retains many of the roles of a social planning organization in its mission, mandate, and values. (1) However, in response to pressures to remain sustainable as an organization, the CDC Quinte has focused on frontline service provision to meet community needs through a range of social development and food security programs. At the same time, roles related to social research and planning (e.g., convening and facilitating, knowledge development) have been filled to a lesser extent or on an intermittent basis. Recent strategic planning for the organization has identified expanding its community development and social research work as a priority.

Bridge Street United Church (BSUC) has operated meal programs in Belleville for more than 20 years, directly addressing the food needs of those experiencing food insecurity while recognizing the need to address upstream factors and to have reliable evidence to inform program decisions. Recently, Meal Program staff have engaged in social research and planning activities to address the need for local evidence and contribute to positive social development. In 2018, the Community Development Council of Quinte and Bridge Street United Church signed a Memorandum of Agreement to undertake joint social research projects addressing shared priorities, including the present feasibility assessment.

In the past, social research and planning activities in the Quinte Region have taken place on an issue-by-issue basis with limited connections between organizations or projects. With this ad hoc orientation, collective impact has been absent in addressing community wellbeing issues. According to Kania and Kramer, collective impact requires a shared vision that cannot be achieved by the "isolated intervention of individual organizations." (2) Similarly, Clague observes that the absence of a permanent social planning organization "means that an organized body of

expertise and knowledge may not be readily available to tackle unexpected issues, or to contribute to long-range community planning and development."(3) The informal and disconnected nature of social research and planning activities in the Quinte Region and the absence of a consistent SRPP to synthesize these diverse efforts has limited this region's ability to achieve positive change for community wellbeing.

Municipalities in the Quinte Region, including the cities of Belleville and Quinte West, delegate responsibility and provide funding for the statutory planning and delivery of social services to the upper-tier municipality of Hastings County, specifically its department of Community and Human Services. Municipal staff and elected representatives often assume these activities are synonymous with social planning and thus rely on Hastings County for long-term planning for community wellbeing. However, the roles of an SRPP complement Hastings County's delegated responsibility for planning and delivery of statutory services – they are not subsumed within it. Together, they are part of a broader ecosystem that fosters community wellbeing.

From 2016-2020, The Poverty Roundtable of Hastings Prince Edward provided some measure of shared visioning for community wellbeing and opportunities for action, but its work has ended due to a lack of resources. The COVID-19 pandemic has further exposed the lack of community infrastructure to work together, with no clear leadership in the community for collectively identifying and addressing emerging social issues. Social service focus group participants valued the Poverty Roundtable's work and expressed that its deliverables were used across agencies to support their work.

3. Model for a social research and planning program

Three interrelated program areas have been identified as priorities for a social research and planning program in the Quinte Region:

1. Social research

- a. *Knowledge development* through research on topics and issues of local importance.
- b. *Knowledge translation* to apply knowledge from various sources and jurisdictions to the local context.
- c. *Knowledge mobilization* by sharing information between organizations and synthesizing knowledge developed by a variety of local partners.

2. Community organizing

- a. *Empowering residents*, especially marginalized groups most affected by social issues, to participate meaningfully in ways that will improve their situation.(4)
- b. *Supporting participatory practice* in human service organizations by building organizational capacity and facilitating community engagement.

3. Advocacy for public and institutional policies that support community wellbeing.

A fourth role – **social services coordination and support** – would support capacity building and provide shared services for nonprofit and charitable human services organizations. The research team did not consider this an essential component of an SRPP at the present time. However, it is a demonstrated need in the Quinte Region that could be met by an SRPP in the future.

3.1 Social research

3.1.1 Knowledge development

Providing local research and analysis about current and emerging community wellbeing issues was identified by human service providers as a pressing need and an essential and central role for an SRPP in the Quinte Region. Many reported relying heavily on internal program data to inform decisions but expressed a desire and preference for community-level evidence, saying that they seek out local knowledge and use it preferentially when it is available. Service providers saw particular value in an SRPP with expertise in community-based research methods that develops local knowledge to help them understand and address community needs more effectively, identify and respond to existing service gaps and adapt their services to meet emerging and rapidly evolving community needs. Local knowledge and data would also be used to support their applications for program funding. Funders may also find local knowledge development helpful for setting funding priorities, evaluating applications for funding, and for assessing the impact of their funding investments over time.

Human service providers emphasized that an organization that understands the local context and maintains long-term relationships with potential partners and stakeholders would offer more impactful and relevant data for their use, affirming the unique value of an SRPP for the Quinte Region. They observed that an SRPP would add value by bringing a systems-level perspective, identifying the intersections of social determinants of health that local people experience, to address complex issues beyond the scope and capacity of organizations like theirs that are focused on service provision.

What would be useful is research that provides some context on some of the social determinants of health issues, like housing or food security, so that there is a...picture of what is happening in this region...it needs to be regional, not local...so that I can then use that information to inform any of the more detailed work that we have or wanted to do so that all of us drafting our letters and position papers...have easy access to this information. ...And then, some analysis on how those issues intersected – how does education impact poverty, and from there we go to, what about the high school drop out rates where is that? How do we find that information? This might not be the one piece of information that is going to help me do my job, but its going to help me do my job better.

– Human service provider

Key informants from social planning organizations observed that an SRPP's long-term community involvement is an asset that consultants, academic researchers, and university-

affiliated action research bodies could not replicate. They observed that community-based social research and planning organizations work with human service providers before, during, and after a given project because they are part of the same community and social service ecosystem. An SRPP would draw on these deep connections over time to inform its work and connect this cumulative knowledge to advocacy and broader social change efforts. Furthermore, an SRPP has a vested interest in using contextual knowledge and structuring its knowledge development activities to achieve community development goals. This typifies a community-based approach to research, where knowledge development activities intentionally reflect community priorities, amplify community voices, and contribute to action for positive change. (5) Key informants felt strongly that these unique characteristics and approaches make SRPPs indispensable in their communities. They also cautioned that this exceptional value is difficult to quantify and easy to underestimate. It needs to be recognized and marketed effectively by social planning organizations in order to maintain sufficient capacity to realize this value.

3.1.2 Knowledge translation

Knowledge translation involves applying knowledge from different jurisdictions and sectors to inform local decision-making and practice. Human service providers considered knowledge translation necessary to stay informed of up-to-date research evidence and best practices within relevant fields. However, they noted in both the focus groups and surveys that they do not have the time, resources, or expertise to conduct and review research or to synthesize information about the complex issues that bring people to their services. Furthermore, they acknowledged that they do not have dedicated capacity to support evidence-based practice, despite it being valued by their organizations.

Key informants from social planning organizations identified knowledge translation to support evidence-based practice as a core aspect of their work. They also observed that knowledge translation is bi-directional: their organizations are knowledge ambassadors, translating knowledge external to the community to be relevant to the local context, and bringing knowledge and experiences from their community into broader coalitions, knowledge development activities, analysis, and action.

3.1.3 Knowledge mobilization

Knowledge mobilization is a continuum of activities that includes co-creation, brokering, exchange, and dissemination of knowledge. (6,7) Human service providers affirmed that these are critical gaps in the Quinte Region that an SRPP would be well-positioned to fill. They saw value in helping organizations find the information they need, connecting them with potential partners who share similar interests, and facilitating partnerships for knowledge development and dissemination across sectors. For example, they suggested maintaining a clearinghouse of local social research to support timely knowledge exchange and synthesis.

Human service providers felt strongly that an SRPP could play a pivotal role in bringing partners together to address critical community issues, and to coordinate efforts to achieve shared outcomes. By acting as a backbone agency, an SRPP could identify the intersection between complex issues (e.g., housing, employment, and transportation) and the actors that influence these issues in order to impact community wellbeing positively. Local human service providers and social planning organizations both saw an important role for an SRPP in public education about the complex issues affecting community wellbeing.

3.2 Empowering residents

Results of the human service client survey expose a lack of client participation in shaping the social service programs that they use. Clients expressed doubt that their perspectives were valued or taken seriously by human service providers: only half of respondents felt that service providers wanted to hear client concerns about or ideas for improving the programs they provide; just one third agreed that there was evidence that social services act on client feedback.

Clients also provided a very weak assessment of their perceived control over programs that they use – only one third of respondents thought they could influence decisions about the programs that they use – indicating low levels of empowerment. On spectrums of public participation, this corresponds to "inform" or "consult": information flows in one direction from the provider to the client, or client feedback is solicited without commitment or obligation to act on the feedback received. (8)

Human service providers corroborated this assessment of current participatory practice while strongly affirming its value. They expressed a desire to improve their ability to engage clients effectively and to create a sense of belonging and empowerment within their services and the community. Lack of time, skills, and resources to empower clients were identified as barriers to participatory practice.

How we work and how we think about engagement, like boards of directors for example, they are not set up as easy environments for people to engage in. So how we do that has to change. And you can change how you do your governance, or you can change how you engage with those populations to inform that governance. If you can't do one right away, then you better do the other at least. And for me so often that dedicated, skilled resource to do that outreach doesn't exist. It's an add-on to everybody's job.

– Human service provider

Human service providers observed that the recent ending of the Poverty Roundtable leaves a gap in the community for organizing and empowering residents with lived experience of poverty and supporting participatory practice in the social services sector. The SRPP would be well suited to meet this community need. Guided by a vision of engaged and empowered residents and social services that are "relevant to [their] needs and responsive to their priorities," (9) an SRPP would

- facilitate community organizing and provide opportunities for clients to have a voice in shaping social services and their community, and
- support human service providers in developing capacity for and engaging in participatory practice.

3.3 Advocacy

Both human service providers and social planning organization representatives noted that charitable organizations often have limited resources and skills to gather, synthesize, and present information to policymakers. They also felt that charitable organizations' ability to advocate effectively is constrained by their need to continually seek and maintain funding. Results from the human service provider survey and focus groups confirmed that few social service organizations in the Quinte Region engage in advocacy as part of their regular activities.

Advocacy for public and institutional policies that enhances community wellbeing has long been a central aspect of SRPPs. The unique roles of a community-based SRPP and the variety of relationships it forms within the community provide an SRPP with the knowledge and legitimacy to advocate for priorities and concerns arising from the charitable sector and those with lived and living experience of poverty. It is evident that advocacy would be a valuable role for an SRPP to fulfill in the Quinte Region. However, such a program must also continually navigate the uneasy relationship between strong advocacy and financial sustainability.

4. Resources

This section discusses the resources necessary to initiate and sustain a permanent SRPP in the Quinte Region (Appendix D). Our approach is to identify the resources necessary to operationalize the model presented above, building on the existing strengths and assets of our organizations. Additional resources and capacity will provide proportionately greater value and improve the viability and sustainability of the proposed SRPP.

4.1 Human resources

An SRPP requires human resources for development, start-up, and ongoing operations. CDC Quinte and BSUC have existing capacity to develop a detailed SRPP workplan and seek start-up funding. CDC Quinte will continue to have resources at the executive level for the start-up and operational phases. Additional human resource capacity at management and program levels are needed to initiate and deliver programming in the start-up and operational phases. A management-level position (1.0 FTE) is required to lead and supervise the SRPP and for partnership development. Program-level staff are required for program delivery in social research (1.0 FTE) and empowering residents (1.0 FTE). Advocacy activities are cross-cutting with duties and responsibilities shared by all SRPP staff.

The capacity of an SRPP to fulfill its mandate and realize its potential depends in significant part on the knowledge, skills, and experience of its staff. While the above FTEs are projected

minimums to achieve critical capacity, additional staff would enable the organization to achieve the SRPP's full potential and provide greater value to the community. The proposed SRPP should therefore include a growth strategy as it moves from start-up to a sustained operations phase.

4.2 Technical and technological resources

Technical knowledge, skills and experience are necessary to successfully sustain the SRPP and should be present in the individuals hired to undertake this work. Key informants from social planning organizations emphasized that the trust placed in an SRPP by its partners and funders and the legitimacy of its voice in the community are directly proportionate to the quality of its work. In the start-up phase, the proposed SRPP requires experienced staff with an appropriate compensation framework to attract and retain them. Additional program staff positions may include entry-level positions and temporary capacity from students, interns, graduate students from university-affiliated research bodies, or contract staff. Professional development opportunities and the financial resources to provide these regularly are essential to maintain professional skills and competencies and organizational excellence.

Other technical resources and professional skills such as program evaluation, communications and marketing, human resource management, information technology, business planning, and fund development will be essential to the function and ongoing success of the program. These are likely to be needed intermittently or in an advisory capacity. Volunteers, including board members, may provide some of this capacity; financial resources will be required to secure capacity from external sources as needed.

Information technology assets such as appropriate hardware and software and adequate internet service must be maintained for the day-to-day function of the SRPP. Specialized software and licenses may come with substantial cost. Additional assets such as phones and phone plans and cloud-based collaborative and data storage solutions may also be required for effective communication and remote work. Access to academic library services will be necessary and may be possible through partnerships or memberships in professional or industry associations.

4.3 Organizational resources

The CDC Quinte and BSUC are established organizations with robust organizational infrastructure and a track record of successful program delivery, special projects, and grant administration. They are both well respected and trusted by community partners across various sectors. These are considerable organizational assets that promote success of the SRPP.

The SRPP will require administrative policies, procedures, and physical workspace. Purposeful board member selection and training opportunities will promote effective oversight of this new program area, develop champions and advocates for its work, and contribute to its success and sustainability.

4.4 External resources

Relationships with external organizations, consultants, academic researchers, and other experts allow an SRPP to meet its organizational needs and to access technical expertise without maintaining it internally. Intentionally identifying and cultivating relationships with individuals, organizations, and institutions will be a necessary part of the SRPP's ongoing partnership development efforts.

4.5 Financial resources

Financial resources are a primary requirement for any program. SRPPs face many of the funding challenges inherent within the charitable sector such as precarious funding, short funding cycles, strong competition for limited resources, and the high administrative burden of maintaining funding that detracts from service delivery. Social planning organization key informants identified several other challenges for SRPPs, including:

- Funder preference for front-line service delivery to clients resulting in limited funding sources or opportunities for research and planning activities.
- A desire not to compete for funding with other nonprofits.
- Advocacy and community organizing activities and priorities putting the SRPP at odds with its funders.
- Short funding cycles and expectations of short-term impact, whereas a SRPP's impact is typically medium- to long-term.

The proposed SRPP model both determines and is determined by its funding model. This section discusses potential funding sources and a suitable funding model for the proposed SRPP.

4.5.1 Funding sources

4.5.1.1 Core funding – non-competitive and competitive sources

Core funding allows an organization to direct resources to the activities it deems most appropriate and is therefore strongly preferred by organizations in the charitable sector. Core funding would provide relatively stable, longer-term funding, enabling SRPP to focus on achieving medium- to long-term community development outcomes.

Although core funding is preferred, it is also increasingly rare in the charitable sector. Social planning organization representatives were unanimous in their assessment that core funding from municipalities, once the bedrock of social planning organizations' revenue that enabled them to fulfill core functions, is no longer a reliable funding source. The United Way was identified as another once-reliable source of core funding that is now less common. Foundations and major donors are potential sources of core funding, though these relationships take time to develop and depend on the presence of suitable individuals or

foundations who share and value the SRPP's vision and are willing to provide ongoing operational funding.

Despite the challenges of securing core funding, social planning organizations were emphatic about their organizations' need to maintain independence, including not competing for funding with the social service agencies with whom they partner. Social planning organizations considered this essential to maintaining their position as an impartial mediator on social issues. This presents somewhat of a quandary: if core funding opportunities are increasingly scarce, and funding within the charitable sector is distributed primarily through competitive grants for which the SRPP ought not compete, how should it secure adequate and reliable funds to do its work?

Social planning organizations suggested that potential funders must understand and accept the inherent value of an SRPP's work to provide and maintain sufficient core funding to make this work possible. They also noted that when core funding is provided it should not be taken for granted. The onus is on the SRPP to clearly articulate its value to the community that the funder serves, to demonstrate its legitimacy and necessity by measuring its outcomes and impact, and to continuously market itself to potential funders accordingly.

What I do know is that there has to be an adequacy of funding, and it has to be funding for – you know, nobody gives funding forever, but – long periods of time. Because...[we're] doing the research, pulling the community together, doing the education, developing the actions...well you don't do that in a year. ...So there has to be a real desire and recognition that this is an important contribution to community.

– Key informant

There is precedent in the Quinte Region for municipalities to provide core funding to sector-based umbrella organizations. For example, the Bay of Quinte Regional Marketing Board receives core funding from several municipalities because of the value that it provides to the sectors it serves and to the community at large. Municipal core funding helps maintain capacity, promote excellence, meet collective needs, and advocate for the priorities of organizations within relevant sectors. To access similar funding, the proposed SRPP would need to make the case that its services would strengthen the charitable sector and improve community wellbeing. The findings of this feasibility assessment from human service providers, clients, and social planning organizations provide strong evidence to support this proposition.

4.5.1.2 Fee-for-service and project-based funding

A fee-for-service revenue model requires the SRPP to maintain a high level of technical expertise in research, knowledge mobilization, community organizing, and organizational capacity building. The SRPP would market itself to the local nonprofit sector, promoting its unique value as a consultant that combines technical expertise with a deep understanding of the local context and an orientation toward social justice and community empowerment.

Social planning organizations had varying opinions about whether a fee-for-service model was advisable or even philosophically preferable for an SRPP. Some maintained that fee-for-service work was not preferable since it positions the SRPP's relationship with nonprofits as clients rather than partners. One informant remarked that the community-based nature of SRPPs has long meant that the SRPP commits to making its work publicly available and free of charge; fee-for-service may mean providing value primarily to clients rather than to the community. A fee-for-service model also places the SRPP in competition with private sector consultants and academic-affiliated researchers or community-based research offices who have a more extensive and diverse revenue base. Lastly, social planning organizations warned that fee-for-service or project-based funding requires the SRPP to apply its limited capacity to projects for which funding is available regardless of whether they reflect the SRPP's own priorities developed with community participation.

Most social planning organizations were skeptical that an SRPP could be competitive in a fee-for-service environment, especially in a small market, though some saw promise. Many cautioned that maintaining the expertise needed to fulfill this function is costly and that doing project-based work to provide revenue can detract from other priorities. Several suggested maintaining a roster of trusted consultants or academic partners who share the organization's values and approach and can provide technical skills and expertise for various projects as an alternative to maintaining these internally. Others considered fee-for-service or project-based work a viable way to generate revenue to support the provision of core social research and planning services. Social planning organizations unanimously cautioned that it could be challenging to leverage this work as a net revenue source to support other core operations.

Human service providers in the Quinte Region noted the potential benefits of having an SRPP that operates on a fee-for-service or project-based model because of its inherent expertise and approach. They also indicated that they currently lack the time and financial resources to undertake community-based research, community engagement, and advocacy. While the demand for an SRPP's services may exist in the Quinte Region, it is questionable whether sufficient revenue is available to sustain a fee-for-service model; a minority of human service survey respondents indicated that their organizations had dedicated resources for development of knowledge on client or community wellbeing needs. It may therefore be prudent for the SRPP to seek funding and undertake projects with other organizations as partners rather than clients. A partnership-based model aligns with the research team's past experiences and understanding of the opportunities and challenges in the Quinte Region. This approach still requires the SRPP to maintain its technical capacity – as one social planning organization observed, funding is needed to strengthen the capacity that an SRPP can bring to the partnership table – and must therefore be combined with other revenue sources.

4.5.1.3 Direct service programs

Funding for frontline service programs that provide specific goods or services directly to clients is more readily available in the charitable sector than funding for planning or capacity-building

services. Providing the SRPP alongside direct services will distribute organizational costs (e.g. overhead, administration, executive leadership) that would be difficult to maintain in a small, standalone community development organization. Direct service provision offers the added benefit of keeping the SRPP connected to individuals with lived experience of poverty and allows it to demonstrate a social justice-oriented approach to service delivery. Direct services should provide unique value to the community to avoid competing with other nonprofit organizations for resources. Over time, capacity-building and shared services to support the nonprofit sector could be developed as part of the community development organization's direct service delivery portfolio.

4.5.1.4 Social enterprise

A social enterprise model could be used to deliver programs and services, including social research and planning in a fee-for-service model. A successful social enterprise would provide value to the community with profits reinvested in the organization as core funding for social research and planning activities. The risks and rewards of developing a new social enterprise mirror those of traditional private-sector businesses, though the skills, investment, and risk tolerance required to start a successful business are less common in the nonprofit sector. Additionally, the inherent desire of a community development organization to provide its products to underserved and marginalized populations and those experiencing poverty presents challenges for profitability.

Several social planning organizations acknowledged the potential for a social enterprise to add value to the community while providing revenue for the SRPP. As with a fee-for-service model, they remained skeptical that the return on investment of time, attention, and funds would be adequate to justify pursuing this as a revenue source. Neither CDC Quinte nor BSUC currently operates any programs with a social enterprise model, so there is no existing revenue source to consider. Providing social research and planning services, organizational capacity-building, or shared services under a social enterprise model is possible, but the organizational risks and potential for profitability mitigate against it, as discussed above. If a viable social enterprise were to be developed in the future, it seems unlikely that it could generate sufficient profit to sustain an SRPP independently and would therefore need to be part of a more diverse organizational funding model.

4.5.1.5 Membership fees

Membership fees generally cover a portion of costs associated with services provided to members, supplementing other revenue sources. A membership fee model may be applicable if the SRPP provided capacity-building or shared services to nonprofit organizations that they could not maintain on their own. However, these services are not included in the proposed SRPP model; membership fees are therefore not applicable but may be considered as the SRPP matures.

4.5.1.6 Start-up grants

Start-up grants would provide initial capital and operational funding to initiate the proposed social research and planning program. Start-up funding would be secure and predictable for a specified duration, providing time to develop alternate funding sources. This funding type would enable the SRPP to demonstrate its value to community partners and potential funders to help justify its requests for core funding. Potential sources of start-up grants include major donors and local, provincial, or national foundations.

The Ontario Trillium Foundation's Grow Grant stream is a promising potential source of start-up funding. Grow Grants are intended to launch, replicate, or adapt a program. The SRPP is consistent with a launch-type project, described as "launch[ing] a new program (new to your organization), not a program that you have delivered or are currently delivering. This could be a program that has been delivered in another community, another province, or even another country." (10) The SRPP meets the Grow Grant criteria for a launch-type (Type 1) project, as shown in the following table.

Grow Grant criterion	Alignment of proposed SRPP in Quinte Region
<i>"There is evidence that the program you wish to run will deliver the impact related to the Grant Result chosen."</i>	Social Planning Councils in communities across Ontario have a history of providing value to their communities consistent with the Ontario Trillium Foundation's grant results in the "Connected People" action area.
<i>"You are able to demonstrate that you can successfully achieve your stated impact with this program, within your community context, and with the intended audience."</i>	CDC Quinte and BSUC have a track record of completing project work related to the proposed program area, with demonstrated value to the community. Evidence from this feasibility assessment indicates that an SRPP is desired by key stakeholders and would provide value to them and the community at large.
<i>"In launching the new program... you may be adapting the program, thus ensuring that the program is a stronger fit for your community, community context, and with the intended audience."</i>	This feasibility study, funded by an OTF Seed Grant, outlines a program model that adapts existing social planning programs to the Quinte Region in order to achieve similar impact and to promote sustainability beyond the term of a Grow Grant.

4.5.2 Funding model for an SRPP in the Quinte Region

The funding model for an SRPP in the Quinte Region will evolve as the program moves through further development of the proposal to a start-up phase, eventually transitioning to a long-term, sustainable funding model. Start-up grants would sustain the SRPP in the initial start-up phase, providing time and opportunity to demonstrate the value of an SRPP and build relationships with potential core funders. A diverse funding model that includes core funding

and project-based funding will be required to sustain a SRPP in the Quinte Region. Hosting the SRPP within an organization that provides other services will diffuse organizational costs and promote SRPP sustainability.

5. Conclusion

This feasibility assessment provides evidence that an SRPP is a needed entity that can be established sustainably in the Quinte Region. An SRPP in the Quinte Region is determined to be feasible, as it meets the following criteria:

1. The SRPP has a viable program model with a clear value proposition that meets a defined community need.

A functional model is fully articulated in section 3. This model will fulfill the need for local knowledge and enhanced long-term social planning and reflects the desires and perspectives of the Quinte Region's human service providers and clients.

2. There is administrative infrastructure to support the establishment of the SRPP.

The CDC Quinte and BSUC have the administrative resources and successful community partnership experience to develop and implement an SRPP, including support and trust from human service providers in the Quinte Region.

3. An initial funding model is established that sustains critical functions in the short-term and promotes financial sustainability over the long-term.

The resources necessary for successful establishment of the SRPP are identified in section 4 and are determined to be reasonable and achievable. Start-up funding is required to initiate the SRPP and provide the groundwork for sustainable funding. A sustainability plan will be established during the start-up phase, relying on evaluation to demonstrate the SRPP's value and impact in the community and to secure diverse and sustainable revenue. (11)

6. References

1. CDC Quinte. About Us - CDC Quinte [Internet]. 2018 [cited 2020 Dec 30]. Available from: <https://cdcquinte.com/about-us/>.
2. Kania J, Kramer M. Collective Impact. Stanford Social Innovation Review [Internet]. 2011 [cited 2020 Dec 30]; Winter. Available from: https://ssir.org/articles/entry/collective_impact.
3. Clague M. A Citizen's Guide to Community Social Planning [Internet]. Vancouver; 1993 [cited 2020 Dec 30]. Available from: <https://www.sparc.bc.ca/wp-content/uploads/2020/11/guidebook-a-citizens-guide-to-community-social-planning.pdf>.
4. World Health Organization. Ottawa Charter for Health Promotion [Internet]. Geneva; 1987 [cited 2020 Dec 30]. Available from: <https://www.who.int/publications/i/item/ottawa-charter-for-health-promotion>.
5. Centre for Community Based Research. About Community-Based Research [Internet]. Waterloo: Centre for Community Based Research; 2020 [cited 2020 Dec 30]. Available from: <https://www.communitybasedresearch.ca/our-approach>.
6. Research Impact Canada. So What the Heck is Knowledge Mobilization and Why Should I Care? [Internet]. 2014 [cited 2020 Dec 30]. Available from: <http://researchimpact.ca/so-what-the-heck-is-knowledge-mobilization-and-why-should-i-care/>.
7. Ontario Centre of Excellence for Child and Youth Mental Health. What is knowledge mobilization (Kmb)? [Internet]. Knowledge Mobilization Toolkit. 2019 [cited 2020 Dec 30]. Available from: <http://www.kmbtoolkit.ca/what-is-kmb>.
8. IAP2 International Federation. IAP2 Spectrum of Public Participation [Internet]. 2018 [cited 2020 Dec 30]. Available from: https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf.
9. Arnstein SR. A Ladder of Citizen Participation. Journal of the American Planning Association [Internet]. 1969; 35 (4): 216–24.
10. Ontario Trillium Foundation. GROW Investment Stream Reference Manual. 2019.
11. Hutchison K. Survive and Thrive: Three Steps to Securing your Program's Sustainability. 2017. Vancouver: Community Solutions Planning and Evaluation.

7. Appendix A: Methods

A mixed-method approach was used to complete this feasibility assessment:

- A survey of human service provider staff.
- Focus groups with managers and director-level staff of human service organizations in the Quinte region.
- A survey of clients of human services in the Quinte region.
- Focus groups with clients of human services.
- Key informant interviews with current and recently retired executive directors of Social Planning Councils in Ontario.

This Appendix describes each method, purpose, target audience, recruitment strategy, how it was conducted, incentive, confidentiality, and number of respondents.

7.1 Human Service Provider Survey

Purpose	<ul style="list-style-type: none"> – To understand how human service providers in the Quinte region currently access and use information about client and community wellbeing needs – To understand the needs of human service organizations for local knowledge to inform their actions to address client and community wellbeing.
Target Audience	Staff of organizations in the Quinte area that provide social services, representing various levels within their organization (i.e. front-line to management).
Data Collection Tool	Survey administered online using SurveyMonkey.
Recruitment and Data Collection	<p>Email invitations were sent by Volunteer Information Quinte (VIQ) to their service provider database on behalf of CDC-Quinte. This email distribution is a fee-based service offered by VIQ to all its member organization. The invitation contained a link to the online survey.</p> <p>A first round of invitations was sent in March 2020, one week before COVID-19 pandemic lockdown restrictions went into effect across Ontario. The project was suspended for 3 months, and the survey was temporarily closed. A second round of email invitations was sent to the same list in mid-June followed by several email reminders. The survey closed on July 27, 2020.</p>
Privacy and Confidentiality	Surveys were completed anonymously. No information was collected that could be used to identify individual respondents or the organizations for which they worked.
Participation	85 surveys were started and 49 surveys were completed, for a completion rate of 58%.
Discussion	Survey participation was negatively impacted by the COVID-19 pandemic. Service providers were required to rapidly respond to COVID-19 lockdown

	restrictions and to adapt to meet the immediate and emergent needs of community members and their organizations and therefore had limited time or attention to participate in external surveys. This was addressed by providing a second opportunity to participate in the survey in June/July, though we consider
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7.2 Human Service Client Survey

Purpose	To gather information about the current state of participatory practice in social services in the Quinte region, from the client’s perspective. Specifically, we wanted to investigate perceived control and self-efficacy – to what extent clients feel that they have a say in shaping the services and programs that matter to them and that they are able to influence change in the services that they use.
Target Audience	Individuals in the Quinte region who use social services.
Data Collection Tool	The data collection tool was administered in SurveyMonkey.
Recruitment and Data Collection	<p>Potential participants were recruited via two types of Facebook posts, both of which directed participants to the SurveyMonkey tool:</p> <ol style="list-style-type: none"> 1) Facebook posts (not promoted) created by CDC-Quinte and shared by various social service organizations, and 2) Facebook posts created and promoted (Facebook Ads) by CDC-Quinte. <p>The survey was open for a total of four weeks. Three quarters of surveys were completed in the last 10 days of the data collection period, corresponding to the time when Facebook ads were used to recruit participants.</p> <p>Participants were offered the opportunity to enter a draw for a chance to win one of four \$50 cash prizes; recruitment materials advertised this chance to win as an incentive to participate in the survey. Respondents were presented with a link to the contest entrance form upon completing the survey. Only those who completed the survey were eligible for the draw, since the link to the entry form was displayed at the end of the survey. In the contest entry form, respondents were also asked if they would like to join a focus group on the topics addressed in the survey.</p> <p>Contest entrant records were downloaded and assigned sequential record numbers corresponding to the order in which entries were received. The random number generator function in Excel was used to identify numbers at random; the corresponding record numbers were</p>

	the contest winners. Winning entrants were notified by email or phone to arrange for delivery of the cash prize.
Privacy and Confidentiality	Surveys were completed anonymously. Respondents were given the option to enter the draw to win \$50; if they agreed they were taken to a separate SurveyMonkey tool to provide their name and contact information. There were no identifying links between the Client Feedback Survey and the Contest Entry Form so that survey responses could not be traced to respondents who provided their contact information to enter the contest.
Participation	208 completed survey responses were received.
Discussion	Analysis shows that response trends remained consistent as the number of responses increased, suggesting a relatively high degree of confidence in the results, and no meaningful difference between responses generated through Facebook ads compared to those generated by non-advertising Facebook posts.

7.3 Human Service Provider Focus Group

Purpose	To understand the needs of human service organizations in the Quinte Region for community-based social research and planning that enables them to better understand and act on community needs.
Target Audience	Human service organizations that provide services and programs to clients in the Quinte Region.
Data Collection Tool	A semi-structured interview tool was used to guide the interview.
Recruitment and Data Collection	<p>A list of potential participants was generated by the research team. Potential participants were recruited by direct outreach via email and were asked to sign up for pre-scheduled focus groups.</p> <p>Focus groups were conducted electronically using Zoom video teleconferencing technology and were recorded (audio and video) using Zoom’s integrated recording function. Each focus group lasted 60 minutes and included both roundtable and small group discussions.</p> <p>Focus groups were facilitated by two members of the research team; the same research team members conducted all focus groups. Notes were taken by a facilitator during the focus group in an online document as a “flip chart” that was visible to participants. The facilitators reviewed these notes along with their supplementary notes to identify themes which were subsequently validated by the full research team.</p>
Privacy and Confidentiality	Participants signed and returned Informed Consent statements before joining the Focus Group. Participants committed to respecting the privacy of others in the group, and to not share information gained through the discussion with others outside of the focus group. The statement informed

	participants that only members of the research team would have access to the recordings, that focus group data and recordings would be owned by CDC-Quinte, stored on a locked and password protected device, and destroyed after 60 days of completion of this project.
Participation	Three focus groups were conducted with six participants each, for a total of eighteen participants. All participants were senior managers or executive directors in their organization.
Discussion	Two focus groups were planned with a third added due to strong interest from potential participants. Saturation of themes was achieved in the three focus groups.

7.4 Human Service Client Focus Group

Purpose	To gather deeper insight into the current state of participatory practice among social services in the Quinte area, the perceived self-efficacy of social service clients in shaping the services that they use, and to investigate opportunities for and barriers to empowering clients to have greater control over the services that matter to them.
Target Audience	Individuals in the Quinte region who use social services and who participated in the social service client survey.
Data Collection Tool	A semi-structured interview tool was used to guide the focus groups.
Recruitment and Data Collection	<p>Participants were recruited through the online survey. A final question on the survey asked participants if they were interested in participating in a focus group to further elaborate on the information they provided. Participants were offered a \$30 honorarium in recognition of the value of their time and the information that they provided. Participants who indicated interest in participating in the focus group were contacted via email and confirmed via telephone.</p> <p>Focus groups were conducted electronically using Zoom video teleconferencing technology and each lasted 90 minutes. Research team staff worked with potential participants to ensure that they had the required technology to participate, and to address any technological barriers to participation as they arose.</p>
Privacy and Confidentiality	Informed consent statements were circulated to all participants by email when they agreed to join the focus groups. The statement asked participants to commit to respecting the privacy of others in the group, and to not share knowledge gained in the focus group with others who did not participate. It also informed participants that only members of the research team would have access to the recordings, that the recordings would be owned by CDC-Quinte, stored on a locked and password

	<p>protected device, and destroyed after 60 days of completion of this project.</p> <p>Participants who were unable to return a signed informed consent statement gave verbal assent and commitment to the contents of the form before the focus group began.</p>
Participation	<p>35 individuals indicated that they would like to participate in the focus groups, all of whom were contacted by a research team member to arrange their participation in a pre-scheduled focus group. 15 confirmed and were scheduled to participate, however, only 5 attended a focus group: 3 in one and 2 in another.</p>
Discussion	<p>Attendance in the focus groups was unexpectedly low despite having pre-scheduled participants and confirmed their intent to participate. The project timeline precluded rescheduling focus groups.</p> <p>Low participation meant that there was insufficient data to achieve saturation. Therefore, client focus group data were not included in the cross-method analysis.</p>

7.5 Social Planning Organization Key Informant Interviews

Purpose	<p>To provide insight into broader trends, opportunities, and challenges faced by social planning organizations in other communities in Ontario that are relevant to the development of a social research and planning program in the Quinte Region.</p>
Target Audience	<p>Senior managers or executives of Community Development Councils or Social Planning Councils in Ontario that are members of the Social Planning Network of Ontario. Key informants would have knowledge of the past and present context of social planning in their community and the operation of their organization.</p>
Data Collection Tool	<p>A four-question tool was used to guide semi-structured interviews. Questions examined 1) the role of a social planning council, 2) opportunities and threats facing social planning councils, and 3) resources needed to operate and sustain a social planning council.</p>
Recruitment and Data Collection	<p>Potential participants were identified by members of the research team and invited to participate via email.</p> <p>Interviews were conducted by two members of the research team; the same research team members conducted all interviews. Interviews were conducted using Zoom video conferencing technology and recorded (audio and video) using Zoom’s internal recording feature. Notes from the interviews taken by facilitators were analyzed to identify themes which were validated by the research team.</p>
Privacy and Confidentiality	<p>An Informed Consent statement was sent to all key informants who agreed to participate prior to the interview. The statement described how their</p>

	privacy and confidentiality would be maintained, informed participants that only members of the research team would have access to the recordings, and that the key informant data and recordings would be owned by CDC-Quinte, will be stored on a locked and password protected device, and destroyed after 60 days of completion of this project.
Participation	Seven key informant interviews were conducted. All potential participants who were contacted agreed to be interviewed.
Discussion	Saturation of themes was achieved in the seven interviews.

8. Appendix B: Results

8.1 Human Service Provider Survey

Type of Organization

A total of 49 surveys were completed. Only 5 respondents indicated that they worked for public service agencies, defined as publicly-funded organization with a statutory mandate to provide services that promote and protect the wellbeing of community members (e.g., public health, education, child protection, justice, health care, etc.). The remaining 44 respondents indicated that they worked at a community-based nonprofit or charity, defined as a community-based organization that provides programs and services that improve the quality of life and wellbeing of community members. No surveys were completed by representatives of municipalities; the research team learned subsequently that municipal contacts were not included in the distribution list.

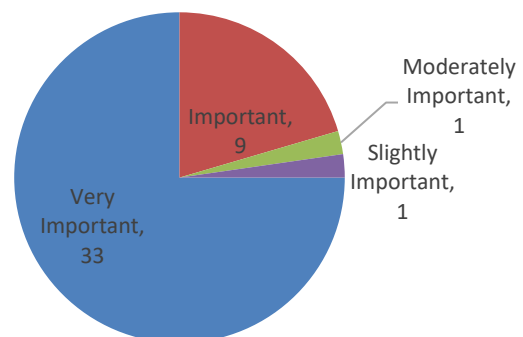
The low number of public service agency respondents precluded stratified analysis by organization type, though responses suggested that there may be meaningful differences between public service agencies and community-based organizations. Therefore, the 5 public service organization respondents surveys were excluded from the analysis in order not to skew the results. The results presented below reflect only respondents from nonprofit and charitable organizations (n=44).

Organization Information

Respondents represented a range of primary service areas within the social service sector. The most frequent service areas were the generic categories of “social services” (10) and “health services” (6); all other categories had fewer than 5 respondents. Half of the respondents were executive directors, one quarter held management positions, and one quarter were front line workers. The findings between front line workers and management were similar across most questions.

Nearly all respondents (41) indicated that their organization provided services to meet client needs; 60% of all respondents selected only this option. Advocacy and policy activities were limited: only 12 respondents said they advocate to decision-makers or government and just 4 respondents indicated that their organization engages in policy analysis or policy development. Twelve respondents indicated that they raise funds for community initiatives.

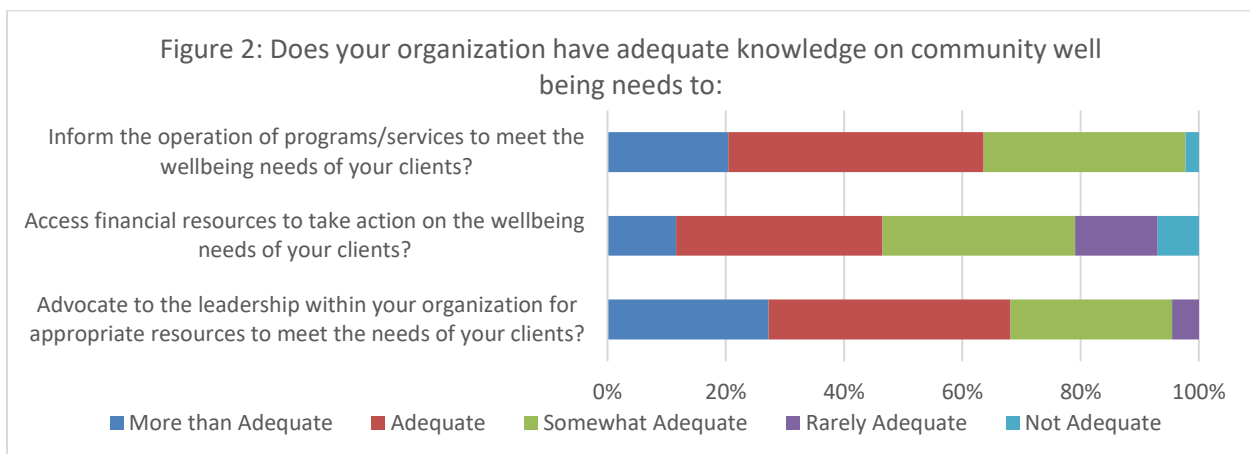
Figure 1: Overall, how important is it for your organization to have access to reliable information on community wellbeing needs?

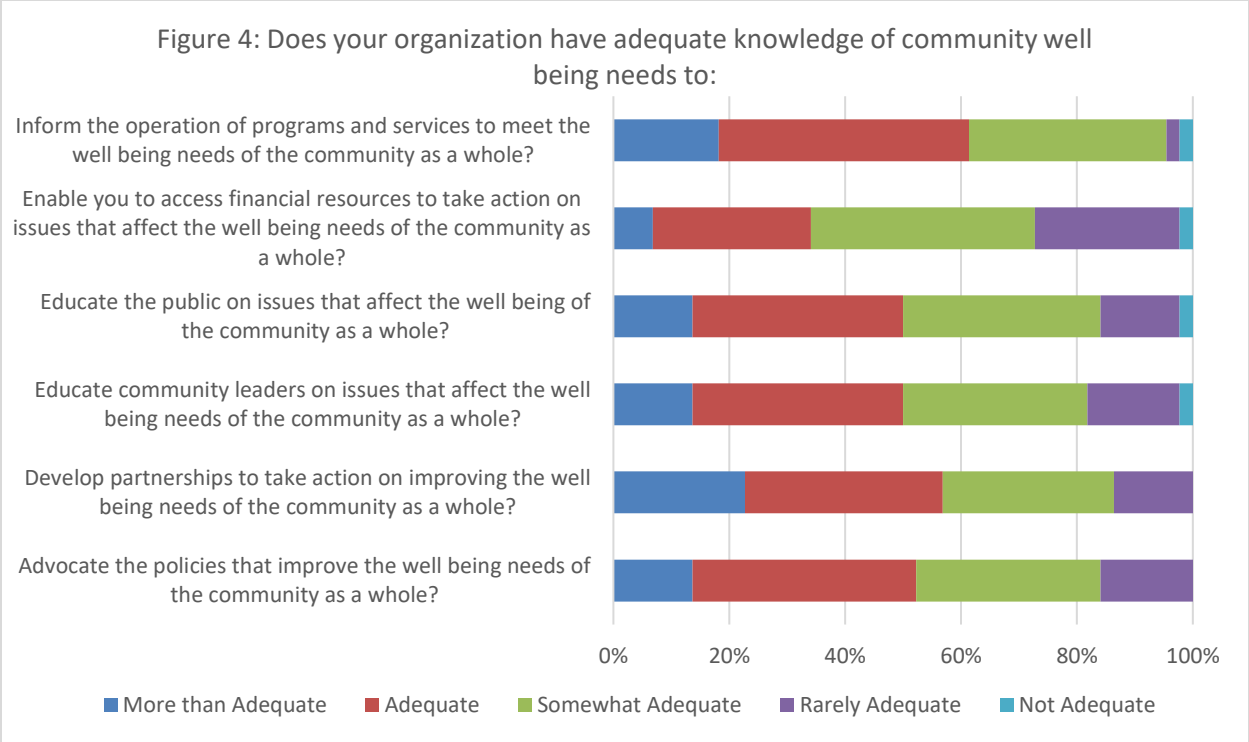
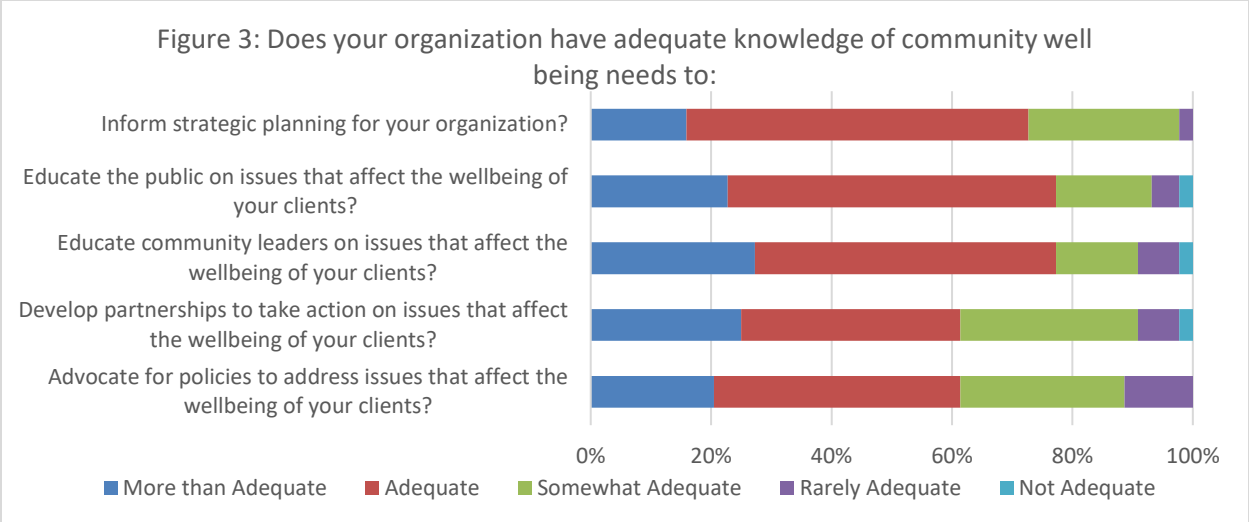


Use of Knowledge about Community Wellbeing Needs

Respondents overwhelmingly considered having access to reliable information on community to be important (Figure 1). Overall, respondents rated their knowledge of community wellbeing needs positively (Figures 2 and 3). Respondents considered themselves more able to use this knowledge to meet client needs and educate the public about the needs of their clients (Figures 2 and 3) than to address the wellbeing needs of the community as a whole (Figure 4). Notably, only half of respondents (47%) reported that they had adequate or more than adequate knowledge on community wellbeing needs to access financial resources necessary to take action on clients' wellbeing needs; even fewer (34%) reporting having adequate knowledge to access financial resources to take action on issues affecting community wellbeing (Figure 4).

We conclude that organizations have adequate knowledge on community wellbeing to support programs and services, and would benefit from additional knowledge to support partnership development and advocacy on policies that affect the wellbeing of the community as a whole, and to identify and address service needs and gaps. Similarly, organization would benefit from support to improve their ability to secure financial resources to address client and community wellbeing needs. Most respondents reported that their organization does not prioritize advocacy activities, identifying a potential role for a social research and planning program.

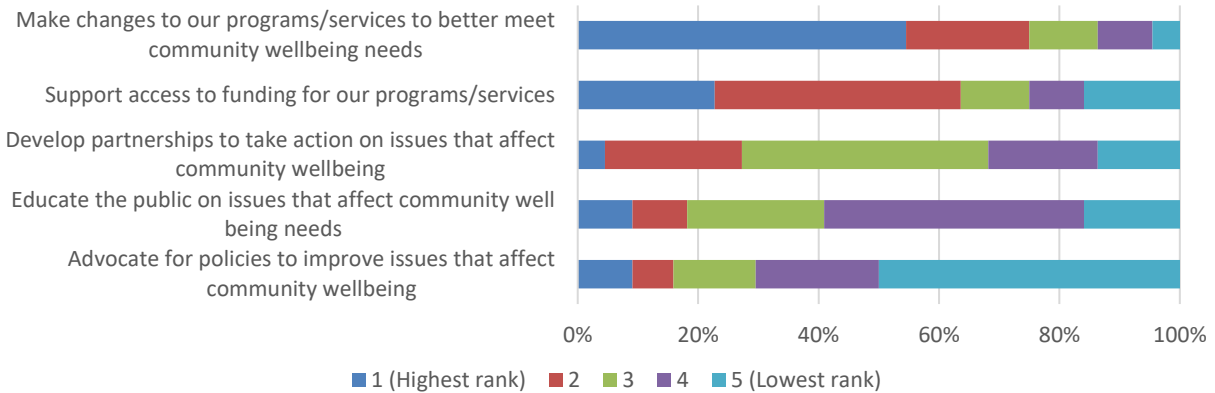




These conclusions are confirmed by respondents' prioritization of uses for new knowledge on community wellbeing needs (Figure 5) (highest to lowest priority):

1. Make changes to programs or services to better meet community wellbeing needs
2. Support access to funding for programs
3. Develop partnerships to take action on issues that affect community wellbeing
4. Educate the public on issues that affect community wellbeing needs
5. Advocate for policies to improve issues that affect community wellbeing.

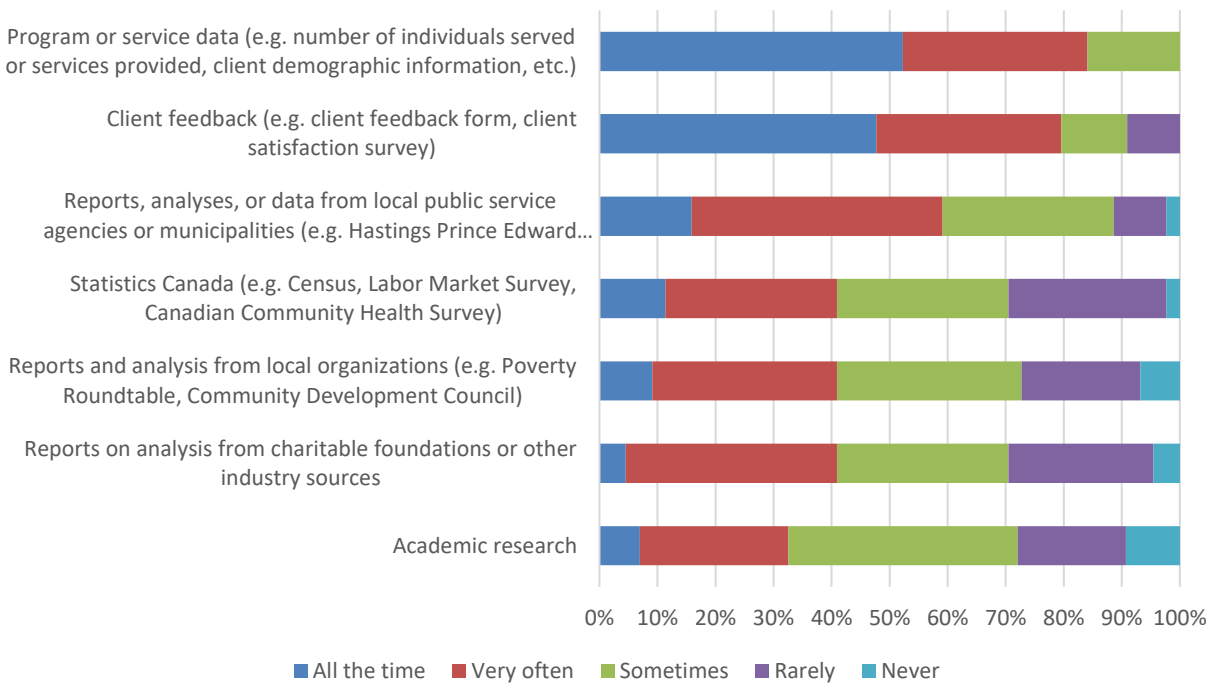
Figure 5: If more knowledge on community well being needs was available, for what actions would it be used?



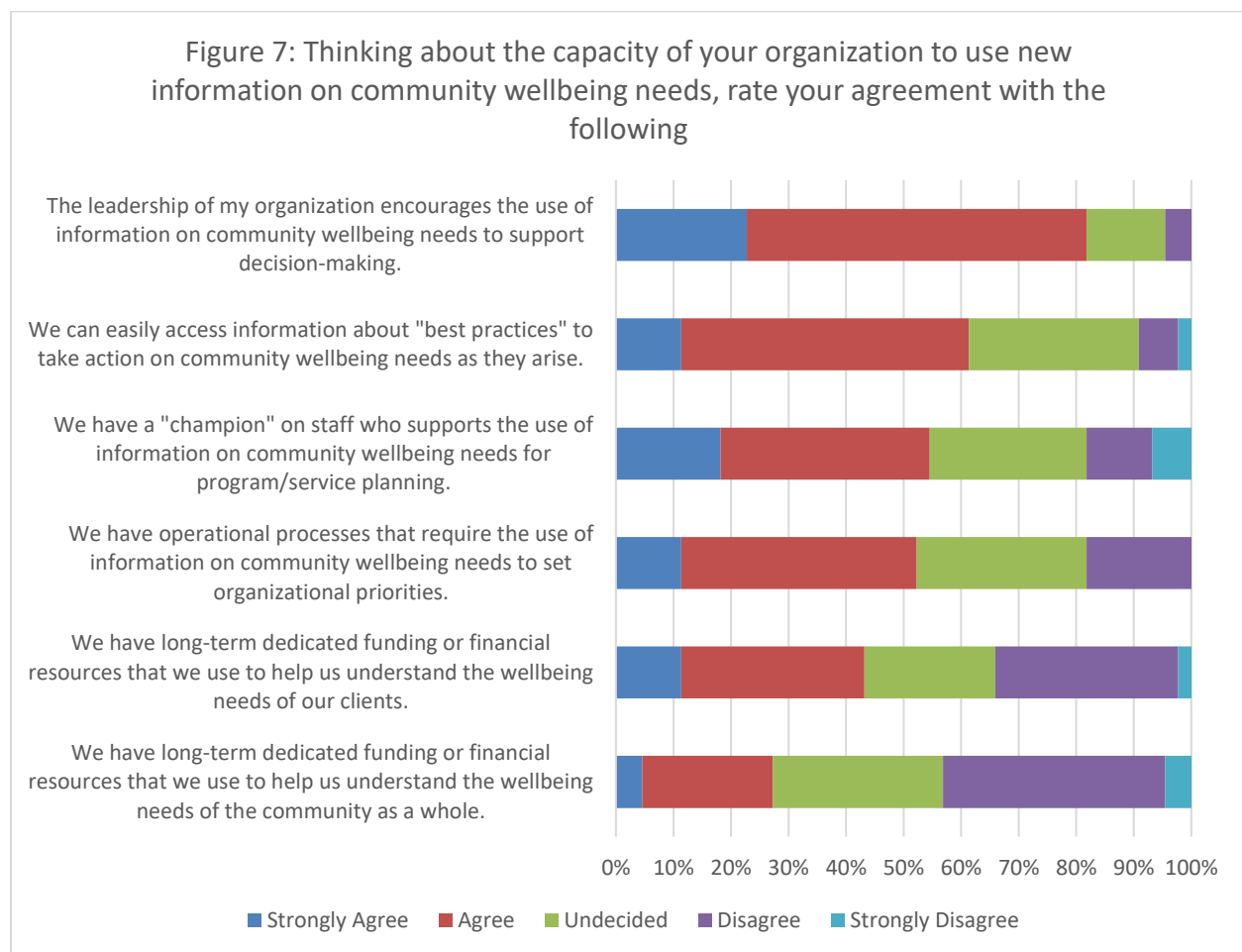
Sources of information to inform planning decisions

Internal program data and client feedback were by far the most common sources of information used to inform planning, followed by reports from local public service agencies or municipalities (Figure 6). Reports from local organizations, charitable foundations and industry sources, and population data (e.g. census data) were used less frequently. Academic research was used the least frequently.

Figure 6: What sources of information does your organization currently use to inform planning decisions?



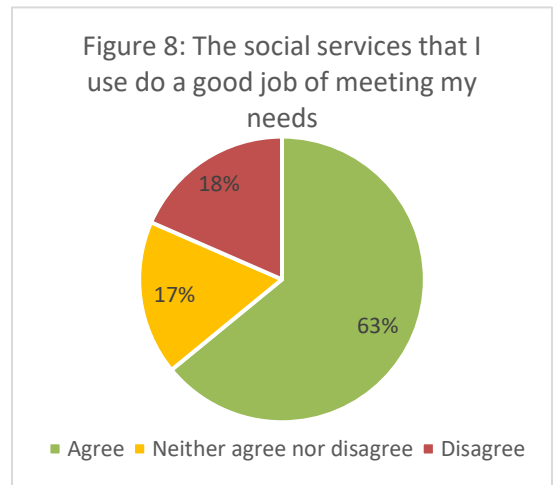
Respondents overwhelmingly agreed that the leadership in their organizations encourages the use of information about community wellbeing needs to inform decision-making (Figure 7). However, they were more equivocal about their organization’s capacity for evidence-informed decision-making. Sixty-one percent of respondents indicated they could easily access “best practice” information to inform their activities. Just more than half agreed that they had specific human resources or organizational processes to support use of evidence in program planning and priority setting. A minority of respondents indicated that they have dedicated financial resources for knowledge development regarding the wellbeing needs of clients (43%) or the community as a whole (28%), following the trend of earlier responses on the ability of organizations to act at the client or community levels (Figures 2, 3, and 4).



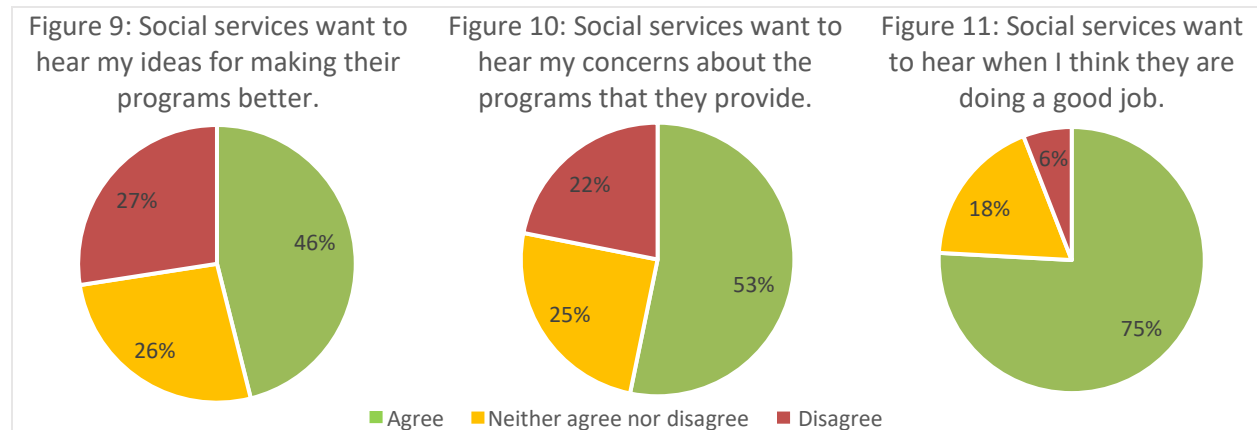
8.2 Human Service Client Survey

A total of 208 surveys were completed and included in analysis. 152 respondents also completed the separate contest entry form, 35 of whom indicated that they would like to participate in a focus group. Paid Facebook advertisements were a much more efficient means of recruitment than organic Facebook posts alone: three quarters of all surveys were completed after ads were initiated.

A majority of respondents (63%) agreed that social services do a good job of meeting their needs (Figure 8), albeit a lower proportion than may be preferred if this is taken as an indicator of client satisfaction. This suggests a need for organizations to better understand clients' needs and clients' perception of the effectiveness of their services. It is possible in this question and throughout the survey that the definition of "social services" was ambiguous. Clients may have been thinking of services provided by large, institutional public service agencies (e.g. social assistance, social housing, child welfare, etc.) and services provided by smaller, community-based organizations.



Less than half of respondents agreed that social services want to hear their ideas for making programs better (Figure 9); slightly more than half agreed that social services want to hear their concerns about programs that they use (Figure 10). In both cases, one quarter of respondents neither agreed nor disagreed. Together, this suggests a low degree of confidence among clients that social service providers want client feedback for improving their programs. By comparison, three quarters of respondents agreed that social service providers want to hear when clients think they are doing a good job; very few respondents disagreed with this statement (Figure 11).



Respondents were similarly equivocal about the process of providing feedback. Half of respondents agreed that there were clear ways to provide feedback about the social services they use, with one quarter disagreeing (Figure 12). Somewhat more than half of respondents (57%) agreed that social service organizations made them feel comfortable sharing feedback (Figure 13); it is not clear from the question if there are any differences in client comfort level in sharing negative compared to positive feedback.

The final two survey questions investigated

social service clients' sense of empowerment and self-efficacy in shaping the social services that they use. These questions had the weakest positive response and strongest negative response of all questions in the survey. Just more than one third of respondents (36%) agreed with the statement "I can influence decisions that social services make about the programs that I use" and one third disagreed (Figure 15). Similarly, only one third of respondents agreed that "It is clear to me that social services act on the feedback that I give" and another third disagreed (Figure 16), indicating a perception that they have limited power to effect change. On scales of public participation and empowerment, this corresponds to "inform" or "consult" on the low end of the scale: individuals are asked to provide information and feedback, but there is not a corresponding commitment on the part of the receiving organization to act on this feedback, or to report back on how the information is used in decision-making. We therefore conclude that clients report low levels of empowerment and perceived self-efficacy in relation to the social services that they use.

The number of respondents who indicated that they neither agree nor disagree was relatively high for each of the survey questions. This presents challenges for interpretation, as this response option is ambiguous: it could mean that a respondent has no opinion, doesn't have the necessary information to agree or disagree, or is indifferent. However, the phrasing of the

Figure 12: Social services have clear ways to provide feedback about their programs

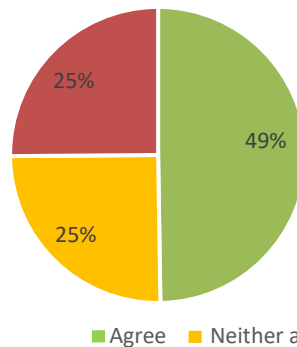


Figure 13: Social services make me feel comfortable sharing feedback about their programs

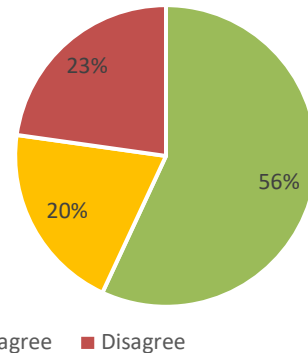


Figure 15: I can influence decisions that social services make about the programs that I use

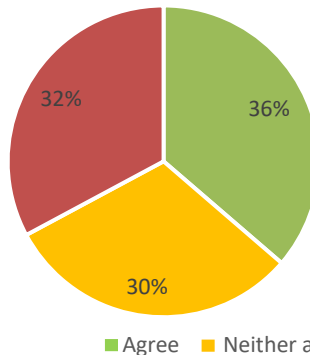
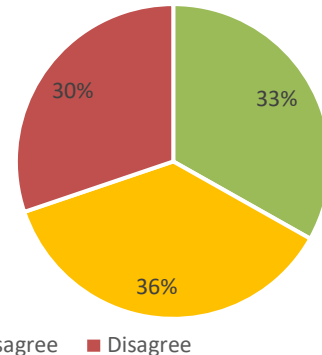


Figure 16: It is clear to me that social services act on the feedback that I give them



survey questions is relevant. All of the questions are phrased as statements that social service providers would want their clients to affirm – that is, to indicate that they agree or strongly agree. It is therefore reasonable to interpret the “neither agree nor disagree” response in terms of its relation to the preferred outcome - that is, “neither agree nor disagree” responses do not indicate agreement with the statement and are therefore contrary to the desired outcome.

8.3 Service Provider Focus Groups

The following are themes identified across all three service provider focus groups themes. Saturation of themes was evident by the third focus group.

CURRENT RESEARCH PRACTICES AMONG HUMAN SERVICE PROVIDERS

Uses of local research

- Provide a ground-up perspective of what is happening in community, based on reporting of community partners
- Strategic planning for programs and services, understanding gaps and avoiding duplication
- Secure new funding, encourage donations and/or provide support for grants, etc.
- Meet requirements of current funders and report on ongoing projects
- Learn how other regions have addressed similar issues
- Share/learn about best practices

Methods of collecting local research

- Primary service data, by individual service providers:
 - Client analysis, demographics, community assessments
 - Tracking of day-to-day requests and services provided
 - Internally developed client surveys and questionnaires, For internal planning and/or mandated by funders or government
 - Informal one-to-one conversations with clients and community members
- Primary community-based research and action planning, through collaboration and partnerships
 - For example, the Poverty Round Table, Affordable Housing Action Group, Task Force on Hunger, Child and Youth Planning Table
 - Utilize advisory committees to oversee research
 - Complete interviews, gather local statistical data through surveys
 - Develop and execute community action plans, based on research results
- Secondary local data:
 - Research gathered by community partners (e.g. Public Health, municipal data analysis coordinator, Poverty Roundtable, CDC Quinte, United Way, VIQ, 2-1-1,

SE LHIN, Quinte Health Care) *Note: reaching out to partners is most common practice for finding research and data.

- Data from Statistic Canada
- Data from databases specific to field (e.g. EDI [early development instrument] data for local area, Volunteer Canada, Ontario Health Teams [in process])
- Freedom of Information requests from government agencies
- Secondary supporting data:
 - Grey literature
 - Research from provincial advocacy groups
 - Communities of practice and provincial and federal organizations with similar mandates
 - Internet
 - Media
 - Community key (VIQ Directory)

OPPORTUNITIES FOR THE SOCIAL RESEARCH AND PLANNING PROGRAM

Social Research and Planning Program will help service agencies to...

- Access timely data and research needed to effectively plan and complete their work, and to quickly pivot their response to emerging and rapidly evolving needs.
 - Many participants said they rely on their partners and other external sources for local research and information. They are small organizations that they often do not have the time, resources or expertise to complete research and address the complex issues that bring people to their services.
- Stay connected and up to date about community wellbeing needs, programs and services being offered, and cutting-edge information that exists for the region and within relevant fields.
- Navigate current issues, information, and pathways to community wellbeing.
- Access funding to support priority community wellbeing needs.
- Proactively identify gaps and help to improve service provisions across the region.
- Advocate on behalf of the non-profit sector to support the delivery of their services. The non-profit charitable sector is experiencing “burn-out” because they are overburdened with providing services to meet individual client needs. The staff in this sector are experiencing many of the same challenges as their clients. There needs to be a provincial and federal strategy to help the non-profit sector through the challenges of the pandemic.

Potential Roles of a Social Research and Planning Program

Social Research and Analysis

- Provide proactive local research and analysis about current and emerging community wellbeing issues. Identify the intersections between SDOH that local people experience and the service gaps for addressing these issues. (E.g., better proactive planning with

the opening of homeless shelter would have helped identify winter daytime shelter issues)

- Provide analysis and knowledge translation of academic research and bring together evidence from longitudinal studies that demonstrate the return on investment of addressing complex SDOH issues (e.g. healthy child development).
- Facilitate needs assessments and research across service providers to develop coordinated strategies that can address common issues.
- Undertake specific research activities needed by individual agencies. Having an organization that understands the local context, potential partners and stakeholder interests could offer more impactful, relevant data. For example, assist an agency with a seed grant study or a municipality with a social planning issue.
- Provide an oversight lens that is systematic and inclusive when complex social planning issues are addressed in the region. Offer support to consider all that is connected and interrelated (directly and indirectly). For example, the cross-sections between housing, employment, and transportation.
- Pull together personal client stories to create a common narrative that can influence wider policy issues. Service providers have regular access to clients with lived experience, but do not have the time or skill to pull individual stories together in a useful way.
- Offer expertise in community-based research and build skills capacity for action research and evidence-informed decision making and practice. For example, identifying quality sources of evidence, research design, report writing, etc.
- Secure partnerships and funding for funding to do local research on priority community wellbeing issues.
- Advocate at municipal and provincial levels to address community issues.

Local Research Repository and Knowledge Exchange

- Develop a repository of all local social research and information. Be able to assist service providers and community members in finding the information they are looking for and knowing what is available.
- Provide information sharing and knowledge exchange opportunities across local agencies. Support service providers in learning from one another, so they can continue to be resourceful and relentless.
 - For example, organize roundtables about broad issues as they become evident priorities in the region.
- Fill the gap left by the Poverty Roundtable.
- Flag information among partners and providers that is not up-to-date and provide outreach to strengthen information sharing practices

Systems Planning and Navigation

- Offer systems navigation to help people access appropriate services and find information – what is out there and how to help people find the resources they need
- Ensure services and research activities are not duplicated.
- Address the distribution of services and access issues across the wide catchment area that makes up HPE region.
- Assist organizations in identifying sources of funding to address priority issues.

Community Engagement

- Develop strategies and build skills among non-profits to engage clients with lived experience and create a sense of belonging and empowerment to participate (e.g. common options for reimbursement, long-term involvement, access to technology or multiple means of participation)
 - Non-profits try to do this, but don't necessarily have the time or skill to do it well
- Dedicated person with skills to engage community members and train accordingly, so required volunteer positions are more accessible (e.g. BOD training, etc.)
- Service providers are experiencing challenges in engaging with clients and communities due to the constraints of the pandemic. How can they engage with people over the next 18 to 24 months?

LOCAL COMMUNITY WELLBEING ISSUES TO ADDRESS (in order of frequency)

- Income, transportation and social support: Many people who require services do not have the means to access them. This issue can span the socio-economic spectrum. (E.g., due to the pandemic, some people may have the financial means to purchase food, but they don't have transportation, social networks or technology to help them access it)
- Housing and shelter: Include access to sustainable, appropriate, and safe affordable housing, in addition to access to shelters for women and the homeless.
- Food insecurity and access to food: If people don't have their basic needs met, such as housing and food, everything else cannot be met.
- Distribution and equitable access to education, employment and services throughout the HPE geographic region: Many service providers are Quinte-centric. People living in communities with fewer services are seen as having inequitable access to resources and services.
- Mental health, addictions and access to related health services: Understanding the referral pathways for mental health services. Helping people that feel helpless to navigate the system.
- Anti-racism, discrimination, and inclusion practices: Including differences in accessing services and employment between rural and urban centres. How to build community for all.
- Health services and family doctors: Lack of family health care providers.
- People who are newly vulnerable: Who are they and what are their needs?
- Other items mentioned:

- Student Achievement Index (analysis of EQAO, graduation rates, etc.)
- Access to justice support services
- Domestic and elder abuse
- Access to technology (internet, phone)

8.4 Social Planning Organization Key Informants

Key informants were asked to reflect on the role of a social research and planning program (SRPP), risks and threats facing SRPPs, strengths and opportunities of an SRPP on which to build, and future directions. Seven interviews were conducted. The following summarizes themes from these interviews.

Role, Assets, and Value Proposition

- Rooted in community; reflecting local context
 - Rootedness in the community is based on history, connections, role as a trusted partner;
 - SRPPs as the “historians of a social justice perspective”
 - Connection to grassroots (citizens) both directly and through partnered organizations
 - SRPP has a responsibility to amplify citizen voices, empower citizens to improve individual and community wellbeing
 - Research as the basis for bringing people together, telling stories of community from a “ground-up perspective.”
 - “How do you make sense of things if you’re not [connected to the communities?] (YK)
 - Project work is part of a longitudinal connection to the community, offering opportunities to work with partners outside before, during, and after projects
 - Community-based orientation of SRPP work (i.e. *what* it does and *how* it undertakes its work) builds knowledge and capacity within the community over time
- Wide partnerships across charitable/not-for-profit sector and beyond
 - SRPP maintains broader connections than funders, governments, and individual organizations in nonprofit sector
 - Connections cross traditional “silos” within social service sector and beyond (e.g. to businesses, academic, government)
 - Allows SRPPs to facilitate connections; are seen as bridge-builders
 - Partnerships are evidence of community trust; provide legitimacy to funders (in applications) and in seeking funding for SRPP
 - Need to intentionally cultivate and maintain networks, partnerships
 - Treat partnership development as a core task, not as optional or instrumental (i.e., partnerships only for specific purpose or to achieve narrow ends)

- SRPP maintains networks, builds partnerships, facilitates relationships to draw on expertise from outside of community
- Diversity of connections gives SRPP a broad perspective, ability to see how issues connect with each other
- “Honest broker” between organizations and sectors
 - Can broker compromise between organizations and between various community sectors; balance competing priorities
 - Centred on achieving shared goal of community wellbeing; SRPP has role in bringing diverse partners together to develop and achieve that shared vision
 - Telling the truth “doesn’t mean we’re liked” but does mean that SRPP maintains integrity and can convene competing perspectives to achieve shared vision of community wellbeing
- Independence – not a front-line service provider
 - Importance of not competing for funding or resources with other organizations in the charitable sector.
 - Supports “honest broker” role within the sector
 - Funding pressures can force SRPPs to compete for funding with other charitable organizations; jeopardizes status as “neutral 3rd party”
 - Facilitates partnership development, since SRPP is not competing for resources; can bring people together around shared goals without competing for resources
- Knowledge translation
 - Bringing community voice and experience/knowledge to broader coalitions (provincial, national level); showing how broader issues “play out” locally
 - Being aware of academic work, reports, other sources of information external to the community, and applying it to the local community context; contextualizing knowledge
- Advocacy
 - SRPPs have the knowledge (from research, participation of citizens) to advocate effectively for community priorities and policies to support community wellbeing
 - Not-for-profit organizations are limited in their advocacy activities by capacity (usually focused on service provision), and due to potential negative impacts on funding.

Challenges, Risks and Threats

Funding

- Core funding from municipalities was a common source of revenue making up a substantial portion of CDC/SRPP budgets.
 - This has all but ended; municipal grants are program-based and/or competitive, short-term

- Need to show the value of our work if we want to compete for funding or make an argument for core funding grants; show municipalities (and other funders) how our work and unique value can make their work easier and improve its effectiveness
- Charitable sector trends mitigate against funding stability and supporting the core functions of an SRPP
 - Short-term funding cycles (usually 1 year) do not provide stability, particularly for SRPPs whose outcomes are usually medium- and long-term
 - Nearly all funding is program-based, not core funding
 - Funding priorities favour front-line service provision; less available (or harder to make the case for) the “infrastructure” that supports this work including participatory practice, advocacy, research, knowledge translation
 - Lack of core funding makes it challenging to maintain technical skill sets; funders can prefer that recipients outsource these functions
- Precarious, short-term funding make it difficult to plan and budget;
- Partnerships can provide funding opportunities but need to be intentional about obtaining revenue in these situations, not just “seat at the table”
- Maintaining funding takes considerable amount of time; can be large burden for small organization, and take away from work to achieve social planning outcomes
 - “Sometimes I wonder, ‘What would I spend my time on if I didn’t spend so much time looking for funding?’”

Competition and overlap with other organizations

- Proliferation of consultants and academic-affiliated community-based research organizations overlap with traditional SRPP functions; true also where municipal/regional governments have taken on some of traditional social research and planning role
 - Can “squeeze out” of marketplace, especially when difficult to maintain capacity to provide services (esp. technical)
- Opportunity for fee-for-service based on unique value proposition of SRPP (i.e., embedded locally, longitudinal connection to community, participatory approach) but can be difficult to make this a positive net revenue source, especially in small market
- Respond by having a roster of like-minded consultants and other partners (e.g., academic) who you can draw into projects

Maintaining organizational capacity

- Need sufficient capacity to have something to offer in partnerships
- Retaining talent can be difficult with limited resources, few opportunities for advancement within organization

Boards and governance

- Boards can be significant resources for building relationships, forming partnerships, creating champions for SRPP’s work in community
- Need board members who understand and support SRPP’s work and can govern it adequately; can be a risk if they do not
- Board training and support is necessary

Opportunities and Future Directions

- Possible that the face of SRPPs needs to change, but core roles and strategic direction as relevant now as ever
- Guiding principle is telling the truth – through research, advocacy; credibility rests on trustworthiness and truthfulness
- Social and economic context has evolved since most SRPPs were created in ‘80s and ‘90s; there is a necessary role for SRPPs in reimagining the ways that social and economic benefits are shared in our communities and Canadian society
- Leverage experience, connections, and expertise of board members and knowledgeable others who want to serve their community through SRPP
- Marketing and promotions
 - Need to effectively tell story of what SRPPs do, why it is valuable
 - Treat as an essential part of SRPP’s work (“must-have”), not optional extra or “nice-to-have”
 - Can be difficult because of challenges in characterizing outcomes and when outcomes defy simple attribution; common challenges in collective impact work
 - It can be useful to point to other social planning councils to demonstrate value and illustrate potential
- Consider systems change and innovation theories
 - SRPP role is in presenting evidence, also in persuasion/changing minds
- Excellence
 - The quality of an SRPP’s work will impact perception and trust within the community and therefore its potential impact and effectiveness in achieving its objectives
 - Can’t be all things to all people; need to choose roles and activities wisely to maintain excellence
 - Invest in training, capacity, “organizational infrastructure” to be on cutting edge of technical skills, best practices, and to remain creative and innovative in fulfilling SRPP roles

9. Appendix C: Social Planning Organization Roles

Social Planning Network of Ontario ³	Clague, 1993 ⁴	Roles identified for an SRPP in Quinte
<p>Social research: Undertake independent research on social trends, needs, and issues relevant to a variety of constituencies in their communities</p>	<p>Conducting applied research that generates information to help the community document its needs and strengths</p>	<p>Knowledge development: research on issues of local importance Knowledge translation: reviewing other sources of knowledge and applying to local context Knowledge brokering: sharing information between organization; being a clearinghouse for local knowledge developed by a variety of partners</p>
<p>Policy analysis & development: Provide access to both professional and voluntary expertise on a wide range of social, economic, and cultural issues to provide policy analysis and proposals at local, provincial and federal levels</p>	<p>Social policy analysis, criticism and recommendation regarding government programs or their absence</p>	
<p>Convening & facilitating: Provide a non-threatening “meeting place” for discussion and resolution of difficult community issues. Facilitate the building of community consensus on issues and/or shared actions.</p>	<p>Community problem-solving to help build bridges and consensus among differing viewpoints for benefit of the community</p>	
<p>Partnership & collaboration: Community focal point for mobilizing those groups most affected by issues into working and problem-solving partnerships, information networks, and action coalitions</p>	<p>Community organizing to help those affected by a community issue develop plans and strategies for action</p>	<p>Community organizing organize and empower those most affected by issues, especially PWLE of poverty and other marginalized populations, to have greater control over programs & policies that impact their lives Supporting participatory practice: develop capacity for participatory practice in organizations</p>
<p>Community awareness and education: Promote broader and deeper community understanding on social development issues which</p>	<p>Informing and educating the public on issues affecting community wellbeing</p>	

³ Social Planning Network of Ontario. Community-based Social Planning [Internet]. 2018 [cited 2020 Dec 30]. Available from: <https://www.spno.ca/faqs/10-integrated-planning>.

⁴ Clague, M. (1993). A Citizen’s Guide to Community Social Planning. Vancouver: Social Planning and Research Council (SPARC) BC. Available from: <https://www.sparc.bc.ca/wp-content/uploads/2020/11/guidebook-a-citizens-guide-to-community-social-planning.pdf>.

affect certain groups or the general quality of community life		
<p>Service development: Variety of roles from definition of service needs to coordination and evaluation of program and service delivery</p>		<p>Human Services coordination: meeting shared needs of nonprofits (e.g. information, advocacy, training and professional development) System planning/Backbone organization: Convening, organizing, and providing technical assistance for collective impact <i>(Not prioritized in proposed model)</i></p>
<p>Community development: Facilitate and support positive change in partnership with community groups and individuals</p>	<p>Demonstrating innovative approaches to community development</p>	
<p>Advocacy & social action: Serve as a catalyst for change. Advance the interests of marginalized sectors of the community by advocating specific policy positions to government.</p>	<p>Advocacy Acting on own or others' behalf to change a public policy or get support for action on specific social issue</p>	<p>Advocacy at municipal level to impact public policy for community wellbeing</p>

10. Appendix D: Resources and capacity needs

This table summarizes the resources that are necessary to initiate and sustain the proposed social research and planning program in the Quinte Region. It identifies what resources CDC-Quinte and Bridge Street United Church already have and what resources and capacities are needed. Financial resources are discussed separately in the report.

Category	Resources/Capacities we HAVE	Resources/capacities we NEED
Human (e.g., skills, # FTE)	<ul style="list-style-type: none"> – Executive Director (CDC-Quinte) and Program Manager (BSUC) with limited capacity for program development and funded project-based work (approx. 0.2 FTE, combined) 	<ul style="list-style-type: none"> – Director/Manager to lead and supervise social research and planning program, partnership development (1 FTE) – Program staff <ul style="list-style-type: none"> ○ Social researcher, planner (knowledge development, translation, mobilization) (1 FTE) ○ Community Empowerment (community organizing; capacity building) (1 FTE) – Temporary staff <ul style="list-style-type: none"> ○ Students, internships ○ Project-specific staff, as needed – Volunteers with both general and technical/expert skill sets
	<ul style="list-style-type: none"> – Social research and planning knowledge and skills of existing staff for project-based work 	<ul style="list-style-type: none"> – Knowledge, skills, and experience: <ul style="list-style-type: none"> ○ qualitative and quantitative research methods and analysis ○ community development methods ○ policy analysis and advocacy ○ community organizing and empowerment; approach, methods, and experience ○ participatory practice methods and experience ○ partnership development – Professional development opportunities and resources – Program evaluation skills and experience – Communications and Marketing skills and experience – Business planning and fund development skills and experience
Technological (e.g. software; access)	<ul style="list-style-type: none"> – Community Data Program membership/access to data – IT resources for current office functions (e.g. hardware, software, internet, phone, etc.) 	<ul style="list-style-type: none"> – Hardware and software: <ul style="list-style-type: none"> ○ upgrades for existing staff ○ new for any additional staff – Access to academic research databases, grey literature, and other relevant knowledge sources – Software and licences (e.g. for online communication and collaboration, data analysis, project management, etc.)

<p>Organizational (e.g. leadership, infrastructure)</p>	<ul style="list-style-type: none"> - Governance Board that can provide effective oversight of social research and social planning work - Organizational vision, mission, mandate for community development, social research, social planning (CDC-Q) - Organizational infrastructure, policies, procedures <ul style="list-style-type: none"> o Administration o Fundraising & grant-writing o HR o Accounting - Trust of human service agencies, community members, municipalities - Track record of administering large, multi-year grants and projects - Track record of operating programs, special projects - Office space and supplies (limited room for expansion) 	<ul style="list-style-type: none"> - Additional policies, procedures for new social research and planning program - Board member training and resources to effectively fulfill oversight role of social planning and research program, and to serve as champion for this work in the community - Increased attributable overhead and administration proportionate to size and scope of proposed social research and planning program - Additional grant-writing and fundraising capacity to sustain new programming (includes human resources)
<p>External (Partnership, affiliations, memberships)</p>	<ul style="list-style-type: none"> - Member of Social Planning Network Ontario (SPNO) - Nascent local data repository (Community Indicators Project) 	<ul style="list-style-type: none"> - Partnerships with academic researchers with subject matter and/or community-based research methods expertise - Relationships with consultants/organizations with research capacity and technical expertise - Relationships with organizations or consultants to provide training on issues of interest (e.g. participatory practice) - Relationships with training and/or degree-granting programs and institutions for student internships and placements - Memberships (including fees) in professional associations, industry organizations, and relevant coalitions