

Providing Quality of Life through Intentional Community Living

Outcomes Evaluation for the Camphill
AmeriCorps Education Award Program of the
Camphill Association of North America

AmeriCorps Program ID: 04EDHNY001

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ABSTRACT

Quality of Life (QOL) is a key concept in the evaluation of services and living options for individuals with developmental disabilities. The Camphill Movement aims to make a contribution to the quest for Quality of Life by offering Intentional Community Living as an option, addressing some of the inherent weaknesses of other more conventional living options. The Camphill AmeriCorps Education Award Program Camphill Association of North America aims to support Camphill communities and other lifesharing communities in the United States in providing Quality of Life for their members with disabilities, by enhancing Quality of Service and Organizational Capacities within those communities. The present study attempts to assess the overall Quality of Life experienced by members with disabilities of American Camphill communities, and to assess the contribution made by AmeriCorps participants towards the relevant Quality of Service features and Organizational Capacities. It does so as an internal evaluation with a mixed-method design, using focus groups to develop a Camphill Quality of Service (QOS) Questionnaire and a Camphill Organizational Capacities Questionnaire, based on the holistic concept of QOL developed by Renwick, Brown and Raphael (1994). In addition, it uses Brown, Renwick and Raphael's (1997) *QOL Profile for Adults with Developmental Disabilities* to assess Quality of Life in a stratified random sample of community members with disabilities. Results show that adults with disabilities experience a high level of QOL in Camphill communities. This compares favorably with results from other living options and suggests *Camphill Intentional Community Living* as an option, differentiated from and superior to large and small congregate care, and potentially combining some of the benefits of independent living and family living. AmeriCorps participants play a vital role in establishing a social fabric and contributing practically, thus making Intentional Community Living into a sustainable model. They support healthy lifestyles by facilitating access to activities on the basis of personal relationships and the established culture of Camphill Communities, rather than formal employment. This contribution is made possible through the integration of the AmeriCorps program into the larger context of Intentional Community Living, created by a committed body of long-term community members with the experience and expertise to provide for those community-building, administrative and professional functions that cannot be carried by AmeriCorps members alone.

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1 Introduction

1.1 AmeriCorps Program Information

Date of Plan: February 1, 2007

Evaluation Period: Fall 2007 – Fall 2009

Program Name:

Camphill Association of North America
Education Award Program

AmeriCorps Program ID:

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1.2 Background

1.2.1 Quality of Life (QOL) Issues for Individuals with Developmental Disabilities

In the provision of services to individuals with developmental disabilities, 'Quality of Life' (QOL) has emerged as a global concept, describing in broad terms the desired outcomes of service provision that supports individuals in attaining a positive experience of their lives on the dimensions that are individually important to them (Renwick, Brown & Raphael, 1994). While there are objective factors, such as physical health and living conditions, that are associated with the experience of a 'life of quality', the way that such external factors lead to an experience of QOL is fundamentally dependent on a set of internal, subjective conditions of each individual, namely his or her priorities, values and aspirations. The emphasis on QOL as overarching outcomes measure thus fits well with the current trend towards person-centered services, which emphasizes planning, providing and evaluating supports in relation to the needs and wishes of the individual, rather than a uniform institutional set of standards (Brown, Renwick & Raphael, 1997; Cummins, 2001; Shalock, 2000).

The trend towards person-centered approaches has gone hand-in-hand with deinstitutionalization, normalization, inclusion and the creation of small-scale dispersed housing opportunities. While the move away from large institutions and towards community housing is associated with a significant overall increase in QOL for persons with developmental disabilities, QOL outcomes for individuals placed in such small group homes and supported living arrangements continue to be disappointing in several respects (Emerson, 2004). The emphasis

on individualistic approaches inherent in the person-centered paradigm runs the danger of drawing away from the social dimensions of life, and physical 'inclusion' by itself has not been found to lead to increased social connectedness and an experience of real community participation (Bigby, 2004). All in all, the outcomes of dispersed community housing, while being superior to those of institutional care, continue to be "far from optimal when judged against normative standards, notions of decency and acceptability, or the aspirations associated with the model itself" (Hatton, 2001, p.6).

In addition to the lack of a genuine experience of social inclusion, other threats to QOL for people with developmental disabilities in dispersed community housing include:

- A lack of access to stable, permanent and valued work (Fresher-Samways, Raush, Choi, Desrosiers & Steel, 2003)
- Loneliness (Fresher-Samways et al., 2003)
- A lack of opportunities to develop genuine friendships outside the circle of paid staff members (Fresher-Samways et al., 2003)
- A lack of 'natural supports', i.e. persons providing help, advice and guidance without remuneration (Stancliffe & Keane, 2000)
- Poor physical health, resulting from poor diet, physical inactivity, obesity and a high prevalence of smoking (Robertson, Emerson, Gregory, Hatton, Turner, Kessissoglou & Hallam, 2000)

People with developmental disabilities thus continue to experience higher rates of unemployment, discrimination, ill health and low social status than the general population, all negatively impacting their QOL (Cummins, 2001). This situation is exacerbated by high staff turnover, which, given that for many individuals paid staff members make up the core of their circle of social relationships, leads to the experience of a highly unstable social environment and support network. It is typical for about 50% of the direct support staff in a small group home to change in the course of one year (Larson & Lakin, 1992, 1999). Turnover rates thus remain the same as they are in large institutional settings (Hall & Hall, 2002). Added to this is an often similarly high turnover of living companions (Stancliffe & Keane, 2000).

While it has long been recognized that real friendships, human inclusion and valued recognition are essential components of a person's experience of QOL (Reinders, 2002), spiritual wellbeing is emerging as a new dimension that has still received relatively little attention in research, literature and conventional models of service provision. Spirituality is known to play an important role in the lives of families with children with developmental disabilities (Poston & Turnbull, 2004). The AAMR/ARC Joint Position Statement on Spirituality states that "spirituality is an important part of human experience that may be expressed both through religious practice and through expressions of personal meaning and values" (AAMR/ARC, 2002). It calls for service providers to provide services that support spiritual well-being in line with their clients' spiritual orientation. This represents a shift from spirituality as a valuable 'extra' in people's lives to a recognition of spiritual well-being as a core dimension of overall well-being and QOL, side-by-side with physical and social well-being (Gaventa, 2006).

A number of different psychometric instruments have been developed to measure QOL for people with developmental disabilities (e.g. Brown, Renwick & Raphael, 1997; Cummins, 1997; Shalock & Keith, 1993). Among these, the QOL Profile for Adults with Developmental Disabilities (Brown, Renwick & Raphael, 1997) stands out as providing the most holistic concept of QOL. The QOL Profile defines QOL as “the degree to which a person is satisfied with the possibilities that arise from his own characteristics and those of the environment and have taken on importance in his own life” (Renwick, Brown & Raphael, 1994). The QOL Profile is based on the assumption that QOL

- is multidimensional,
- results from the interaction between individuals and their environments,
- consists of the same dimensions for people with and without developmental disabilities,
- will vary between individuals across dimensions,
- can change over time (Renwick, Brown & Raphael, 1994).

Table 1 gives an overview of the structure and operational definitions of QOL and each of its components and sub-components in the QOL Profile (Brown, Renwick & Raphael, 1997).

Table 1. Quality of Life: Major Components and Sub-Components (adapted from Renwick et al., 1994 and Brown, Renwick & Raphael, 1997)

<i>Component/Sub-Component</i>	<i>Aspects of Life Included in Sub-Component</i>
BEING (who people are as individuals)	
Physical Being	Physical health, mobility/agility, fitness, appearance, nutrition.
Psychological Being	Feelings about self, self-confidence, self-control, initiating positive behaviors, coping with anxiety.
Spiritual Being	Having values to live by (e.g., sense of right and wrong), transcending daily life experiences (e.g. through music, nature), celebrating special life events (e.g. birthdays, Thanksgiving and other cultural or religious holidays/events).
BELONGING (how people fit with their environments, including other people)	
Physical Belonging	Feeling “at home” with one’s physical environment, having and displaying personal possessions, having safety and privacy.
Social Belonging	Having meaningful relationships with others (e.g., partner or close other, friends, family, co-workers, neighbors).
Community Belonging	Having access to public events/resources available to members of one’s community (e.g., work, education, money, services).
BECOMING (what people do to try to realize their hopes and goals)	
Practical Becoming	Doing practical, purposeful activities (e.g., household chores, paid or volunteer work, school or other programs, self-care).
Leisure Becoming	Doing leisure/planned recreational/social activities, doing hobbies, having breaks from daily routines, going on vacations.
Growth Becoming	Learning new information, improving existing skills, learning new skills, adapting to changes in one’s life.

QOL is determined by the relative importance, the degree of enjoyment, the potential opportunities available, and the degree of personal control over opportunities and constraints in each of the nine areas in a person's life. The QOL Profile for Adults with Developmental Disabilities (Brown, Renwick & Raphael, 1997) includes three measurement instruments: a Participant Interview for use with verbal participants, an Other-Person Interview to be administered to two people who know the participant best (for use with non-verbal participants, or as supplement to the participant interview) and an Assessor Questionnaire to be completed by a qualified assessor, based on interviews, informal conversations with the participant and others, and observations. The psychometric properties of the full and short versions of each instrument have been studied and found to meet or exceed the standards of reliability and validity that allow for methodologically sound comparative studies (Raphael, Brown & Renwick, 1993, 1999).

The present study used the QOL Profile for Adults with Developmental Disabilities (Brown, Renwick & Raphael, 1997) to evaluate the QOL outcomes experienced by people with developmental disabilities served in Camphill communities participating in the AmeriCorps Education Award Program of the Camphill Association of North America. In addition, it tried to explore the relationship of various Camphill-specific Quality of Service (QOS) features and Organizational Capacities with overall QOL and with its various components, and evaluate the contribution of AmeriCorps participants to the provision of these QOS outputs and Organizational Capacities.

1.2.2 The Camphill Movement – Intentional Communities including Individuals with Developmental Disabilities

1.2.2.1 History of Camphill

The work of the Camphill movement was begun in 1939, in Scotland, by a group of Austrian and German refugees around Viennese physician and educator Karl König (1902-1966). König and other members of the original group had already gained experience in working with children with developmental disabilities before fleeing to Scotland to avoid Nazi persecution. In Scotland, they came together to form an intentional community, based on the social principles developed by Austrian philosopher Rudolf Steiner (1861-1925; see Steiner, 1992), within which they could give a home to children in need of residential care. Eventually, a school based on an adapted Waldorf curriculum was added, as well as an ever more developed array of therapeutic disciplines. The mainstay of the Camphill model, however, continued to be its life-sharing model, providing care and education to the children with special needs within an inclusive intentional community. The children who were taken in by this community became part of a social fabric that included their caregivers and the families of their caregivers. Their needs were met, like everyone else's, out of the community's resources; they were fully included in its social life and could become active participants in the cultural and spiritual life of the community. Unlike the institutional settings available at the time, Camphill made it possible for these children to live in extended-family households and develop natural human relationships with their caregivers, rather than being supported by paid staff on a shift rotation.

As the first group of children grew into adulthood, the need arose to create appropriate community settings for adults with developmental disabilities in which they could experience genuine social inclusion while leading a life of meaningful and valued work, carrying valued responsibility and continuing to have opportunities for personal growth and development through cultural and spiritual activities. Thus, in 1955, the first 'Camphill Village Community' for adults with developmental disabilities was founded in England, continuing the model of extended-family living, but including a large farm, garden and workshops that provided opportunities for productive work in a cooperative setting, including individuals with and without special needs (for more information on the history and principles of Camphill, see König, 1993; Müller-Wiedemann, 1996; Pietzner, 1990).

Today, the worldwide Camphill movement comprises over 100 intentional communities on four continents, variously including and serving children, adolescents and adults with a broad range of developmental disabilities and other special needs. To this day, the expanded-family household provides the foundation of a Camphill approach to Quality of Life that has been described as superior to institutional cluster care, and different, yet on a par with successful examples of modern dispersed community housing (Emerson, 2004). Though settings vary greatly in terms of size, age of population served, geographical location (rural, urban or suburban), cultural orientation, work activities and organizational structure, each community is a reflection of the attempt to create:

- Cooperative economic arrangements in which an individual's economic resources are based on their human needs, not on their vocational task and economic productivity
- Human relationships and social arrangements based on mutual agreements and equality of rights
- An active and diverse cultural and spiritual life that fosters initiative, creativity and 'life-long learning'

For individuals with developmental disabilities in a Camphill community, this means that

- They are expected to carry responsibilities for the community and contribute to its work to the extent that they are able.
- They are recognized and valued for their contributions.
- They receive personal care and support through a natural support network, created through expanded-family living, instead of paid care workers.
- They experience genuine social inclusion.
- They are not subject to differences in social status based on vocational task and competitive income.
- They are able to pursue personal cultural, spiritual and educational interests in a supportive environment.

Through the intentional community setting, Camphill communities aim to realize distinct Quality of Life (QOL) outcomes for their members with developmental disabilities that tend to be difficult to provide in other settings.

The present study will assess these outcomes for residents of five Camphill communities in the United States (Camphill Communities California, Camphill Copake, Camphill Minnesota, Camphill Village Kimberton Hills, And Camphill Soltane) in terms of the QOL Profile's (Brown, Renwick & Raphael, 1997; Renwick et al., 2004) three core components (Being, Belonging, Becoming), evaluate specific Quality of Service (QOS) features in relation to those outcomes, and examine the contribution of AmeriCorps participants in providing QOS and making QOL outcomes possible.

1.2.2.2 Camphill and other Lifesharing Communities in America

The history of Camphill in North America began in 1961, in upstate New York, with the founding of Camphill Village USA as the first American village community for adults with developmental disabilities. This was followed two years later, in 1963, by the founding of Camphill Special School as a 'Children's Village' and school community in Southeastern Pennsylvania. The Camphill Association of North America currently includes 10 communities, 7 of which are located in the USA and 3 in Canada. With the exception of Camphill Special School, all of them serve young adults or adults with special needs through the creation of intentional communities that promote an experience of social inclusion, meaningful and valued work and opportunities for active participation in cultural and spiritual life. Each community is a legally, organizationally and financially independent member of the Association. The Association serves as an umbrella for the Camphill movement in North America by holding and protecting the rights to the 'Camphill' name, maintaining criteria for membership in accordance with the principles of the Camphill movement, supporting new initiatives and facilitating dialogue and cooperation between communities. Through its Coworker Development Office, the Association also functions as an umbrella for cooperation in coworker recruitment and retention, including participation in the Camphill AmeriCorps Education Award Program. A small number of AmeriCorps participants join communities affiliated with the Camphill Association as a part of the North American Council on Anthroposophic Curative Education and Social Therapy. This organization, established with member communities of the Camphill Association included as founding members, also comprises five related lifesharing communities. These communities have developed mainly, though not exclusively, through former Camphill coworkers who are lifesharing in smaller settings. These communities in 2007 were Heartbeet in Hardwick Vermont; Lukas Foundation in Temple, New Hampshire; Lyris (Plowshare Farm) in Greenfield, New Hampshire; Community Homestead in Osceola, Wisconsin; and the Sophia Project in Oakland, CA. For the purposes of this evaluation, five Camphill communities serving adults with disabilities were studied, with service practices information collected from a sixth (Camphill Triform).

United States Member Communities of the Camphill Association of North America

Camphill Special School includes the Children's Village and school at Beaver Run (Glenmoore, PA), serving 78 children and adolescents with developmental disabilities aged 5-19 through extended family living in 10 households, K-12 adapted Waldorf education, and a wide range of therapeutic programs. It also includes the Transition Program at Beaver

Farm (Kimberton, PA) serving 13 young adults aged 18-21 through extended family living in 3 households, vocational training and therapies. Camphill Special School is licensed by the Pennsylvania Department of Welfare and recognized as an 'Approved Private School' by the Pennsylvania Department of Education.

Camphill Village USA (Copake) is a residential community in Copake, New York, where dedicated volunteers and people with developmental disabilities share life together. Located in rural Columbia County 100 miles north of New York City, the Village comprises 600 acres of wooded hills, gardens and pastures. Living in the village are 240 people of different backgrounds, ages and abilities: 103 adults with developmental disabilities, known as villagers, 97 long- and short-term volunteer co-workers and 43 children of co-workers. Villagers (adults with disabilities), coworkers and coworkers' children live together in extended family households and work together in a variety of craft shops and work areas. Crafts include candle making, stained glass, bookbinding, weaving, and woodworking. Land work includes a biodynamic dairy farm, vegetable gardens, a Healing Plant garden and workshop, and Turtle Tree Seed biodynamic seed workshop. The Village also has a medical care center, culture and arts center, bakery, Café and Gift Shop.

Camphill Village Kimberton Hills is an agricultural village community on 432 acres of southeast Pennsylvania farm and forest land, which includes 115 residents, including 43 adults with developmental disabilities and mental retardation (ages 24-84), with additional special needs adults as day members. The community manages a commercial organic dairy, and a community supported agriculture (CSA) garden with 150 sharing-holding families from outside the village. Also included are several craft workshops (fiber arts, wood work, pottery) a bakery, a public café, performing arts venue, craft shop and second hand shop. Village members live in homes throughout the farm/estate and all contribute to an active cultural, social life and work life.

Triform Camphill Community is a therapeutic life-sharing youth-guidance community, founded in 1979 which endeavors to accompany young adults with special needs to adulthood, self-development, and fulfillment of their potential through education and work training. About 60 people, including 29 with disabilities, live on 125 acres of land. Others come regularly as day students. The community is rich in agriculture, crafts, festivals, and arts. Triform is located in upstate New York, near the city of Hudson.

Camphill Village Minnesota is an intentional community of approximately 45 people, including 21 adults with disabilities located on a 470 acre biodynamic farm ten miles north of Sauk Centre in Central Minnesota. People live together, family-style, in seven different homes. Everyone shares in the responsibilities of life in the community. The Village has a strong agricultural component made up of farming, beekeeping and gardening. Craft work includes weaving, woodwork, pottery, and candle-making, as well as a bakery that provides for the needs of the village and sells in the surrounding area.

Camphill Soltane is a life-sharing community of 80 people, including 42 young adults, ages 18-35, with developmental disabilities and 6 day students, located 1 hour west of Philadelphia, PA, in a semi-rural setting. Encouraging self-advocacy for those with disabilities, helping coworkers reach their aspirations through effective and inspiring training, and encouraging teamwork in home and work areas, Soltane's mission is to build a bridge to adulthood for young people with disabilities, and a cornerstone is the attempt to actively involve every person in the process of creating community.

Camphill Communities California is a residential care community of 25 people, 12 of whom have developmental disabilities. Located near Monterey Bay, a region famous for its rich, social, cultural and recreational opportunities, Camphill offers a path of learning that nurtures personal growth and community involvement.

1.2.3 The Camphill AmeriCorps Program

The Camphill Association of North America has been a participant in the Camphill AmeriCorps Education Award Program since 2001. Participation in the Education Award Program has improved the ability of Camphill communities in the US to attract and retain American participants. AmeriCorps participants join a community as resident coworkers (see glossary) for their period of service, becoming members of the intentional community and sharing all aspects of life with its members with developmental disabilities. As members of an extended-family household, as coworkers in workshops, farms and gardens, and as teaching assistants in educational programs, they perform a broad range of direct support services under the guidance and mentorship of professional householders, workshop leaders, instructors and therapists.

Table 3. Distribution of AmeriCorps Participants (2008/09)

Camphill Special School	9	Camphill Village USA	14
Camphill Village Kimberton Hills	11	Camphill Soltane	11
Camphill Village Minnesota	7	Triform Camphill Community	3
Camphill Communities California	2	Total in Camphill Communities:	57
		Total in other North America Council communities	13

1.3 Evaluation Plan – Overview

1.3.1 Type and Scope of Evaluation

This evaluation was conducted as a multi-site internal evaluation with a mixed-method design, under the auspices of the Camphill Association of North America. **It examined the Quality of Life (QOL) outcomes for people with developmental disabilities in Camphill communities, the Quality of Service (QOS) outputs and Organizational Capacities intended to support these QOL outcomes, and the contribution of the Camphill AmeriCorps Education Award Program in providing these QOS outputs and Organizational Capacities.**

Each participating Camphill community is an independent member organization of the Camphill Association of North America. The communities participating in the evaluation account for more than 50% of the Camphill AmeriCorps Education Award members serving in the Camphill's AmeriCorps Program communities.

1.3.2 Purpose of the Evaluation

This evaluation is intended to fulfill the AmeriCorps grant requirement as articulated in the AmeriCorps regulations Sections 2522.700-2522.740. It is also intended to serve as a tool to strengthen general program outcomes and enhance the specific contribution of AmeriCorps participants to those outcomes. The evaluation design addresses these goals through the following components:

- Summative evaluation of Quality of Life (QOL) outcomes for members of Camphill communities with developmental disabilities, using the QOL Profile for Adults with Developmental Disabilities (Brown, Renwick & Raphael, 1997)
- Tentative comparison of QOL data from Camphill members with population data for individuals with developmental disabilities from other studies
- Evaluation of Quality of Service (QOS) features and Organizational Capacities intended to enhance QOL for Camphill members with developmental disabilities.
- Evaluations of the contribution made by AmeriCorps members towards delivering the QOS outputs and developing the Organizational Capacities intended to support QOL outcomes for members with developmental disabilities

1.3.3 Evaluation Questions

1. What are the strengths and weaknesses experienced by Camphill members with developmental disabilities in terms of QOL outcomes in the three components of QOL (Being, Belonging, Becoming) and their nine sub-components?
2. How does the global Quality of Life (QOL) experienced by members with developmental disabilities in American Camphill communities compare with general population data for individuals with developmental disabilities?
3. What are the distinctive Quality of Service (QOS) outputs identified by Camphill householders (residential care supervisors) as intended to promote QOL outcomes?
4. What are the specific organizational capacities identified by Camphill administrators as intended to support the provision of QOL outcomes?

5. What are the expectations of Camphill householders (residential care supervisors) with regard to the contribution of AmeriCorps members (as direct support providers) towards each of the QOS outputs identified as intended to promote QOL outcomes?
6. What are the expectations of Camphill administrators with regard to the contribution of a cohort of AmeriCorps members towards each of the Organizational Capacities identified as intended to support the provision of QOL outcomes?
7. Which aspects of QOS are particularly important to community members with disabilities?
8. What is the actual contribution of AmeriCorps members (as direct support providers) towards each of the QOS outputs identified as intended to promote QOL outcomes, as rated by Camphill householders, AmeriCorps members themselves, and Camphill members receiving support through AmeriCorps participants (or their proxies)?
9. What is the actual contribution of a cohort of AmeriCorps members towards the Organizational Capacities identified as intended to support the provision of QOL outcomes, as rated by Camphill administrators?

1.3.4 Audiences

The primary target audience includes:

- Corporation for National & Community Service
- Executive and Trustees of the Camphill Association of North America
- Coworker Development Committee of the Camphill Association
- Administrators in the participating Camphill communities
- Householders in the participating Camphill communities
- Persons with disabilities in the participating Camphill communities
- Recruitment Offices in the participating Camphill communities
- Persons with disabilities, service providers, and researchers in the disabilities field

At the discretion of the Camphill Association, results may also be shared with Camphill communities and affiliates outside the Camphill Association of North America.

1.3.5 Limitations

While the present design attempts to address the evaluation questions in a manner that will lead to an identification of relative strengths and weaknesses of the program with regard to different areas of service provision and outcomes, and that will inform efforts to strengthen the impact of the Camphill AmeriCorps Education Award Program within the participating Camphill communities, the following design limitations must be kept in mind when interpreting the results:

- The design allows for an exploration of relationships and associations between the various measures taken, as well as the development of causal hypotheses, but does not, by itself, support any inferences of causality.
- Comparison of Camphill QOL data with population data from other studies must be approached with caution, as differences may be confounded by unaccounted effects of variables not addressed in the study.

- The design of the study does not allow for a meaningful direct statistical exploration of relationships between specific Quality of Service items or Organizational Capacities Items and overall Quality of Life (QOL) or any of its specific domains.

2 Evaluation Results

2.1 Stage 1: Focus Groups

Focus groups were held with Householders and Administrators (see glossary) to identify features of service delivery, as well as organizational capacities in Camphill communities that are intended to support Quality of Life (QOL) for their members with disabilities.

At the beginning of each focus group session, the facilitator presented a written display of the operational definition of Quality of Life (QOL) and its three components (Being, Belonging, Becoming) with their respective sub-components as summarized in Table 4. After giving a verbal explanation of these definitions and answering questions of clarification, the facilitator asked participants to list the key elements and features of service provision (Householders), or the key organizational capacities (Administrators) in their community that are intended to support and enhance each of the three components of QOL for their community's members with developmental disabilities. The lists were immediately compiled and visually arrayed. The resulting lists of QOS items from each focus group for each of the three QOL components were combined and edited by the evaluators. The evaluators combined differently worded items from different focus groups referring to the same QOS feature or Organizational Capacity and developed wording for each item. Items were combined into two questionnaires for validation, as described below, forming the Camphill QOS Questionnaire and the Camphill Organizational Capacities Questionnaire (see appendix for full formulations of items).

2.1.1 Focus Groups Conducted

Separate evaluator-facilitated focus groups with householders and administrators were conducted at the five participating Camphill communities, accounting for more than 50% of the AmeriCorps National Education Award members serving in Camphill AmeriCorps communities.

Table 4. Focus Group Dates

Community	Date
Camphill Village, Copake	11-16-07
Camphill Kimberton Hills	12-07-07
Camphill California	1-11-08
Camphill Soltane	3-12-08
Camphill Village Minnesota	5-07/08-08

2.1.2 Compilation of Focus Group Results

The collected items from each set of focus groups (Householders and Administrators) were reviewed for sorting and grouping into themes. In this process, it became evident that many of the Camphill QOS and Organizational Capacities items that were generated by focus groups were intended to serve more than one QOL dimension. Therefore, evaluators decided to

abandon the separation of QOS and Organizational Capacities items according to the QOL components, in reference to which they had been generated by the focus groups. All items from each set of focus groups (Administrators and Householders) were combined into a single pool of items, yielding two sets of items for sorting and grouping: a set of Householder QOS items and a set of Administrator Organizational Capacities items. Evaluators sorted and grouped each set of items according to emerging themes, yielding a total of 46 groups of Householder QOS items and a total of 45 groups of Administrator Organizational Capacities items.

2.1.3 Formulation of Questionnaire Items

Each group of QOS and Organizational Capacities items was used as basis for the formulation of a questionnaire item. Questionnaire items were formulated in a uniform format, consisting of a descriptive header and additional illustrative phrases. For Householder QOS items, each header begins with a verb in present participle form and describes the service activity in broad terms (e.g. “Providing...”). It is followed by a list of more specific examples beginning with the phrase: “Through service elements and features, such as...” For Administrator Organizational Capacities items, each header likewise begins with a verb in present participle form, describing the capacity in broad terms. This is followed by a list of more specific examples beginning with the phrase: “Through organizational features and activities, such as...”

2.1.4 Validation of Questionnaire Items

Table 5. Number of Responses to Validation Questionnaires

Community	Responses – Householders	Responses – Administrators
Camphill Village, Copake	11	1
Camphill Triform	2	3
Camphill California	2	3
Camphill Soltane	3	2
Camphill Village Kimberton Hills	12	9
Camphill Village Minnesota	6	3
TOTAL	36	21

Householder QOS items were compiled in random order and administered to all householders in each of the five participating communities, as well as Camphill Triform, with the following instructions: “Please rate each of the following items on a scale from 1 to 5, indicating how important you think each item is in promoting and enhancing the Quality of Life of community members with developmental disabilities.” Similarly, Administrator Organizational Capacities items were compiled in random order and completed by administrators in each of the five participating communities, as well as Camphill Triform, with the following instructions: “Please rate each of the following items on a scale from 1 to 5, indicating how important you think each item is in enabling your community to provide services that promote and enhance the Quality of

Life of its community members with developmental disabilities.” The rating scale, in both cases, was defined as follows: 1=not at all important; 2=not very important; 3=important; 4=very important; 5=extremely important. Table 5 shows the number of responses received for each set of items.

Tables 6 and 7 show the items sorted by mean rank (Friedman Test), and including mean ratings. In addition, items have been color-coded to identify groups of items ranked considerably higher or lower than the majority of items making up the middle field. (For full formulations of items as presented, and for full descriptive results, please see appendix.)

2.1.5 Discussion of Validation Results

All questionnaire items in both questionnaires met the predetermined target for inclusion in further versions of the questionnaires (a mode of 3 or higher). In fact, no item on either questionnaire scored a mean below 3.5, and only three items in each questionnaire achieved means below 4.0. This shows that all items generated from the focus group results were seen as at least “important”, if not “very important” or “extremely important” by the householders and administrators in the participating communities. In spite of this, some significant differences do emerge in the degree of importance assigned to various items.

Camphill QOS Questionnaire (Householders)

Inspection of the ratings of Householder QOS items (see Table 6) shows that there is a large and thematically broad middle group of items with an overall rating of “very important”. No particular dominant themes are discernable in this middle group. However, three themes (in no particular order) clearly stand out among the items at the top of the list:

- a culture of mutual respect and support through personal relationships, that promotes psychological well-being
- support of physical health through health care and healthy lifestyles
- opportunities for personal development through meaningful work

The items that were judged least important (though still “important” to “very important”) by householders tend to be concerned, broadly, with participation in the wider community, beyond the individual Camphill community, through access to media, information, events, resources, travel and civic engagement. Also included at the bottom of the list is the support of access to personal finances, which again is most relevant in relation to participation in activities beyond an individual’s Camphill community.

Camphill Organizational Capacities Questionnaire (Administrators)

Inspection of the ratings of Administrator Organizational Capacities items (see Table 7) shows that here, also, there is a large and thematically broad middle group of items with an overall rating of “very important” and no particular dominant themes. Among the items at the top of

the list, with ratings that lean more strongly towards “extremely important”, the following three themes stand out, with a strong emphasis on the first two:

- many dimensions of support for health and healthy lifestyles
- a supportive and egalitarian community with a strong and substantial social fabric and cultural life, based on anthroposophical principles (see glossary)
- a beautiful and safe physical environment with easy access to nature and outdoors

The items that were judged least important (though still “important” to “very important”) by administrators were concerned with access to news and information, as well as personal finances and shared funds for further education. Overall, the responses provided by Administrators echo to a significant degree the priorities indicated by Householders.

Table 6. Householder QOS Validation Results (Importance)			
Mean Rank	Item	Description	Mean
29.86	10	Creating regular opportunities for conversation on issues of personal significance	4.75
29.61	39	Establishing a culture of respect and acceptance	4.71
29.07	11	Offering support in coping with personal transitions and crises	4.71
28.64	4	Supporting rhythmical and active lifestyles	4.68
28.55	27	Creating opportunities for meaningful work	4.68
28.11	8	Providing healthy nutrition	4.64
28.07	17	Safeguarding each individual's personal private space	4.64
27.96	1	Providing access to health care, based on individual needs	4.64
27.36	7	Creating healthy mealtimes	4.61
26.41	2	Providing regular scheduled health maintenance services	4.57
26.25	29	Supporting self-control and confidence in managing daily life	4.54
26.04	44	Creating a culture that stimulates and values personal growth	4.50
25.88	30	Providing a safe, inviting and accessible physical environment	4.54
25.39	9	Supporting good physical care	4.50
25.32	19	Cultivating shared responsibility for the wellbeing of all household members	4.50
25.27	35	Supporting the development of an individual vocation	4.50
25.11	14	Celebrating special moments	4.50
24.73	38	Providing opportunities to grow through one's practical responsibilities	4.46
24.52	33	Supporting safe and healthy personal relationships	4.46
24.50	13	Creating supported opportunities for engagement in spiritual practices	4.46
24.39	46	Providing support, based on a comprehensive participatory assessment of individual needs	4.43
24.14	22	Providing supported opportunities to make friends and build the necessary social skills	4.43
24.14	43	Offering opportunities to exercise one's voice in the community	4.43
24.13	42	Offering opportunities to engage in artistic activities	4.43
23.95	6	Promoting physical exercise	4.43
23.88	21	Offering a social home within an expanded-family house community	4.43
23.80	3	Providing access to complementary and holistic health care	4.43
23.79	12	Providing mentored peer-group support on issues of personal significance	4.39
23.45	26	Enabling participation in community celebrations marking life transitions	4.39
23.27	18	Promoting ownership of shared and personal living spaces	4.39
23.13	34	Supporting opportunities to cultivate personal friendships and relationships of choice	4.39
22.61	20	Making houses into homes	4.32
22.43	40	Offering and supporting rich and diverse opportunities for leisure activities	4.36
22.39	31	Providing safe, inviting and accessible meeting spaces for a wide range of people	4.36
20.96	16	Offering opportunities for adult education	4.29
20.86	5	Supporting access to healthy and appropriate clothing	4.29
20.66	37	Providing opportunities for ongoing vocational development	4.21
19.34	23	Providing stable networks of natural support	4.18
18.16	15	Providing supported opportunities to actively engage with broader ethical issues	4.14
18.04	24	Promoting ownership of the community beyond one's own household	4.11
17.02	25	Providing supported access to local community resources and events	4.07
16.96	32	Providing supported access to information and communication	4.04
16.68	41	Supporting access to travel	4.07
16.43	28	Supporting access to personal finances	3.89
15.50	45	Supporting participation in politics and civic engagement	3.93
14.27	36	Providing opportunities to actively participate in the local community	3.86

Table 7. Administrator Organizational Capacities Validation Results (Importance)			
Mean Rank	Item	Description	Mean
30.33	34	Building a community based on brotherhood and the recognition of individual needs	4.83
30.17	33	Building a community of equals, based on healthy human relationships and reciprocal agreements	4.83
30.04	31	Providing a community life based on anthroposophy	4.83
30.00	44	Celebrating community festivals	4.83
29.46	9	Offering beautiful and safe physical surroundings	4.83
29.17	14	Motivating coworkers to maintain a safe, healthy and beautiful environment	4.75
27.25	32	Building a community with many opportunities for free and creative cultural initiative	4.67
26.17	17	Supporting friendships and social networks	4.58
26.08	26	Providing full social inclusion as members of an inclusive intentional community	4.58
26.04	28	Supporting a rhythmical lifestyle	4.58
25.79	37	Carefully selecting coworker applicants	4.58
25.75	11	Offering easy access to general and specialized medical care	4.58
25.75	19	Cultivating strong natural circles of support	4.58
25.58	22	Providing well-balanced, nutritious and healthy meals	4.58
25.50	35	Providing continuous education and professional development for coworkers	4.58
24.96	45	Providing a rich and open cultural environment	4.58
24.63	30	Providing a rich and open cultural environment	4.50
24.54	25	Offering opportunities for adult education	4.50
24.17	3	Facilitating regular vacations	4.50
23.88	13	Providing access to ongoing health care, health maintenance and nursing services	4.42
23.67	27	Providing support and care through stable long-term social relationships	4.42
23.29	10	Encouraging physical activity	4.42
23.29	29	Promoting individual responsibility	4.42
23.13	16	Supporting healthy, non-abusive relationships, intimacy and sexuality	4.42
23.08	20	Providing personal living space	4.42
22.75	40	Providing easy access to a rich cultural life	4.33
22.63	39	Providing safe, easy and independent access to a large circle of friends	4.33
22.58	12	Offering a wide range of therapeutic support services	4.33
21.96	8	Facilitating access to nature and outdoor experiences	4.42
21.50	7	Supporting religious practice of choice	4.42
21.46	36	Carefully screening coworker applicants	4.25
21.17	42	Providing opportunities for fitness and exercise	4.25
20.88	18	Providing individual support on the basis of the individual's biographical situation and life goals	4.33
20.67	4	Supporting strong relationships with own family and relatives	4.17
20.38	5	Fostering active exchange with wider community	4.25
20.21	15	Supporting self-advocacy	4.17
20.13	38	Providing easy access to frequent social opportunities and events	4.17
20.13	41	Providing opportunities to learn and practice new artistic and cultural skills	4.17
18.33	24	Offering opportunities for vocational and career development	4.00
18.29	21	Creating the possibility to live in one's own expanded-family type home	4.08
16.88	1	Providing supported access to personal money and bank accounts	4.00
14.96	6	Facilitating active participation in the local community	4.00
14.79	2	Providing access to shared funds for further education	3.92
13.42	43	Supporting constructive use of leisure time	3.92
10.21	23	Providing supported access to news and information	3.58

2.2 Stage 2: Intake Expectations

In Stage 2, the questionnaires developed in Stage 1 were used to survey the expectations held by Administrators and Householders of the contributions of an incoming cohort of AmeriCorps participants towards Quality of Service (QOS) and Organizational Capacities in the participating Camphill communities. The AmeriCorps cohort was also surveyed, to determine the QOS areas in which they expected to make their most significant contributions.

Table 8. Distribution of Stage 2 Participants

Community	AmeriCorps Members	Householders	Administrators
Camphill Village, Copake	12	11	6
Camphill Kimberton Hills	8	7	6
Camphill California	4	2	2
Camphill Soltane	8	6	3
Camphill Village Minnesota	2	2	2
Total	34	28	19

2.2.1 Administration of Questionnaires to Incoming AmeriCorps Participants

Between August 27 and September 26, 2008, the cohort of incoming AmeriCorps participants selected for this study was administered the Camphill QOS Questionnaire developed in Stage 1. The cohort included all AmeriCorps participants in the five participating Camphill communities (accounting for more than 50% of the Camphill AmeriCorps members serving in Camphill AmeriCorps communities) that started their year of service between May 14, 2008 and September 4, 2008. Out of a total of 34 AmeriCorps participants in this cohort, 26 began their year of service between August 4, 2009 and September 4, 2009 (see Table 8 for the distribution of respondents among the five participating Camphill communities).

The Camphill QOS Questionnaire given to AmeriCorps participants included the 46 items created and validated in Stage 1, as well as an explanatory preface and the following instructions:

“Please rate each of the following items on a scale from 1 to 5, indicating how important you expect your contribution to be in providing this service element or feature to the members with developmental disabilities in your household over the course of the coming year.” The rating scale was defined as follows: 1=not at all important; 2=not very important; 3=important; 4=very important; 5=extremely important.

Table 9 shows the items sorted by mean rank (Friedman Test), and including mean ratings. In addition, items have been color-coded to identify groups of items ranked considerably higher or lower than the majority of items making up the middle field. (For full formulations of items as presented, and for full descriptive results, please see appendix.)

2.2.2 Summary of AmeriCorps Participants' Intake Expectations

Mean ratings range from 2.94 ("important") to 4.70 ("very important to extremely important"). Among the items at the top of the list, for which the incoming AmeriCorps participants expected their contribution to be the most important, the following themes stand out:

- Creating a supportive social fabric in which everyone is respected, acknowledged and has opportunities to grow
- Providing healthy meals
- Providing direct personal support for social, emotional and physical wellbeing
- Providing direct personal support for vocational and leisure activities
- Creating a shared expanded-family home, safe, accessible and inviting, with safeguards for private space and shared ownership of common spaces

Among the items at the bottom of the list, for which the incoming AmeriCorps participants expected their contribution to be less important (though still "important" or "important to very important") the following themes stand out:

- Supporting access to personal finances
- More formal aspects of support service provision, including person-centered planning, professional health care services, mentored peer-group support and adult education
- Facilitating engagement with and participation in the wider community and broader civic, political and ethical issues
- Providing stable networks of natural support, built on long-term (5 years +) relationships
- Creating supported opportunities for engagement in spiritual practices

Table 9. Incoming AmeriCorps Participants' Expectations			
Mean Rank	Item	Description	Mean
33.86	10	Creating regular opportunities for conversation on issues of personal significance	4.70
32.59	8	Providing healthy nutrition	4.58
32.48	39	Establishing a culture of respect and acceptance	4.61
32.35	7	Creating healthy mealtimes	4.52
31.15	18	Promoting ownership of shared and personal living spaces	4.48
31.12	44	Creating a culture that stimulates and values personal growth	4.48
30.77	38	Providing opportunities to grow through one's practical responsibilities	4.48
30.06	4	Supporting rhythmical and active lifestyles	4.36
29.59	27	Creating opportunities for meaningful work	4.39
29.27	19	Cultivating shared responsibility for the wellbeing of all household members	4.39
29.23	21	Offering a social home within an expanded-family house community	4.36
28.71	14	Celebrating special moments	4.30
27.91	11	Offering support in coping with personal transitions and crises	4.24
27.77	30	Providing a safe, inviting and accessible physical environment	4.21
27.67	9	Supporting good physical care	4.21
27.36	34	Supporting opportunities to cultivate personal friendships and relationships of choice	4.21
26.98	29	Supporting self-control and confidence in managing daily life	4.15
26.71	17	Safeguarding each individual's personal private space	4.18
26.48	40	Offering and supporting rich and diverse opportunities for leisure activities	4.12
26.47	20	Making houses into homes	4.15
25.82	22	Providing supported opportunities to make friends and build the necessary social skills	4.09
23.44	35	Supporting the development of an individual vocation	3.91
23.00	33	Supporting safe and healthy personal relationships	3.85
22.94	6	Promoting physical exercise	3.82
22.85	42	Offering opportunities to engage in artistic activities	3.85
22.39	25	Providing supported access to local community resources and events	3.85
21.65	5	Supporting access to healthy and appropriate clothing	3.76
21.00	43	Offering opportunities to exercise one's voice in the community	3.67
20.61	1	Providing access to health care, based on individual needs	3.58
20.20	32	Providing supported access to information and communication	3.67
20.18	26	Enabling participation in community celebrations marking life transitions	3.73
19.76	3	Providing access to complementary and holistic health care	3.52
19.41	24	Promoting ownership of the community beyond one's own household	3.64
19.27	31	Providing safe, inviting and accessible meeting spaces for a wide range of people	3.61
18.30	15	Providing supported opportunities to actively engage with broader ethical issues	3.58
18.29	46	Providing support, based on a comprehensive participatory assessment of individual needs	3.42
18.14	13	Creating supported opportunities for engagement in spiritual practices	3.42
17.88	16	Offering opportunities for adult education	3.48
17.32	23	Providing stable networks of natural support	3.36
16.30	41	Supporting access to travel	3.30
15.50	37	Providing opportunities for ongoing vocational development	3.30
15.23	45	Supporting participation in politics and civic engagement	3.24
14.23	2	Providing regular scheduled health maintenance services	3.15
14.12	36	Providing opportunities to actively participate in the local community	3.15
13.52	12	Providing mentored peer-group support on issues of personal significance	3.12
11.11	28	Supporting access to personal finances	2.94

Table 10. Householders' Expectations of Incoming AmeriCorps Participants			
Mean Rank	Item	Description	Mean
34.60	39	Establishing a culture of respect and acceptance	4.68
32.76	9	Supporting good physical care	4.52
32.47	21	Offering a social home within an expanded-family house community	4.58
31.98	10	Creating regular opportunities for conversation on issues of personal significance	4.52
31.60	19	Cultivating shared responsibility for the wellbeing of all household members	4.52
31.06	20	Making houses into homes	4.55
30.74	18	Promoting ownership of shared and personal living spaces	4.52
30.63	8	Providing healthy nutrition	4.45
30.47	17	Safeguarding each individual's personal private space	4.39
30.44	38	Providing opportunities to grow through one's practical responsibilities	4.45
29.34	4	Supporting rhythmical and active lifestyles	4.32
29.00	7	Creating healthy mealtimes	4.35
28.89	29	Supporting self-control and confidence in managing daily life	4.32
28.71	44	Creating a culture that stimulates and values personal growth	4.29
28.32	14	Celebrating special moments	4.29
27.95	27	Creating opportunities for meaningful work	4.19
27.61	30	Providing a safe, inviting and accessible physical environment	4.23
27.56	34	Supporting opportunities to cultivate personal friendships and relationships of choice	4.23
27.55	22	Providing supported opportunities to make friends and build the necessary social skills	4.19
26.06	5	Supporting access to healthy and appropriate clothing	4.10
26.05	33	Supporting safe and healthy personal relationships	4.13
25.66	26	Enabling participation in community celebrations marking life transitions	4.06
24.50	6	Promoting physical exercise	4.00
23.82	35	Supporting the development of an individual vocation	3.94
23.81	40	Offering and supporting rich and diverse opportunities for leisure activities	4.00
23.71	11	Offering support in coping with personal transitions and crises	3.90
22.53	25	Providing supported access to local community resources and events	3.97
21.81	31	Providing safe, inviting and accessible meeting spaces for a wide range of people	3.87
21.61	43	Offering opportunities to exercise one's voice in the community	3.77
20.66	42	Offering opportunities to engage in artistic activities	3.71
19.61	23	Providing stable networks of natural support	3.61
19.23	13	Creating supported opportunities for engagement in spiritual practices	3.71
19.06	32	Providing supported access to information and communication	3.68
18.92	15	Providing supported opportunities to actively engage with broader ethical issues	3.65
18.39	24	Promoting ownership of the community beyond one's own household	3.52
17.16	37	Providing opportunities for ongoing vocational development	3.42
16.55	46	Providing support, based on a comprehensive participatory assessment of individual needs	3.29
16.21	41	Supporting access to travel	3.45
16.00	16	Offering opportunities for adult education	3.42
15.08	45	Supporting participation in politics and civic engagement	3.39
14.68	12	Providing mentored peer-group support on issues of personal significance	3.19
13.08	28	Supporting access to personal finances	3.06
12.06	3	Providing access to complementary and holistic health care	2.87
11.39	36	Providing opportunities to actively participate in the local community	3.03
11.00	1	Providing access to health care, based on individual needs	2.71
10.68	2	Providing regular scheduled health maintenance services	2.61

2.2.3 Administration of Questionnaires to Householders Acting as Supervisors for Incoming AmeriCorps Participants

Between August 27 and October 7, 2008, the Householder acting as supervisor for each member of the cohort of incoming AmeriCorps participants was administered the Camphill QOS Questionnaire developed in Stage 1. Where one Householder served as supervisor for more than one AmeriCorps participant, they were asked to complete a separate questionnaire for each AmeriCorps participant whom they were supervising. Therefore, the number of responses matches the number of AmeriCorps participants; whereas the number of respondents is slightly lower (see Table 8 for the number of responding Householders in each of the five participating Camphill communities).

The Camphill QOS Questionnaire given to Householders included the 46 items created and validated in Stage 1, as well as an explanatory preface and the following instructions: “Please rate each of the following items on a scale from 1 to 5, indicating how important you expect the contribution of the AmeriCorps participant named above to be in providing this service element or feature to the members with developmental disabilities in your household over the course of the coming year.” The rating scale was defined as follows: 1=not at all important; 2=not very important; 3=important; 4=very important; 5=extremely important.

Table 10 shows the items sorted by mean rank (Friedman Test), and including mean ratings. In addition, items have been color-coded to identify groups of items ranked considerably higher or lower than the majority of items making up the middle field. (For full formulations of items as presented, and for full descriptive results, please see appendix.)

2.2.4 Summary of Intake Expectations of Householders Acting as Supervisors for Incoming AmeriCorps Participants

Mean ratings range from 2.61 (“not very important to important”) to 4.68 (“very important to extremely important”). Among the items at the top of the list, for which the Householders acting as supervisors for incoming AmeriCorps participants expected the AmeriCorps participants’ contributions to be the most important, the following themes stand out:

- Creating a supportive social fabric in which everyone is respected, acknowledged and has opportunities to grow
- Providing healthy meals
- Providing direct personal support for social, emotional and physical wellbeing
- Providing direct personal support for vocational and leisure activities
- Creating a shared expanded-family home, safe, accessible and inviting, with safeguards for private space and shared ownership of common spaces

The items at the very bottom of the list, for which the Householders acting as supervisors for incoming AmeriCorps participants expected the AmeriCorps participants' contribution to be least important ("not important to important"), all deal with the following theme:

- Providing access to professional health care services

Among the other items at the bottom of the list, rated as "important" or "important to very important", the following themes stand out:

- Supporting access to personal finances
- More formal aspects of support service provision, including person-centered planning, mentored peer-group support and adult education
- Facilitating engagement with and participation in the wider community and broader civic, political and ethical issues
- Providing stable networks of natural support, built on long-term (5 years +) relationships

2.2.5 Comparison and Discussion of AmeriCorps Participants' and Householders' Intake Expectations

Even though the exact order of items varies somewhat between Householders and AmeriCorps participants, there is strong agreement between the expectations of the two groups. The same themes are represented at the top and the bottom of each list. There were only two items, for which the ratings by AmeriCorps participants differed significantly from those by Householders (two-tailed t-test, $p \leq 0.05$). AmeriCorps participants appear to have expected a higher degree of involvement with items #1 ("Providing access to health care, based on individual needs") and #3 ("Providing access to complementary and holistic health care") than Householders, in whose ratings these two items came second- and third-to-last. For another healthcare-related item, item #2 ("Providing regular scheduled health maintenance services"), which is rated last by Householders, there is an almost significant difference (two-tailed t-test, $p: 0.05 < p < 0.10$) in the same direction. However, even AmeriCorps participants rated these items near the bottom of the list. While these differences show that Householders make this point more clearly and determinedly, there is still agreement overall, that the provision of professional health care does not belong to the AmeriCorps participants' primary tasks.

The only other item, for which there is an almost significant difference, is item #9 ("Supporting good physical care"). This item was rated higher, both relatively and in absolute terms, by Householders, where it falls within the top bracket. However, even AmeriCorps participants placed this item within the second tier from the top, expecting their contributions to be "very important" with a tendency towards "extremely important".

Overall, the results indicate that the incoming AmeriCorps participants, as well as their supervising Householders, expected the AmeriCorps participants' most significant contributions to be in the non-professional aspects of life shared with adults with disabilities,

including shared homemaking and the provision of personal support in the context of non-professional human and social relationships. However, most AmeriCorps members and Householders see the AmeriCorps participants' most important contribution to these networks of natural support limited within a short- to medium-term horizon and expect a less significant contribution to the long-term establishment of stable networks of natural support through personal relationships that span more than five years.

2.2.6 Administration of Questionnaires to Administrators in Participating Camphill Communities

Between August 27 and October 7, 2008, members of the executive/management groups of each of the five Camphill communities participating in this study were administered the Camphill Organizational Capacities Questionnaire developed in Stage 1 (see Table 8 for the number of responding Administrators in each of the five participating Camphill communities).

The Camphill Organizational Capacities Questionnaire given to Administrators included the 45 items created and validated in Stage 1, as well as an explanatory preface and the following instructions: "Please rate each of the following items on a scale from 1 to 5, indicating how important you expect the contribution of this year's incoming group of AmeriCorps participants to be in supporting this organizational feature or capacity in your community." The rating scale was defined as follows: 1=not at all important; 2=not very important; 3=important; 4=very important; 5=extremely important.

Table 11 shows the items sorted by mean rank (Friedman Test), and including mean ratings. In addition, items have been color-coded to identify groups of items ranked considerably higher or lower than the majority of items making up the middle field. (For full formulations of items as presented, and for full descriptive results, please see appendix.)

2.2.7 Summary and Discussion of Administrators' Intake Expectations

Mean ratings range from 2.37 ("not very important to important") to 4.63 ("very important to extremely important"). Among the items at the top of the list, for which Administrators expected the contribution of the incoming cohort of AmeriCorps participants to be the most important, the following themes stand out:

- Providing healthy meals
- Creating an inclusive, egalitarian, supportive, safe and healthy social fabric
- Maintaining a safe and beautiful physical environment with easy access to the outdoors
- Providing an environment rich with culture and celebrations
- Supporting active and rhythmical lifestyles
- Promoting individual responsibility

The two items at the bottom of the list, for which Administrators expected the contribution of the incoming cohort of AmeriCorps participants to be the least important (“not very important to important”), both deal with the following theme:

- Providing access to personal finances

Among the other items at the bottom of the list, rated as “important”, the following themes stand out:

- Providing access to professional health care services
- Facilitating vacations
- Supporting relationships with families and relatives
- Coworker development (recruitment and education)

Similar to the Householders, the Administrators also expected the incoming cohort of AmeriCorps participants to make an important contribution primarily to the non-professional areas of support through community-building, through homemaking, shared living, social relationships, cultural life and support for active and healthy lifestyles. The contribution of AmeriCorps participants to more professional organizational functions, most notably professional health care services, but also to functions involving the administration of financial resources (vacations, personal finances), the maintenance of relationships with families and relatives (requiring long-term engagement over the course of many years, and presumably left to long-term coworkers rather than AmeriCorps members, who generally only serve for 11 months to two years) and the development of the coworker body itself through recruitment and education (another function that requires a more long-term perspective) were expected to be less important.

Table 11. Administrators' Expectations of Incoming AmeriCorps Cohort			
Mean Rank	Item	Description	Mean
33.16	22	Providing well-balanced, nutritious and healthy meals	4.63
31.44	26	Providing full social inclusion as members of an inclusive intentional community	4.53
30.78	44	Celebrating community festivals	4.32
30.19	17	Supporting friendships and social networks	4.42
29.41	33	Building a community of equals, based on healthy human relationships and reciprocal agreements	4.32
29.31	9	Offering beautiful and safe physical surroundings	4.21
29.16	29	Promoting individual responsibility	4.32
29.09	16	Supporting healthy, non-abusive relationships, intimacy and sexuality	4.42
29.00	30	Providing a rich and open cultural environment	4.37
28.81	28	Supporting a rhythmical lifestyle	4.42
28.66	8	Facilitating access to nature and outdoor experiences	4.32
28.50	14	Motivating coworkers to maintain a safe, healthy and beautiful environment	4.37
28.34	10	Encouraging physical activity	4.21
27.13	19	Cultivating strong natural circles of support	4.11
26.38	45	Providing a rich and open cultural environment	4.16
26.06	21	Creating the possibility to live in one's own expanded-family type home	4.11
26.03	34	Building a community based on brotherhood and the recognition of individual needs	4.05
25.72	39	Providing safe, easy and independent access to a large circle of friends	4.11
25.09	31	Providing a community life based on anthroposophy	3.79
25.09	38	Providing easy access to frequent social opportunities and events	4.16
24.13	20	Providing personal living space	3.95
24.06	40	Providing easy access to a rich cultural life	3.89
23.91	6	Facilitating active participation in the local community	3.89
23.91	18	Providing individual support on the basis of the individual's biographical situation and life goals	3.83
23.78	27	Providing support and care through stable long-term social relationships	3.89
23.59	41	Providing opportunities to learn and practice new artistic and cultural skills	4.05
22.72	25	Offering opportunities for adult education	3.89
22.16	7	Supporting religious practice of choice	3.95
21.88	32	Building a community with many opportunities for free and creative cultural initiative	3.79
21.75	43	Supporting constructive use of leisure time	3.89
21.31	42	Providing opportunities for fitness and exercise	3.79
21.03	15	Supporting self-advocacy	3.74
20.75	5	Fostering active exchange with wider community	3.74
18.81	37	Carefully selecting coworker applicants	3.24
18.31	35	Providing continuous education and professional development for coworkers	3.32
18.06	24	Offering opportunities for vocational and career development	3.58
16.53	23	Providing supported access to news and information	3.42
16.28	36	Carefully screening coworker applicants	3.16
15.78	11	Offering easy access to general and specialized medical care	3.16
14.56	13	Providing access to ongoing health care, health maintenance and nursing services	3.00
13.38	3	Facilitating regular vacations	3.05
12.50	4	Supporting strong relationships with own family and relatives	3.05
11.66	12	Offering a wide range of therapeutic support services	2.89
10.81	1	Providing supported access to personal money and bank accounts	2.68
6.00	2	Providing access to shared funds for further education	2.37

2.2.8 Summary and Discussion of Intake Expectations

All three groups – incoming AmeriCorps participants, Householders and Administrators – expected the most important contributions of the incoming group of AmeriCorps participants to the Quality of Life of the communities’ members with developmental disabilities to be made through their non-professional, cultural and social engagement as members of the life-sharing community. Through this, AmeriCorps members are expected to become a source of ‘natural support’ to the communities’ members with disabilities, providing support in the context of a network of direct human relationships that are not structured in terms of a professional client-caregiver framework but arise from the realities of shared living.

If the expectations for the contributions of AmeriCorps participants to the Quality of Life of community members with disabilities are compared to Householders’ and Administrators’ ratings of the general importance of the various Quality of Service items and Organizational Capacities (see *Stage 1: Focus Groups*), one discrepancy stands out. The area of professional health care (including health maintenance and complementary and holistic health care and therapeutic support) seems to be the one area that is seen, by Householders and Administrators alike, as a “very important to extremely important” element of Camphill’s ability to support Quality of Life, but which consistently appears at the bottom of the list of AmeriCorps members’ expected contributions. However, as this is an area that requires significant and specific professional competencies and qualifications, this is consistent with the emphasis on the non-professional ‘natural support’ role expected of AmeriCorps members.

2.3 Stage 3: Outcomes Evaluation

In Stage 3, a comprehensive survey of the Quality of Life (QOL) of Community Members with Disabilities in the participating communities was conducted. In addition, Householders, Administrators and AmeriCorps members were asked to assess the relative contributions made by the AmeriCorps cohort completing its one-year term of service to the various areas of Quality of Service (QOS) and Organizational Capacities. Further, Administrators were asked to rate their communities in terms of the strength of various Organizational Capacities, and Community Members with Disabilities were asked to rate selected QOS items in terms of importance, and in terms of their satisfaction with the contribution made by AmeriCorps participants.

Table 12. Distribution of Stage 3 Participants

Community	Verbal Members w/D	Nonverbal Members w/D	Householders	AmeriCorps Members	Administrators
Camphill Village, Copake	15 (Am Eval: 5)	13 (Am Eval: 6)	11	11 (one left early)	6
Camphill Kimberton Hills	9 (Am Eval: 7)	3 (Am Eval: 1)	6	8	6
Camphill California	3 (Am Eval: 3)	1 (Am Eval: 1)	2	4	2
Camphill Soltane	8 (Am Eval: 5)	4 (Am Eval: 3)	5	8	3
Camphill Village Minnes.	3 (Am Eval: 1)	4 (Am Eval: 1)	2	2	2
Total	38 (Am Eval: 21)	25 (Am Eval: 12)	26	33	19

Notes:

- Administrators are the same individuals as in Stage 2.
- AmeriCorps Participants are the same as in Stage 2, with the exception of one participant from Copake who did not complete her term of service.
- As in Stage 2, some householders evaluated more than one AmeriCorps Member.
- 'Am Eval' indicates number of Members w/D selected to evaluate AmeriCorps Members (see Sec. 2.3.7).

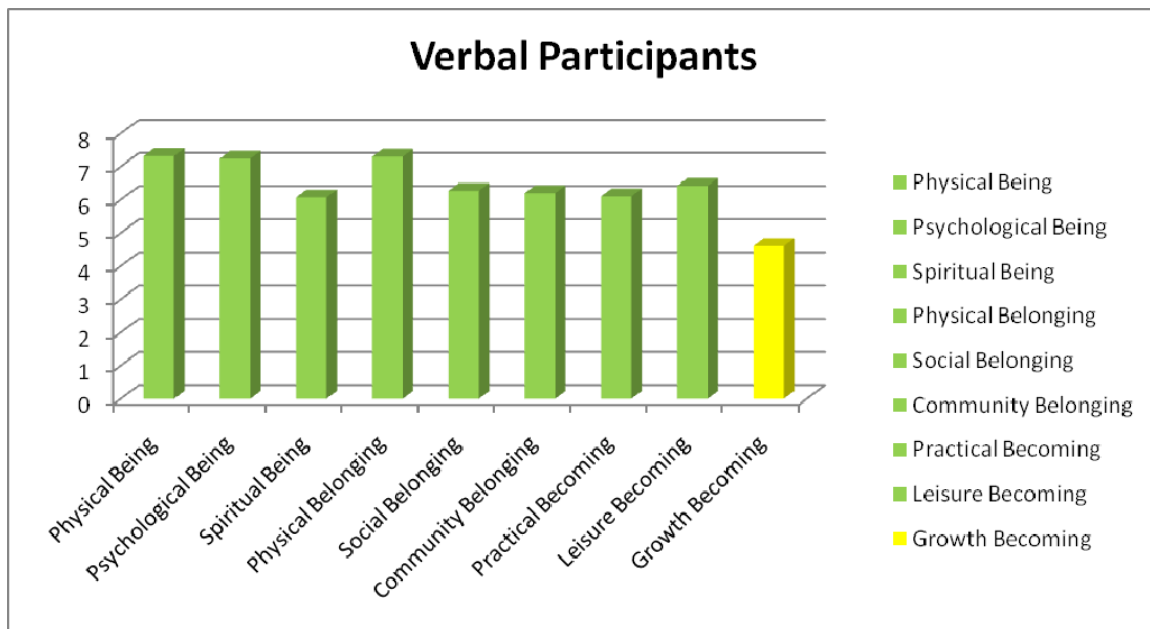
2.3.1 Comprehensive Quality of Life (QOL) Assessment

Between June 11 and August 28, 2009, a random sample of 30% of all Community Members with Disabilities in the participating Camphill communities was administered components of the *Quality of Life (QOL) Profile for Adults with Developmental Disabilities Instrument Package (Full Version)*, developed by the Quality of Life Research Unit at the University of Toronto. The vast majority of participants were interviewed in June and July. The sample was stratified to include at least one randomly selected member of each household with an AmeriCorps participant. The remainder of each sample was randomly selected from the entire pool of Members with Disabilities in each community. Selected participants and/or their guardians were informed of

the nature and purpose of the study, and asked for consent to participate. Three individuals withheld consent and were replaced with other randomly selected participants from their communities.

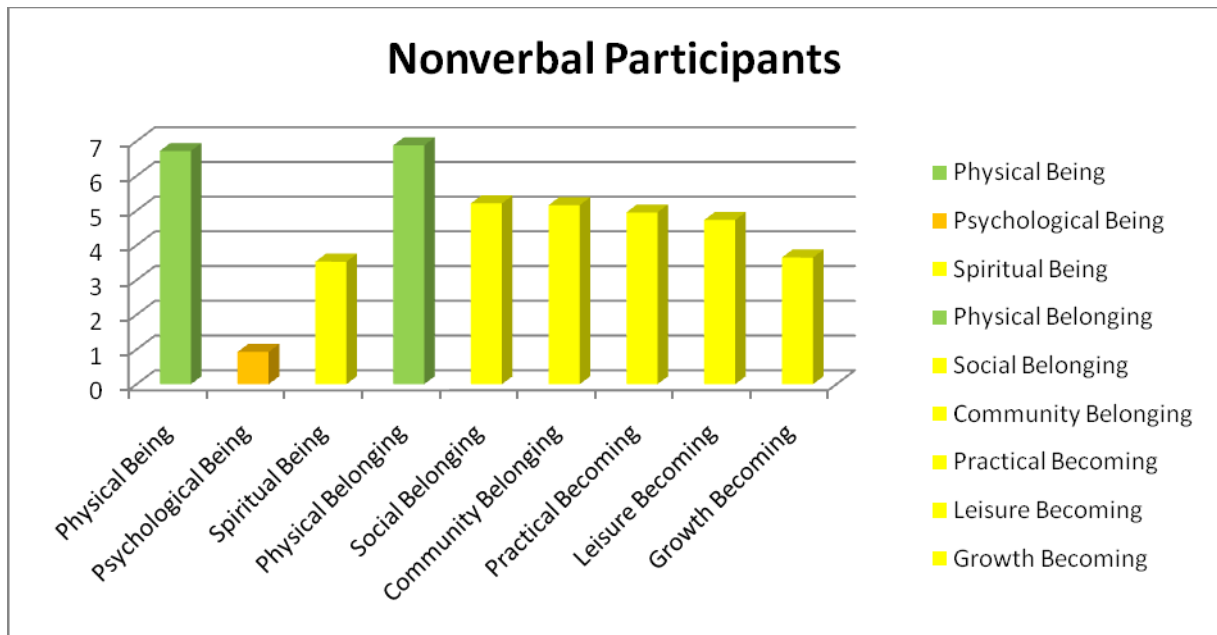
Information from Householders and the Cummins (1997) *Acquiescent Responding* criterion were used to assign each participant to one of two groups: *Verbal* participants (i.e. those with sufficient verbal and/or cognitive skills to participate in a structured interview); and *Nonverbal* participants (i.e. those with insufficient verbal and/or cognitive skills, and those who show acquiescent responses in the Cummins (1997) test). *Verbal* participants were administered the *Quality of Life Interview*. For *Nonverbal* participants, or participants who indicated by their responses on the Cummins Acquiescent Responding test that they were not able to answer simple questions truthfully, due to the desire to acquiesce to the interviewer, two proxies who know the person well were administered the *Other-Person Questionnaire*. All interviews and questionnaires were administered by one of two interviewers selected for their ability to communicate with adults with developmental disabilities, their familiarity with Camphill and the absence of a manifest conflict of interest. The *Quality of Life Interview* was administered in a private meeting between participant and assessor, except where the participant requested for a friend to accompany them. The *Other-Person Questionnaire* was administered in a meeting of the assessor with both proxies. In most cases, the individual with disability was also present during that conversation. In addition, the *Assessor [Interviewer] Questionnaire* was completed for all participants and some basic *Demographic Data* was collected.

The data were submitted to the Quality of Life Research Unit for analysis. The full results are available as a separate report (see appendix). The following is a summary of key findings (see charts below):



Adults with disabilities who live in Camphill, and who can express their needs, wishes, thoughts and opinions (the *Verbal* group), by and large...

- experience their Quality of Life as **excellent** in all areas. The only exception is in the area of **GROWTH BECOMING**: Here, the experience is **quite adequate, but not excellent**.
- experience **a meaningful degree of independence and control over their lives, and opportunities to make decisions for themselves**.



Adults with disabilities who live in Camphill, and who have difficulties expressing their needs, wishes, thoughts and opinions (the *Nonverbal* group), by and large, (as defined by the Toronto Quality of Life study, see appendix)...

- are seen, by people who know them well, to experience **excellent PHYSICAL WELLBEING** and an **excellent** fit with their **PHYSICAL ENVIRONMENT**. However, their **PSYCHOLOGICAL WELLBEING** is seen to be only **adequate, and could be better**. Their experience of Quality of Life in all other areas is **quite adequate**.
- are seen to experience **some degree of positive control** over their lives, and **some opportunities to make decisions**. However, **this is not so strong and there may be individuals who struggle with this aspect of their lives**.

In addition, the assessors' observations suggest that, for adults who have difficulties expressing their needs, wishes, thoughts and opinions (the *Nonverbal* group), the areas of **SPIRITUAL BEING, LEISURE BECOMING** and **GROWTH BECOMING** might need more support. (All three of these areas are concerned with questions of personal growth and self-development.)

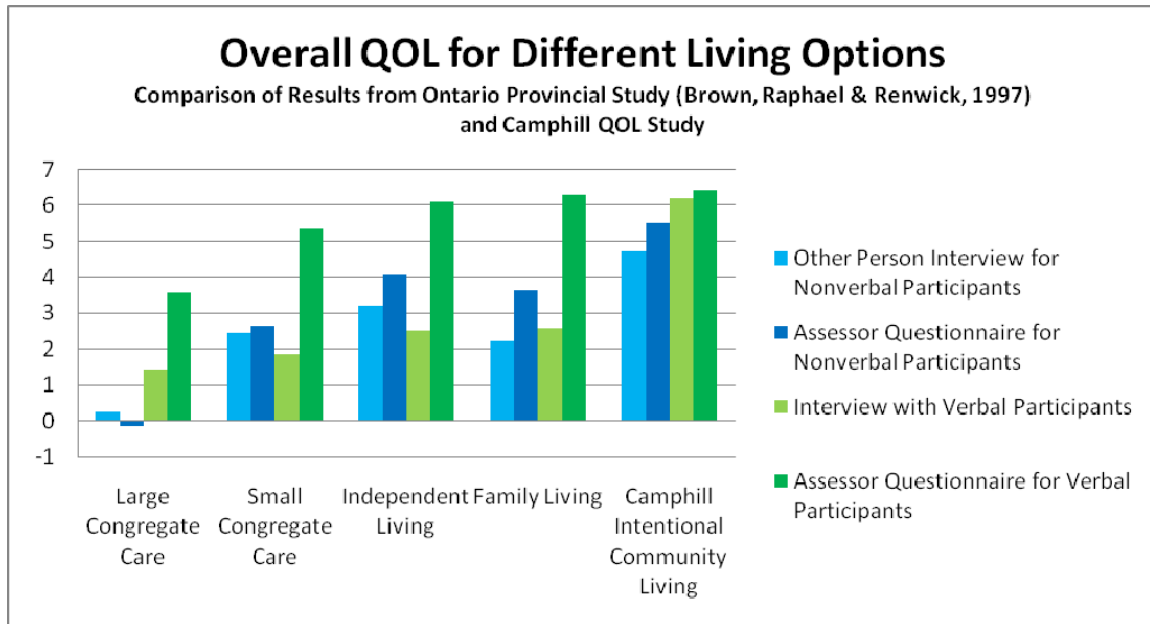
2.3.2 Summary and Discussion: Quality of Life in Camphill Intentional Community Living

The results of the Quality of Life study using the QOL Instrument Package suggest that **overall the Quality of Life experienced by individuals with disabilities in American Camphill communities is of a quite adequate to excellent standard**. None of the components of QOL received an average score in the 'problematic and needs improvement' or in the 'very problematic' range (negative scores).

The one item, that appeared to be the weakest, concerns that psychological wellbeing of individuals who have difficulties expressing themselves, as perceived by their proxies. While this certainly raises the question, whether more could be done to support this dimension of Quality of Life for the most vulnerable members of Camphill communities, it might also be an expression of the proxies' perceptions of what constitutes psychological and behavioral health, or their concern for the individual in question. Commenting on the experience of conducting the interviews, one of the assessors notes that proxies tended to be "more 'critical/analytical' on these psychological questions on behalf of the interviewee, looking at the persons psychological being from the vantage point of their own normalcy." On the other hand, it appeared that "Individuals speaking for themselves perceived themselves much more 'normal'" than they would have perhaps been judged to be by others. Without the opportunity to compare proxy scores for *verbal* participants to the notably high scores on this item, attained through direct interviews, it is difficult to answer these question.

A comparison with the results from the Provincial Quality of Life Study conducted in Ontario (Brown, Raphael & Renwick, 1997) suggests that *Intentional Community Living* on the Camphill model might compare favorably, not only to *Large Congregate Care* and *Small Congregate Care* (which tend to show the lowest overall QOL scores), but also in many cases to *Independent Living* and *Living With Family* (which tend to show higher QOL scores). While such a comparison must be interpreted cautiously, keeping in mind that the Provincial Quality of Life Study was conducted over 10 years ago, and within a different jurisdiction, it can still provide a point of reference that might lend a comparative dimension to the interpretation of QOL scores (see graphs below).

The pattern of results suggests that ***Intentional Community Living on the Camphill model could be regarded as a distinct type of living option, combining some of the benefits of Independent Living and Living With Family by providing full inclusion in an expanded-family living situation, with its network of natural supports, while still allowing for a degree of independence and emancipation that might be difficult to achieve for adults who remain with their parents in their natural family home.*** The strong QOL indicators for Camphill Intentional Community Living could certainly warrant further examination of the distinct characteristics of this living option.



2.3.3 Administration of Evaluation Questionnaires to Householders Acting as Supervisors for AmeriCorps Participants

Between May 15 and June 18, 2009, the Householder acting as supervisor for each member of the cohort of AmeriCorps participants completing their year of service was once more administered the Camphill QOS Questionnaire developed in Stage 1. Where one Householder served as supervisor for more than one AmeriCorps participant, they were asked to complete a separate questionnaire for each AmeriCorps participant whom they were supervising. Therefore, the number of responses matches the number of AmeriCorps participants; whereas the number of respondents is slightly lower (see Table 12 for the number of responding Householders in each of the five participating Camphill communities).

The Camphill QOS Questionnaire given to Householders included the 46 items created and validated in Stage 1, as well as an explanatory preface and the following instructions: "Please rate each of the following items on a scale from 1 to 5, indicating how important you judge the contribution of the AmeriCorps participant named above to have been in providing this service element or feature to the members with developmental disabilities in your household over the course of the coming year." The rating scale was defined as follows: 1=not at all important; 2=not very important; 3=important; 4=very important; 5=extremely important.

Table 13 shows the items sorted by mean rank (Friedman Test), and including mean ratings. In addition, items have been color-coded to identify groups of items ranked considerably higher or lower than the majority of items making up the middle field. (For full formulations of items as presented, and for full descriptive results, please see appendix.)

2.3.4 Summary and Discussion of Householder Evaluations of AmeriCorps Participants' Contributions

Mean ratings range from 2.18 (“not very important”) to 4.31 (“very important to extremely important”). The items at the top of the list, for which the Householders acting as supervisors judged the AmeriCorps participants’ contributions to be the most important, mostly reflect the themes already apparent in the Householders’ Expectations (see above):

- Creating a supportive social fabric in which everyone is respected, acknowledged and has opportunities to grow
- Providing healthy meals
- Providing direct personal support for social, emotional and physical wellbeing
- Providing direct personal support for vocational and leisure activities
- Creating a shared expanded-family home, safe, accessible and inviting, with safeguards for private space and shared ownership of common spaces

In particular, “Establishing a culture of respect and acceptance” continues to remain at the top of the list, while “Supporting good physical care” has moved further down, into the upper middle field.

The items at the very bottom of the list, for which the Householders acting as supervisors for incoming AmeriCorps participants judged the AmeriCorps participants’ contribution to have been least important (“not very important to important”), deal with the following themes:

- Supporting access to personal finances
- More formal aspects of support service provision, including person-centered planning, mentored peer-group support and adult education
- Providing stable networks of natural support, built on long-term (5 years +) relationships
- Providing access to professional health care services

Some of the items related to the facilitation of engagement with and participation in the wider community and broader civic, political and ethical issues, have moved further up, into the lower middle field, when compared to the Householders’ original Expectations.

Overall, there appears to be a good match between Householders’ Expectations and Outcomes Evaluation.

Table 13. Householders' Evaluation of AmeriCorps Participants' Contribution			
Mean Rank	Item	Description	Mean
33.75	39	Establishing a culture of respect and acceptance	4.31
32.77	18	Promoting ownership of shared and personal living spaces	4.15
32.43	10	Creating regular opportunities for conversation on issues of personal significance	4.15
31.88	7	Creating healthy mealtimes	4.06
31.80	17	Safeguarding each individual's personal private space	3.91
31.23	8	Providing healthy nutrition	4.06
30.75	19	Cultivating shared responsibility for the wellbeing of all household members	3.94
30.68	4	Supporting rhythmical and active lifestyles	3.94
30.20	14	Celebrating special moments	3.88
30.20	38	Providing opportunities to grow through one's practical responsibilities	3.97
30.05	40	Offering and supporting rich and diverse opportunities for leisure activities	3.88
29.64	27	Creating opportunities for meaningful work	4.00
29.41	21	Offering a social home within an expanded-family house community	3.88
29.05	29	Supporting self-control and confidence in managing daily life	3.82
28.79	9	Supporting good physical care	3.88
28.52	44	Creating a culture that stimulates and values personal growth	3.88
28.48	34	Supporting opportunities to cultivate personal friendships and relationships of choice	3.88
26.84	5	Supporting access to healthy and appropriate clothing	3.73
26.59	25	Providing supported access to local community resources and events	3.79
25.96	11	Offering support in coping with personal transitions and crises	3.55
25.41	6	Promoting physical exercise	3.61
25.38	22	Providing supported opportunities to make friends and build the necessary social skills	3.58
25.05	33	Supporting safe and healthy personal relationships	3.61
24.91	30	Providing a safe, inviting and accessible physical environment	3.47
24.61	20	Making houses into homes	3.45
21.71	26	Enabling participation in community celebrations marking life transitions	3.24
21.34	13	Creating supported opportunities for engagement in spiritual practices	3.15
21.32	42	Offering opportunities to engage in artistic activities	3.25
20.45	35	Supporting the development of an individual vocation	3.39
19.88	15	Providing supported opportunities to actively engage with broader ethical issues	3.12
19.55	43	Offering opportunities to exercise one's voice in the community	3.13
19.48	45	Supporting participation in politics and civic engagement	3.24
18.86	31	Providing safe, inviting and accessible meeting spaces for a wide range of people	3.13
18.50	24	Promoting ownership of the community beyond one's own household	3.03
17.98	32	Providing supported access to information and communication	3.06
17.93	37	Providing opportunities for ongoing vocational development	3.00
17.55	41	Supporting access to travel	2.88
17.00	46	Providing support, based on a comprehensive participatory assessment of individual needs	2.76
16.93	1	Providing access to health care, based on individual needs	2.75
14.71	16	Offering opportunities for adult education	2.61
14.46	12	Providing mentored peer-group support on issues of personal significance	2.64
14.36	3	Providing access to complementary and holistic health care	2.52
11.82	23	Providing stable networks of natural support	2.18
11.32	2	Providing regular scheduled health maintenance services	2.13
10.84	36	Providing opportunities to actively participate in the local community	2.24
10.63	28	Supporting access to personal finances	2.18

2.3.5 Administration of Self-Evaluation Questionnaires to AmeriCorps Participants

Between May 13 and August 5, 2009, the cohort of AmeriCorps participants completing a one-year term of service was administered the Camphill QOS Questionnaire developed in Stage 1. This group included all participants from Stage 2, with the exception of one individual in Copake, who did not complete the anticipated term of service. All questionnaires but one were completed in May, June and the first two days of July. (See Table 12 for the distribution of respondents among the five participating Camphill communities.)

The Camphill QOS Questionnaire given to AmeriCorps participants included the 46 items created and validated in Stage 1, as well as an explanatory preface and the following instructions:

“Please rate each of the following items on a scale from 1 to 5, indicating how important you judge your contribution to have been in providing this service element or feature to the members with developmental disabilities in your household over the course of the coming year.” The rating scale was defined as follows: 1=not at all important; 2=not very important; 3=important; 4=very important; 5=extremely important.

Table 14 shows the items sorted by mean rank (Friedman Test), and including mean ratings. In addition, items have been color-coded to identify groups of items ranked considerably higher or lower than the majority of items making up the middle field. (For full formulations of items as presented, and for full descriptive results, please see appendix.)

2.3.6 Summary and Discussion of AmeriCorps Participants’ Self-Evaluation

Mean ratings range from 2.52 (“not very important to important”) to 4.48 (“very important to extremely important”). Among the items at the top of the list, for which the AmeriCorps participants judged their contribution to have been the most important, the following themes reflect their Expectations at the beginning of their year of service (Stage 2):

- Creating a supportive social fabric in which everyone is respected, acknowledged and has opportunities to grow
- Providing healthy meals
- Creating a shared expanded-family home, safe, accessible and inviting, with safeguards for private space and shared ownership of common spaces

In addition, the provision of physical care now appears near the top of the list, whereas earlier on, was ranked in the middle field. It appears that this aspect of service delivery assumed a greater significance in the experience of AmeriCorps participants, than they had originally expected. The following items, on the other hand, moved further down the list, indicating a somewhat less significant experience of making a contribution, than expected:

- Providing direct personal support for vocational and leisure activities
- Providing direct personal support for social, emotional and physical wellbeing

The list of items at the bottom, for which the AmeriCorps participants judged their contribution to have been the least important (“not very important to important”) has become broader than in their initial Expectations. The following themes from the Stage 2 (Expectations) survey reappear:

- Supporting access to personal finances
- Providing access to professional health-care services
- Facilitating engagement with and participation in the wider community and broader civic, political and ethical issues
- More formal aspects of support service provision, including professional health care services, mentored peer-group support and adult education (including vocational development)

Some items that were initially ranked near the bottom of the list have moved up into the middle field. These include:

- Participation in person-centered planning processes
- Providing stable networks of natural support, built on long-term (5 years +) relationships
- Supporting community members with disabilities to engage with spiritual practices/traditions of their choice

It appears that AmeriCorps participants found their contributions in these areas to be more significant than they had initially expected.

Table 14. AmeriCorps Participants' Self-Evaluation			
Mean Rank	Item	Description	Mean
34.63	10	Creating regular opportunities for conversation on issues of personal significance	4.48
33.05	39	Establishing a culture of respect and acceptance	4.45
32.29	18	Promoting ownership of shared and personal living spaces	4.33
32.13	9	Supporting good physical care	4.27
32.08	14	Celebrating special moments	4.24
31.98	4	Supporting rhythmical and active lifestyles	4.36
31.27	8	Providing healthy nutrition	4.21
30.94	7	Creating healthy mealtimes	4.24
30.81	19	Cultivating shared responsibility for the wellbeing of all household members	4.21
29.89	30	Providing a safe, inviting and accessible physical environment	4.12
29.13	21	Offering a social home within an expanded-family house community	4.06
28.58	38	Providing opportunities to grow through one's practical responsibilities	4.09
28.27	11	Offering support in coping with personal transitions and crises	4.03
27.21	34	Supporting opportunities to cultivate personal friendships and relationships of choice	3.91
26.85	27	Creating opportunities for meaningful work	3.88
26.84	44	Creating a culture that stimulates and values personal growth	3.85
26.65	40	Offering and supporting rich and diverse opportunities for leisure activities	3.85
26.48	17	Safeguarding each individual's personal private space	3.94
26.47	29	Supporting self-control and confidence in managing daily life	3.88
25.58	20	Making houses into homes	3.76
25.16	5	Supporting access to healthy and appropriate clothing	3.70
24.61	22	Providing supported opportunities to make friends and build the necessary social skills	3.67
24.16	26	Enabling participation in community celebrations marking life transitions	3.61
23.40	33	Supporting safe and healthy personal relationships	3.70
22.18	6	Promoting physical exercise	3.55
21.58	46	Providing support, based on a comprehensive participatory assessment of individual needs	3.36
21.52	24	Promoting ownership of the community beyond one's own household	3.18
21.48	31	Providing safe, inviting and accessible meeting spaces for a wide range of people	3.33
21.47	25	Providing supported access to local community resources and events	3.33
20.47	13	Creating supported opportunities for engagement in spiritual practices	3.21
20.23	42	Offering opportunities to engage in artistic activities	3.18
20.18	43	Offering opportunities to exercise one's voice in the community	3.27
20.06	35	Supporting the development of an individual vocation	3.27
19.19	32	Providing supported access to information and communication	3.27
18.34	23	Providing stable networks of natural support	3.03
17.89	41	Supporting access to travel	2.91
17.74	15	Providing supported opportunities to actively engage with broader ethical issues	3.09
16.74	1	Providing access to health care, based on individual needs	3.15
16.40	45	Supporting participation in politics and civic engagement	2.94
14.92	37	Providing opportunities for ongoing vocational development	2.73
14.69	16	Offering opportunities for adult education	2.76
14.50	12	Providing mentored peer-group support on issues of personal significance	2.70
14.08	3	Providing access to complementary and holistic health care	2.73
13.87	36	Providing opportunities to actively participate in the local community	2.63
12.68	2	Providing regular scheduled health maintenance services	2.55
12.32	28	Supporting access to personal finances	2.52

2.3.7 Evaluation Interviews with Community Members with Disabilities

Between June 4 and August 28, 2009, one Community Member with Disabilities, selected randomly from the same household as the AmeriCorps Participant, was interviewed to evaluate each AmeriCorps Participant's contribution. All interviews but one took place in June and July. These Community Members with Disabilities formed a subset of the total sample that was administered the QOL Instrument. As with the QOL Instrument, *verbal* participants were interviewed directly, whereas two proxies were interviewed on behalf of *nonverbal* participants. Proxies did not include the AmeriCorps Participant him/herself, or the Householder supervising the AmeriCorps Participant. Each Community Member with Disability was only assigned one AmeriCorps Participant. In total, 21 *verbal* and 12 *nonverbal* Community Members with Disabilities evaluated the cohort of 33 AmeriCorps Participants. (See Table 12 for the distribution of respondents among the five participating Camphill communities.)

Table 15. Members with Disabilities' Importance Ratings			
Mean Rank	Item	Description	Mean
17.13	39	Establishing a culture of respect and acceptance	4.82
16.66	34	Supporting opportunities to cultivate personal friendships and relationships of choice	4.82
14.96	4	Supporting rhythmical and active lifestyles	4.58
14.11	30	Providing a safe, inviting and accessible physical environment	4.48
13.45	44	Creating a culture that stimulates and values personal growth	4.27
13.39	14	Celebrating special moments	4.48
13.34	17	Safeguarding each individual's personal private space	4.36
13.09	33	Supporting safe and healthy personal relationships	4.19
12.93	27	Creating opportunities for meaningful work	4.27
12.91	9	Supporting good physical care	4.27
12.86	40	Offering and supporting rich and diverse opportunities for leisure activities	4.33
12.84	22	Providing supported opportunities to make friends and build the necessary social skills	4.24
12.63	11	Offering support in coping with personal transitions and crises	4.23
12.59	5	Supporting access to healthy and appropriate clothing	4.27
12.43	21	Offering a social home within an expanded-family house community	4.29
12.00	10	Creating regular opportunities for conversation on issues of personal significance	4.16
12.00	29	Supporting self-control and confidence in managing daily life	4.15
11.30	7	Creating healthy mealtimes	4.25
11.18	26	Enabling participation in community celebrations marking life transitions	4.09
11.04	19	Cultivating shared responsibility for the wellbeing of all household members	4.00
10.38	38	Providing opportunities to grow through one's practical responsibilities	3.94
9.64	18	Promoting ownership of shared and personal living spaces	3.88
9.57	20	Making houses into homes	3.88
7.59	8	Providing healthy nutrition	3.61

The interview given to Community Members with Disabilities, or their proxies, included 24 items of the original Camphill QOS questionnaire given to Householders and AmeriCorps Participants. The items were selected on the basis of their importance ratings in Phase 1 (Validation) and Phase 2 (Expectations) (see Tables 15 and 16 for a list of items included).

Interviews followed the same procedure and guidelines as for the Interview or Proxy Interview Components of the QOL Instrument Package. The interviewer engaged participants or their proxies in conversations about the **personal importance of each item** to the person with a disability, as well as their **degree of satisfaction with the support they received from the AmeriCorps participant** that they were asked to evaluate. Based on the person with disability's response, or the proxies' responses, the interviewer scored **importance** and **satisfaction** for each item on a scale from 1 to 5, defined as follows: 1=not at all important/satisfied; 2=not very important/satisfied; 3=important/satisfied; 4=very important/satisfied; 5=extremely important/satisfied.

Tables 15 and 16 show the items sorted by mean rank (Friedman Test), and including mean ratings. In addition, items have been color-coded to identify groups of items ranked considerably higher or lower than the majority of items making up the middle field. (For full formulations of items as presented, and for full descriptive results, please see appendix.)

Table 16. Members with Disabilities' Satisfaction Ratings for AmeriCorps Participants			
Mean Rank	Item	Description	Mean
16.57	17	Safeguarding each individual's personal private space	4.76
15.34	27	Creating opportunities for meaningful work	4.33
15.20	7	Creating healthy mealtimes	4.68
15.09	39	Establishing a culture of respect and acceptance	4.53
14.84	4	Supporting rhythmical and active lifestyles	4.38
14.11	19	Cultivating shared responsibility for the wellbeing of all household members	4.50
13.82	21	Offering a social home within an expanded-family house community	4.42
13.50	14	Celebrating special moments	4.36
13.23	40	Offering and supporting rich and diverse opportunities for leisure activities	4.18
13.14	10	Creating regular opportunities for conversation on issues of personal significance	4.28
12.98	38	Providing opportunities to grow through one's practical responsibilities	4.24
12.70	30	Providing a safe, inviting and accessible physical environment	4.16
12.39	8	Providing healthy nutrition	4.35
11.89	44	Creating a culture that stimulates and values personal growth	4.12
11.75	5	Supporting access to healthy and appropriate clothing	3.84
11.73	9	Supporting good physical care	4.07
11.52	11	Offering support in coping with personal transitions and crises	4.00
11.52	18	Promoting ownership of shared and personal living spaces	4.15
11.27	26	Enabling participation in community celebrations marking life transitions	3.85
10.05	22	Providing supported opportunities to make friends and build the necessary social skills	3.80
9.98	29	Supporting self-control and confidence in managing daily life	3.78
9.64	33	Supporting safe and healthy personal relationships	3.61
9.34	34	Supporting opportunities to cultivate personal friendships and relationships of choice	3.70
8.41	20	Making houses into homes	3.39

2.3.8 Summary and Discussion of Community Members with Disabilities' Evaluation of AmeriCorps Participants' Contributions

Mean scores on the **Importance** scale ranged between 3.61 ("important to very important") to 4.82 ("extremely important"). It is interesting to note that the top two items, by a strong margin, concern the establishment of **a culture of respect and acceptance**, and opportunities to cultivate **personal friendships and relationships of choice**. These two items are followed by two more, which still have a good lead before the large middle field. These two items refer to **rhythmical and active lifestyles**, as well as a **safe, inviting and accessible physical environment**. It seems apparent, that in the perspective of Community Members with Disabilities, the quality of their human environment and the relationships engendered within this environment are the most significant contributors to Quality of Life, followed by an organization of time and space that engenders an experience of safety and security, and through this supports and facilitates active engagement. While margins within the middle field are not very large, only one item fell behind by a noticeable margin: Healthy nutrition, though valued highly by Householders and Administrators, appears to be the least of the priorities to Community Members with Disabilities (though even here, the rating, taking by itself, is still within the "important to very important" range).

Mean scores on the **Satisfaction** scale ranged between 3.39 ("satisfied to very satisfied") and 4.76 ("extremely satisfied"). Of the items most important to Community Members with Disabilities, two were seen as areas where AmeriCorps Participants made a significant contribution: the creation of **a culture of respect and acceptance**, and the establishment of **rhythmical and active lifestyles**. On the other hand, AmeriCorps Participants were seen as contributing less to the creation of a **safe, inviting and accessible physical environment** (in the middle field) and, particularly, **opportunities for personal friendships and relationships of choice** (near the bottom). At the same time, AmeriCorps participants were seen as being particularly successful in **safeguarding each individual's private space**, as well as **creating opportunities for meaningful work** and **creating healthy mealtimes**. Their contribution was seen as least significant in the area of **making houses into homes**, and overall in **providing structured support in the area of human relationships** (beyond creating a general environment of respect and acceptance). Though AmeriCorps Participants experienced the provision of **physical care** as a significant aspect of their work, this does not stand out in the Members with Disabilities' ratings.

2.3.9 Administration of Evaluation Questionnaires to Administrators

Between May 29 and July 31, 2008, members of the executive/management groups of each of the five Camphill communities participating in this study were administered the Camphill Organizational Capacities Questionnaire developed in Stage 1 and used in Stage 2 (see Table 12 for the number of responding Administrators in each of the five participating Camphill communities). The same individuals participated as in Stage 2.

The Camphill Organizational Capacities Questionnaire given to Administrators included the 45 items created and validated in Stage 1, and used to assess Administrators' Expectations of the

incoming AmeriCorps cohort in Stage 2, as well as an explanatory preface and the following instructions:

“Please complete two ratings for each of the following items. First, rate the item on a scale from 1 to 5, indicating how strong you judge the organizational feature or capacity described in the item to be in your community. Then, please rate each item again on a scale from 1 to 5, indicating how important you judge the contribution of this year’s group of AmeriCorps participants to have been in supporting this organizational feature or capacity in your community.”

The rating scale was defined as follows: 1=not at all strong/important; 2=not very strong/important; 3=strong/important; 4=very strong/important; 5=extremely strong/important.

Tables 17 and 18 show the items sorted by mean rank (Friedman Test), and including mean ratings. In addition, items have been color-coded to identify groups of items ranked considerably higher or lower than the majority of items making up the middle field. (For full formulations of items as presented, and for full descriptive results, please see appendix.)

2.3.10 Summary and Discussion of Administrators’ Evaluations of AmeriCorps Cohort’s Contributions

Mean ratings of the **strength** of organizational capacities or features range from 3.47 (“strong to very strong”) to 4.58 (“very strong to extremely strong”). Among the items at the top of the list, which Administrators judged to be strongest in their communities, the following themes stand out:

- Availability of quality health care
- Supportive social relationships
- Personal living space
- Healthy nutrition
- Rich cultural environment

The items immediately following these describe various aspects of community building and community life.

Items near the bottom of the list point towards the following themes:

- Availability of personal funds
- Involvement with the wider community
- Formal opportunities for personal education and development

- Self advocacy

However, it should be noted that these items still received ratings in the “strong to very strong” range. Thus, overall, it appears that Administrators judge their communities to be strong or very strong in most of the areas identified during Stage 1 focus group discussions.

Mean ratings of the **importance of the contribution made by the AmeriCorps cohort** range between 4.40 (“very important to extremely important”) and 2.13 (“not very important”). Thus, clearly, there is some differentiation between items where the contribution was seen as important, and such items where this was not the case.

Among the items at the top of the list, the following themes appear:

- Supporting social relationships, friendships and inclusion into the community
- Supporting healthy lifestyles (nutrition and activity)
- Providing access to activities and events, in the community and the wider community

The contribution of AmeriCorps members was seen as less important in the following areas:

- Coworker recruitment
- Community building, based on the core principles of Camphill
- Providing access to financial resources
- Providing therapeutic support services and health care

These are all areas that are typically carried by long-term committed coworkers (five years or more), rather than short-term coworkers, such as AmeriCorps members.

Table 17. Administrators' Ratings of Strengths in the their Communities			
Mean Rank	Item	Description	Mean
29.65	11	Offering easy access to general and specialized medical care	4.58
28.41	20	Providing personal living space	4.53
28.38	17	Supporting friendships and social networks	4.58
28.18	13	Providing access to ongoing health care, health maintenance and nursing services	4.58
27.41	22	Providing well-balanced, nutritious and healthy meals	4.53
27.38	19	Cultivating strong natural circles of support	4.53
27.38	30	Providing a rich and open cultural environment	4.53
26.88	9	Offering beautiful and safe physical surroundings	4.47
26.56	31	Providing a community life based on anthroposophy	4.53
26.32	44	Celebrating community festivals	4.56
26.12	33	Building a community of equals, based on healthy human relationships and reciprocal agreements	4.47
25.74	32	Building a community with many opportunities for free and creative cultural initiative	4.42
25.65	4	Supporting strong relationships with own family and relatives	4.37
25.44	16	Supporting healthy, non-abusive relationships, intimacy and sexuality	4.47
25.44	26	Providing full social inclusion as members of an inclusive intentional community	4.44
25.29	45	Providing a rich and open cultural environment	4.44
25.21	18	Providing individual support on the basis of the individual's biographical situation and life goals	4.42
25.18	39	Providing safe, easy and independent access to a large circle of friends	4.42
24.79	34	Building a community based on brotherhood and the recognition of individual needs	4.42
24.79	35	Providing continuous education and professional development for coworkers	4.39
24.71	28	Supporting a rhythmical lifestyle	4.39
24.71	38	Providing easy access to frequent social opportunities and events	4.39
23.88	21	Creating the possibility to live in one's own expanded-family type home	4.42
23.53	27	Providing support and care through stable long-term social relationships	4.33
23.38	40	Providing easy access to a rich cultural life	4.37
22.62	10	Encouraging physical activity	4.21
22.59	12	Offering a wide range of therapeutic support services	4.32
22.53	7	Supporting religious practice of choice	4.26
22.35	6	Facilitating active participation in the local community	4.16
22.24	36	Carefully screening coworker applicants	4.22
21.50	14	Motivating coworkers to maintain a safe, healthy and beautiful environment	4.21
21.06	37	Carefully selecting coworker applicants	4.17
20.71	42	Providing opportunities for fitness and exercise	4.21
20.29	29	Promoting individual responsibility	4.11
20.00	41	Providing opportunities to learn and practice new artistic and cultural skills	4.21
19.53	5	Fostering active exchange with wider community	4.05
19.53	8	Facilitating access to nature and outdoor experiences	4.00
19.47	25	Offering opportunities for adult education	4.06
19.26	43	Supporting constructive use of leisure time	4.06
18.94	3	Facilitating regular vacations	4.00
18.18	15	Supporting self-advocacy	4.05
16.53	24	Offering opportunities for vocational and career development	3.94
14.12	23	Providing supported access to news and information	3.74
12.68	1	Providing supported access to personal money and bank accounts	3.53
10.47	2	Providing access to shared funds for further education	3.47

Table 18. Administrators' Ratings of AmeriCorps Cohort's Contributions			
Mean Rank	Item	Description	Mean
34.07	17	Supporting friendships and social networks	4.40
32.73	6	Facilitating active participation in the local community	4.40
32.70	22	Providing well-balanced, nutritious and healthy meals	4.33
32.33	38	Providing easy access to frequent social opportunities and events	4.40
31.10	30	Providing a rich and open cultural environment	4.13
30.63	45	Providing a rich and open cultural environment	4.13
30.50	26	Providing full social inclusion as members of an inclusive intentional community	4.13
30.13	10	Encouraging physical activity	4.13
28.07	39	Providing safe, easy and independent access to a large circle of friends	4.07
28.03	42	Providing opportunities for fitness and exercise	4.00
27.57	8	Facilitating access to nature and outdoor experiences	3.93
27.40	43	Supporting constructive use of leisure time	3.93
26.67	21	Creating the possibility to live in one's own expanded-family type home	3.93
26.27	28	Supporting a rhythmical lifestyle	3.80
26.07	5	Fostering active exchange with wider community	3.80
25.77	14	Motivating coworkers to maintain a safe, healthy and beautiful environment	3.80
24.53	40	Providing easy access to a rich cultural life	3.73
24.50	19	Cultivating strong natural circles of support	3.67
24.30	44	Celebrating community festivals	3.73
24.13	18	Providing individual support on the basis of the individual's biographical situation and life goals	3.67
23.97	29	Promoting individual responsibility	3.67
23.63	16	Supporting healthy, non-abusive relationships, intimacy and sexuality	3.67
23.53	15	Supporting self-advocacy	3.67
23.53	20	Providing personal living space	3.67
23.47	4	Supporting strong relationships with own family and relatives	3.60
23.40	23	Providing supported access to news and information	3.53
23.23	24	Offering opportunities for vocational and career development	3.60
22.77	9	Offering beautiful and safe physical surroundings	3.60
22.50	3	Facilitating regular vacations	3.60
22.27	25	Offering opportunities for adult education	3.47
20.97	7	Supporting religious practice of choice	3.47
20.37	33	Building a community of equals, based on healthy human relationships and reciprocal agreements	3.33
19.77	27	Providing support and care through stable long-term social relationships	3.33
19.07	35	Providing continuous education and professional development for coworkers	3.27
18.17	41	Providing opportunities to learn and practice new artistic and cultural skills	3.20
17.73	11	Offering easy access to general and specialized medical care	3.13
17.73	13	Providing access to ongoing health care, health maintenance and nursing services	3.13
15.77	34	Building a community based on brotherhood and the recognition of individual needs	3.07
15.63	32	Building a community with many opportunities for free and creative cultural initiative	2.93
14.70	1	Providing supported access to personal money and bank accounts	2.93
13.97	12	Offering a wide range of therapeutic support services	2.87
12.53	31	Providing a community life based on anthroposophy	2.73
11.13	37	Carefully selecting coworker applicants	2.40
9.07	2	Providing access to shared funds for further education	2.33
8.60	36	Carefully screening coworker applicants	2.13

2.3.11 Summary and Discussion: Contribution of AmeriCorps Participants to Quality of Service and Organizational Capacities

Looking at the responses from Householders, AmeriCorps Participants, Community Members with Disabilities and Administrators together, it seems apparent that AmeriCorps Participants are seen to make their greatest contributions in the following areas:

AmeriCorps Participants help create a supportive social fabric in which everyone is respected, acknowledged and has opportunities to grow. In doing so within the particular Intentional Community Living context of Camphill, they also contribute to the creation of shared expanded-family homes that are experienced as safe, accessible and inviting, with safeguards for private space and shared ownership of common spaces. Among their practical contributions in the household, the provision of healthy and nutritious meals is particularly appreciated. Beyond that, they support healthy, rhythmical and active lifestyles, primarily by facilitating and supporting access to, and participation in activities; be they vocational, social, cultural or leisure activities, within the community or beyond. Through their personal relationships, they give informal support for social, emotional and physical wellbeing. This also includes physical care, which is experienced, by AmeriCorps Participants themselves, as a significant aspect of their work, though it is less prominent to others in the community.

Most of the areas in which AmeriCorps Participants are seen as making a less significant contribution, are those that require greater professional skill, roles of administrative responsibility (including coworker recruitment), and/or greater experience and commitment to the core principles of Camphill. AmeriCorps Participants are less involved in dealing with financial resources, providing access to professional health care and therapeutic services, and other more formal aspects of support service provision, including person-centered planning, mentored peer-group support, adult education and vocational development. They are also seen as contributing less significantly to the creation of a stable *long-term* community, built on the principles of Camphill, with the stable networks of natural support that result from long-term relationships. Thus, while they help create a social fabric, they are not seen by Community Members with Disabilities as a primary source of their most significant personal friendships and relationships of choice.

Further Analysis and Exploration of Results

2.3.12 Exploratory Factor Analysis – Camphill QOS Questionnaire

An exploratory factor analysis of compiled results for the Camphill QOS Questionnaire from Stages 1-3 (including Householder and AmeriCorps Participant scores) yielded seven factors that account for most of the variance in questionnaire results. The method used (Direct Oblimin) allowed for correlations between factors, so factors cannot be treated as independent, but must be assumed to be related to each other and show some underlying degree of covariance.

The seven factors were designated as follows, based on common themes among the items that are most closely related to each factor:

Factor 1 – Experiences of Voice and Empowerment

Factor 2 – Access to Quality Health Care

Factor 3 – Support for Healthy Lifestyles

Factor 4 – Meaningful Vocational Opportunities

Factor 5 – Shared Ownership of Physical and Social Space

Factor 6 – Opportunities to Develop an Active Spiritual Life

Factor 7 – Opportunities to Pursue Individual Interests and Goals

These factors can be seen as a summary of seven major dimensions of Quality of Service in Camphill Communities, which are operationalized through the service elements and features, first described by the Householder Focus Groups in Stage 1, and then categorized and formulated into the 46 individual QOS Questionnaire items. These are the major elements of direct service provision, through which Camphill Communities attempt to support the nine components of Quality of Life (QOL) for their members with disabilities.

Table 19 shows the items that load on each factor. Factor loadings of about 0.5 and above should be considered most significant for interpretation. Factor loadings below 0.3 have been suppressed.

Note: Factor 2 carries negative factor loadings. In its original form, this factor would need to be described as ‘Lack of Access to Quality Healthcare’, with high scores indicating undesired results and low scores indicating desired results. For consistency’s sake (high factor scores indicating ‘good’ results), the directionality was reversed in charts and further discussion.

Table 19. Factors and Factor Loadings for Camphill QOS Questionnaire Items

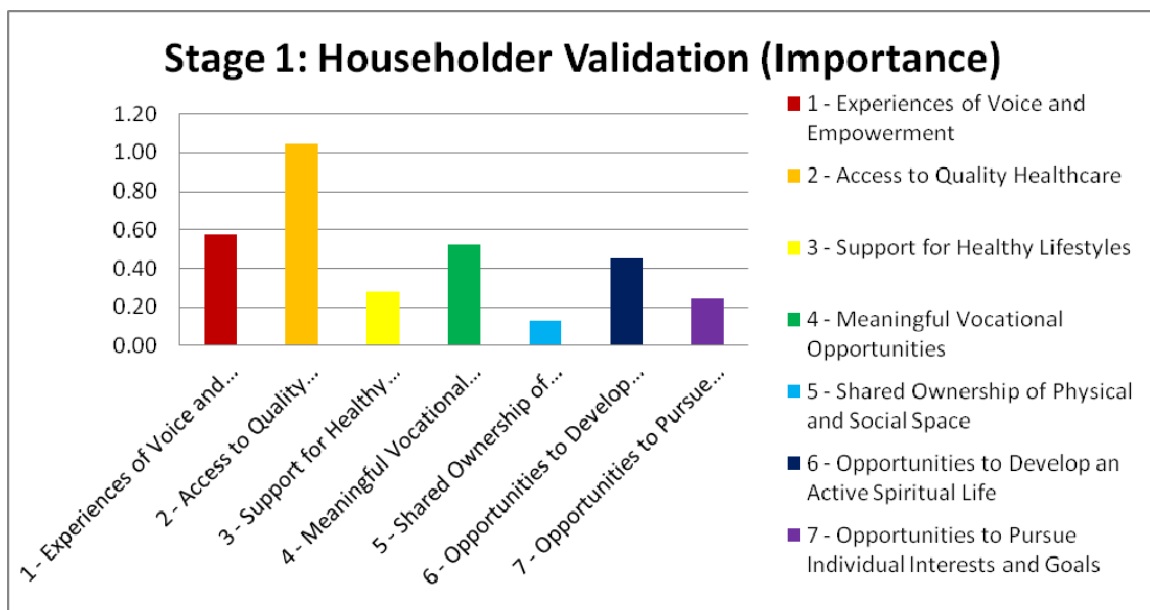
Factor 1: Experiences of Voice and Empowerment	
15. Providing supported opportunities to actively engage with broader ethical issues	.690
12. Providing mentored peer-group support on issues of personal significance	.648
43. Offering opportunities to exercise one's voice in the community	.558
16. Offering opportunities for adult education	.543
24. Promoting ownership of the community beyond one's own household	.532
36. Providing opportunities to actively participate in the local community	.454
28. Supporting access to personal finances	.435
32. Providing supported access to information and communication	.382
45. Supporting participation in politics and civic engagement	.345
23. Providing stable networks of natural support	.341
11. Offering support in coping with personal transitions and crises	.338
26. Enabling participation in community celebrations marking life transitions	.337
22. Providing supported opportunities to make friends and build the necessary social skills	.327
46. Providing support, based on a comprehensive participatory assessment of individual needs	.306
Factor 2: Access to Quality Healthcare	
1. Providing access to healthcare, based on individual needs	-.891
2. Providing regular scheduled health maintenance services	-.877
3. Providing access to complementary and holistic health care	-.852
28. Supporting access to personal finances	-.448
46. Providing support, based on a comprehensive participatory assessment of individual needs	-.421
23. Providing stable networks of natural support	-.407
Factor 3: Support for Healthy Lifestyles	
7. Creating healthy mealtimes	.735
9. Supporting good physical care	.723
4. Supporting rhythmical and active lifestyles	.718
6. Promoting physical exercise	.651
5. Supporting access to healthy and appropriate clothing	.619
29. Supporting self-control and confidence in managing daily life	.515
30. Providing a safe, inviting and accessible physical environment	.436
8. Providing healthy nutrition	.419
10. Creating regular opportunities for conversation on issues of personal significance	.345
Factor 4: Meaningful Vocational Opportunities	
35. Supporting the development of an individual vocation	.837
27. Creating opportunities for meaningful work	.660
37. Providing opportunities for ongoing vocational development	.644
45. Supporting participation in politics and civic engagement	.401
38. Providing opportunities to grow through one's practical responsibilities	.350
31. Providing safe, inviting, accessible meeting spaces for a wide range of people	.335

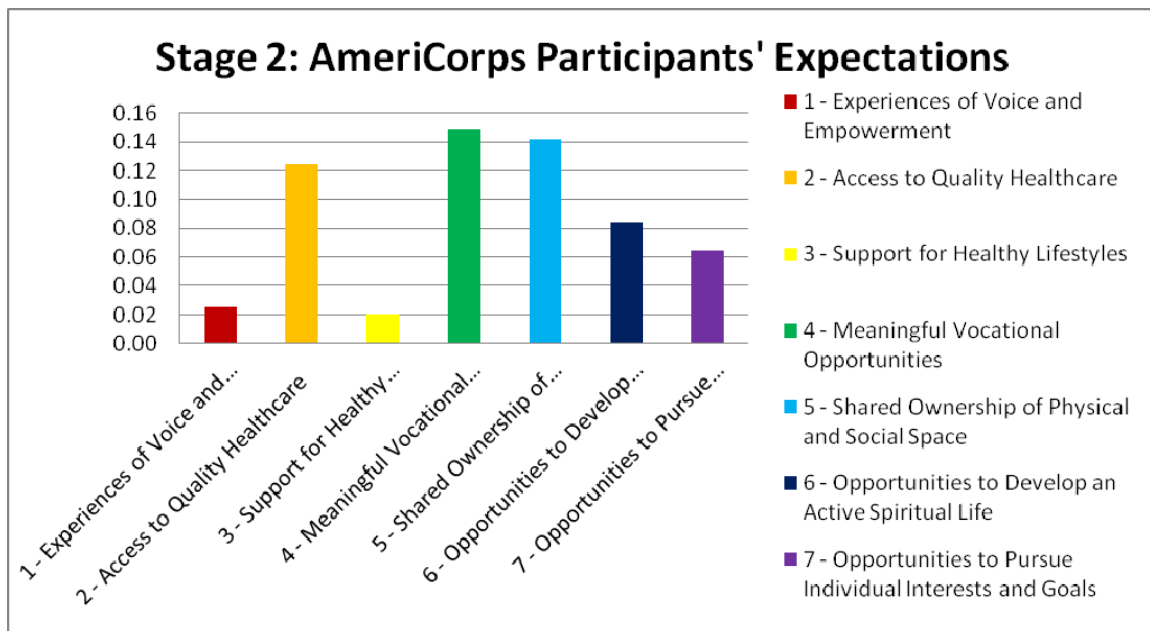
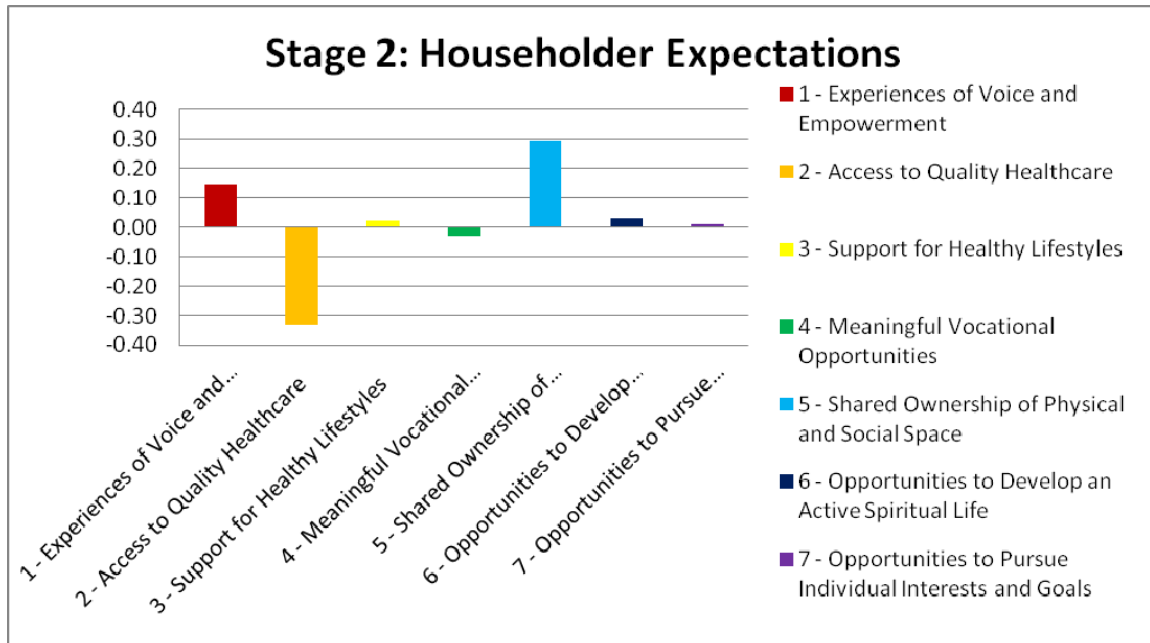
Factor 5: Shared Ownership of Physical and Social Space	
19. Cultivating shared responsibility for the well-being of all household members	.743
20. Making houses into homes	.679
18. Promoting ownership of shared and personal living spaces	.628
21. Offering a social home within an expanded-family house community	.622
17. Safeguarding each individual's personal private space	.571
39. Establishing a culture of respect and acceptance	.538
38. Providing opportunities to grow through one's practical responsibilities	.499
44. Creating a culture that stimulates and values personal growth	.449
33. Supporting safe and healthy personal relationships	.434
22. Providing supported opportunities to make friends and build necessary social skills	.425
34. Supporting opportunities to cultivate personal friendships and relationships of choice	.382
30. Providing a safe, inviting and accessible physical environment	.380
40. Offering and supporting rich and diverse opportunities for leisure activities	.321
29. Supporting self-control and confidence in managing daily life	.303
10. Creating regular opportunities for conversation on issues of personal significance	.303
23. Providing stable networks of natural support	.300
Factor 6: Opportunities to Develop an Active Spiritual Life	
13. Creating supported opportunities for engagement in spiritual practices	.781
25. Providing supported access to local community resources and events	.415
14. Celebrating special moments	.412
42. Offering opportunities to engage in artistic activities	.386
40. Offering and supporting rich and diverse opportunities for leisure activities	.350
Factor 7: Opportunities to Pursue Individual Interests and Goals	
41. Supporting access to travel	.506
46. Providing support, based on a comprehensive participatory assessment of individual needs	.460
42. Offering opportunities to engage in artistic activities	.456
8. Providing healthy nutrition	.452
40. Offering and supporting rich and diverse opportunities for leisure activities	.374
31. Providing safe, inviting, accessible meeting spaces for a wide range of people	.356

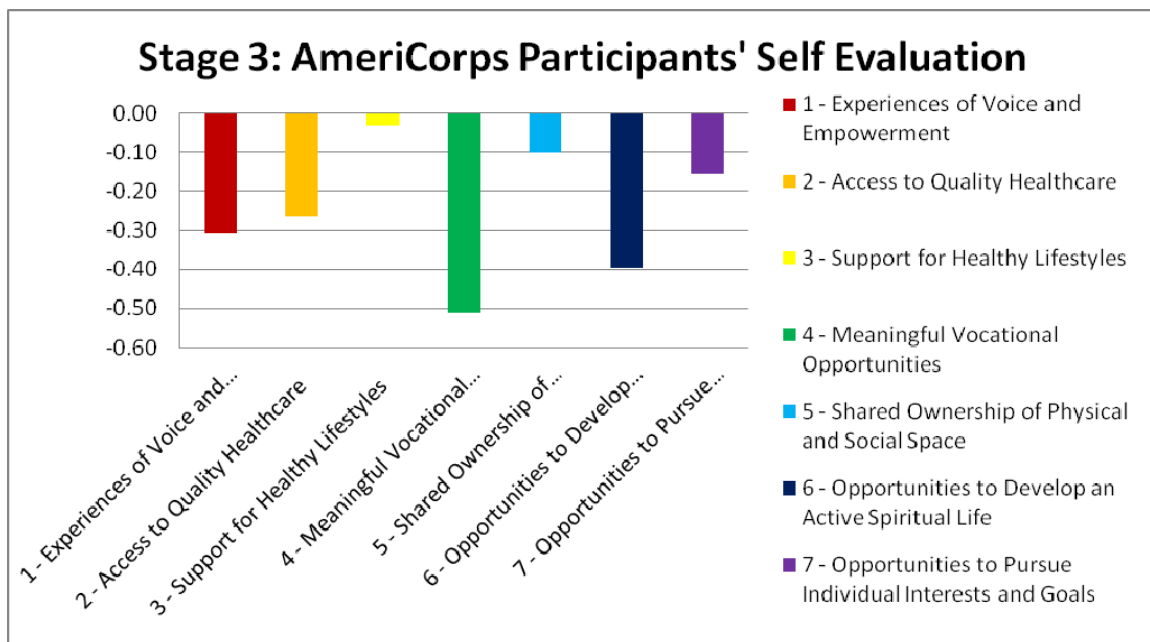
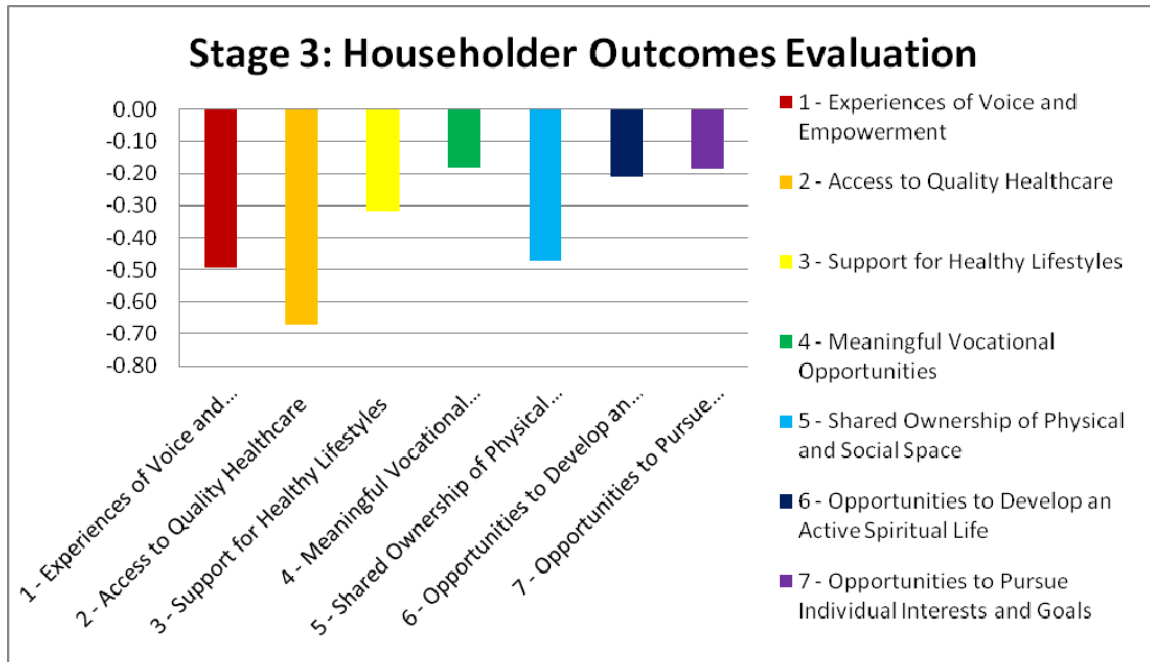
The factor analysis allows for a reformulation of QOL Questionnaire scores in terms of factor scores. Factor scores are computed from raw item scores and factor loadings, and adjusted to vary around a middle value of zero. Table 20 and the following charts show mean factor scores for each time the Camphill QOL Questionnaire was administered.

Table 20. Camphill QOS Questionnaire – Mean Factor Scores (Factor 2 reversed)

	Phase 1 Householders	Phase 2 Householders	Phase 2 AmeriCorps	Phase 3 Householders	Phase 3 AmeriCorps
Factor 1	0.58	0.15	0.02	-0.49	-0.31
Factor 2	1.05	-0.33	0.12	-0.67	-0.26
Factor 3	0.28	0.02	0.02	-0.32	-0.03
Factor 4	0.52	-0.03	0.15	-0.18	-0.51
Factor 5	0.13	0.30	0.14	-0.47	-0.10
Factor 6	0.45	0.03	0.08	-0.21	-0.40
Factor 7	0.24	0.01	0.06	-0.18	-0.15







As the factor structure of the Camphill QOS Questionnaire is the result of an exploratory process, and the other psychometric properties of the Questionnaire remain largely unknown, any discussion and comparison of factor scores needs to be treated with caution, and must be regarded as tentative. Nevertheless, the pattern of results suggests that:

- Factor 2 (Access to Quality Healthcare) is seen, by Householders, as the most important contribution made by Camphill communities to Quality of Life for community members with disabilities. This is followed by Factor 1 (Experiences of Voice and Empowerment), Factor 4 (Meaningful Vocational Opportunities), and Factor 6 (Opportunities to Develop an Active Spiritual Life).
- Householders expected AmeriCorps participants to contribute relatively little to Factor 2 (Access to Quality Healthcare), but most significantly to Factor 5 (Shared Ownership of Physical and Social Space) and Factor 1 (Experiences of Voice and Empowerment). It appears that **Householders held the greatest expectations for AmeriCorps participants in the area of human relationships – creating a social environment based on equality, mutuality, recognition and respect.**
- Incoming AmeriCorps participants expected to make their most significant contributions to Factor 4 (Meaningful Vocational Opportunities) and Factor 5 (Shared Ownership of Physical and Social Space). They also expected to be able to contribute significantly to Factor 2 (Access to Quality Healthcare). It appears that **AmeriCorps participants initially were more focused on concrete, practical aspects of service delivery, rather than the more subtle aspect of supportive human relationships, though they also recognized the importance of community building as a central dimension of their task and role.**
- **In their evaluation of the actual contribution of AmeriCorps participants, Householders placed more emphasis on the element of concrete, practical support given to individuals with disabilities to enable them to access various aspects of their lives.** Factor 4 (Meaningful Vocational Opportunities), Factor 7 (Opportunities to Pursue Individual Interests and Goals) and Factor 6 (Opportunities to Develop an Active Spiritual Life) received the highest scores, followed by Factor 3 (Support for Healthy Lifestyles). **It appears that AmeriCorps participants were recognized primarily as facilitating opportunities for individuals to do things that they would not be able to do without support.**
- For AmeriCorps participants themselves, looking back over their year of service, Factor 3 (Support for Healthy Lifestyles) stood out particularly, followed by Factor 5 (Shared Ownership of Physical and Social Space) and Factor 7 (Opportunities to Pursue Individual Interests and Goals). In comparison to their original expectations, Factor 2 (Access to Quality Healthcare) and Factor 4 (Meaningful Vocational Opportunities) were no longer seen as outstandingly significant. **It appears that AmeriCorps participants came to see their most significant contributions in more global terms of supporting individual lives**

and lifestyles within a cooperative community context, rather than focusing on specific concrete aspects of service delivery, such as health care and vocational support.

In summary: Whereas Householders started out with broad and general expectations of the contribution of AmeriCorps participants, focusing on community life and human relationships, looking back, they gave greater recognition to the concrete, practical individual support given to community members with disabilities, especially with regard to accessing activities and resources in all aspects of life. AmeriCorps participants, on the other hand, started out with expectations that were more focused on the concrete practical aspects of service delivery. By the end of their term of service, they came to see their contribution in more global terms, as supporting individual lives and lifestyles within the context of cooperative community living.

2.3.13 Exploratory Factor Analysis – Camphill Organizational Capacities Questionnaire

An exploratory factor analysis of compiled results for the Camphill Organizational Capacities Questionnaire from Phases 1-3 (Administrator scores) yielded nine factors that account for most of the variance in questionnaire results. The method used (Direct Oblimin) allowed for correlations between factors, so factors cannot be treated as independent, but must be assumed to be related to each other and show some underlying degree of covariance.

The nine factors were designated as follows, based on common themes among the items that are most closely related to each factor:

Factor 1 – Recognition of Individual Life Goals and Intentions

Factor 2 – Integration into Active Network of Social Relationships

Factor 3 – Health Care and Therapeutic Support

Factor 4 – Highly Qualified, Mission/Values Committed Community of Coworkers

Factor 5 – Health-Promoting Physical Environment

Factor 6 – Opportunities for Participation in Contemporary Cultural and Civic Life

Factor 7 – Integrated Holistic Lifestyle

Factor 8 – Recognition as a Co-Responsible Contributor

Factor 9 – Access to Personal Resources Independent of the Community

These factors can be seen as a summary of nine major dimensions of Organizational Capacities in Camphill Communities, which are operationalized through the organizational practices and features, first described by the Administrator Focus Groups in Stage 1, and then categorized and formulated into the 45 individual Organizational Capacities Questionnaire items. These are the

major organizational features, through which Camphill Communities attempt to support the nine components of Quality of Life (QOL) for their members with disabilities.

Table 21 shows the items that load on each factor. Factor loadings of about 0.5 and above should be considered most significant for interpretation. Factor loadings below 0.3 have been suppressed.

Note: Factor 9 carries negative factor loadings. In its original form, this factor would need to be described as 'Lack of Access to Personal Resources Independent of the Community', with high scores indicating undesired results and low scores indicating desired results. For consistency's sake (high factor scores indicating 'good' results), the directionality was reversed in charts and further discussion.

Table 21. Factors and Factor Loadings for Camphill Organizational Capacities Questionnaire Items

Factor 1: Recognition of Individual Life Goals and Intentions	
15. Supporting Self-Advocacy	.498
18. Providing individual support on the basis of the individual's biographical situation and life goals	.434
26. Providing full social inclusion as members of an inclusive intentional community	.419
9. Offering beautiful and safe physical surroundings	.361
44. Celebrating community festivals	.360
17. Supporting friendships and social networks	.325
33. Building a community of equals, based on healthy human relationships and reciprocal agreements	.322
6. Facilitating active participation in the local community	-.411
Factor 2: Integration into Active Network of Social Relationships	
38. Providing easy access to frequent social opportunities and events	.830
39. Providing safe, easy and independent access to a large circle of friends	.740
43. Supporting constructive use of leisure time	.576
42. Providing opportunities for fitness and exercise	.548
5. Fostering active exchange with wider community	.496
6. Facilitating active participation in the local community	.430
40. Providing easy access to a rich cultural life	.416
15. Supporting self-advocacy	.355
41. Providing opportunities to learn and practice new artistic and cultural skills	.331
Factor 3: Health Care and Therapeutic Support	
13. Providing access to ongoing health care, health maintenance and nursing services	.877
11. Offering easy access to general and specialized medical care	.824
12. Offering a wide range of therapeutic support services	.756
4. Supporting strong relationships with own families	.613
3. Facilitating regular vacations	.369
15. Supporting self-advocacy	.367
2. Providing access to shared funds for further education	.355
18. Providing individual support on the basis of the individual's biographical situation and life goals	.321
44. Celebrating community festivals	.313

Factor 4: Highly Qualified, Mission/Values Committed Community of Coworkers

36. Carefully screening coworker applicants	.905
37. Carefully selecting coworker applicants	.900
35. Providing continuous education and professional development for coworkers	.654
31. Providing a community life based on anthroposophy	.566
34. Building a community based on brotherhood and the recognition of individual needs	.552
32. Building a community with many opportunities for free and creative cultural initiative	.452
33. Building a community of equals, based on healthy human relationships and reciprocal agreements	.374
2. Providing access to shared funds for further education	.326

Factor 5: Health-Promoting Physical Environment

8. Facilitating access to nature and outdoor experiences	.924
10. Encouraging physical activity	.805
9. Offering beautiful and safe physical surroundings	.531
14. Motivating coworkers to maintain a safe, healthy and beautiful environment	.506
6. Facilitating active participation in the local community	.409
45. Providing a rich and open cultural environment	.332

Factor 6: Opportunities for Participation in Contemporary Cultural and Civic Life

25. Offering opportunities for adult education	.736
23. Providing supported access for news and information	.722
7. Supporting religious practice of choice	.624
43. Supporting constructive use of leisure time	.338
18. Providing individual support on the basis of the individual's biographical situation and life goals	.306

Factor 7: Integrated Holistic Lifestyle

28. Supporting a rhythmical lifestyle	.877
30. Providing a rich and open cultural environment	.615
41. Providing opportunities to learn and practice new artistic and cultural skills	.560
33. Building a community of equals, based on healthy human relationships and reciprocal agreements	.504
27. Providing support and care through stable long-term relationships	.497
32. Building a community with many opportunities for free and creative cultural initiative	.495
21. Creating the possibility to live in one's own expanded-family type home	.472
31. Providing a community life based on anthroposophy	.432
26. Providing full social inclusion as members of an inclusive intentional community	.424
29. Promoting individual responsibility	.424
40. Providing easy access to a rich cultural life	.382

Factor 8: Recognition as a Co-Responsible Contributor

24. Offering opportunities for vocational and career development	.719
20. Providing personal living space	.624
19. Cultivating strong natural circles of support	.568
22. Providing well-balanced, nutritious and healthy meals	.512
21. Creating the possibility to live in one's own expanded-family type home	.481
5. Fostering active exchange with wider community	.345
18. Providing individual support on the basis of the individual's biographical situation and life goals	.321
35. Providing continuous education and professional development for coworkers	.309
3. Facilitating regular vacations	.300

Factor 9: Access to Personal Resources Independent of the Community

2. Providing access to shared funds for further education	-.558
1. Providing supported access to personal money and bank accounts	-.544
7. Supporting religious practice of choice	-.484
3. Facilitating regular vacations	-.459
4. Supporting strong relationships with own families	-.386
40. Providing easy access to a rich cultural life	.341

(Note reversed directionality – see narrative explanation.)

The factor analysis allows for a reformulation of Organizational Capacities Questionnaire scores in terms of factor scores. Factor scores are computed from raw item scores and factor loadings, and adjusted to vary around a middle value of zero. Table 22 and the following charts show mean factor scores for each time the Camphill Organizational Capacities Questionnaire was administered.

Table 22. Camphill Organizational Capacities Questionnaire – Mean Factor Scores (Factor 9 reversed)				
	Phase 1 Importance	Phase 2 Expectations	Phase 3 Strength	Phase 3 Contribution
Factor 1	0.16	0.31	0.06	-0.54
Factor 2	-0.08	-0.17	0.12	0.15
Factor 3	0.49	-0.71	0.60	-0.43
Factor 4	0.62	-0.22	0.44	-0.90
Factor 5	0.42	0.12	-0.12	-0.46
Factor 6	0.06	-0.09	0.22	-0.20
Factor 7	0.14	0.12	0.20	-0.48
Factor 8	0.16	-0.22	0.17	-0.12
Factor 9	0.60	-0.36	0.16	-0.47

As the factor structure of the Camphill Organizational Capacities Questionnaire is the result of an exploratory process, and the other psychometric properties of the Questionnaire remain largely unknown, any discussion and comparison of factor scores needs to be treated with caution, and must be regarded as tentative. Nevertheless, the pattern of results suggests that:

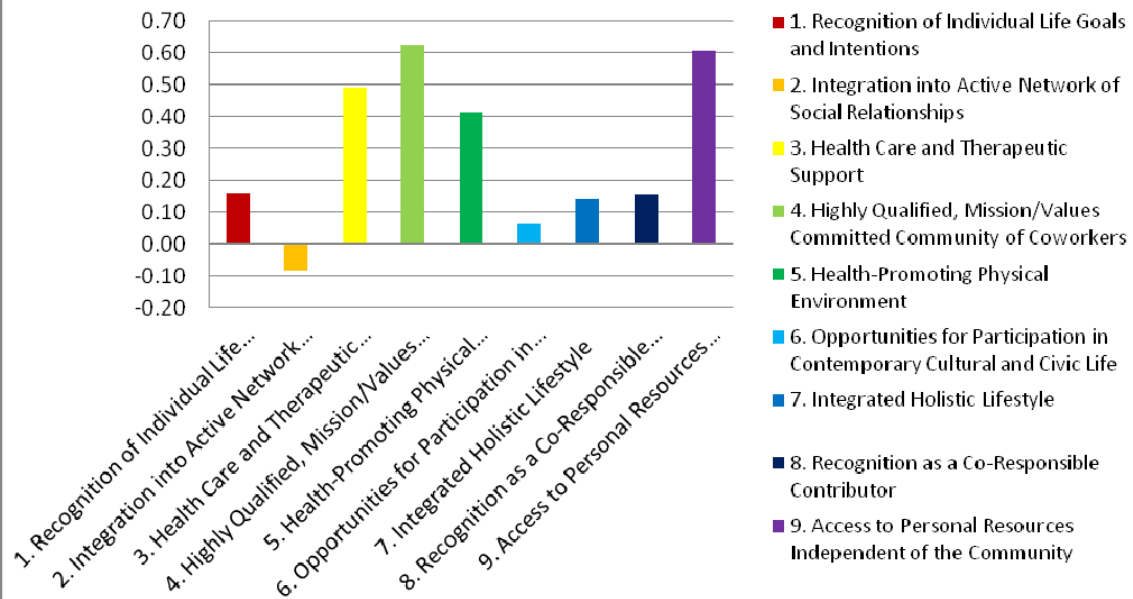
- The capacities to deliver Factors 3 (Health Care and Therapeutic Support), 4 (Highly Qualified, Spiritually Committed Community of Coworkers), 5 (Health-Promoting Physical Environment) and 9 (Access to Personal Resources Independent of the Community) are seen by Administrators to be most important in enabling Camphill communities to provide Quality of Life to their members with disabilities.
- The incoming AmeriCorps cohort was expected to make its most significant contribution to Factor 1 (Recognition of Individual Life Goals and Intentions), followed by Factor 5

(Health-Promoting Physical Environment) and Factor 7 (Integrated Holistic Lifestyle). The least significant contribution was expected in the area of Factor 3 (Health Care and Therapeutic Support). This makes sense, if **the role of AmeriCorps participants is understood primarily as a direct support function, supporting the day-to-day lives of individuals with disabilities on the basis of an attitude of respect, empowerment and enablement, and facilitating access to physical spaces and activities.**

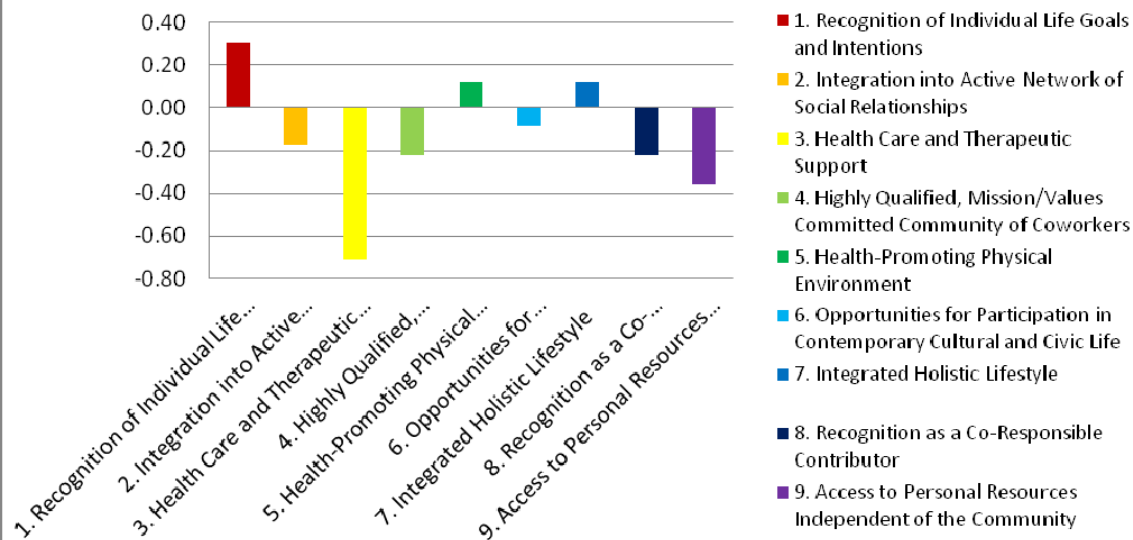
- Administrators saw outstanding strengths of Camphill communities in relation to Factor 3 (Health Care and Therapeutic Support) and Factor 4 (Highly Qualified, Mission/Values Committed Community of Coworkers). Factor 4 refers to the long-term, responsible and managing coworker group as well as the screening, selection and training processes for short-term coworkers (including AmeriCorps members). Factor 4 can be seen as the foundation and precondition for success in all other areas, all of which depend on the capacities and qualifications of the people involved. Factor 5 (Health-Promoting Physical Environment) appears to be weakest, in the assessment of the Administrators. Providing a health-promoting physical environment and access to it is, however, seen as an area where AmeriCorps members can make a substantial contribution.
- In the Administrators' assessment of the actual contributions made by the AmeriCorps cohort, the emphasis shifted from Factor 1 (Recognition of Individual Life Goals and Intentions) to Factor 2 (Integration into Active Network of Social Relationships). In addition, the AmeriCorps cohort was seen as particularly supportive of Factor 6 (Opportunities for Participation in Contemporary Cultural and Civic Life) and Factor 8 (Recognition as Co-responsible Contributor). This represents a shift of emphasis away from the more formal aspects of service delivery (such as person-centered planning processes). **The most important contribution of the AmeriCorps cohort was recognized in the creation of a social environment, within which the lives of community members with disabilities could be carried and supported on the basis of an attitude of mutuality, interdependence and respect.**

In summary: Whereas Administrators expectations' focused on AmeriCorps participants' roles in person-centered direct service delivery, on reflection, their actual contribution was recognized most strongly in the creation of a supportive network of human relationships.

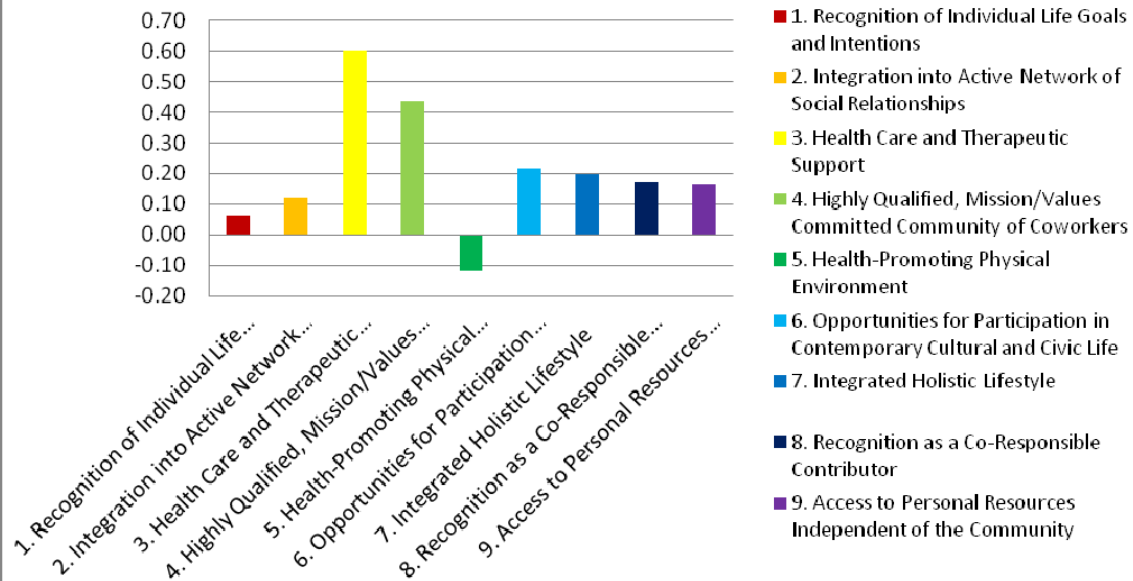
Stage 1: Administrator Validation (Importance)



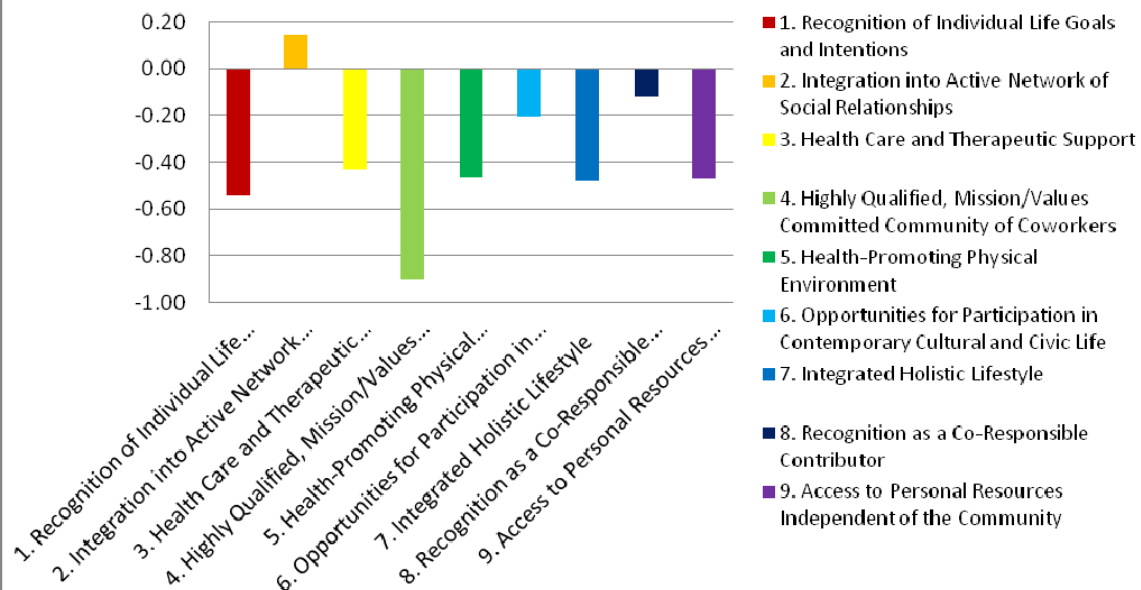
Stage 2: Administrators' Expectations



Stage 3: Strength in Community



Stage 3: Contribution of AmeriCorps Cohort



2.3.14 Focus Group Discussions – Interpretation of Results

Between December 2 and 17, 2009, key findings from a preliminary analysis of QOL, QOS and Organizational Capacities data were presented to open invitation Focus Groups of combined coworkers, AmeriCorps volunteers and people with disabilities in Camphills California, Copake, Kimberton Hills and Minnesota. Below are some of the points that were discussed.

Regarding Quality of Life (QOL) scores:

There was appreciation that the QOL results were generally excellent to quite adequate. These results suggest that the Camphill model of intentional community works well for people with disabilities. This model is seen as distinctly different from congregate settings such as institutions or group homes, or, for that matter, from family living or independent living. There is a significant degree of independence achieved by people with disabilities in Camphills (the scores for a meaningful degree of independence and decision making opportunities bear this out). However, the model is one of “interdependence” – encouraging that some decisions be made *with* others wishes and needs as well as one’s own, in mind. In general, the intentional community aspects rely on a mood of helping each other and recognizing each person’s gifts to the whole. The communities are somewhat self-contained, and therefore it is possible to have easy and relatively safe access to friends, services, and cultural offerings within walking distance. This allows another level of independence: one can “do” (get about) independently. The communities interweave in differing degrees with the larger communities around or near them, from households (Copake and California) within local towns, to incorporating public cafes, shops (Kimberton and Copake); volunteering possibilities and cultural offerings exist within all the villages.

Looking at the QOL scores of verbal participants, the groups noted that all scores were in the excellent range, with the exception of ‘Growth Becoming’. This was still in the good (Quite adequate) range, but lower than the other items. There is an interest to develop more ways for people to discover and engage with their own “cutting edge” of personal development. It was observed that often people who are new to Camphill – whether with or without disabilities – go through a steep process of personal growth initially, but eventually settle into a more comfortable routine. While this is good and helpful, it could also lead to complacency with regard to further growth. On the other hand, there is some validity to periods of growth and other times of coalescence into reasonably comfortable patterns. It would require additional efforts go more deeply to find where growth is happening and to assess possibilities’ for new areas of growth.

When asked about their opportunities for growth and learning new things, some community members with disabilities present pointed mostly towards their work activities. In Minnesota (CVM), this is addressed through the strong differentiation between winter work and summer work, with biannual changes of work placement as part of the cycle of the year. However, this area of growth might fall more within the domain of ‘Practical Becoming’. Through possibilities to change jobs within the community, they felt they were able to learn new skills and discover

new interests. In Kimberton Hills, members with disabilities felt they had various non-vocational activities that helped them learn new things, including groups that focus on personal relationships, and ad hoc support around life changes and issues (death of family members, etc).

Looking at the scores for nonverbal participants, two things stood out: in the view of the proxies, physical wellbeing and the physical environment are addressed to a very high standard. Psychological wellbeing, for this group, is clearly identified as an area of challenge. This score was seen by some as perhaps an expression that the inherent personal challenges of individuals who have a hard time expressing themselves were recognized and carried with significant compassion and concern by those (proxies) responding for them. Their psychological integration is challenging and is an area that does need considerable ongoing attention. The question was posed whether more could be done to support this aspect in the lives of the individuals with more complex needs, especially since Psychological Being seemed to be a particular area of strength in the wellbeing of verbal participants.

Several members with disabilities who had lived in group homes before coming to Camphill emphasized that they found a much higher quality of life at CVM (Minnesota). When asked about the difference, they pointed to a lack of activity, too much TV, and little possibility to access social and community resources in their previous situations. However, above all, all of the members with disabilities present stressed that they have friends at CVM, and that this is the thing they value most. They also stated that they feel that the community is truly their home.

One participant particularly stressed how important the spiritual dimension of life in Camphill is for her. It was observed that CVM doesn't work for everyone, and that those for whom it doesn't work usually leave after a short time. Those who stay are generally the ones who are looking for the kind of life that they find in Camphill. Members with disabilities in the discussions at other Camphills expressed appreciation for their lives in Camphill. Some felt proud of the results—perhaps because the results affirm their decisions to be in a Camphill, and they tend to identify strongly with what they perceive as the places' accomplishments.

Quality of Service Results and AmeriCorps Contribution:

Looking at the ranked mean scores for the Camphill QOS and Organizational Capacities questionnaires was more complicated. However, some themes emerged. AmeriCorps has played a vital role in each Camphill and perhaps especially so in the smaller places. This has become even more important in recent years, as it has become ever more difficult to bring in international service volunteers, due to immigration restrictions.

From the questionnaire results, it becomes clear that a major contribution of AmeriCorps members is in the area of social relationships: creating situations where individuals are surrounded by a network of friends and supports, and creating opportunities for meaningful conversations and social activities. The most important feature of this is a culture of respect and acceptance. This is highly important to members with disabilities, and AmeriCorps volunteers are seen to be contributing substantially to this aspect.

The areas of least contribution of AmeriCorps members were seen as reasonable—areas where longer term coworkers would naturally take more responsibility. Yet the fact that AmeriCorps members and other members of the communities help where they do, makes these areas easier to manage.

It was noted that each area of the Quality of Service results is experienced as important to extremely important, elucidating that there is a common experience of a particular and complex life culture active in all of the communities. The cohesive experience of these areas is defining for the model of life Camphill espouses and, to a reasonable extent, accomplishes.

3 Summary and Conclusion

The present study shows that the Camphill Intentional Community Living model gives adults with developmental disabilities opportunities to enjoy a high level of Quality of Life (QOL), potentially combining some of the benefits of independent living and family living situations, while avoiding some of their respective difficulties.

These results suggest that it might be beneficial to conduct further studies to develop and define the concept of Intentional Community Living as a distinct living option for adults with developmental disabilities, with a unique profile and potential. This could also lead to a better understanding of the conditions for this model to be successful in general, and as a living option for any given individual.

The present study also points to the particular contribution of AmeriCorps members to the creation of Intentional Community Living situations. AmeriCorps members play a vital role in establishing a social fabric, making the practice of expanded-family living sustainable, contributing practically to the running of their households and to the care of household members. They also support healthy and active lifestyles by supporting and facilitating access to a multitude of activities within the Camphill community and in the wider community. The Camphill Intentional Community Living model allows them to provide this support on the basis of personal relationships, rather than a more formal employment relationship.

Nevertheless, Camphill communities must be – and are, as the results of this study show – realistic in their expectations of AmeriCorps participants. AmeriCorps members can bring their unique contributions, because they are integrated into an intentional community context that is created and carried by a competent body of long-term coworkers, committed to the core values of Camphill. This also requires individuals with who provide specialized and professional expertise in – among other things – health care, therapeutic support, person-centered planning, community building and administration. These areas cannot be covered by AmeriCorps members alone.

A particular strength of the Camphill AmeriCorps program lies in the fact that it is embedded within the larger context of Camphill Intentional Community living. This makes it difficult to isolate and measure the exact contribution of AmeriCorps members to the totality of the program. However, in spite of its inherent limitations, the present study was able to uncover the overall success of the Camphill Intentional Community Living model in providing Quality of Life (QOL), and some of the ways in which AmeriCorps members play an essential role in making this possible.

The development of the Camphill Quality of Service (QOS) and Organizational Capacities Questionnaires can be seen as a first step towards measurement instruments that are specifically tailored to assessing the strengths and weaknesses of individual Camphill communities against the principles of the Camphill Intentional Community Living model. Based

on the initial exploratory factor analysis, further steps should be taken to develop and refine these instruments, making them into tools for self-reflection, evaluation and improvement that can be used by the Camphill Movement in the US and internationally.

The opportunity to evaluate Camphills both in provision of Quality of Life and in particular service practices allowed the evaluators to collect information for further study. While not relevant to this paper, it would, for instance, be possible to correlate Quality of Service practices more specifically to the nine areas of Quality of Life. Also, cover data such as age, diagnosis, time in Camphill, etc. were collected and the data entered anonymously, so that further nuanced correlations may be helpful to point the way to areas that can help people with specific characteristics within their overall diagnosis of “disability.”

Because results of this Quality of Life evaluation vary significantly from other service models, the positive differences may help inspire further study.

Quality of Life is becoming an ever-more vital concept in the provision of services to individuals with developmental disabilities, and the Camphill AmeriCorps Education Award Program of the Camphill Association of North America is playing an important role in enabling the Camphill communities across the U.S. to make their unique contribution as a high quality living option for individuals with developmental disabilities.

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5 Glossary of Terms

Administrator – Designated members of the community, with specific organizational responsibilities

Anthroposophy – A world view based on the work on Rudolf Steiner (1861-1925)

Coworker – A residential member of the community without labeled disabilities.

Developmental disability – This is a broad term, usually referring to significant disabilities that originate during childhood and include some cognitive impairment. It is often used synonymously with the term ‘mental retardation,’ which refers more specifically to intellectual disabilities that are developmental in origin.

Householder – Person responsible for an expanded-family style household in a Camphill community. Householders coordinate and manage the running of the household and act as mentors and supervisors to other household members (incl. AmeriCorps members) providing direct support services to members with developmental disabilities. In each community, the householders’ group with its chairperson collegially administers and oversees the provision of supported living services in the entire community.

Intentional community – Term used to refer to groups of individuals who form an association based on their common intention to accomplish a particular task. Intentional communities exist in many different forms, including ecovillages, cohousing, residential land trusts, communes, student co-ops, urban housing cooperatives, and other projects where people strive together with a common vision.

Waldorf education – Waldorf education is a worldwide educational movement, based on an anthroposophical understanding of education and its social task. It was founded in 1919 in Stuttgart, Germany, by Rudolf Steiner. The curriculum is based on child development. The arts are an integrated part of the learning process. Many subjects are taught in blocks of three to four weeks, allowing the teacher and student to engage with the content in greater depth. Typically, a class teacher will stay with the same class from grade 1 through 8. Waldorf schools practice faculty self-administration and try to develop organizational forms that best allow for the development of a creative environment of teaching and learning. The aim of Waldorf education is to educate children who as adults will be able to give direction to their lives, carrying responsibility out of freedom.

Quality of life (QOL) – In simple terms, according to Brown et al. (1997), a person’s Quality of Life (QOL) is the answer the question: “How good is your life for you?” In the context of service provision for individuals with developmental disabilities, Renwick et al. (1994) define QOL as the *desired outcomes of service provision* that supports individuals in

attaining a positive experience of their lives on the dimensions that are individually important to them.

Quality of service (QOS) – Quality of Service (QOS) describes the *outputs* generated by a program in order to promote Quality of Life (QOL) and other relevant *outcomes*. QOS is what individuals experience as receiving from a program and the individuals supporting them. Appropriate and effective QOS outputs result in desirable QOL outcomes. The present evaluation identifies QOS outputs specific to Camphill communities and examines their relationship to QOL outcomes experienced by their members with developmental disabilities.

6 Appendix

6.1 Questionnaire Items

6.1.1 Camphill QOS Items

1. Providing access to health care, based on individual needs <i>Through service elements and features, such as first aid; therapies; self chosen medical attention; access to on-site or off-site nursing, physicians and specialists, physical and occupational therapy, psychiatrists, medication counseling and administration</i>					
	1	2	3	4	5

2. Providing regular scheduled health maintenance services <i>Through service elements and features, such as regularly scheduled physicals and nursing assessments, dental assessments, individual health plans; advocacy for health services</i>					
	1	2	3	4	5

3. Providing access to complementary and holistic health care <i>Through service elements and features, such as, anthroposophical medicine and nursing; preventive counseling; therapies such as eurythmy, massage, color light treatments, painting therapy, nutritional baths</i>					
	1	2	3	4	5

4. Supporting rhythmical and active lifestyles <i>Through service elements and features, such as creating a culture of exercise/work interspersed with regular rest; respect and support for healthy sleep; regularity of meals and work times; daily and weekly rhythms</i>					
	1	2	3	4	5

5. Supporting access to healthy and appropriate clothing <i>Through service elements and features, such as helping/advising with appropriate clothing choices; shopping for appropriate clothing; encouraging natural fiber</i>					
	1	2	3	4	5

clothing; cleaning, mending, and repairing clothing and footwear; building skills for dressing for the weather and physical accompaniment during inclement weather when needed

6. Promoting physical exercise

Through service elements and features, such as maintenance of rhythmic physical activity and exercise; availability/necessity/encouragement of walking; ball games (baseball/volleyball/soccer), swimming, hiking, biking; running or other exercise groups; spatial dynamics or other movement classes; individual exercise programs; providing exercise equipment and instruction; accompanying physical activities; facilitating participation in Special Olympics

1	2	3	4	5

7. Creating healthy mealtimes

Through service elements and features, such as cooking balanced meals; monitoring diet and helping to develop healthy eating habits; awareness of special dietary needs/preferences; teaching cooking skills, cooking and baking together; offering meal choices

1	2	3	4	5

8. Providing healthy nutrition

Through service elements and features, such as organic or biodynamic food; homegrown food; providing satisfying and aesthetically pleasing meals; focus on high fiber-low fat cooking; buying healthy food

1	2	3	4	5

9. Supporting good physical care

Through service elements and features, such as teaching, encouraging, and doing when needed: self-care goals, dental care, tooth brushing, flossing, etc; hair care and shaving; foot care; personal hygiene help; regular bathing and showering; nail care; applying first aid and wound care; care for physical appearance; changing diapers, and helping with getting around; helping with medical directives.

1	2	3	4	5

10. Creating regular opportunities for conversation on issues of personal significance					
<i>Through service elements and features, such as encouraging the sharing of experiences; conversation; mealtime talking; genuine interest in each other; asking about needs and wishes; talking about personal highlights (such as at Bible evening), asking questions; conversations about life's changes, challenges and difficulties; having someone to talk to; encouraging appropriate social feedback; careful listening; humor and physical play, help to articulate what is happening and what can happen; naming of emotions and processes; step by step guidance; accompaniment through difficult times</i>	1	2	3	4	5

11. Offering support in coping with personal transitions and crises					
<i>Through service elements and features, such as groups for specific life areas or for individuals to share their concerns, problems, joys, etc; support for illness and lifestyle changes; counseling; encouraging dialogue to resolve conflicts and misunderstandings; biography work; therapies (music, art); photo albums /biography books or help to keep a journal; present community accompaniment of dying and death; supporting "stay at home" personal or rest days</i>	1	2	3	4	5

12. Providing mentored peer-group support on issues of personal significance					
<i>Through service elements and features, such as making groups available on specific subjects or areas: living well, friendship, men's, relationships, grief support, role-playing or psychodrama, "over 50's", sexuality and relationships, health and healthy choices</i>	1	2	3	4	5

13. Creating supported opportunities for engagement in spiritual practices					
<i>Through service elements and features, such as having open and accessible religious services; supporting the expression of different religious choices; morning prayer and graces at meals; reading verses and, poems; Bible Evenings; community gatherings about spiritual matters; open conversations about religious and spiritual matters</i>	1	2	3	4	5

14. Celebrating special moments					
<i>Through service elements and features, such as the community celebrating religious and non-religious festivals throughout the year, participation in planning, implementing, and attending accessible festival observances, birthday parties and other personal observances, helping to honor other's birthdays and special observances</i>	1	2	3	4	5

15. Providing supported opportunities to actively engage with broader ethical issues					
<i>Through service elements and features, such as conversational groups with religious leaders, community and individual modeling in practice of humane and environmental values; recognition and discussion of other's struggles (such as disasters, wars, etc); charitable contributions; participation in idealistic work/community service (recycling, roadside clean-up, companionship for elders, etc.)</i>	1	2	3	4	5

16. Offering opportunities for adult education					
<i>Through service elements and features, such as accessible art classes, slideshows and presentations, adult education classes, conferences</i>	1	2	3	4	5

17. Safeguarding each individual's personal private space					
<i>Through service elements and features, such as private rooms, choice of rooms and room or house mates; privacy ("knock and wait for reply before entering"); teaching respect for boundaries; having one's own possessions and chances to decorate house space through one's own art, awards, etc.</i>	1	2	3	4	5

18. Promoting ownership of shared and personal living spaces					
<i>Through service elements and features, such as having help in maintaining personal space if needed/ wanted; house and</i>	1	2	3	4	5

yard care; sharing household responsibilities such as dishwashing, taking out trash, getting household food and supplies, doing laundry, vacuuming, caring for pets etc.

19. Cultivating shared responsibility for the wellbeing of all household members

Through service elements and features, such as supporting efforts people make to be helpful; teaching table and social etiquette; supporting being co-responsible for chores; house meetings with access to creating agenda points and safe space to talk

1	2	3	4	5

20. Making houses into homes

Through service elements and features, such as co-creating beautiful areas; co-creating order; having a say in decorating (colors, furnishings, etc.); creating an atmosphere of warmth; comfortable communal living spaces

1	2	3	4	5

21. Offering a social home within an expanded-family house community

Through service elements and features, such as social sharing and good manners; house community activities (art, movies, reading or telling stories, making music, handwork, puzzles, card making); having friends and guests over; fostering peer support among housemates; celebrating life events; expanded family atmosphere

1	2	3	4	5

22. Providing supported opportunities to make friends and build the necessary social skills

Through service elements and features, such as access to a real peer group; peer support; being able to be a help to others; awareness of other's life challenges; time to "process" situations with others; learning to self advocate and having advocates when needed; developing friendships over time

1	2	3	4	5

23. Providing stable networks of natural support

Through service elements and features, such as living with the same housemates and helpers over several years time,

1	2	3	4	5

ability to move house or room within the same larger peer and helper group; long term (over more than five years) networks of support

24. Promoting ownership of the community beyond one's own household

Through service elements and features, such as opportunities to be ambassadors for the community, e.g. by giving tours, having guests, or while away from the immediate community; introducing others to the community and/or house culture

1	2	3	4	5

25. Providing supported access to local community resources and events

Through service elements and features, such as being able to shop inside the community (independently) and outside the community; trips— individual and/or spontaneous or regularly planned (shopping, banking, the “Y”, beach, sports events, cultural venues and events, cafes, clubs, restaurants, recreational and nature activities, parades, etc.)

1	2	3	4	5

26. Enabling participation in community celebrations marking life transitions

Through service elements and features, such as community celebrations and accompaniment through life transitions, for example: births, deaths and funerals, illness, marriages, divorces, graduations.

1	2	3	4	5

27. Creating opportunities for meaningful work

Through service elements and features, such as real, purposeful and objective work; varieties of vocational experience and training, working side by side to learn new skills; lessons and guidance; help with vocational transitions; encouragement to try new work areas; seasonal work changes; age, interest, and skill related work opportunities; facilitated retirement that continues many positive aspects of work life as wanted and able

1	2	3	4	5

28. Supporting access to personal finances

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<i>Through service elements and features, such as teaching money management skills, assisting with finances; possibility to have one's own bank account; encouragement to make own financial decisions; ability to access individual money for trips and vacations; advocacy for obtaining spending money; opportunities to influence house and community budgeting</i>	1	2	3	4	5
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29. Supporting self-control and confidence in managing daily life					
<i>Through service elements and features, such as regular and dependable daily, weekly and seasonal rhythms; schedule flexibility; consciousness of seasonal changes; singing/making music together; times for reflection (morning circle, grace at meals, Bible readings)</i>	1	2	3	4	5

30. Providing a safe, inviting and accessible physical environment					
<i>Through service elements and features, such as living spaces which are beautiful, "ensouled" (personalized, cared for, comfortable), and clean; living in orderly, well designed houses; having individualized spaces: e.g. rooms, specific areas for personal items; generally safe grounds, buildings and common areas; accessible paths and walkways; inviting/cozy common spaces house</i>	1	2	3	4	5

31. Providing safe, inviting and accessible meeting spaces for a wide range of people					
<i>Through service elements and features, such as a beautiful, well maintained environment; public gathering places (halls/cafes); participation of wider public in events inside the community (concerts, plays, lectures, workshops, conferences); interaction with volunteers (e.g. corporate service days community service workers, library, garden, office volunteers, etc.)</i>	1	2	3	4	5

32. Providing supported access to information and communication					
<i>Through service elements and features, such as newspapers in the houses; access to phones, internet, and help with letter writing, email if wanted</i>	1	2	3	4	5

33. Supporting safe and healthy personal relationships

Through service elements and features, such as sexuality/relationship education/support; social boundaries and abuse recognition education; groups or social events to help define and support good relationship building and maintaining

1	2	3	4	5

34. Supporting opportunities to cultivate personal friendships and relationships of choice

Through service elements and features, such as help, support, and encouragement with: friend and family connections when wanted; invitations to guests and friends to visit (e.g. overnights, games/ other activities); transportation to activities or visits; building relationships inside or outside the community; meals at other houses, shared meals, eating out; freedom to participate with house activities or create one's own free time activities; music in houses (often "live")

1	2	3	4	5

35. Supporting the development of an individual vocation

Through service elements and features, such as work and vocational choices which have real products and needed services; opportunities to see products consumed/used (crops, baked goods, etc.); opportunities to help others; culture that supports a sense of accomplishment; personal choice as strong determinant of job placement; conscious effort to help find and recognize vocation or calling rather than "make work"

1	2	3	4	5

36. Providing opportunities to actively participate in the local community

Through service elements and features, such as paid and/or volunteer work in the wider community; participation in outside programs

1	2	3	4	5

37. Providing opportunities for ongoing vocational development

Through service elements and features, such as accompaniment and training in work places and houses; help

1	2	3	4	5

finding and transitioning to new jobs; promoting responsibility for work places and products; optional lessons (cooking, etc.); promoting good tool use and care; seeking outside services to support new learning

38. Providing opportunities to grow through one's practical responsibilities

Through service elements and features, such as asking for help with tasks, encouraging to try something new; promoting doing one's best and helping others; helping only when help is wanted/needed; role-modeling good behavior and attitudes

1	2	3	4	5

39. Establishing a culture of respect and acceptance

Through service elements and features, such as praising and complimenting; promoting independence and interdependence; celebrating achievements; "positive approaches"; practicing respect; accepting differences; acknowledging individuality; love

1	2	3	4	5

40. Offering and supporting rich and diverse opportunities for leisure activities

Through service elements and features, such as artistic options, common community activities, e.g. slide shows, lectures, plays, presentations, films, concerts; small classes and groups for adult learning (arts, crafts, skills, sports, games, etc.; individual support for learning and doing game, craft, or sport skills; supported out-of community education and conferences; thematic retreats; cafes; community picnics and meals

1	2	3	4	5

41. Supporting access to travel

Through service elements and features, such as advocating and helping to arrange summer camp; exchanges with other communities; accompanying vacations and ensuring/arranging vacations or wider travel

1	2	3	4	5

42. Offering opportunities to engage in artistic activities

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<i>Through service elements and features, such as participatory village ensemble or orchestra, singing/ choirs; reading stories and poems; plays; musicals; music lessons; drama or other art workshops; speech choir</i>	1	2	3	4	5
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43. Offering opportunities to exercise one's voice in the community					
<i>Through service elements and features, such as advocacy; encouragement of decision making skills and self advocacy; meetings that encourage or depend on inclusive participation; membership in decision-making circles or meetings such as boards, management groups, or circles; opportunities for success</i>	1	2	3	4	5

44. Creating a culture that stimulates and values personal growth					
<i>Through service elements and features, such as a culture of recognition for the place of art and beauty, celebration, gratitude, and reverence; culture of flexibility: being open to questions and changes</i>	1	2	3	4	5

45. Supporting participation in politics and civic engagement					
<i>Through service elements and features, such as help in voting, education and preparation for elections, trips to library, libraries in houses and communities; newspaper and internet access</i>	1	2	3	4	5

46. Providing support, based on a comprehensive participatory assessment of individual needs					
<i>Through service elements and features, such as biography work; person centered planning; annual or birthday review and planning meetings; self advocacy support; coordinating with county supports coordinators; creating and reviewing individual goals; anthroposophical constitutional evaluations; engaged planning, etc.; college or collegial meetings</i>	1	2	3	4	5

6.1.2 Camphill Organizational Capacities Items

1. Providing supported access to personal money and bank accounts <i>Through organizational features and activities, such as education, advocacy, personal assistance, transportation, allocation of personal spending money on a needs basis</i>					
	1	2	3	4	5

2. Providing access to shared funds for further education <i>Through organizational features and activities, such as budgeting, decentralized administration, needs based distribution, easy access, advocacy, encouragement, influence in budgeting</i>					
	1	2	3	4	5

3. Facilitating regular vacations <i>Through organizational features and activities, such as scheduling, planning, village vacations, needs based financial support, arranging family visits, exchanges, holiday opportunities for those without family</i>					
	1	2	3	4	5

4. Supporting strong relationships with own family and relatives <i>Through organizational features and activities, such as encouragement, advocacy, open doors, flexible opportunities for visits, support for individual and family members</i>					
	1	2	3	4	5

5. Fostering active exchange with wider community <i>Through organizational features and activities, such as open houses, public events, public coffee shop, volunteers, convenient location, CSA garden, interaction and partnerships with other local community groups and organizations</i>					
	1	2	3	4	5

6. Facilitating active participation in the local community					
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Through organizational features and activities, such as offering transportation, outings, volunteer service, attendance at local cultural, educational and recreational events, participation in local churches, use of local services, libraries, restaurants, network of local friends	1	2	3	4	5
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7. Supporting religious practice of choice					
Through organizational features and activities, such as on-campus non-denominational services, chapel, community religious life and celebrations, access to local church, synagogue or other congregation of choice	1	2	3	4	5

8. Facilitating access to nature and outdoor experiences					
Through organizational features and activities, such as location, nature outings, travel, hiking, outdoor sports, camping trips	1	2	3	4	5

9. Offering beautiful and safe physical surroundings					
Through organizational features and activities, such as choice of location, well-designed architecture, accessibility, care and maintenance of buildings and grounds, regular safety inspections	1	2	3	4	5

10. Encouraging physical activity					
Through organizational features and activities, such as location, safe walking opportunities, active lifestyles, encouragement of outdoor activity, supporting participation in sports and exercise, work and recreational opportunities that support physical health	1	2	3	4	5

11. Offering easy access to general and specialized medical care					
Through organizational features and activities, such as on-site medical office and own physician, relationships with medical and dental specialists, allopathic and complementary anthroposophical medicine	1	2	3	4	5

12. Offering a wide range of therapeutic support services					
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Through organizational features and activities, such as in-house therapy team, on-site facilities, network of external professionals, traditional, alternative and anthroposophical therapies					
	1	2	3	4	5

13. Providing access to ongoing health care, health maintenance and nursing services Through organizational features and activities, such as regular routine exams and consultations, resident nurse, on-site nursing services available on walk-in basis, community health groups, formal and informal wellness education					
	1	2	3	4	5

14. Motivating coworkers to maintain a safe, healthy and beautiful environment Through organizational features and activities, such as sharing life, expanded family living, cultivating attention to detail, householder or coworker training					
	1	2	3	4	5

15. Supporting self-advocacy Through organizational features and activities, such as facilitated participation in decision-making at individual, group and community level, inclusive forms of decision-making, a culture that recognizes and values the individual's voice, opportunities to take public and leadership roles, open and horizontal organizational leadership structures, advocacy and advocacy education, strong sense of shared ownership					
	1	2	3	4	5

16. Supporting healthy, non-abusive relationships, intimacy and sexuality Through organizational features and activities, such as rights and advocacy education, abuse prevention education, relationship and sexuality education, helping hand, support groups, peer support groups, well-being agreements, abuse disclosure process, formal and informal counseling, a culture that recognizes and values human dignity in relationships					
	1	2	3	4	5

17. Supporting friendships and social networks					
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<p><i>Through organizational features and activities, such as community living, integration into an inclusive social network, community-wide 'open-house' policy, frequent opportunities to visit or invite friends, informal support and encouragement through natural circles of support</i></p>					
	1	2	3	4	5

<p>18. Providing individual support on the basis of the individual's biographical situation and life goals <i>Through organizational features and activities, such as annual person-centered planning, individual biography work based on understanding of lifespan development, care groups, advocacy, culture of respect for individual destiny, close familiarity</i></p>					
	1	2	3	4	5

<p>19. Cultivating strong natural circles of support <i>Through organizational features and activities, such as community living, a culture of full inclusion, expanded family living, separation of caregivers' work and income, close long-term personal relationships, supported friendships, mentoring, facilitated peer support groups</i></p>					
	1	2	3	4	5

<p>20. Providing personal living space <i>Through organizational features and activities, such as choice of household and living arrangements, single rooms or shared rooms where wanted, respect for privacy, personal space and personal belongings, accessibility of and shared responsibility for common areas, possibility to initiate changes if wanted or needed</i></p>					
	1	2	3	4	5

<p>21. Creating the possibility to live in one's own expanded-family type home <i>Through organizational features and activities, such as expanded family living, stable care and support through natural (unpaid) relationships, participation in care for other household members (including children), shared responsibility for household, participation in household decision making, consistency and possibility for self-initiated change, ability to invite guests, culture that values homemaking</i></p>					
	1	2	3	4	5

22. Providing well-balanced, nutritious and healthy meals					
<i>Through organizational features and activities, such as nutrition awareness, organic and biodynamic food, homegrown food, home-cooked meals, fresh fruit and vegetables, three sit-down family-style meals per day, mealtime ritual, lively and inclusive conversation</i>	1	2	3	4	5

23. Providing supported access to news and information					
<i>Through organizational features and activities, such as newspapers, magazines, internet access, books, radio, support in accessing media, formal talks and a culture of inclusive informal conversation on topics of local, national and international interest</i>	1	2	3	4	5

24. Offering opportunities for vocational and career development					
<i>Through organizational features and activities, such as meaningful work, wide range of cooperative, production-oriented workplaces, production for sale, work that benefits the community, paid outside work placements, supported volunteer work, no "make-work", vocational training, adapted work processes, separation of work and compensation, possibilities for career changes and vocational development</i>	1	2	3	4	5

25. Offering opportunities for adult education					
<i>Through organizational features and activities, such as in-house adult education, supported access to off-campus classes, workshop and conferences, budgeted adult education funds, small group and individual tutorials, study groups, peer group learning opportunities, providing a culture of life-long learning</i>	1	2	3	4	5

26. Providing full social inclusion as members of an inclusive intentional community					
<i>Through organizational features and activities, such as the social fabric of village/community life without salaries for anyone (regardless of disability), natural, expanded-family</i>	1	2	3	4	5

network of relationships with others, all of whom are members by choice, absence of strong categorical divisions between 'caregivers' and recipients of care, emphasis on and celebration of mutual interdependence

27. Providing support and care through stable long-term social relationships

Through organizational features and activities, such as large intergenerational network of personally familiar community members and families with long-term commitment, based on lifestyle choice and philosophical orientation, rather than employment, and recognition of karmic nature of relationships

1	2	3	4	5

28. Supporting a rhythmical lifestyle

Through organizational features and activities, such as strong awareness and practices connected with daily, weekly and annual cycles

1	2	3	4	5

29. Promoting individual responsibility

Through organizational features and activities, such as cooperative lifestyle and work arrangements, shared ownership and community responsibilities, personal tasks and responsibilities, a culture of participation and accountability, inclusive decision-making and civic values

1	2	3	4	5

30. Providing a rich and open cultural environment

Through organizational features and activities, such as a blend of mainstream and alternative cultures, visitors and coworkers from around the world, community members and friends from many different backgrounds, a shared attitude and philosophy that values culture, diversity and wide-ranging interests

1	2	3	4	5

31. Providing a community life based on anthroposophy

Through organizational features and activities, such as free individual and shared engagement with anthroposophy, recognition of the spiritual, psychological and physical

1	2	3	4	5

dimensions of the human being and human relationships, a shared, differentiated value system based on anthroposophy, relating daily life to consciously held ideals

32. Building a community with many opportunities for free and creative cultural initiative

Through organizational features and activities, such as cultivation of Camphill values, ideals and practices, including a recognition of the spiritual nature of the human being, the power of self-development and transformation, the 'three-fold social order', common spiritual-scientific study of real-life issues, resources for cultural initiatives

1	2	3	4	5

33. Building a community of equals, based on healthy human relationships and reciprocal agreements

Through organizational features and activities, such as cultivation of Camphill values, ideals and practices, including a recognition of fundamental equality of rights, reincarnation and karma, formal and informal agreements, the 'three-fold social order', the Bible evening, a culture of dignity and respect

1	2	3	4	5

34. Building a community based on brotherhood and recognition of individual needs

Through organizational features and activities, such as cultivation of Camphill values, ideals and practices, including the 'three-fold social order', recognition of the interdependence of the wellbeing of individual and community, the 'fundamental social law', separation of work and income, budgeting and economic arrangements to meet individual needs

1	2	3	4	5

35. Providing continuous education and professional development for coworkers

Through organizational features and activities, such as in-house courses, mentoring, external courses and workshops, mandatory training, education and professional development funds

1	2	3	4	5

36. Carefully screening coworker applicants

Through organizational features and activities, such as

1	2	3	4	5

mandated and additional criminal, physical health and mental health clearances,

37. Carefully selecting coworker applicants

Through organizational features and activities, such as verification of references, interviews, orientation and supervision of new coworkers

1	2	3	4	5

38. Providing easy access to frequent social opportunities and events

Through organizational features and activities, such as easily accessible community café, picnics, dances, parties, formal and informal games, birthday parties and tables, community lunches, indoor and outdoor spaces for social events, in-community events that interest the wider public regardless of the community's inclusion of those labeled with disabilities

1	2	3	4	5

39. Providing safe, easy and independent access to a large circle of friends

Through organizational features and activities, such as safe community setting with houses in easy walking distance, lively culture of visiting, open doors, neighborhood associations

1	2	3	4	5

40. Providing easy access to a rich cultural life

Through organizational features and activities, such as on-campus events, invited speakers, public lectures, concerts, plays, art shows, conferences, transportation and accompaniment to local cultural events, local Anthroposophical Society

1	2	3	4	5

41. Providing opportunities to learn and practice new artistic and cultural skills

Through organizational features and activities, such as art and music lessons, community orchestra, eurythmy, groups, performances, shows

1	2	3	4	5

42. Providing opportunities for fitness and exercise

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Through organizational features and activities, such as safe access to nature and walks, fitness trail, movement classes, yoga, organized sports, facilities, fitness equipment, scheduled recreational time, encouragement	1	2	3	4	5
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43. Supporting constructive use of leisure time					
Through organizational features and activities, such as regular scheduled leisure time, access to common buildings and facilities, supported development of hobbies and personal interest, leisure time classes	1	2	3	4	5

44. Celebrating community festivals					
Through organizational features and activities, such as making space in the yearly calendar, planning festivals together, celebrating of the cycle of the year, drawing on traditions and new creative ideas, renewed understanding of yearly festivals and their meaning through anthroposophy, cultivation of a broad range of creative and artistic resources	1	2	3	4	5

45. Providing a rich and open cultural environment					
Through organizational features and activities, such as a blend of mainstream and alternative cultures, visitors and coworkers from around the world, community members and friends from many different backgrounds, a shared attitude and philosophy that values culture, diversity and wide-ranging interests	1	2	3	4	5

6.2 Descriptive Statistics (QOS and Organizational Capacities)

6.2.1 Stage 1 – Validation

Stage 1: Householder Validation (Importance)					
	N	Mean	Std. Deviation	Minimum	Maximum
1	28	4.64	.621	3	5
2	28	4.57	.790	2	5
3	28	4.43	.790	3	5
4	28	4.68	.548	3	5
5	28	4.29	.713	3	5
6	28	4.43	.742	3	5
7	28	4.61	.629	3	5
8	28	4.64	.621	3	5
9	28	4.50	.694	3	5
10	28	4.75	.585	3	5
11	28	4.71	.600	3	5
12	28	4.39	.737	3	5
13	28	4.46	.637	3	5
14	28	4.50	.577	3	5
15	28	4.14	.705	3	5
16	28	4.29	.659	3	5
17	28	4.64	.621	3	5
18	28	4.39	.737	3	5
19	28	4.50	.638	3	5
20	28	4.32	.819	3	5
21	28	4.43	.690	3	5
22	28	4.43	.790	3	5
23	28	4.18	.819	3	5
24	28	4.11	.786	3	5
25	28	4.07	.858	3	5
26	28	4.39	.875	3	5
27	28	4.68	.612	3	5
28	28	3.89	.916	2	5
29	28	4.54	.637	3	5
30	28	4.54	.576	3	5
31	28	4.36	.678	3	5
32	28	4.04	.744	3	5
33	28	4.46	.693	3	5
34	28	4.39	.629	3	5
35	28	4.50	.694	3	5
36	28	3.86	.891	2	5
37	28	4.21	.876	3	5
38	28	4.46	.637	3	5
39	28	4.71	.659	2	5
40	28	4.36	.731	3	5
41	28	4.07	.766	3	5
42	28	4.43	.742	3	5
43	28	4.43	.690	3	5
44	28	4.50	.793	2	5
45	28	3.93	.766	3	5
46	28	4.43	.790	3	5

Stage 1: Administrators' Validation (Importance)					
	N	Mean	Std. Deviation	Minimum	Maximum
1	28	4.64	.621	3	5
2	28	4.57	.790	2	5
3	28	4.43	.790	3	5
4	28	4.68	.548	3	5
5	28	4.29	.713	3	5
6	28	4.43	.742	3	5
7	28	4.61	.629	3	5
8	28	4.64	.621	3	5
9	28	4.50	.694	3	5
10	28	4.75	.585	3	5
11	28	4.71	.600	3	5
12	28	4.39	.737	3	5
13	28	4.46	.637	3	5
14	28	4.50	.577	3	5
15	28	4.14	.705	3	5
16	28	4.29	.659	3	5
17	28	4.64	.621	3	5
18	28	4.39	.737	3	5
19	28	4.50	.638	3	5
20	28	4.32	.819	3	5
21	28	4.43	.690	3	5
22	28	4.43	.790	3	5
23	28	4.18	.819	3	5
24	28	4.11	.786	3	5
25	28	4.07	.858	3	5
26	28	4.39	.875	3	5
27	28	4.68	.612	3	5
28	28	3.89	.916	2	5
29	28	4.54	.637	3	5
30	28	4.54	.576	3	5
31	28	4.36	.678	3	5
32	28	4.04	.744	3	5
33	28	4.46	.693	3	5
34	28	4.39	.629	3	5
35	28	4.50	.694	3	5
36	28	3.86	.891	2	5
37	28	4.21	.876	3	5
38	28	4.46	.637	3	5
39	28	4.71	.659	2	5
40	28	4.36	.731	3	5
41	28	4.07	.766	3	5
42	28	4.43	.742	3	5
43	28	4.43	.690	3	5
44	28	4.50	.793	2	5
45	28	3.93	.766	3	5
46	28	4.43	.790	3	5

6.2.2 Stage 2 – Expectations

Stage 2: Householder Expectations					
	N	Minimum	Maximum	Mean	Std. Deviation
1	34	1	5	2.82	1.242
2	34	1	5	2.62	1.280
3	33	1	5	2.94	1.223
4	34	1	5	4.29	.938
5	34	1	5	4.09	1.083
6	34	1	5	3.97	1.000
7	34	3	5	4.35	.774
8	34	3	5	4.44	.746
9	34	2	5	4.47	.861
10	34	3	5	4.56	.660
11	34	1	5	3.91	1.164
12	34	1	5	3.21	.978
13	34	2	5	3.65	.884
14	34	3	5	4.21	.729
15	34	1	5	3.62	1.045
16	34	1	5	3.35	1.041
17	34	3	5	4.35	.734
18	34	3	5	4.47	.748
19	34	2	5	4.47	.788
20	34	3	5	4.47	.706
21	34	3	5	4.50	.749
22	34	2	5	4.18	.904
23	34	1	5	3.62	1.181
24	33	2	5	3.55	1.092
25	34	2	5	3.94	.776
26	34	1	5	4.03	1.058
27	34	2	5	4.15	.958
28	34	1	5	3.09	1.190
29	34	3	5	4.29	.799
30	34	2	5	4.18	.869
31	34	2	5	3.82	.904
32	34	2	5	3.65	.884
33	34	2	5	4.12	.880
34	34	2	5	4.18	.834
35	34	1	5	3.85	1.077
36	34	1	5	3.03	1.058
37	34	1	5	3.38	1.101
38	34	3	5	4.32	.806
39	33	3	5	4.58	.663
40	34	2	5	3.91	.866
41	34	1	5	3.38	.922
42	34	1	5	3.65	1.098
43	34	1	5	3.74	1.136
44	34	2	5	4.24	.855
45	34	2	5	3.35	.812
46	34	1	5	3.35	1.252

Stage 2: AmeriCorps Participants' Expectations					
	N	Minimum	Maximum	Mean	Std. Deviation
1	34	1	5	3.62	1.349
2	34	1	5	3.21	1.225
3	34	1	5	3.56	1.284
4	34	2	5	4.38	.817
5	34	2	5	3.76	1.046
6	34	2	5	3.85	.958
7	34	3	5	4.53	.662
8	34	3	5	4.59	.609
9	34	2	5	4.24	.923
10	34	3	5	4.71	.579
11	34	2	5	4.26	.864
12	34	1	5	3.18	1.242
13	34	1	5	3.47	1.161
14	34	3	5	4.32	.727
15	34	1	5	3.62	1.074
16	34	1	5	3.53	1.161
17	34	2	5	4.21	.946
18	34	3	5	4.50	.788
19	34	3	5	4.41	.821
20	34	1	5	4.18	1.029
21	34	3	5	4.38	.739
22	34	3	5	4.12	.844
23	34	1	5	3.41	1.328
24	34	1	5	3.68	1.036
25	34	2	5	3.88	.913
26	34	2	5	3.76	.987
27	34	2	5	4.41	.892
28	34	1	5	3.00	1.231
29	33	2	5	4.15	.795
30	33	3	5	4.21	.820
31	33	2	5	3.61	.933
32	33	2	5	3.67	1.137
33	33	2	5	3.85	1.034
34	34	3	5	4.24	.741
35	34	2	5	3.94	1.071
36	34	1	5	3.21	1.225
37	34	1	5	3.35	1.228
38	34	3	5	4.50	.615
39	34	3	5	4.62	.604
40	34	1	5	4.15	.989
41	34	1	5	3.35	1.203
42	34	1	5	3.88	1.175
43	34	1	5	3.71	1.194
44	34	3	5	4.50	.707
45	34	1	5	3.29	1.292
46	34	1	5	3.47	1.331

Stage 2: Administrators' Expectations					
	N	Minimum	Maximum	Mean	Std. Deviation
1	19	1	5	2.68	1.108
2	19	1	4	2.37	.831
3	19	1	5	3.05	1.129
4	19	1	4	3.05	.848
5	19	3	5	3.74	.733
6	19	2	5	3.89	.937
7	19	2	5	3.95	.911
8	19	1	5	4.32	1.057
9	19	2	5	4.21	.918
10	19	2	5	4.21	.918
11	19	1	5	3.16	1.214
12	19	1	5	2.89	1.049
13	19	1	5	3.00	1.106
14	19	3	5	4.37	.684
15	19	2	5	3.74	.872
16	19	3	5	4.42	.769
17	19	3	5	4.42	.769
18	18	2	5	3.83	.985
19	19	2	5	4.11	.809
20	19	2	5	3.95	1.026
21	19	2	5	4.11	.994
22	19	4	5	4.63	.496
23	19	2	5	3.42	.902
24	19	1	5	3.58	.961
25	19	1	5	3.89	.994
26	19	3	5	4.53	.697
27	19	2	5	3.89	1.100
28	19	3	5	4.42	.838
29	19	2	5	4.32	.946
30	19	3	5	4.37	.684
31	19	1	5	3.79	1.398
32	19	2	5	3.79	1.084
33	19	2	5	4.32	.946
34	19	2	5	4.05	.970
35	19	1	5	3.32	1.455
36	19	1	5	3.16	1.537
37	17	1	5	3.24	1.602
38	19	3	5	4.16	.958
39	19	2	5	4.11	.937
40	19	2	5	3.89	.994
41	19	3	5	4.05	.780
42	19	2	5	3.79	.787
43	19	2	5	3.89	.937
44	19	3	5	4.32	.749
45	19	1	5	4.16	1.119

6.2.3 Stage 3 – Outcomes

Stage 3: Householder Outcomes Evaluation					
	N	Minimum	Maximum	Mean	Std. Deviation
1	32	1	5	2.75	1.164
2	32	1	4	2.13	.976
3	33	1	5	2.52	1.202
4	33	1	5	3.94	1.171
5	33	1	5	3.73	1.329
6	33	1	5	3.61	1.223
7	33	1	5	4.06	1.088
8	33	3	5	4.06	.899
9	33	1	5	3.88	1.219
10	33	2	5	4.15	.939
11	33	1	5	3.55	1.175
12	33	1	5	2.64	1.194
13	33	1	5	3.15	1.253
14	33	2	5	3.88	.927
15	33	1	5	3.12	1.317
16	33	1	5	2.61	1.116
17	33	2	5	3.91	.947
18	33	2	5	4.15	.870
19	31	2	5	3.94	.892
20	33	1	5	3.45	1.301
21	33	1	5	3.88	1.053
22	33	2	5	3.58	.936
23	33	1	5	2.18	1.261
24	32	1	5	3.03	1.402
25	33	2	5	3.79	1.053
26	33	1	5	3.24	1.300
27	33	2	5	4.00	.968
28	33	1	5	2.18	1.286
29	33	1	5	3.82	1.261
30	32	1	5	3.47	1.135
31	32	1	5	3.13	1.408
32	32	1	5	3.06	1.162
33	33	2	5	3.61	.966
34	33	1	5	3.88	.992
35	33	1	5	3.39	1.345
36	33	1	5	2.24	1.091
37	33	1	5	3.00	1.225
38	33	2	5	3.97	.883
39	32	2	5	4.31	.896
40	32	2	5	3.88	1.040
41	32	1	5	2.88	1.476
42	32	1	5	3.25	1.344
43	32	1	5	3.13	1.129
44	33	2	5	3.88	.992
45	33	1	5	3.24	1.275
46	33	1	5	2.76	1.251

Stage 3: AmeriCorps Participants' Outcomes Evaluation					
	N	Minimum	Maximum	Mean	Std. Deviation
1	33	1	5	3.15	1.326
2	33	1	5	2.55	1.394
3	33	1	5	2.73	1.257
4	33	3	5	4.36	.742
5	33	2	5	3.70	1.132
6	33	2	5	3.55	1.003
7	33	2	5	4.24	.969
8	33	1	5	4.21	1.139
9	33	2	5	4.27	1.008
10	33	3	5	4.48	.619
11	33	1	5	4.03	1.132
12	33	1	5	2.70	1.262
13	33	1	5	3.21	1.317
14	33	2	5	4.24	.830
15	33	1	5	3.09	1.284
16	33	1	5	2.76	1.324
17	33	2	5	3.94	.998
18	33	3	5	4.33	.692
19	33	2	5	4.21	.893
20	33	1	5	3.76	1.226
21	33	2	5	4.06	.998
22	33	1	5	3.67	1.164
23	33	1	5	3.03	1.447
24	33	0	5	3.18	1.357
25	33	2	5	3.33	1.137
26	33	1	5	3.61	1.197
27	33	2	5	3.88	1.139
28	33	1	5	2.52	1.372
29	33	2	5	3.88	1.023
30	33	2	5	4.12	.927
31	33	1	5	3.33	1.242
32	33	1	5	3.27	1.153
33	33	2	5	3.70	.918
34	33	2	5	3.91	.879
35	33	1	5	3.27	1.281
36	32	1	6	2.63	1.519
37	33	1	6	2.73	1.420
38	32	2	6	4.09	.928
39	33	3	5	4.45	.711
40	33	3	5	3.85	.795
41	33	1	5	2.91	1.331
42	33	1	5	3.18	1.446
43	33	1	5	3.27	1.306
44	33	2	5	3.85	1.004
45	33	1	5	2.94	1.345
46	33	1	5	3.36	1.319

Stage 3: Members w/D Importance Ratings					
	N	Minimum	Maximum	Mean	Std. Deviation
05V-I	33	2	5	4.27	.944
07V-I	32	2	5	4.25	.842
08V-I	31	2	5	3.61	.919
09V-I	33	2	5	4.27	1.008
10V-I	32	1	5	4.16	1.194
11V-I	31	2	5	4.23	.956
14V-I	33	2	5	4.48	.795
17V-I	33	2	5	4.36	1.025
18V-I	33	2	5	3.88	.960
19V-I	32	1	5	4.00	1.016
20V-I	33	2	5	3.88	.927
21V-I	31	2	5	4.29	.824
22V-I	33	1	5	4.24	1.119
26V-I	33	3	5	4.09	.914
27V-I	33	2	5	4.27	1.008
29V-I	33	2	5	4.15	.906
30V-I	33	2	5	4.48	.795
33V-I	32	2	5	4.19	1.148
34V-I	33	3	5	4.82	.528
38V-I	33	2	5	3.94	.966
39V-I	33	3	5	4.82	.528
40V-I	33	2	5	4.33	.924
44V-I	33	2	5	4.27	1.008
4V-I	33	3	5	4.58	.708

Stage 3: Members w/D Satisfaction Ratings					
	N	Minimum	Maximum	Mean	Std. Deviation
04V-S	32	2	5	4.38	.942
05V-S	31	1	5	3.84	1.530
07V-S	31	2	5	4.68	.748
08V-S	31	2	5	4.35	.950
09V-S	29	1	5	4.07	1.252
10V-S	32	1	5	4.28	1.114
11V-S	31	1	5	4.00	1.265
14V-S	33	1	5	4.36	1.025
17V-S	33	2	5	4.76	.663
18V-S	33	2	5	4.15	.972
19V-S	32	3	5	4.50	.803
20V-S	33	1	5	3.39	1.345
21V-S	31	2	5	4.42	.848
22V-S	30	1	5	3.80	1.215
26V-S	33	1	5	3.85	1.228
27V-S	33	1	5	4.33	1.137
29V-S	32	1	5	3.78	1.263
30V-S	32	1	5	4.16	1.194
33V-S	31	1	5	3.61	1.230
34V-S	33	1	5	3.70	1.287
38V-S	33	1	5	4.24	1.062
39V-S	32	2	5	4.53	.915
40V-S	33	1	5	4.18	1.103
44V-S	33	1	5	4.12	1.111

Stage 3: Administrators' Strength Ratings					
	N	Minimum	Maximum	Mean	Std. Deviation
01a	19	2	5	3.53	.964
02a	19	1	5	3.47	1.020
03a	19	2	5	4.00	.943
04a	19	3	5	4.37	.761
05a	19	2	5	4.05	.848
06a	19	2	5	4.16	.834
07a	19	3	5	4.26	.733
08a	19	2	5	4.00	1.054
09a	19	3	5	4.47	.697
10a	19	3	5	4.21	.713
11a	19	1	5	4.58	.961
12a	19	2	5	4.32	.820
13a	19	2	5	4.58	.769
14a	19	2	5	4.21	.855
15a	19	2	5	4.05	1.026
16a	19	3	5	4.47	.612
17a	19	3	5	4.58	.607
18a	19	3	5	4.42	.838
19a	19	3	5	4.53	.697
20a	19	3	5	4.53	.697
21a	19	3	5	4.42	.769
22a	19	3	5	4.53	.772
23a	19	3	5	3.74	.733
24a	18	2	5	3.94	.873
25a	18	2	5	4.06	.938
26a	18	3	5	4.44	.705
27a	18	2	5	4.33	.840
28a	18	2	5	4.39	1.037
29a	19	3	5	4.11	.809
30a	19	3	5	4.53	.697
31a	19	2	5	4.53	.964
32a	19	2	5	4.42	.769
33a	19	2	5	4.47	.905
34a	19	3	5	4.42	.838
35a	18	3	5	4.39	.608
36a	18	3	5	4.22	.943
37a	18	3	5	4.17	.857
38a	18	3	5	4.39	.698
39a	19	3	5	4.42	.692
40a	19	3	5	4.37	.684
41a	19	2	5	4.21	.855
42a	19	3	5	4.21	.787
43a	18	3	5	4.06	.802
44a	18	4	5	4.56	.511
45a	18	3	5	4.44	.616

Stage 3: Administrators' Importance Ratings					
	N	Mean	Std. Deviation	Minimum	Maximum
1b	15	2.93	.799	2	4
2b	15	2.33	.900	1	4
3b	15	3.60	1.056	1	5
4b	15	3.60	1.121	2	5
5b	15	3.80	1.014	2	5
6b	15	4.40	.986	2	5
7b	15	3.47	1.187	2	5
8b	15	3.93	1.223	2	5
9b	15	3.60	.986	2	5
10b	15	4.13	.834	3	5
11b	15	3.13	1.246	1	5
12b	15	2.87	1.187	1	5
13b	15	3.13	1.246	1	5
14b	15	3.80	.862	2	5
15b	15	3.67	1.175	2	5
16b	15	3.67	.816	2	5
17b	15	4.40	.737	3	5
18b	15	3.67	1.113	2	5
19b	15	3.67	1.047	2	5
20b	15	3.67	1.047	2	5
21b	15	3.93	1.100	2	5
22b	15	4.33	.816	3	5
23b	15	3.53	.990	2	5
24b	15	3.60	1.121	1	5
25b	15	3.47	.990	2	5
26b	15	4.13	.915	2	5
27b	15	3.33	1.113	1	5
28b	15	3.80	1.082	1	5
29b	15	3.67	.724	3	5
30b	15	4.13	.990	2	5
31b	15	2.73	.884	1	4
32b	15	2.93	1.163	1	5
33b	15	3.33	1.047	2	5
34b	15	3.07	1.163	1	5
35b	15	3.27	1.100	1	5
36b	15	2.13	1.356	1	5
37b	15	2.40	1.242	1	5
38b	15	4.40	.828	3	5
39b	15	4.07	.799	3	5
40b	15	3.73	.961	2	5
41b	15	3.20	1.146	1	5
42b	15	4.00	.926	3	5
43b	15	3.93	.884	2	5
44b	15	3.73	.961	2	5
45b	15	4.13	.990	2	5

6.3 QOL Report (Prepared by QOL Research Unit, University of Toronto)



Quality of Life Report
for Camphill Association in North America

Report prepared by Ted Myerscough and Rebecca Renwick
Quality of Life Research Unit
Department of Occupational Science and Occupational Therapy
University of Toronto

December, 2009.

Quality of Life Report for Camphill Special Schools Inc.

Background

The Quality of Life Research Unit (QOLRU) was approached by Jan Goeschel of Camphill Association of North America to prepare a report based on data gathered from the association's community projects using the Quality of Life Instrument Package for People with Developmental Disabilities¹.

Participants

The data submitted for analysis was gathered from community sites across the U.S. Participants in the study were assessed according to their communication abilities and were termed either 'verbal' or 'nonverbal'. These categories are the same as those described in the instrument package and relate, not to the oral communication abilities of the participants, but to their ability to communicate using any number of systems and methods (for e.g., sign language, or gesture.)

Participants were from 5 Camphill communities in the U.S.:

- Camphill California (CA)
- Camphill Village Copake (Copake)
- Camphill Village Minnesota (CVM)
- Camphill Village Kimberton Hills (KH)
- Camphill Soltane (Solt)

The number of participants from each community are listed according to the verbal/nonverbal categories in Table 1. In all, there were 63 participants in the study, 38 of whom were considered verbal, while the other 25 were deemed nonverbal.

Table 1. Number of Participants in the sample by Verbal / Nonverbal and Community Site.

	CA	Copake	CVM	KH	Solt	TOTAL
Verbal	3	15	3	9	8	38
Nonverbal	1	13	4	3	4	25
TOTAL	4	28	7	12	12	63

¹ Brown, I., Renwick, R., and Raphael, D. (1997). Quality of Life Instrument Package for Adults with Developmental Disabilities (Full Version). Toronto: Centre for Health Promotion.

Method

As the QOLRU was not involved in the study design or administration, we cannot fully describe the process undertaken at Camphill to recruit and evaluate participants for the study. Our understanding is that participation was voluntary and participant selection was made on that basis.

It is also our understanding that the participants who were considered verbal were interviewed by one assessor, using the Interview from the Quality of Life Instrument Package. Nonverbal participants were evaluated by two assessors and their agreed upon ratings were recorded for each item of the Quality of Life Other Person Questionnaire. This process differs from the methodology used by the QOLRU, which was to have two separate evaluations conducted by two assessors and then to average those scores. Also, there were no Other Person Questionnaires used in the evaluations of the verbal participants. Because different methodologies were used to gather data, there can be no direct or statistical comparison between the two groups based on scores from the Participant Interview and the Other Person Questionnaire.

However, the Assessor Questionnaire was used to evaluate all participants and comparisons can be made between the two groups based on the assessor's ratings.

Results**Participant Interview and Other Person Questionnaire**

Results of the assessments of participants, both verbal and nonverbal, from all sites combined are shown in figures 1 through 4. Other statistics, such as standard deviations, are not discussed here but are listed in Tables 3-6 in the appendix.

Data for nonverbal participants resulted in slightly lower scores than the data for verbal participants. Verbal participants had mean (average)² scores of 6.33, 6.59, and 5.71 for the Being, Belonging, and Becoming domains and a rating of 6.21 for overall Quality of Life. Nonverbal participants had scores of 3.96, 5.75, and 4.44, respectively, for the 3 domains and 4.72 for overall Quality of Life.

In the Being Domain, verbal participants had scores of 7.32, 7.24, and 6.07 for Physical Being, Psychological Being, and Spiritual Being, while nonverbal participants had scores of 6.72, .93, and 3.53 for each area of life.

In the Physical Belonging, Social Belonging, and Community Belonging areas of life, scores were 7.30, 6.27, and 6.20 for verbal participants, and 6.88, 5.21, and 5.16 for nonverbal participants, respectively.

² All scores reported throughout this paper represent the mean (average) score in that area of life for that particular group.

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Verbal participants scored 6.10 for Practical Becoming, 6.42 for Leisure Becoming, and 4.60 for Growth Becoming. Nonverbal participants received ratings of 4.95, 4.73, and 3.65 for the three areas of Practical, Leisure, and Growth Becoming.

The ratings for verbal and nonverbal participants by community site are shown in Figures 11 and Figure 12 in the appendix. However, comparing the scores between the sites is not the focus of this analysis and is presented for information purposes only.

Figure 1. Domain Scores and Overall Quality of Life Scores for all Camphill Sites for Verbal and Nonverbal Participants

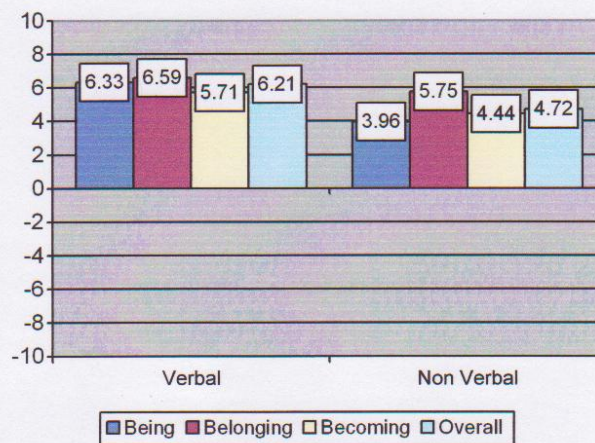
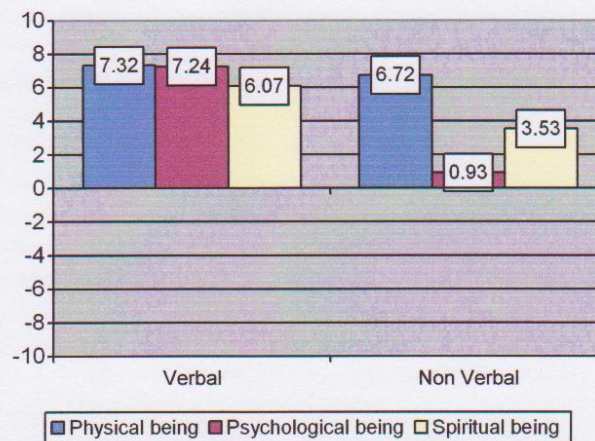


Figure 2. Quality of Life Scores in the Being Domain for all Camphill Sites for Verbal and Nonverbal Participants



Quality of Life Report

Figure 3. Quality of Life Scores in the Belonging Domain for all Camphill Sites for Verbal and Nonverbal Participants

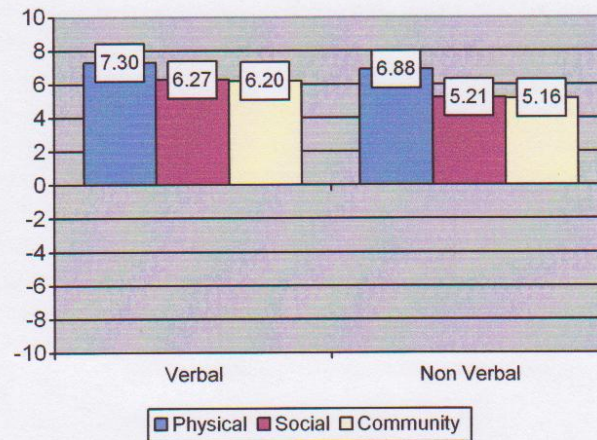
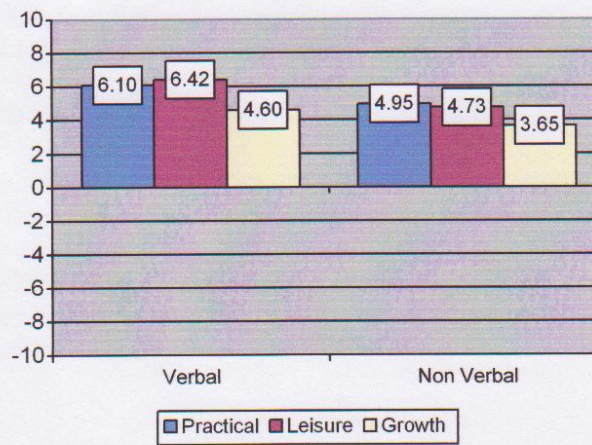


Figure 4. Quality of Life Scores in the Becoming Domain for all Camphill Sites for Verbal and Nonverbal Participants



Assessor Questionnaire

The Assessor Questionnaire uses a different approach and scale to measure quality of life than the Participant Interview or the Other Person Questionnaire, although the model is still based upon the concepts of Being, Belonging, and Becoming. In this case the assessor, a professional with experience and training in working with people with intellectual disabilities, provides a rating based upon their observations of the individual. The scale for the Assessor Questionnaire ranges from 0 to 8.

Again, the results of the different questionnaires cannot be compared to each other, that is, the results from the Assessor Questionnaire cannot be compared directly with the data from either the Participant Interview or the Other Person Questionnaire. However in this instance, because the assessors completed assessments for both non-verbal and verbal participants, the results can be compared between the two groups.

The assessors' ratings indicate some difference in the quality of life for verbal and nonverbal participants (Figure 5 to Figure 8).

In the Being domain, verbal participants averaged 7.68 in Physical Being, 7.03 in Psychological Being, and 5.16 in Spiritual Being, while nonverbal participants averaged 7.84, 5.52, and 3.20 in the same areas of life.

Scores for Physical Belonging, Social Belonging, and Community Belonging were 6.92, 6.95, and 5.71 for verbal participants. Nonverbal participants had scores of 6.48, 6.60, and 5.32 respectively.

For Practical Becoming, verbal participants had scores of 6.89; for Leisure Becoming, 6.00, and for Growth Becoming, 5.58. In the same areas, nonverbal participants had scores of 5.84, 4.56, and 4.16.

Domain scores for verbal participants averaged 6.62 for Being, 6.53 for Belonging, and 6.16 for Becoming, while ratings for Overall Quality of Life were 6.44. Nonverbal participants' scores were 5.52 for Being, 6.13 for Belonging, 4.85 for Becoming, and 5.50 for Overall Quality of Life.

Quality of Life Report

Figure 5. Assessor Ratings of Verbal and Nonverbal Participants for the Physical, Psychological, and Spiritual Being Areas of Life

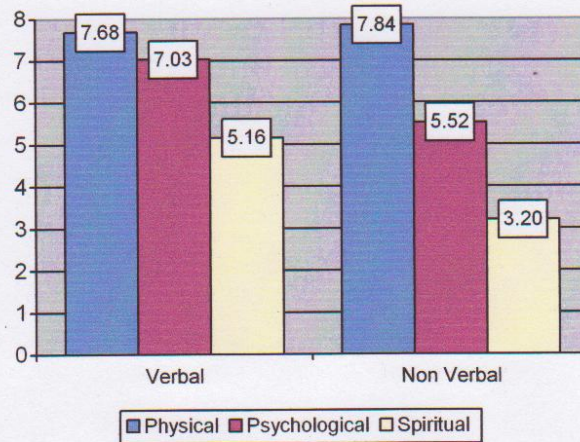
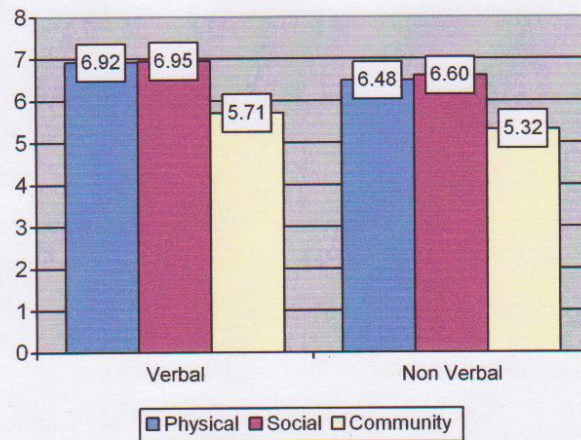


Figure 6. Assessor Ratings of Verbal and Nonverbal Participants for the Physical, Social, and Community Belonging Areas of Life



Quality of Life Report

Figure 7. Assessor Ratings of Verbal and Nonverbal Participants for the Practical, Leisure, and Growth Becoming Areas of Life

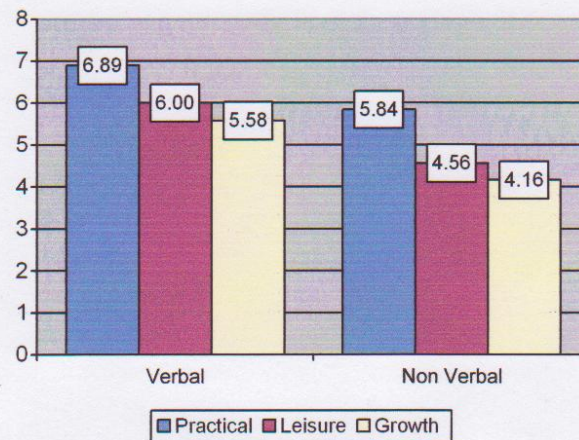
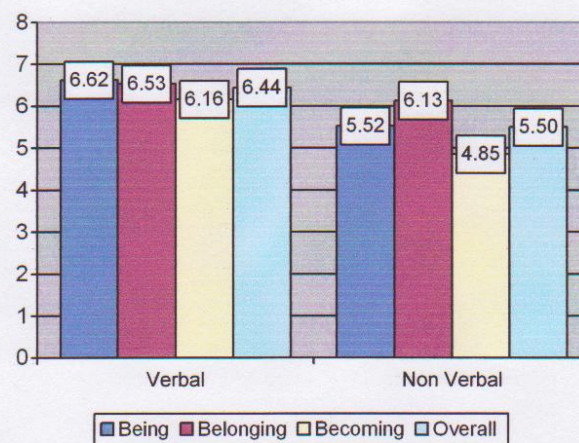


Figure 8. Assessor Ratings of Verbal and Nonverbal Participants for the Three Domains and Overall Quality of Life



Decision Making and Opportunities

The scores for Decision Making and Opportunities provide a context in which to consider the Quality of Life ratings.

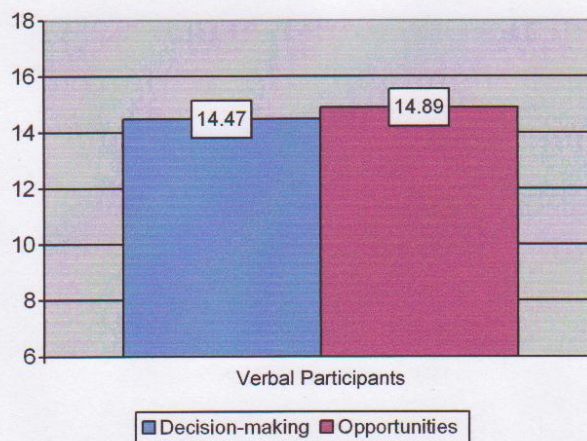
In the Participant Interview, ratings are drawn from questions related to 'who decides', with a score of 3 given if the person decides alone, 2 if the decision is made with assistance from another, and 1 if the person does not participate in the decision making. The scale ranges from 6 for no decision making, to 18 for someone who makes all decisions on their own.

In the Other Person Questionnaire, ratings are assigned using the same 5 point scale used for importance and satisfaction ratings and in response to the same items. There are, however, no Decision Making or Opportunities ratings for Psychological Being, and only 3 items rated in Spiritual Being.

In this report, results are shown separately for Decision Making and Opportunities.

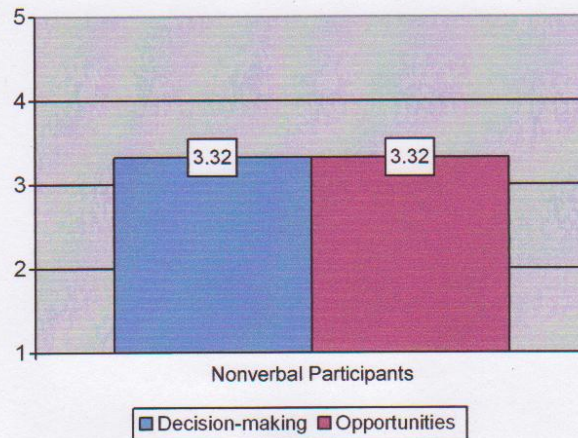
Scores for verbal participants in the Participant Interview were 14.47 for decision-making and 14.89 for opportunities.

Figure 9. Decision-making and Opportunities Ratings for all Camphill Sites for Verbal Participants (Participant Interview)



The ratings for nonverbal participants in the Other Person Questionnaire were the same for both decision-making and opportunities with reported scores of 3.32 on a scale of 1 to 5.

Figure 10. Decision-making and Opportunities Ratings for all Camphill Sites for Nonverbal Participants (Other Person Questionnaire)



Discussion

Bearing in mind that scores from the two groups cannot be compared directly, it is also important to note that third party ratings tend to be lower³.

Interpreting Quality of Life scores, as with all psychological assessment tools, is complex and many factors must be taken into consideration when deriving meaning from the pattern of results. Individual assessments must take into account the individuals' needs, lifestyles, life situations, environment. Program evaluations must be considered in the context all of the factors with the potential to affect change during the course of the program.

There are no "gold standards" for what constitutes a good quality of life. The scores function as indicators for areas of life in which an individual or group may, or may not, require support, encouragement, or intervention. As such, the range of scores that are anticipated for an individual's or group's quality of life are interpreted in terms of potential or need for improvement.

Table 2 presents the ranges of scores on the Participant Interview and the Other Person Questionnaire and their indication for quality of life.

³ MacDowell, I., & Newell, C. (1996). *Measuring health: A guide to rating scales and questionnaires*. New York: Oxford University Press.

Table 2. Range of QoL Scores and Quality of Life Indication

<i>Range of QOL Scores</i>	<i>Quality of life indication</i>
6.0 to 10.00	The ideal range indicating an excellent quality of life
3.0 to 5.99	Quite adequate quality of life
-1.0 to 2.99	Adequate quality of life but could be better
-1.1 to -5.99	Problematic and needs improvement
-6.0 to -10.00	Very problematic

As can be seen in a quick comparison of scores from the Camphill participants and the chart above, all participants have overall scores indicating good to excellent quality of life. The only rating that is lower is the Psychological Being score for nonverbal participants. This rating at .93 is considered "adequate, but could be better".

Ratings on the Assessor questionnaire should range between 6 and 8 for a 'good quality of life'. Scores between 3 and 5 suggest there are areas of life that need improvement, while scores of less than 3 indicate there are problems in that area of life.

While all of the verbal participants rated with the Assessor questionnaire received scores of 6 or more, nonverbal participants received scores of between 3 and 5 for Spiritual Being, Leisure Becoming, and Growth Becoming. This result suggests that further examination of the scores and the individual's lives in these areas may be warranted.

For Decision-Making and Opportunities, verbal people with intellectual disabilities with a score between 12 and 18 (on a scale of 6-18 in the Participant Interview) may be considered to have a fair degree of independence and opportunities in their lives. Lower scores would indicate a great degree of dependence upon others and limited or no opportunities for growth and development.

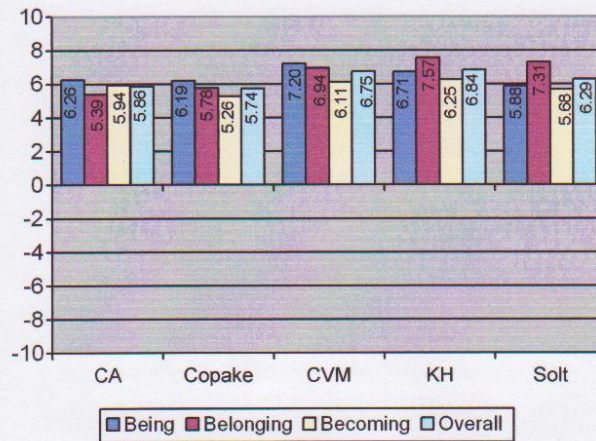
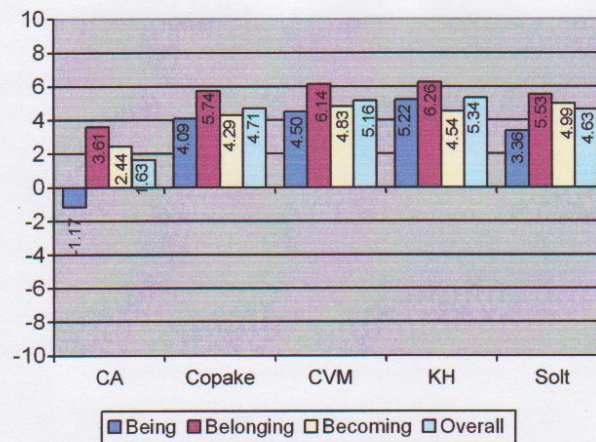
For nonverbal participants, assessed with the Other Person Questionnaire, scores between 3 and 5 indicate a degree of independence and opportunities, while lower scores suggest a degree of control and opportunities that may be detract from the individual's quality of life.

In this study, the verbal participants scored within range of having a meaningful degree of independence or control over their daily lives and a number of opportunities. Scores for the nonverbal participants also indicated levels of control and opportunities that are likely to contribute positively to the individual's life. However, it should be noted that average scores for this group are just within the 'positive' range and it may be that some individuals in this group have low ratings for decision-making and opportunities.

Conclusion

According to these preliminary results, the quality of life of participants in the Camphill Communities appears to be quite adequate to excellent. This is, of course, a general statement and more investigation and analysis is required before a more detailed summary report can be provided.

Future investigation could include analyzing quality of life scores according to demographic considerations such as physical and psychological health, and social and environmental engagement.

Appendix**Figure 11. Domain Scores and Overall Quality of Life Scores for Individual Camphill Sites for Verbal Participants****Figure 12. Domain Scores and Overall Quality of Life Scores for Individual Camphill Sites for Nonverbal Participants**

*Quality of Life Report***Table 3. Being Scores, Count, Range, Standard Deviation, Median, and Mode Statistics by Communication Group**

BEING	Verbal	nonverbal
Mean	6.33	3.96
Count	38	25
Range	6.89	11.83
Std Deviation	1.47	2.67
Median	6.33	4.06
Mode	6.67	3.28

Table 4. Belonging Scores, Count, Range, Standard Deviation, Median, and Mode Statistics by Communication Group

BELONGING	Verbal	nonverbal
Mean	6.59	5.75
Count	38	25
Range	11.39	5.44
Std Deviation	1.76	1.50
Median	6.78	6.22
Mode	6.89	5.56

Table 5. Becoming Scores, Count, Range, Standard Deviation, Median, and Mode Statistics by Communication Group

BECOMING	verbal	nonverbal
Mean	5.71	4.44
Count	38	25
Range	5.44	6.67
Std Deviation	1.26	1.60
Median	5.83	4.78
Mode	5.67	5.22

Table 6. Overall QoL Scores, Count, Range, Standard Deviation, Median, and Mode Statistics by Communication Group

OVERALL	verbal	nonverbal
Mean	6.21	4.72
Count	38	25
Range	6.04	7.76
Std Deviation	1.23	1.74
Median	6.11	4.59
Mode	5.81	4.59