NORC at the University of Chicago

## FINAL EVALUATION REPORT

September 2024

# Environments Promoting Wellness and Resilience (EmPWR) Evaluation


**Presented by:**
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*with support from partners*
New York Academy of Medicine (NYAM)
Evaluation + Learning Consulting (ELC)

**Presented to:**
New York City (NYC) Mayor's Office for Economic Opportunity (NYC Opportunity)

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Holistic, trauma-informed support is the cornerstone of New York City's approach to serving survivors of domestic violence (DV). Launched in 2019, the Environments Promoting Wellness and Resilience (EmPWR) program aimed to explore how the physical environment in DV shelters could be optimized to support the healing and well-being of survivors and their families. EmPWR was an initiative of the Department of Health and Mental Hygiene (NYC Health Department) and NYC Human Resources Administration (HRA), funded by the Mayor's Office for Economic Opportunity (NYC Opportunity) through a Collaborative Innovation award, which sought to improve government services by promoting greater collaboration within and between City agencies. The program partnered with architects, shelter residents, staff, and leadership across nine DV shelters to redesign communal spaces to foster social-emotional wellbeing through changes in the built environment. By recognizing the potential impact that thoughtfully designed spaces can have on survivors and shelter staff, EmPWR sought to promote healing, enhance autonomy, and build resilience among shelter residents, engaging them as active collaborators in this transformative process.

NYC Opportunity commissioned an evaluation by NORC at the University of Chicago (NORC), in collaboration with the New York Academy of Medicine (NYAM) and Evaluation+Learning Consulting (ELC). This evaluation sought to identify factors that either enabled or hindered the implementation of the program and to assess the outcomes of these environmental enhancements on shelter staff and residents. The findings, along with an accompanying practitioner implementation guide, aim to support the replication of this model in other DV shelters and center-based social service models, contributing to the broader movement towards creating supportive and healing environments for New Yorkers in need.

The evaluation report highlights several promising findings from the EmPWR program. Both residents and staff reported that the redesigned spaces had a positive influence on their overall wellbeing, particularly for residents with children. Residents emphasized that the renovations improved their mood and sense of safety. The renovated spaces were frequently described as welcoming, calming, and conducive to relaxation, with staff echoing these sentiments by observing how the new spaces lifted residents' spirits and provided a soothing environment. Additionally, staff members with lived experiences of trauma found the renovated spaces particularly meaningful.

Directly engaging DV shelter residents in the transformation of communal spaces has enhanced City partners' understanding of the needs of survivors and their families. EmPWR provided an empowering experience for participants who watched their inputs drive the design process and ultimately produce responsive environments that facilitated healing and resilience.

New York City is committed to centering the voices of impacted populations and communities in the design and evaluation of services. The findings and recommendations presented in this report reaffirm the value of these participatory processes and will help inform future initiatives and collaborations, particularly among City agencies and DV shelter providers. HRA is exploring opportunities to expand community engagement and participatory methodologies throughout the DV shelter system and beyond as part of its commitment to bolstering survivor-centered and trauma-informed practices. The NYC Health Department is actively engaged in initiatives to create healthy environments and committed to

contributing mental health and wellbeing guidelines in the planning of public spaces. This report and the practitioner implementation guide will inform future participatory engagement to jointly create inclusive spaces that support participants' wellbeing and healing.

We thank NORC, NYAM, and ELC for their thoughtful analysis of this initiative, and we commend all project partners for centering the voices of shelter staff and residents in the EmPWR program and its evaluation.

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# Executive Summary

Beginning in 2019, the New York City (NYC) Department of Health and Mental Hygiene (NYC Health Department) and the NYC Human Resources Administration, supported through a Collaborative Innovation award by the NYC Mayor's Office for Economic Opportunity, launched Environments Promoting Wellness and Resilience (EmPWR) to explore the role of the physical (or built) environment in supporting the healing and wellbeing of DV survivors and their families in shelter. Partnering with a team of architects, EmPWR engaged residents, staff, and leadership of nine New York City DV shelters.

In February 2023, the NYC Mayor's Office for Economic Opportunity funded NORC at the University of Chicago, and their partners at New York Academy of Medicine (NYAM) and Evaluation + Learning Consulting (ELC) (hereafter referred to collectively as "the NORC team") to evaluate EmPWR by identifying and assessing factors enabling and impeding EmPWR project implementation, and the outcomes enhancements had on shelter staff and residents.

Between May 2023 – March 2024, the NORC team met with stakeholders (including NYC agency partners and DV shelter staff, leadership, and residents) to develop an evaluation plan, collect and analyze qualitative, quantitative, and secondary data, conduct participatory analysis and sensemaking activities, and develop this final report and a Practitioner Implementation Guide. Evaluation findings, in partnership with the Practitioner Implementation Guide, can support replication of this model in DV shelter environments.

This report summarizes our evaluation findings, organized by EmPWR project implementation phase.


The following sections articulate background information, study goals, approach, methods, and evaluation findings. The report culminates with conclusions and recommendations for the next steps to enhance the uptake, implementation, and sustainability of the EmPWR program.

# Introduction

Domestic violence (DV) shelters provide vital services to help individuals and families reclaim their sense of safety and security. The built environment, or physical environment, of a DV shelter has the potential to affect resident and child social-emotional wellbeing. Collaboratively enhancing these spaces can promote healing and support the social-emotional needs of shelter residents and their children by encouraging collective planning and autonomous decision-making.[i]

The Environments Promoting Wellness and Resilience (EmPWR) model was designed to implement changes to the built environment within NYC shelters to:

- Promote healing, wellbeing, and resilience of residents and their children;
- Engage residents and shelter staff in a design planning process that centers their lived experience and expertise and
- Build knowledge about strategies to promote mental health through changes in the physical space.[ii, iii, iv, v]

As described in the EmPWR project logic model (Appendix A), the project drew upon core principles and existing best practices[vi] regarding:

- ***Trauma-informed approaches***, which acknowledge the pervasive impacts of trauma and opportunities for recovery, recognize trauma signs and symptoms among not only residents and families but also staff and teams, prevent re-traumatization, and infuse trauma-informed principles across shelter practices and approaches to care.[vii] Trauma-informed approaches consider myriad ways in which individual and collective trauma (including intergenerational and historical trauma) can manifest and how structural and systemic inequities can have compounding effects and shape how groups that are historically marginalized seek out and interact with care and service systems.[viii]
- ***Community engagement approaches*** uplift community members (in this case, residents and staff) as advisors and collaborators in each activity.[ix] Community engagement approaches not only ground solutions in the wisdom of the people most closely impacted, but the process itself may achieve many of the objectives of the design changes (e.g., share power, diminish isolation, offer choice, increase

In NYC, DV shelters are run by independent community-based organizations and include:

- ***Domestic Violence Emergency Facilities and Shelter for Families (formerly Tier I),*** which offer shelter and services individual counseling, advocacy, psycho-educational groups, and trauma-focused interventions and assist clients with childcare services, benefit entitlement application assistance, financial development and workforce readiness services, and linkages to permanent housing for up to 90 days (with possible extensions up to a maximum of 180 days; and
- ***Domestic Violence Family Transitional Facilities (formerly Tier II)*** offer an extension of emergency shelter residential services for families exiting time-limited Tier I facilities. The goal is to provide services that support families in securing permanent housing and prepare them for reintegration by strengthening support systems and life skills for transition to the community.

access, promote healing, etc.). Community engagement approaches invite survivors to come together in conversation, speak on their experiences in shelter, and listen to and support their peers' visions.

Such work is inspired by Building Dignity[x], a conceptual framework developed by the Washington State Coalition Against Domestic Violence that applies human-centered design—or design with input from and empathy for users—to DV shelters to make them less restrictive, more restorative and recuperative for residents, and to support staff wellbeing.

Nine NYC DV shelters—including five DV Emergency Facilities and Shelter for Families and four DV Family Transitional Facilities shelters—participated in EmPWR in three sequential cohorts, or "cycles." A committee of HRA program staff and leadership from the NYC HRA Domestic Violence Services selected shelters for participation. Committee members were identified to provide input based on their knowledge of the HRA DV shelter facilities, programs, service populations, and needs, and their understanding of the expectations and commitments of shelters selected to participate. Selection criteria evolved in subsequent cycles to reflect lessons learned about project feasibility and take into consideration challenges and safety concerns posed by COVID-19.

Participating shelters served approximately 952 families in City Fiscal Years 2021 and 2022.[xi] Participating shelters spanned the five NYC boroughs, with one shelter in the Bronx, two in Brooklyn, three in Manhattan, and three in Queens. They varied in size, ranging from 20 to over 100-bed capacity, and served families with diverse linguistic needs, most commonly English and Spanish, but also Portuguese, Haitian Creole, Amharic, Mandarin, and American Sign Language, among others. Four served special populations, such as accommodating families with specific needs or offering culturally or linguistically specific programming.

Each cycle comprised three shelters, which were engaged over several months in site-specific EmPWR projects. Participating shelters followed a structured five-phase EmPWR project implementation process (see Exhibit 1).

**Exhibit 1:** EmPWR Project Phases


Funded by NYC Opportunity, the NYC Health Department and HRA (hereafter referred to collectively as "EmPWR agency partners"), provided funding to a team of architects, designers, general contractors, and vendors. Architects and designers worked closely with key points of contact at the NYC Health Department and HRA ("EmPWR agency partner staff") and shelter residents and staff to implement EmPWR using a participatory design process, identifying opportunities to support the social-

emotional needs of residents and their children through design changes to a communal space in each shelter.

Spaces selected by the shelters for enhancement were high-traffic and multipurpose areas used by both shelter staff and residents for a variety of daily activities. These included conference and dining rooms, recreation spaces such as backyards or play areas for children, and kitchens. Some shelters chose spaces that were rarely utilized but had the potential to become good gathering spaces for residents and their children.

In its final funding year, NYC Opportunity funded NORC at the University of Chicago (NORC) and their partners New York Academy of Medicine (NYAM) and Evaluation + Learning Consulting (ELC) (hereafter referred to collectively as "the NORC team"), to evaluate EmPWR by identifying and assessing factors enabling and impeding EmPWR project implementation, and the outcomes enhancements had on shelter staff and residents.

# Evaluation Design

## Evaluation Overview

Between 2023 and 2024, the NORC team conducted an exploratory, sequential mixed-methods evaluation[xii] addressing six aims and five evaluation questions (EQs). NORC grounded the Aims, EQs, and data collection tools in the Consolidated Framework for Implementation Research (CFIR)[xiii], an evaluation framework that supports the examination of both the EmPWR project process and outcomes experienced by participants through several data sources.

**CFIR:** CFIR posits that multiple domains influence the implementation of any program, policy, intervention, or protocol. This evaluation explored the following domains: outer setting (e.g., funding mechanisms, regulations), inner setting (e.g., DV shelter characteristics), individual participants (e.g., staff champions, resident community members), innovation (e.g., EmPWR program design, principles of trauma-informed care inspired EmPWR), and the implementation process (e.g., following the original EmPWR project plan and making necessary adaptations throughout implementation).

**Aims:** The evaluation was guided by five research goals, which in turn informed our evaluation questions:

- AIM 1. Identify facilitators and barriers to EmPWR project implementation.
- AIM 2. Understand variation in site design, planning, and approaches.
- AIM 3. Identify themes in EmPWR project implementation and participatory processes across sites.
- AIM 4. Assess mental health and wellbeing outcomes for DV survivors and agency staff.
- AIM 5. Highlight scalable approaches for other settings.

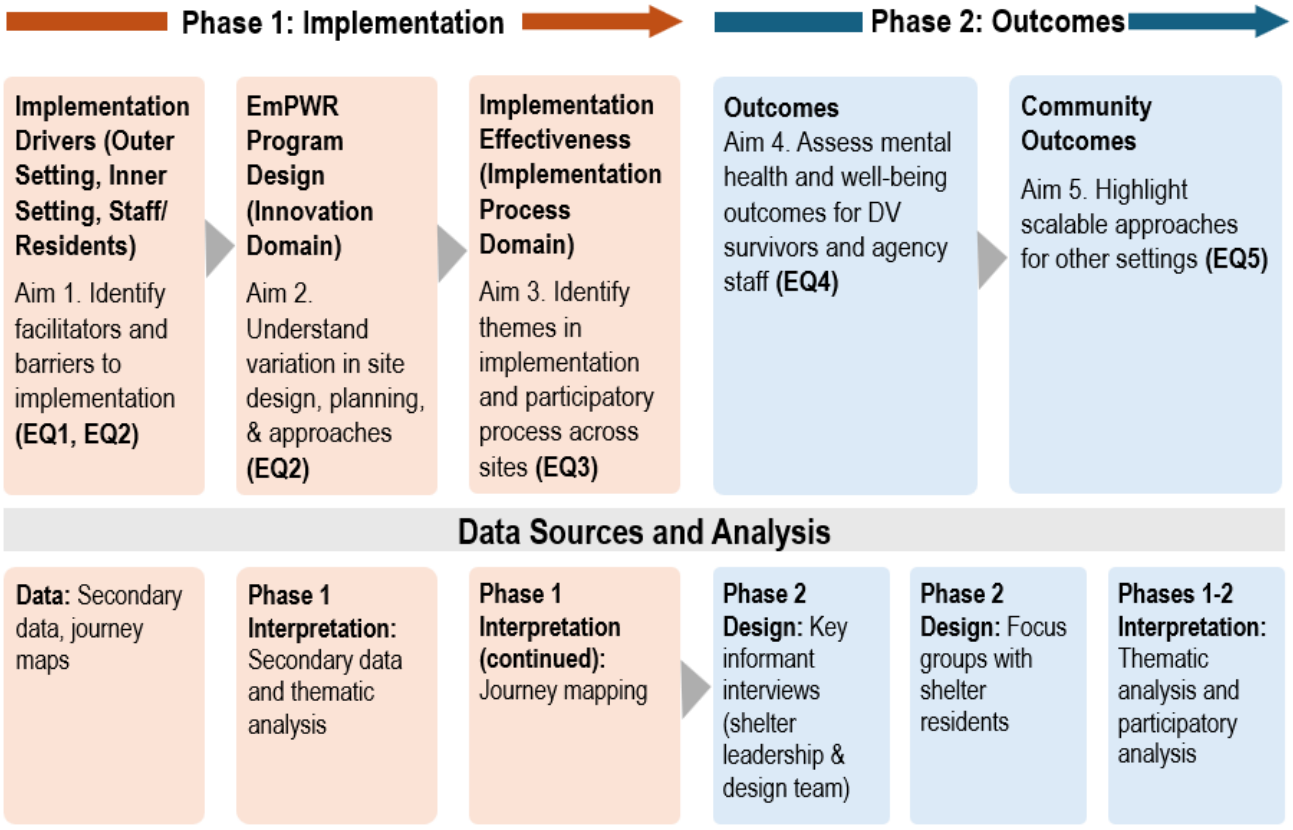
**EQs:** The evaluation was guided by five core EQs:

- EQ1. What factors (e.g., inter-agency/provider partnerships, organizational policies/rules and practices, funding, time to implement, COVID-19) impeded and facilitated EmPWR project implementation and how?
- EQ2. How was the EmPWR project implemented across different shelters and shelter types?
- EQ3. How did the participatory process contribute to the design and delivery of EmPWR?
- EQ4. How did EmPWR influence mental health and wellbeing among residents and staff at participating shelters?
- EQ5. What aspects of EmPWR are replicable to additional shelters or different settings?

Each core EQ included a series of sub-evaluation questions; a complete list of EQs and their alignment to evaluation aims and evaluation data sources can be found in Appendix B.

**Data Sources and Analysis:** The NORC team used primary and secondary data sources to understand the factors associated with EmPWR project implementation, identify themes within and across shelters, and assess how EmPWR projects and their built environment design changes affected staff and residents.

**Exhibit 2.** Evaluation Phases, Aims, and Data Sources



# Engaging EmPWR Project Partners and Community Members

The evaluation approach drew upon community-engaged research (CER) principles to engage EmPWR project partners, agency staff, community members (i.e., shelter leadership and staff), and architects in research design, analysis, and dissemination.

In the early months of the evaluation, the NORC team collaborated with EmPWR agency partners to recruit individuals for a series of community engagement opportunities. The scope and objective of each activity and the participants for each meeting are described in Exhibit 3 below. The participants of each engagement activity varied slightly; participants were identified based on their ability to provide insight into the primary objective(s).

**Exhibit 3.** Community Engagement Activities that Shaped the Evaluation Plan, Implementation, and Analysis

| Meeting | Participants | Primary Objective(s) | How Feedback Was Used |
|---|---|---|---|
| **Phase 1** | | | |
| Initial EmPWR Project Partners Meeting | EmPWR agency partners | Gather preliminary feedback on evaluation design and tools | Refine evaluation plan and data collection tools as relevant |
| Community Engagement Opportunity #1 | Former and current shelter staff from participating EmPWR shelters and designers not participating in KII | Gather feedback on evaluation design and tools that agency partners had vetted | Refine evaluation plan and data collection tools as relevant |
| **Phase 2** | | | |
| Community Engagement Opportunity #2 | Those who had participated in KII and additional interested parties including shelter leadership from participating EmPWR shelters who could provide context and insight into findings | Share preliminary findings during a “data party” (described below) | Incorporate participant insight into analytic interpretation, as relevant |
| Community Engagement Opportunity #3 | Shelter staff from participating EmPWR shelters who could provide insight into the structure and content of the practitioner guide to facilitate replication and uptake | Gather feedback on the practitioner guide (structure, level of detail, visualizations) | Refine guide as relevant |

# Methods

## Staging of Data Collection and Analysis

As noted, the NORC team employed a sequential approach to data collection and analysis (using tools identified in Exhibit 4 below), initially gathering and analyzing secondary data via document review and generating journey maps in Phase 1 of the evaluation. These data were used to tailor key informant interviews (KIIs), focus groups (FG), and Feelings Poster protocols (e.g., outreach approaches, discussion guides, instructions/signage) to ensure materials were relevant to each shelter's processes and preferences ahead of those Phase 2 data collection activities.

## Approach and Execution

In designing data collection activities and methods, NORC recognized and adapted to the unique context in which DV shelters operate and provide services. Notably, we knew that shelter residents who participated in design planning and other EmPWR project implementation-related activities were unlikely to be still residing in the shelter (by nature of participating shelters' short-term scopes of service) and could not be contacted for follow-up due to resident confidentiality and safety considerations. As such, NORC prioritized evaluation data collection activities that mimicked engagement activities undertaken as part of the EmPWR project process (e.g., Feelings Posters, facilitated group discussions), to gather "like" data from current residents and staff after renovations were complete. Further, because resident confidentiality was paramount, NORC did not collect personally identifying information from shelter residents, instead using verbal informed consent procedures and physical gift card incentives with participants.

Data collection activity types, participants, and logistics are described in Exhibit 4 and in more detail below.

**Exhibit 4.** Data Collection Activity Types, Participants, and Logistics

| | Structure | Participants | Location | Incentives |
|---|---|---|---|---|
| **Secondary Data** | Document review, Journey Mapping | N/A | N/A | N/A |
| **Key Informant Interviews** | 1:1 conversations | Current and former shelter leadership, shelter staff, architects, and EmPWR agency partner staff | Virtual | $50 Visa Gift Certificates |

| | Structure | Participants | Location | Incentives |
|---|---|---|---|---|
| **Feelings Posters** | Posters hung in shelters' common spaces | Current shelter residents of each shelter* | Onsite within each shelter | No compensation provided |
| **Focus Groups** | Small group conversations (within each shelter) | Current shelter residents of each shelter* | Onsite within each shelter | $50 Visa gift certificates |
| *As discussed in the limitations (below), the NORC team was not able to contact residents who were living in the EmPWR shelters during the initial project conceptualization and design planning. | | | | |

Across both the implementation and outcome phases of the evaluation, the NORC team interpreted and triangulated findings using community-centered principles through community engagement and participatory analysis (i.e., sensemaking) activities (described below). The NORC Institutional Review Board reviewed and approved all activities.

## Timing Delays and Implications for Cycle 3 Site Data Collection and Reporting

At the time of this report's development, installation remained incomplete at Cycle 3 shelters. As a result, the NORC team was unable to conduct planned on-site data collection activities requiring reflection on completed spaces (i.e., Feelings Posters and focus groups). Here and throughout, resident feedback gathered through Feelings Posters and focus groups reflects only Cycle 1 and 2 shelters. NORC was, however, able to engage Cycle 3 shelters in KIIs and the participatory analysis sensemaking activity (i.e., data party).

# Data Sources and Analysis

## Review of Secondary Data and Journey Maps

To understand and map each shelter's process for implementing the five phases of the EmPWR project, the NORC team reviewed extant EmPWR project materials (see Appendix C for a complete list of secondary data) to construct nine shelter-specific journey maps. These maps[xiv] enabled the team to assess and visualize:

- Each shelter's planned built environment enhancements and their intended effects;
- The participatory approach(es) used to identify and prioritize select built environment enhancements;

- The key partners and community members involved and milestones at which they were engaged (as well as feedback received at these inflection points); and
- The current status of renovation/installation activities.

NORC used each journey map as reference material in subsequent KIIs and "data parties." NORC interviewers drew from the journey maps to tailor KII guides, updated the maps as appropriate following the KIIs, and included a deidentified, cross-shelter journey map in sensemaking analyses at the virtual "data parties" at the close of data collection activities.

# Key Informant Interviews

The KII guide included questions about the process and individuals' perceptions of the participatory approach. Final KII guides, tailored for each respondent type (i.e., architect/designers, shelter staff, and EmPWR agency partner staff) are provided in Appendix D-F. Data collection focused on gathering individuals' reflections on community inclusion practices in the design process, inter-agency collaboration (i.e., contextual facilitators/barriers), background on and contextual information about their participating DV shelter and renovations' influence on resident and staff wellbeing.

## Participant Identification and Recruitment

The NORC team conducted 10 virtual KIIs with 11 individuals. The team aimed to recruit one staff/administrative leader at each participating shelter, but one declined to be interviewed (n=8). NORC additionally interviewed those who oversaw the EmPWR design and process (i.e., a designer/architect, and the two EmPWR agency partner staff leads at NYC Health Department and HRA) (n=3).

To identify participants, the NORC team worked with EmPWR agency partners to identify and connect with current and former shelter staff and architects who could provide valuable insight into the implementation of EmPWR at each site.

## Procedure and Incentives

Trained interviewers from the NORC team conducted KIIs virtually via Zoom. Participants provided verbal consent to participate before the KII (using the consent language provided in Appendix D), and then, with consent, the NORC team recorded and transcribed each interview. NORC provided each participant with a $50 electronic gift card in recognition of their time, except for those ineligible to accept incentives (i.e., city agency employees).

# Feelings Posters

Feelings Posters were an interactive, hands-on tool that encouraged all residents to engage in the renovated space, in their own language, on their own time, to reflect on their feelings on built environment design changes made as a result of the EmPWR project.

### Participant Identification and Recruitment

All residents and their children were encouraged to participate.

### Procedure and Incentives

The NORC team provided each shelter with two pieces of blank poster paper and washable markers for all residents and their children to have an opportunity to write or draw reflections, feelings, and emotions related to the renovated space, specifically: 1) how the space currently makes them feel, and 2) how they would like to feel in the space, if different than how they currently feel. Residents were encouraged to write or illustrate in any language they preferred. Feelings Poster instructions were translated into key languages identified by shelter staff as spoken by current residents. On behalf of the NORC team, an EmPWR agency partner staff traveled to shelters two weeks prior to each FG and hung the Feelings Posters, along with instructions, in or near the shelter's renovated space. Shelter staff were encouraged to remind residents to participate.

FG facilitators then reviewed completed feelings posters ahead of groups and used them as prompts for discussion. Following FG discussions, individual shelters retained ownership of the Feelings Posters, enabling them to continue to use them and build on the feedback gathered.

## Focus Groups

The NORC team conducted six 90-minute FGs with 33 residents at Cycle 1 and Cycle 2 shelters. Conducting in-depth FGs with residents enabled the NORC team to gain a deeper understanding of participant perspectives on the impacts of renovations, on-site policies and practices, and staff and resident wellbeing. FGs provided a safe environment for residents to share their individual perspectives while also hearing from and responding to others in the group. Final versions of the FG guide and consent language are provided in Appendices H and I.

### Participant Identification and Recruitment

Participants were residents of participating shelters at the time of FG recruitment. The NORC team worked with EmPWR agency partners and DV shelter leadership to design a purposeful sampling approach to recruit current residents at each of the nine shelters. Agency partners identified one point of contact at each shelter to support FG recruitment. The NORC team then met with this individual and other shelter staff via teleconference call to explain the purpose of the FGs and recruitment process, to ensure buy-in, and to answer any questions shelter staff had. The NORC team designed a one-page flier and sign-up sheet for the point of contact to post in a common, frequently visited space within the shelter. The NORC team wrote the fliers and sign-up sheets using an appropriate reading level (e.g., $5^{th}$-$6^{th}$ grade) and both non-technical/non-academic and non-stigmatizing language. Recruitment and introduction language is provided in Appendix G.

### Procedure and Incentives

The NORC team conducted all FGs in person and on-site at each shelter. Two staff members from the NORC team—a senior interviewer who moderated the discussion and a mid-level staff member who supported the discussion, coordinated logistics (e.g., incentive distribution), and took notes—facilitated the FGs. The NORC team offered focus groups in English or Spanish, though all participating shelters indicated English language was sufficient. FG moderators and support staff reviewed the Feelings Posters generated within each shelter leading up to the FG to identify potential shelter-specific questions and key themes (as discussed above). Moderators then brought the posters to the FGs to prompt discussion and request clarification.

During the FGs, moderators reviewed and collected verbal consent from participants and answered participant questions about the study objectives and protocols. Moderators asked participants if they consented to be recorded. Once the moderators started the recording, they asked the participants to verbally consent to participate in the group so that the focus group transcript would serve as a record of the participants' verbal consent without obtaining participant names. During the groups, a team member took notes and set up a laptop or tablet to record the audio file of the FG. Post FG, the notetaker securely transferred recordings to NORC project leadership, who sent files to a certified transcription service for transcript generation.

FG moderators requested that FGs be conducted within the redesigned space (e.g., a communal kitchen). By holding the FGs within the redesigned space, participants could quickly refer to its specific features. Where convening in the renovated space was not possible, moderators coordinated with shelter staff to identify an appropriate space. Moderators requested that the moderators and participants first meet in the redesigned space to have a shared visual reference of the space and then walk together to the FG space. Residents received compensation in the form of $50 Visa gift cards for their participation.

# Analysis

## Secondary Data Analysis and Journey Mapping

To generate the journey maps, NORC reviewed extant program materials shared by EmPWR agency partner staff to identify a series of common implementation steps (i.e., activities and feedback-gathering inflection points) used by EmPWR agency partner staff across participating shelters. Once identified, NORC generated an abstraction tool, enabling the team to extract key information about the scope, timing, intent, and implementation partner/community member involvement associated with each design and installation step at each participating shelter. The NORC team then assembled these data into nine maps using Miro software that visualized the EmPWR project process and its key phases at each shelter. The maps were then used to as a reference tool and discussion point during the KIIs with each shelter.

## Key Informant Interview and Focus Group Analysis

To analyze the KII and FG transcripts, NORC applied both inductive and deductive approaches and developed a thematic codebook for use in NVivo, a qualitative analytic software. The evaluation questions, CFIR framework, and Building Dignity domains informed the codebook. Once developed, three project staff independently cross-coded a preliminary set of KII and FG notes and met to discuss emerging themes (e.g., variation across shelters, facilitators and barriers to the EmPWR project process, community inclusion practices) and divergence and refined the codebook as needed. NORC then triangulated findings with the journey maps for a more comprehensive assessment of the EmPWR project process.

## Participatory Analysis and Sensemaking

Participatory analysis integrates participants and community members into the analytic process, and sensemaking gives meaning to data based on people's lived experiences to highlight cultural, structural, and contextual factors.[xv]

NORC engaged in participatory analysis at two time points. First, the NORC team utilized the Feelings Posters to help guide discussion and gather input during the FG with residents. Second, the team convened two virtual "data parties"—one with shelter staff and architects/designers, and one with EmPWR agency partners— to collectively analyze and interpret preliminary findings from the secondary data analysis, KII, Feelings Posters, and FGs. This approach enabled NORC and KII participants to gain a deeper understanding of perspectives and themes that emerged from the KIIs and FGs and share perspectives while hearing from and responding to others in the group. The data party further provided opportunities to triangulate findings from KII and FGs to identify themes, commonalities, and variations across KII interviewee perspectives. Moreover, the "data parties" solicited participants' feedback on preliminary analytic results using semi-structured group discussions, mirroring the dynamic feedback gathering used during site's design planning workshops.

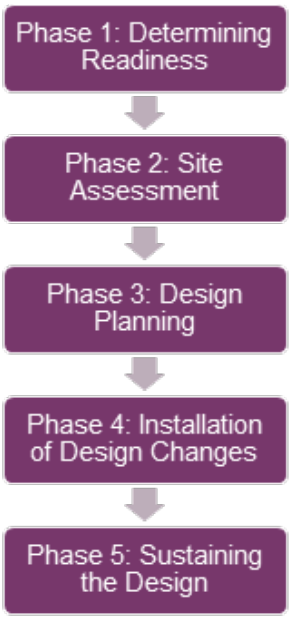
# Findings

This section presents findings that emerged from NORC's analyses of secondary, KII, and FG data. These findings describe:

- How EmPWR was implemented, including the steps undertaken to engage staff and residents across shelter sites at key touchpoints or "phases" of the process using participatory methods, and staff and residents' experiences and perspectives as participants at each stage;
- Implementation barriers/challenges and facilitating factors reported by EmPWR agency staff, architects/designers, and shelter staff and residents;

- Lessons learned from implementation across sites, which could inform others aiming to replicate a similar program; and
- How EmPWR influenced mental health and wellbeing among residents and staff at participating shelters.

## How EmPWR Was Implemented Across Shelters Using Participatory Methods




Across each of the nine participating shelters, the EmPWR agency partner staff and designers/architects used a structured, participatory approach to engage shelter leadership, staff, and residents. These key activities were implemented consistently across all shelters and comprised five Phases. Within each phase, EmPWR agency partner staff and designers/architects engaged individuals in a core set of collaborative design and feedback-gathering activities. Activities included site visits with leadership, workshops with surveys and/or other feedback-gathering exercises with shelter staff and residents, and design planning discussions and presentations to shelter leadership, staff, and residents. Analysis revealed slight variations in key activities, suggesting that EmPWR agency partner staff and designers/architects tailored activities to meet the preferences and needs of individual shelters.

## Phase 1: Determining Readiness

### Site Visits

Initially, EmPWR agency partner staff conducted site visits with shelter leadership to discuss key considerations for the engagement of shelter staff and residents. Shelter leadership identified potential spaces for renovations, stakeholders to approve design proposals, individuals responsible for maintaining spaces under consideration, site storage, accessibility, and resident engagement guidelines. Following a meeting between the NYC Health Department and each shelter director, architects engaged core shelter staff and leadership to establish shelter engagement guidelines to understand how and when EmPWR agency partners, architects/designers, and vendors should engage with residents and staff. Architects initially prioritized meeting with staff to build relationships and build plans for recruitment for workshops and other site assessment activities:

> *"We met generally with the staff first in part because, at the end of the first workshop, we wanted to get their suggestions for interacting with the residents, whether they had preferred days and times that made the most sense… [Then] we created flyers that [shelter staff] would post for us inside the building. Sometimes, they would send emails to the residents… [We] met with the staff first in part so we could get their assistance with setting up the resident workshops."*

### Review of Shelter Rules and Policies

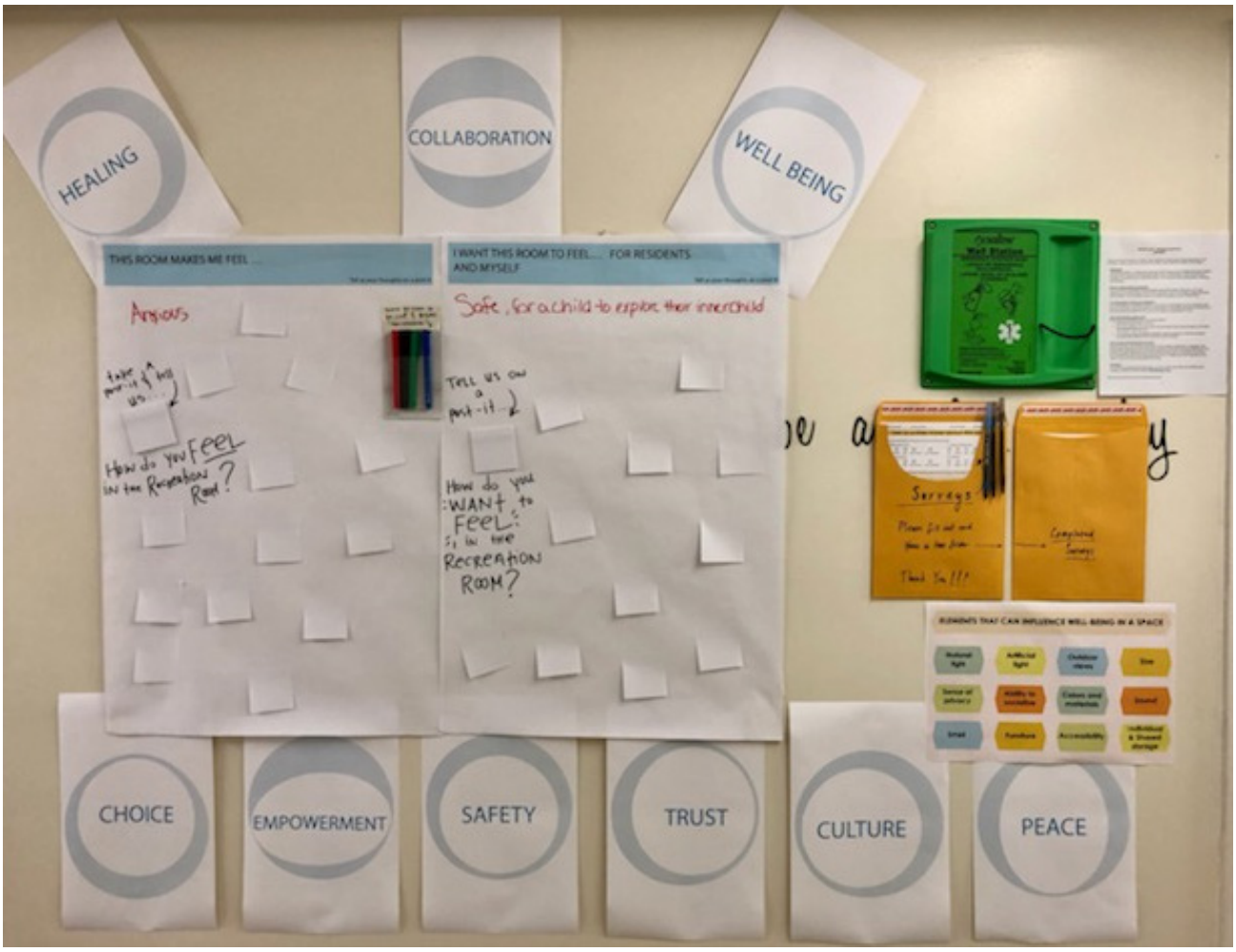
Shelter engagement guidelines were developed according to the needs of each shelter, working closely with shelter leadership during initial site visits to determine shelter preferences and existing rules and policies. Residents and staff were motivated to participate in engagement activities, but architects noted three main challenges: coordinating variable schedules, the need for childcare, and coordinating interpreters to accommodate individuals' language needs during engagement activities. Site visits during COVID-19 also included guidelines regarding the number of shelter staff and residents who could safely participate in person in each space while maintaining social distancing rules. Although not a formal policy, shelter leadership emphasized the importance of providing incentives to ensure resident turnout. In one shelter's guidelines, they emphasized that "*food is a 'must'*" for all resident activities.

## Phase 2: Site Assessment

### Site Assessment Workshops and Surveys

Architects, in partnership with EmPWR *agency partner staff, assessed unique site design needs through several feedback-gathering activities, including workshops, feelings posters, and site assessment surveys. Architects tailored activities to reflect staff and residents' preferences, as well as shelter engagement guidelines (including but not limited to COVID-19 social distancing requirements).*

Workshops were largely convened in-person but utilized virtual meetings via Zoom when and where social distancing made in-person gatherings infeasible. Feelings posters were hung in heavy-traffic areas at each shelter to gather additional, asynchronous feedback on how spaces made residents feel pre-renovation, and how they hoped the space would make them feel after renovation. Site assessment surveys collected input on how the space was being used and what the reimagined space could look like. Residents were given opportunities to respond to printed pictures and room mockups hung on designated walls within the shelter to provide feedback on their preferences for renovation.




An individual site assessment activity setup at a Cycle 3 site.

## Space Selection and Identification of Enhancement Needs/Preferences

Many of the spaces selected by the shelters for enhancement were high-traffic and multipurpose areas utilized by shelter staff and residents with overlapping schedules and daily activities. These included conference and dining rooms, recreation spaces such as backyards or play areas for children, and kitchens. Some shelters chose spaces that were rarely utilized but had the potential to become good gathering spaces for residents and their children.

Reconciling renovation priorities for existing multipurpose, multiuse spaces required discussion and consensus building. At two shelters, residents specifically mentioned a need for age-appropriate children's play furniture to accommodate young and older children. One resident said, *"I would like for the room to be transformed into a place where children want to learn and express creativity,"* and another resident suggested creating two separate play structures to accommodate two different age groups. Another shelter noted that both shelter staff and residents relied on and frequently used the space being considered for renovation; shelter staff used it for their breaks, whereas residents used it

to gather and socialize. Another shelter's design suggestions from shelter staff and residents contradicted each other:

> *"So, a lot of the clients, they love bright, bright, bright, bright colors. And of course, we want those bright colors. But staff, we've been here long enough to know that with the different types of clients, that too many bright colors can be over-stimulating for certain clients. Even the clients, the adults themselves as well. Because we're dealing with – we're working with women who are traumatized. And they need that kind of calming space."*

In these instances, architects worked with residents and staff to identify common design enhancements that could meet the needs and preferences of both groups. This frequently entailed leveraging the size of a given space to carve out smaller "pockets" for specific uses (e.g., dedicated children's play stations, computer desks, staff stations, or reading nooks for residents). Similarly, many shelters grappled with privacy concerns for residents who wanted space to decompress away from staff despite the shared nature of the space.

## Role of the Participatory Process in the Site Assessment

As noted above, residents and staff were engaged early in the site assessment process to collectively plan and provide input on space selection and areas for enhancement.

At *most shelters, the EmPWR agency partner staff and architects solicited resident and staff input on space selection and renovation priorities via group meetings and activities. For example, interviewees shared that the implementation team took pictures of areas that were possible candidates and provided an opportunity for residents to vote on their preferences. One interviewee shared that implementation team members facilitated round table discussions to gather input. Two staff noted:*

> *"We had several [meetings with staff and residents] regarding the spaces itself, how they feel about the current space, and then later on about some of the changes they want to see or some of the functionality they want to be incorporated [into the space]."*

> *"They had focus groups. There was a space for activities like creative arts where they were given posters and crayons, and they put their thoughts and ideas on that. Yeah. That worked good, I felt. It gave them something to look forward to, actually… We just wanted [it] to [be] somewhat less direct[ive], being in their own space without any frictions or advice coming from staff. We wanted them to be able to think freely."*

At other shelters, resident input was also collected asynchronously via written feedback forms that were ultimately collected and interpreted by architects.

Recognizing that residents may not be present when the design installation was complete, one staff member explained that during this phase residents were told to "think about how the design will help residents three years down the road" to encourage participation.

# Phase 3: Design Planning

## Schematic Design Activities

During the design planning phase, architects prepared schematic design options informed by staff and resident feedback gathered in Phase 1. Architects held schematic design presentations with shelter leadership; for all participating shelters, the team developed and shared a schematic design presentation for shelter staff and residents. At Cycle 2 and Cycle 3 shelters, these architect-led presentations were delivered live to residents and staff at two separate presentation times; during each, participants were encouraged to provide feedback and express their preferences and priorities regarding the design proposal. At Cycle 1 shelters, due to COVID-19 social distancing restrictions, architects delivered the presentation via recorded video, which was in turn shared with residents and staff.

After dissemination, residents and staff at each shelter were given a design survey and creative worksheet to provide additional feedback individually and anonymously. At Cycle 1 shelters, this was the only way residents provided feedback, as in-person workshops were not held.

The creative worksheet solicited resident and staff input on design options and layout. At Cycle 1 shelters, the worksheet included a blank room layout wherein participants could cut out and decorate the empty space with furnishings at they wished. At Cycle 2 and Cycle 3 shelters, the creative worksheet invited residents to create their own “mood boards”—or collages that began as a blank canvas and visualized how different design enhancements could go together and what the space could look and feel like, accompanied by their own words and captions. These “mood boards” were often begun during the live workshops but materials (i.e., markers, scissors, images) and instructions to complete were left in a designated high-traffic area within the shelter so individuals who did not attend the workshops could participate.

Schematic design surveys circulated in tandem posed questions about how the renovations might impact the existing culture of the space. Resident responses captured how proposed redesign elements could make them feel and what would be most useful. For example:

> *"The [slatted wood room divider] makes the adults feel safe and private when they are relaxing there."*
>
> *“For changing table, go with whichever option is most sturdy."*
>
> *“[The handwashing sink is] excellent for this COVID environment. Everyone can engage in hygiene practices even outside.”*

After gathering feedback, architects created design development sets for each shelter, including proposed plans for renovation and installation at the site, demolition, furniture, ceiling, electrical, and other materials. One shelter staff member described the benefits of the design planning process for visualizing the renovations:

> *"You're able to see the actual layout of the design. So, you have an actual physical picture of what it might end up look like. So, at that point, it's more clear because, initially, we just only talked about it. What we want to do? Let's do some changes. What's it gonna look like picturing ahead? So, initially, it's more imaginary. Hey, we have to tell them in a way. There's no concrete. It's like, okay, here it goes. You can compare."*

Across shelters, redesign considerations included resident privacy, natural light, accommodating staff breaks and meetings, providing developmentally appropriate play and educational space for a range of ages, updating technology (e.g., computers, TVs, projectors), replacing broken furniture, and repairing structural damage such as ceiling or flooring.

During the site assessment activities, residents frequently requested better lighting and finishings. They also frequently indicated they wanted spaces renovated in ways that could positively influence their and other residents' mood, linking elements of the physical space to how it could make them and others feel. Via surveys and other site assessment data, residents noted their preferences for spaces that "*make [them] feel welcome,"* or *"make [them] feel happy and safe."* As one resident commented during a site assessment workshop:

> *"It needs to be more appealing… [People] would feel better if they saw [it], that's the first room 'I feel safe, I feel secure in here. It's not home but it's a home until I get home.' The main thing is you want them to feel safe… to feel like, 'this is where I belong, I made the right decision.'"*

Similarly, when asked to recall site assessment activities, current shelter staff at several sites spoke about how they and residents envisioned the way spaces could be enhanced to improve mood and wellbeing. As one noted:

> *"As a child [residing in a shelter] … you wanna give them a sense of home, like some type of peace and color in their life because some of these children come from a domestic violence situation. Even though the situation didn't happen to them directly… they kind of feel the sense, their main environment of the home. And for them to have that background really colorful… they're like, 'This is a safe space. This is colorful. Not everything is black and gray.'"*

The architects responded to the requests for improved lighting by replacing or adding light fixtures. To respond to the need for more control over the mood of the space, the architects made repairs, added more color, and introduced murals, art, greenery, and undertook other beautification efforts to make the space more inviting. Old and broken furniture was replaced with multimodal options, and worn-out play structures and toys were replaced with unique play zones and more educational and interactive toys.

Final design plans for each site were presented to and approved by shelter leadership. Plans noted the scope and technical specifications for design changes.

A photo of a mural workshop from a Cycle 1 site.

Two shelters completed an additional mural design workshop where residents and their children worked with a local muralist to develop a mural for the shelter's outdoor space. During the workshop, residents asked to describe their ideal mural and said they wanted it to evoke *"feelings of rebirth, spring, new beginnings, and hope for the future."*

### Role of the Participatory Process in Design Planning

During this phase, feedback from residents and staff was again solicited via live group gatherings and asynchronous materials. As two shelter staff recalled:

> *"We had a [site assessment] meeting first, just like a blueprint. Then probably a week or two later, we had somebody come with a brochure. We got to actually dissect the room from the color, the tape, the furniture, the lighting, the windows. It's basically like a brochure. So, we got to pick what we thought was suitable for that room and the audience that's gonna be using that room as far as the residents and the staff."*

> *"There were actually if I'm not mistaken, there were pictures of furniture, there was colors. We got color palettes to choose from."*

## Phase 4: Installation of Design Changes

### Installation and Field Reports

Architects, general contractors and vendors, and shelter leadership collaborated to identify and acquire materials needed for renovation (e.g., flooring, paint, lighting, furniture), manage delays, and informally

collect feedback from staff and residents during this phase. Common challenges included furniture supply chain issues, structural damage requiring more time to repair, and contractor delays. Some shelters encountered structural issues that were not apparent during the site assessment activities that slowed or halted installation.

One shelter staff shared what it was like in the shelter during the installation phase:

> *"I mean, we all wanted the project to happen…We were all excited for it. So, everything was good… Just be patient. It is not going to happen overnight so we might be inconvenienced a little bit. But the outcome is gonna be worth it."*

When asked about how the staff worked around the installation, one staff shared:

> *"We just made it work. But is there one area we try not to get in her way, or when they were doing the floors. They always left, like, you know, a pathway to the door to go in and out. They asked where the bathroom was, so they could leave a pathway for that.*

Throughout the installation process, architects prepared field reports to present to shelter leadership and the NYC Health Department, which detailed progress, challenges encountered, outstanding tasks, and actions taken at each shelter. At the time of this evaluation, Cycle 3 field reports had largely not yet been issued, as installation was delayed and not yet complete.

### Role of the Participatory Process in the Installation of Design Changes

EmPWR agency partner staff and architects did not request any formal feedback from shelter residents and staff during this phase. However, two shelters' leadership reached out on behalf of residents during the installation process to request minor modifications (e.g., more inclusive and accessible labels added to cabinets, dimmer lightbulbs) that were incorporated into the installation.

## Phase 5: Sustaining the Design

All Cycle 1 and Cycle 2 shelters received some level of guidance documentation from their architect upon completion of renovation describing how to maintain their renovated space (i.e., materials used, cleaning instructions), although the information provided (e.g., fabric and color swatches, specifications for replacement of light fixtures and furniture) and to whom (e.g., leadership, direct service, and maintenance staff) varied by shelter. In most instances, shelter staff who participated in KIIs were not aware of any guidance documentation their shelter had received.

Maintaining the redesign was at times challenging. Some staff expressed concerns about handling damaged materials and maintaining the space over time. One reported:

> *"That's a big factor because if you're not able to maintain this space, then you're not able to retain the same freshness, that wow feeling at the beginning when it's finished because now the space is altered, whether things might be damaged or things that might be messed up or scattered everywhere. Now it doesn't give you the similar feelings in a way...[W]hen you design a space you have to keep that in mind. Can it be easily maintained? So, that's also important."*

Other staff emphasized the need for detailed information about long-term maintenance of the redesigned space. Some indicated it would have been useful to receive information on how to replace pieces of furniture, and specific lightbulbs, or to know how to use the renovated spaces efficiently. One staff noted guidance materials *"would been helpful for giving the team a sense of how to use the redesigned storage."* Another expressed concern about repainting, as the space is utilized, and paint naturally wears down:

> *"Especially those mixed paint because the color is not like, just say, okay, white. Then we know that it's white. We can get white no problem. But if you say, "Oh, it's this orange like sunlight that is dusk or dawn color." We're like, okay, we have no idea. But there must be – what do they call that – a combination of colors that's been mixed into that. So, it's better if we can get that. Later on, we can repaint it. That's just for one of the things."*

Another staff member shared that they have learned of small maintenance and operational items now that they wished they had thought of at the beginning of the project:

> *"We don't really think about that specific [level of detail] and then we tend to overlook it. But then those are kind of very important later on, until everything's developed and we're like 'oh great.' So, things we're experiencing we're seeing now we kind of overlooked at the beginning."*

When asked about support needed to facilitate sustainability, one staff shared they needed detailed information regarding materials:

> *"… I think it would be best if they can get a list of all the materials they purchased in terms of where they purchased, right? What's the model number or color, whatever. So, when something breaks, we are actually able to buy replacement to replace it or if it's damaged et cetera or missing. So, we won't have mismatch items later on. It'll be more easier for us to later on to maintain the services, such as the paints, what is the color of the paint that you mix? Is the light blue mixed together?"*

Participants at the data party echoed this sentiment, noting they were unaware of the maintenance and replacement costs for items in the renovated space. An architect offered a suggestion for others to consider in the future:

> *"I would say definitely take more time during the initial process… assessing the space… [the] functionalities and all that. Don't rush it… Those are the crucial phases….And there should be closer working relationships between the [architects] and the [shelters] and with other stakeholders such as the residents… [It's] kind of [the] nitty-gritty small stuff, those are actually really important you know later on that we find out."*

In retrospect, one shelter staff wished that they considered how youth of different ages and sizes use the space:

> *"Try to go back, look at how the space was used by kids, by the clients, right, in terms of their behaviors, in terms of using those spaces, you know, let us say if a kid goes into a certain space, how would the kid function? We did not think about that earlier on and would not have selected the little pieces of furniture or would consider the heights on cabinets differently... Furniture and cushions needs to be durable for them to last longer rather than, you know, than they break it down within a month or so."*

# Barriers and Facilitators to EmPWR Implementation

Shelter staff and residents, EmPWR agency partner staff members, and designers/architects identified several barriers and facilitating factors that shaped the implementation of the five phases of the EmPWR project, including collaboration and partnerships, project timelines, COVID-19, and organizational policies, rules, and procedures, and funding and resources.

## Collaboration and Partnerships

**Lack of role clarity among agencies and organizations** on the project posed some barriers to collaboration. One EmPWR agency partner staff noted they were unclear on how active a role NYC Opportunity hoped to play in sites' EmPWR projects ("*will they [expect] access to shelters?").* Another individual suggested that it would have been beneficial for partners to clarify *how* they expected to collaborate, including but not limited to **setting expectations for project responsibilities between agency staff and shelters**. As an EmPWR agency partner staff noted:

> *"We really tried to keep the disruption [of shelters] to a minimum. And so, I think that we sort of undersold what it would mean to help us be successful with the project... everyone [at the shelters] was super enthusiastic, wanted the design changes ASAP. They were so ready for change. They were super excited about the idea that staff and residents would get a chance to contribute their ideas… But I do think in those initial engagements, we probably could have done a better job of saying we will bring you this. And you will help us do this… We probably should have done some more intentional planning… so they had a better sense of what we would need [from them] to be successful."*

Shelter staff reported **positive experiences with the construction vendors when they were on-site.** Two staff from different shelters, one majorly affected by timeline delays and one less affected, described construction vendors as *"respectful," "dedicated," "detail-oriented,"* and *"positive,"* with one

staff member specifically praising the communication skills and *"trauma-informed approach"* the vendors brought to the work:

> *"[They were] respectful of the fact that this is a DV shelter, and there are women around. You didn't see them roaming around the building or anything like that. They would speak to us, let us know 'Hey, I'm going to be leaving in 30 minutes', or 'I'm going out for a little bit, but I'll be back.' Things of that nature. They didn't just come in here and do their own thing."*

The **most successful partnerships** within EmPWR, according to EmPWR agency partner staff and architects, **paired city agencies with different perspectives and expertise on shelter settings and how to engage community members with lived expertise in collaborative design and renovation**. Two individuals cited the collaboration between the NYC Health Department and HRA as crucial to the successful implementation of EmPWR because of the relevant background each organization brought to the work:

> *"I think having someone at [the NYC Health Department] who also brought [experience with group facilitation in shelter settings]… that ended up being really effective. If we had just relied on [the architects and general contractors and vendors] to do the entire scope of work of the project… We [as EmPWR agency partner staff] just would have had a lot less knowledge about what happens in the space with survivors and with staff."*

> *"I would say what worked well is the team was really, really great. [The NYC Health Department] was just wonderful to work with, and we all were working collaboratively, I think in a very constructive way…. We were all kind of coming up with everything new. And I think that worked well. And I would say that the workshops were very rewarding."*

Several shelter staff interviewees cited **effective communication from NYC Health Department partners** as a key factor in implementing EmPWR successfully. One shelter staff member credited the NYC Health Department for providing clear communication when they had difficulty getting information from other sources:

> *"I know that [the NYC Health Department] was really good with communicating with us. I have to put that out there. They really were good with that. They were really good with explaining to us the type of the material and whether this was good versus that being good, because you got all these kids. They kept things in the loop, even though half of the time we didn't understand. We were able to reach out to them and say, 'Explain this to me.'"*

## Project Timelines

**Delays in the project timeline** led to frustration and confusion among several shelter staff and residents. Staff members identified inconsistency in on-site work schedules and a **lack of communication surrounding such schedules** as particularly challenging. As one shelter staff member shared:

> *"We're told that people will come, and then no one shows up. So, it becomes very disheartening. It's almost as if there's no project at this point."*

Residents similarly expressed **confusion over the reason behind installation delays** at some shelters. One Cycle 1 resident present during the renovation process (and at the site where access remained constrained post-renovation) noted:

> *"They would say that it's still being constructed. It's still under construction, or that we were able to access it after they leave… I've asked so many times because I would like for my son to play back there, and they just would tell me that they haven't gotten the clearance because it's still under construction. [Like] everyone else [said], we wish we had access to it because it can definitely help us with our mental health."*

Contractors told another shelter staff member that the design changes would be completed before the holiday season, allowing holiday events to occur in the new space. Implementing the design changes ultimately did not align with this timeline, which staff cited as a **major inconvenience that impacted plans for shelter holiday programming.** An architect also noted that the timeline for scheduling on-site workshops was slower than initially laid out in the contract, citing *"difficulty in setting up the workshop dates and getting things scheduled in a timely manner."*

Another shelter staff member mentioned that **lacking a clear schedule** for implementing the changes can also pose concerns for resident safety:

> *"The [general contractors and vendors] weren't consistent in coming [on a set schedule]. So, the thing is, this is a domestic violence shelter. And so, in getting this project here, anybody that comes through these doors, we have the responsibility to keep these women safe… we did not have a set schedule. And it was almost like we were pulling teeth to get that information."*

**Delays in the contracting process** and the payment timeline for general contractors and vendors posed major barriers to implementing EmPWR design changes. Architects on the EmPWR projects reported working without getting paid for several months. However, this did not impact the project's progress as much as the delay in payment for general contractors and vendors. While architects on the project knew they would be paid for their time and did not have to purchase materials for redesign, the general contractors and vendors had no choice but to extend credit to buy project materials without having the money to do so. Failure to pay these contractors resulted in a stop work order, slowing progress at many shelters.

## COVID-19

All interviewed shelter staff, except one interviewee hired more recently, cited the COVID-19 pandemic as a major factor that **shaped renovation progress**. These staff, as well as EmPWR agency partner staff, mentioned the impact of **social distancing and quarantine rules** in the early stages of the EmPWR project process when shelters were hosting workshops for residents to give their input on the design changes. Workshops were quickly adapted to a virtual format, constraining engagement. One shelter staff member also recalled the inconsistency of attendance at workshops due to **illness**:

> *"I think it really had an impact, even during the discussion. Someone may have been part of the first discussion but couldn't partake in the second, because now she and her children have COVID."*

Further, shelter staff and architects noted that social distancing **limited residents' familiarity with pre-renovated spaces**; some suspected there would have been more resident participation if residents had been able to "get the feel" of the selected space for redesign.

Additionally, COVID-19 ***shaped the construction process***. On the one hand, one shelter staff noted that social distancing regulations streamlined activities on-site; fewer people and activity in spaces under renovation allowed workers greater access to the room and the ability to work without interruptions. However, architects and EmPWR agency partner staff noted that the pandemic severely impacted construction supply chains, causing material costs to rise sharply and introducing delays in materials delivery.

EmPWR agency partner staff responded by working collectively with architects and shelters ***to increase renovation budgets and extend timelines*** for participating sites. This required EmPWR agencies to scale down their initial plan to implement EmPWR projects in 15 shelters to 9 shelters, and extend the overall EmPWR program timeline (i.e., for Cycles 1 through 3) from three to four years. At some sites, this also required revisions to design plans to account for budget constraints and/or unavailable materials; one shelter staff speculated a bathroom had not been renovated as originally discussed due to lack of funding, though secondary data suggest that component of the redesign was collectively tabled to re-allocate funding elsewhere.

EmPWR agency staff further described how COVID-19 impacted the selection of the shelters; Cycle 2 and Cycle 3 shelters were selected during the pandemic, and selection criteria was added to consider whether which shelters could host socially distanced engagement activities.

## Organizational Policies, Rules, and Practices

Policies and rules at one shelter did not necessarily impact the progress of the renovation itself but have circumscribed when residents can access post-renovated spaces. As noted, although the renovations at one shelter appeared complete, residents reported that they were largely not allowed to use the space due to shelter policies and potential lack of construction *"clearance."* The shelter also had rules about locations and spaces residents could use outside the shelter (e.g., public parks), limiting alternatives for residents wanting access to a similar space.

# How EmPWR Influenced Mental Health and Wellbeing Among Residents and Staff at Participating Shelters

## Engagement with Spaces Post-Renovation

Shelter staff and residents at Cycle 1 and 2 shelters reported some variation in how and the degree to which completed renovated spaces are currently used, though most reported using it on a somewhat regular basis for gatherings and/or activities. Those engaging with spaces reported positive feedback.

At several shelters, residents reported using renovated spaces **to socialize with one another**:

> *"Whenever we hold teas on Mondays, they have like teatime. They'll dim the lights and not the bright lights, and we'll just sit there and have tea."*
>
> *"I love that they also don't rush us or anything… They'll just let us just hang and talk."*
>
> *"We have two [or] three other residents who are from my country and my culture… We'll still cook together, eat together at least maybe... at least once a week and we could actually share how we feel at that particular time with what's going on in our lives."*

Residents from one Cycle 1 shelter reported limited access to the renovated space, citing shelter rules and policies dictating when and how the space could be used. These residents expressed a desire to access the space more often and similarly indicated they would like to use it to gather with one another and spend time with their children.

## Influence on Resident and Staff Wellbeing

Residents and staff suggested that completed spaces positively influenced the wellbeing of residents, their children, and staff. Frequently, residents and staff noted that renovated spaces **supported them as parents and caregivers**. One resident described how the space decreased their need to worry about their autistic son within the redesigned space:

> *"My son is autistic, so I'm very funny with who I leave him with. But I know I can leave him here [in the renovated room] and I don't have to worry …He just loves it because he gets to explore it. So, he's like, oh, there's toys and there's a TV… So, it's really good. Because I can relax and not worry… And even if I do get worried, I can always just like run down… and just pop in."*

At several shelters, residents and staff suggested being in the renovated space **positively impacted their mood**. Focus group participants at Cycle 1 and 2 shelters with completed spaces described how spaces were more "welcoming" and inviting:

> *"It's relaxing. It's like a homey feeling, like you're back at home in your kitchen baking and doing what you have to do."*

> *"It's kind of like a happy space. You know, you look forward to this like it's a happy space. My daughter is actually really reserved… And she's come down here and we've had like coloring competitions. She doesn't even color upstairs! But she gets into everything. She loves it."*

> *"Here, it's more inviting and more calm. A soothing effect rather than just having your eyes wide open from the bright lights over there. I understand the aesthetic of the muted lights, just to calm down, and talk, and unwind."*

Staff similarly commented on how using their renovated space positively impacted their mood and the effects of the renovation on their residents. One staff member noted that a resident shared, *"I wish this kitchen was mine,"* and explained that the new space *"lifts people's spirits,"* commenting that *"[the] silent message [conveyed by the ambiance of a space] can be louder than a verbal message."*

Another shelter staff indicated that their team included staff with lived experience of interpersonal violence and that those staff members appreciated and sought out the space as well. They noted that their maintenance and housekeeping staff—some of whom had lived experience of trauma—had come to "*love*" cleaning the space because of how nice it is to spend time in.

# Lessons Learned and Considerations for Replication

Partner agency staff, residents, and shelter staff shared several lessons learned from the EmPWR project process for others wishing to implement a similar program.

## Maximize engagement in participatory processes

Shelter staff suggested that before even engaging residents, project staff should **prioritize getting staff buy-in upfront**. After that, they noted, shelter staff can act as liaisons between project staff and residents and keep residents in the loop about project activities. One shelter staff member advised:

> *"What I would say is discussion. Just have open discussions with your staff. It starts with the staff. And especially your social services staff. They're the ones who have those one-on-one conversations with the clients. So, you get them on board. And they can start implementing the ideas with the clients, so that they're prepared once they come – you guys come in, and you start doing your interviews, and things of that nature. The clients are not just like, "Hey, what is this?" So, just educating the staff upfront. And especially those staff who have – they have contact with the clients, so that they can prepare the clients."*

To give all residents an equal chance to have their voices heard, shelter staff recommended **eliminating as many potential barriers to participation** (e.g., variable schedules, translation needs) as possible. Of note, several sites suggested **providing childcare** during participatory design workshops allowed the adult residents to communicate their ideas without distractions. As one shelter staff member noted:

> *"We keep the children safe, but at the same time we keep the moms concentrated."*

Knowing that shelter staff would provide childcare during these activities also freed up space in adult residents' schedules, making them more likely to attend and opt-in to the design workshops.

In addition to removing barriers to participation, shelter staff also emphasized **the importance of offering incentives to residents** for their participation, from providing **snacks** during the workshops to handing out **gift cards** to workshop participants. However, one shelter staff member advised future EmPWR partners to know their audience when doing so and administer incentives that are relevant and meaningful to participants' daily lives (e.g., gift cards to stores participants are likely to frequent).

Further, residents suggested systematic ways to engage people with lived experience of DV and/or empathy for survivors. One resident noted a suggestion for a paid staff position that could better integrate voices of lived experience in shelter environments (broadly, beyond the EmPWR project):

> *"I think that maybe they can create a position for a person that actually has empathy for women that have been through domestic violence, like someone like a Director of Compassion or something like that, to help understand. Or maybe it could be someone that actually got through that process that actually wants to help build the women instead of just put them in a controlled environment because we don't wanna be here… there needs to be someone in the system that actually cares to build up the women."*

Additionally, staff suggested adding additional interactive prompts during participatory design discussions to encourage residents to reflect on the space more deeply, noting:

> *"So, if you ask the client more than just the vote here and there, it was more like, "Well, how would it benefit you? How has it affected you or not affected you?" Those type of questions."*

As a general consideration for participatory processes, residents strongly believed in **centering the voices of people who are going to use the space** in the design planning:

> *"I believe that it matters because we're the ones that would change it and we know – I would say every single story is different but we're all here for the same things. I feel like you can't come in and change your environment if you don't ask questions from the people who are gonna use it."*

## Reconcile resident and staff preferences via in-person discussion

When sharing individual wants and needs for the renovated space, shelter staff, and residents occasionally disagreed or had conflicting visions. In these situations, shelter staff noted, it is important to find a way to **reconcile these differences and compromise**, especially in spaces that will be shared among staff and residents. One shelter staff member shared the following advice:

> *"If it's a space where both clients and staff share it, just try to come to a mutual understanding. Take everybody's ideas and throw them in the pot. Mix them up. See which make sense and which don't. Try to make everyone happy. Let everyone get a little bit of what they ask for and they need as long as it makes sense."*

Another shelter staff encouraged selecting **spaces familiar to and used enough by residents that they can weigh in on their preferences and needs in a meaningful way**, citing:

> *"The space is used more often. I'm talking about its frequently used, so therefore you have to get more responses or feedback, you know. So, if you take some space, you know that is not really used that constantly everyday thing might be less feedback than normal you know."*

Shelter staff, as well as EmPWR agency partner staff, highlighted the value of **in-person engagement between shelters and external project partners**. One shelter staff suggested that there be a closer working relationship with the architects and other community members, such as the residents. After engaging with the shelters both virtually and in person, an EmPWR agency partner staff shared their takeaways:

> *"What's lost when it comes to trust, you know when a meeting ends? And then you have the meeting after the meeting? All of our workshops were like that. We'd always collect such great feedback after the workshop ended and would hear much deeper stories and much more detailed ideas in those meetings after the meeting. And you don't get that when you do that virtually. So, that's my biggest takeaway is the need for in person, onsite engagement."*

## Prioritize clear and frequent communication

Finally, shelter staff noted that they appreciated **clear, consistent, and frequent communication from project staff about project activities**. They recommended that project staff provide even more frequent and consistent communication, as well as use multiple tools. Shelter staff noted that project staff should continue providing photos of potential furniture and color palette options. Suggestions for additional resources included photos of renovations from previous similar projects and a step-by-step explanation of the design process (laid out in a binder or other physical booklet). One shelter staff member noted that this would help shelter staff manage their expectations for the project:

> *"Just a step-by-step explanation of each process. Because before, we knew you guys were coming on-site to meet with the clients. I think there was a couple times you guys did come. But I remember the first time. Had I known that, I would have met with the clients and discussed, what was the expectations? Because a lot of the clients didn't know what the expectations were. So, like a good explanation of each step, especially dealing with the clients and with the staff."*

## Ensure built environment design changes are meaningful and sustainable

One shelter staff member strongly advocated for an **initial "observation" phase as part of the site assessment.** During this phase, the staff member described, the architects could take note of resident behaviors in the space to make more informed and meaningful decisions in the design planning process:

> *"I would say during the initial phase there should be more of observational. Like I said, spend some time in that space and learn about people who are using that space because sometimes the third-person perspective might capture certain things that the first person might not be able to capture because all of us are seeing it from different lenses in a way."*

Other shelter staff members urged future project partners to consider **accommodations that people using the space might need** and **how certain design choices might affect populations** of different ages and abilities. One shelter staff member noted that while some disabilities are visible, such as those mobility-related, others might be invisible, such as a vision impairment. Both types of disabilities, they asserted, must be equally considered. Opening up a cabinet, for example, may be more difficult for an older adult or someone who uses a wheelchair. Other shelter staff members raised how color choices in the shelter space might affect resident populations:

> *"Know your clients. Based on the types of clients, the needs of your clients. That should be able to impact the design. Like, for us, we get a lot of children that are on the spectrum, children with other things of that nature, behavioral disorders. So, that impacted our design. Needing the chalkboard. Know your clients. Know what needs your clients have. That would be as far as the design."*

While it may seem like a minor design detail, one shelter staff member highlighted **the importance of including storage spaces** in the design of the space. According to one shelter staff member, storage was "*something that was missed*" in the redesign of their shelter space:

> *"When you're designing this space, make sure that we include storage because storage got taken away from us, from the room. For example, a coat rack where the kids could put their coats on, or the staff can put their coats down. Yeah, I think it's mainly storage. Storage would be something that was missed."*

To make the most out of the renovated space, shelter staff recommended that future project partners **consider making design changes that facilitate the space being multi-use**. One shelter staff member illustrated the importance of the multifunctionality of their shelter's renovated space:

> *"What we needed was we needed space. Because we don't have any type of a gym area or things like that. We use that space to do workouts. We use that space to do arts and crafts. So, there are times where we need all the tables in the middle. Sometimes we need like a gym area. So, take into consideration your space that you have."*

In addition to making the space flexible for multiple uses, shelter staff encouraged future project partners to **think long-term** and design a space that has the potential to serve residents' needs several years down the road.

# Discussion

## Evaluation Challenges and Limitations

It is important to note several limitations to the evaluation and corresponding analysis. DV shelters are, by nature, fluid spaces where individuals transition in and out of the shelter on an ongoing basis. When designing the evaluation, the NORC team was not able to contact residents who were living in the EmPWR shelters during the initial project conceptualization and design planning due to resident confidentiality and safety considerations. As a result, the team could not assess the initial resident's perspectives on the final installation to establish a true pre/post comparison.

Additionally, due to installation delays at Cycle 3 shelters, the NORC team was not able to assess resident perspectives on the installation at these shelters. The analysis presented by the NORC team in this report only reflects resident reflections from Cycle 1 and Cycle 2. EmPWR agency partners could use the evaluation tools provided in the Appendix to gather Cycle 3 resident reflections for future analysis.

## Conclusion

Through this evaluation, the NORC team was able to draw conclusions across five aims.

**Aim 1: Identify barriers and facilitators to EmPWR project implementation.** Several factors (e.g., inter-agency/provider partnerships, organizational policies/rules and practices, funding, time to implement, COVID-19) impeded and facilitated EmPWR implementation.

- Facilitators: Interagency partnerships helped facilitate stakeholder engagement throughout EmPWR. The architects and design teams facilitated challenging conversations within each shelter and helped each shelter make design-related decisions. Construction vendors were perceived as respectful, and shelter staff praised their trauma-informed approaches and communication skills.
- Barriers: COVID-19 caused delays across all implementation phases across all sites (Cycles 1, 2, and 3). Additionally, the payment mechanism for vendors (e.g., contractors) required payment upon completion of work. This payment mechanism meant that contractors needed to purchase equipment before getting paid, which translated into delays in the installation process. Lack of clarity on roles and collaboration expectations among agency staff and shelters posed some challenges to collaboration. Unclear timelines and lack of communication on implementation

delays resulted in confusion, inconvenience, and some safety concerns from shelter staff and residents.

**Aim 2: Understand variation in site designs, planning, and approaches.** There were variations in timeline, planning, and installation across the three cycles, largely due to COVID-19. Site designs also varied across individual sites as each shelter chose different rooms or features to change. Many of the spaces selected by the shelters to be enhanced were high-traffic and multipurpose, utilized for overlapping schedules and activities for residents and staff. Many shelters grappled with privacy concerns for residents who wanted space to decompress but had to share spaces with shelter staff. Some shelters chose spaces that were rarely utilized but had the potential to become good gathering spaces for residents and their children with age-appropriate play furniture to accommodate young and older children.

The space size was often leveraged to carve out smaller "pockets" for specific uses (e.g., dedicated children's play stations, computer desks, staff stations, or reading nooks for residents). Some shelters worked with a local muralist to develop a mural for their outdoor space and incorporated resident and staff input into the design.

During the design planning, architects offered schematic design options both in person and video when in-person was not an option due to COVID-19 restrictions. Residents and staff at each shelter completed a design survey to gather feedback on the proposed redesign options and some residents were invited to create their own "mood boards"—or collages. Architects worked across all shelters to gather staff and resident input. Some sites offered food and art activities to gather feedback on the designs. Final design plans were approved by shelter leadership across all sites.

**Aim 3: Identify themes in EmPWR project implementation and participatory processes across sites.** The participatory process was an essential feature of EmPWR. Across all participating shelters, the EmPWR agency partner staff and designers/architects used a structured, participatory approach to engage shelter leadership, staff, and residents. We found that buy-in from shelter staff was essential before engaging residents. DV shelter leadership, staff, and residents commented on how the collaborative design and feedback-gathering activities helped them to feel more engaged in decision-making within the shelter and ultimately contributed to the long-term goal of improving resident wellbeing. Participatory activities included site visits with leadership, workshops with surveys and/or other feedback-gathering exercises with shelter staff and residents, focus groups, feelings posters, surveys, and design schema discussions and presentations to shelter leadership, staff, and residents. Slight variations in key activities were found in the analysis that suggests that EmPWR agency partner staff and designers/architects tailored activities to meet the needs of individual shelters and participants.

**Aim 4: Assess mental health and wellbeing for DV shelter residents and staff.** Residents and staff reported positive feelings about their mental health and wellbeing because of spending time in the redesigned spaces. However, as noted in the limitations section, the evaluation team could not contact residents living in the EmPWR shelters during the initial project conceptualization and design planning. As a result, the team could not assess the initial resident's perspectives on the final installation to

establish a true pre/post comparison. Using a participatory process throughout the design planning and installation process also contributed to mental health and wellbeing, specifically in engendering trust, enhancing empowerment, facilitating connection, and supporting parenting.

**Aim 5: Identify scalable approaches for other settings.** Multiple aspects of EmPWR are replicable for additional sites or different settings, namely, using a participatory process to engage residents and staff in identifying ways to enhance physical spaces to improve resident and staff mental health wellbeing. When considering replication, shelters (or, potentially, social service settings with residential programs) do not need to have fidelity to the EmPWR model but rather could implement design changes and enhancements as they are able. Guidance on replication is provided in the Practitioner Guide [link to follow].

# Appendix A: EmPWR Project Implementation Logic Model

| OBJECTIVES |
|---|
| (1) Implement design enhancements in domestic violence (DV) shelters to support healing and promote emotional wellbeing of survivors and their children<br>(2) Empower survivors and shelter staff as collaborators in a participatory design planning process that centers their lived experience and expertise<br>(3) Strengthen shelter staff capacity to further enhance a trauma- and resilience-informed shelter environment that supports the social and emotional needs of DV survivors and their families<br>(4) Build knowledge about built-environment strategies to promote mental health |

| INPUTS | ACTIVITIES | OUTPUTS | OUTCOMES | |
|---|---|---|---|---|
| | | | SHORT/MED-TERM | LONG-TERM |
| • NYCO Collaborative Innovation Award funding<br>• City agency partnerships (HRA, DOHMH, NYCO)<br>• Fund for Public Health administrative partnership<br>• Participation of shelter leadership/staff and residents<br>• Shelter facility space for project activities and installation<br>• Consultant/vendor commitments and subject matter expertise | • Regular planning meetings of City agency partners<br>• Site selection<br>• Shelter leadership engagement<br>• Identification/ procurement of consultant subject matter experts<br>• Building Dignity webinar series offered to staff and leadership of all NYC DV shelters<br>• Development of participatory design planning tools<br>• Translations of tools prepared and interpreters enlisted, as needed<br>• Site assessment and design planning activities (e.g., in-person and virtual workshops, surveys, videos, creative activities, leadership consultation, etc.)<br>• Development of design plans and approval by shelter leadership<br>• Vendor identification, contracting, and mobilization<br>• Installation | • Findings from the site assessment & design planning phases summarized and presented to shelter stakeholders for feedback.<br>• Design plans (co-developed and validated by residents and staff) developed for nine shelters.<br>• Communal spaces in shelters renovated according to design plans.<br>• Guidance provided to shelters on maintaining newly renovated spaces (e.g., on functionality, suggested cleaning products, sources for replacing materials, etc.) | • Resident engagement with/utilization of communal space increases.<br>• Residents have greater clarity on when and how they are encouraged to interact with the space, and conflict is minimized.<br>• Social interaction between residents increases.<br>• Communal spaces feel more comfortable and nurturing.<br>• Residents feel a greater sense of safety in the communal space.<br>• The enhanced communal space supports the needs of residents with children and promotes parent/child bonding.<br>• The space fosters more positive interactions between residents and staff, and greater balance between residents and staff uses.<br>• Residents feel empowered as collaborators in the design planning process, to share their feedback, experiences and vision for the space.<br>• Shelter staff/leadership have greater awareness of the impact of the shelter's built environment on resident wellbeing.<br>• Project stakeholders identify promising practices for other DV shelters to learn from and apply. | • Residents feel a greater sense of autonomy and control over the shelter environment.<br>• Residents experience a greater sense of wellbeing in shelter. |

| ASSUMPTIONS |
|---|
| **Domestic violence (DV) is associated with adverse mental health outcomes: depression, anxiety, sleep disorder, PTSD, substance abuse and suicidality. A 2018 report on DV survivors in NYC shelters found 68% of survivors in DV shelters met criteria for clinical depression, and 57% met criteria for PTSD.**<br>Lagdon, S., Armour, C., Stringer, M. (2014). Adult experience of mental health outcomes as a result of intimate partner violence victimization: a systematic review. Eur J Psychotraumatol. 5:10.<br>Safe Horizon. Safe Horizon's Lang Report. Beyond Shelter: What Do Domestic Violence Survivors Need? (2018).<br>Thomas, K. A., Goodman, L., & Putnins, S. (2015, January 12). "I Have Lost Everything": Trade-Offs of Seeking Safety From Intimate Partner Violence. American Journal of Orthopsychiatry. Advance online publication. http://dx.doi.org/10.1037/ort0000044 |
| **Characteristics of the built environment have the potential to support or undermine the social-emotional needs of DV survivors residing in shelter. In addition to beautifying and renewing shelter spaces, EmPWR aims to promote survivor healing and wellbeing through design changes that promote survivor autonomy and safety, reduce feelings of isolation, support the needs parents and children, and contribute to a sense of harmony.**<br>Building Dignity. (2012). Building Dignity: Design Strategies for Domestic Violence Shelter. Retrieved from: https://buildingdignity.wscadv.org/<br>Centre for Excellence in Universal Design. National Disability Authority. What is Universal Design. Retrieved from: https://universaldesign.ie/what-is-universal-design/ |

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Grabowska, Sam, et al. 2021. Architectural Principles in the Service of Trauma-Informed Design. Denver, CO: Shopworks Architecture, Center for Housing and Homelessness Research at the University of Denver, and Group 14 Engineering. Retrieved from: https://shopworksarc.com/wp-content/uploads/2021/10/Arc-Principles-in-the-Service-of-TID.pdf
Joshi, Rutali, "Understanding the Built Environment of Shelter Homes for Survivors of Domestic Violence" (2017). All Theses. 2642. https://tigerprints.clemson.edu/all_theses/2642
National Council for Behavioral Health. Recommendations for Trauma-Informed Design. Retrieved from: https://www.healingattention.org/wp-content/uploads/Trauma-Informed-Design-Summary.pdf
Peterman K., Swenson T., White T., Hernandez , Y., Shaff, J., Ortiz-Rossi ,M., & Jackson, N. (2018). Mental Health by Design: Fostering student emotional wellness in New York City high schools by improving and enhancing built environments. Journal of Urban Design and Mental Health 5(5).
Rutledge, K. (2015). Victims of Domestic Violence Experiencing Homelessness: Their perceptions and needs influencing architectural support. Design Resources for Homelessness Spotlight Report. Retrieved from: http://designresourcesforhomelessness.org/wp-content/uploads/2015/11/FINAL1-VDV_8_2017.pdf
Rutledge, K. (2015). Rules, Restrictions and Resident Empowerment in Domestic Violence Shelter Design: An Exploration and Response. Retrieved from http://purl.flvc.org/fsu/fd/FSU_migr_etd-9675
Shopworks Architecture Group, 14 Engineering, & University of Denver Center for Housing and Homelessness Research (2020). “Designing for healing, dignity, & joy: Promoting physical health, mental health, and wellBeing through a trauma-informed approach to design.” Retrieved from: https://shopworksarc.com/wp-content/uploads/2020/06/Designing_Healing_Dignity.pdf
Schweitzer, M., Gilpin, L., & Frampton, S. (2004). Healing spaces: elements of environmental design that make an impact on health. Journal of alternative and complementary medicine (New York, N.Y.), 10 Suppl 1, S71–S83.
Sullivan, William & Chang, Chun-Yen. (2011). Mental Health and the Built Environment. 10.5822/978-1-61091-036-1_7.

**A trauma-informed approach to collaborating with DV survivors is one that promotes emotional safety, restores choice and control, facilitates connection, supports coping, is responsive to identity, culture, and context, and builds on existing strengths.**

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
Wilson, J. & Fauci, J. & Goodman, L. (2015). Bringing Trauma-Informed Practice to Domestic Violence Programs: A Qualitative Analysis of Current Approaches. American Journal of Orthopsychiatry. 85. 586-599.

**A participatory approach places the experiences, needs and wisdom of DV survivors at the center of the design planning process, empowering them as co-creators of the transformed spaces.**

Minkler, M. (2000). Using Participatory Action Research to Build Healthy Communities. Public health reports (Washington, D.C. : 1974). 115. 191-7.
Goodman, L.A., Thomas, K.A., Serrata, J.V., Lippy, C., Nnawulezi, N., Ghanbarpour, S., Macy, R., Sullivan, C. & Bair-Merritt , M.A. (2017). Power through partnerships: A CBPR toolkit for domestic violence researchers. National Resource Center on Domestic Violence, Harrisburg, PA. Retrieved from cbprtoolkit.org
Shopworks Architecture Group, 14 Engineering, & University of Denver Center for Housing and Homelessness Research (2021). “Implementing a Four-Phased Trauma Informed Design Process: Promoting Physical Health, Mental Health, and Well-Being Through Trauma-Informed Design.” Retrieved from: https://shopworksarc.com/wp-content/uploads/2021/10/TID_Process_10_12_2021.pdf

**CONTEXTUAL FACTORS**

* Shelters may have had varying degrees of readiness to participate in EmPWR: for example, capacity to assist with coordination of a highly interactive project, leadership/staff buy-in around the project's focus on mental health promotion, appropriate communal space that is a good fit for transformation.

* DV shelters in NYC, occupy some buildings that were not originally designed with confidential, trauma-informed shelter in mind. This includes older apartment buildings or other residential facilities, that come with the typical facility maintenance and upkeep challenges of old buildings, in addition to the constant maintenance and renovation needs of a shelter that turns over units to new residents regularly.

* There is little ability to influence the willingness/interest/availability of residents to participate in the participatory process, which may depend on circumstances related to childcare, effectiveness of recruitment for project activities, resident feelings of isolation/need for privacy, and availability depending on typical length of stay/turnover of families in shelter

* COVID-19 greatly impacted project activities, timeline, and resources. In addition to adapting the project plan around considerations related to health and safety, EmPWR partners and shelter partners encountered competing priorities throughout this period, procurement and contracting processes were delayed significantly, and economic disruptions impacted the cost and availability of materials needed to complete design transformations.

# Appendix B: Evaluation Aims & EQs

| Phase | EQ# | Evaluation Question | Data Source | | | |
|---|---|---|---|---|---|---|
| | | | Secondary | Key Informant | Feelings | Focus Groups |
| **AIM 1: Identify facilitators and barriers to EmPWR project implementation** | | | | | | |
| I | 1 | What factors (e.g., inter-agency/provider partnerships, organizational policies/rules and practices, funding, time to implement, COVID-19) impeded and facilitated EmPWR implementation and how?* | X | X | | |
| I | 1.1 | What were the challenges and barriers to collaboration and partnership between City agencies, and between City agencies and partners (e.g., securing vendors, processing contracts)? | X | X | | |
| I | 1.2 | What policies, practices, and rules facilitated or impeded progress? | X | X | | |
| I | 1.3 | What types of partnerships (i.e., with City agencies, shelter operators, architects, etc.) facilitate successful implementation? | X | X | | |
| I | 1.4 | Were there sufficient funds to implement EmPWR? | X | X | | |
| **AIM 2: Understand variation in site designs, planning, and approaches** | | | | | | |
| I | 2 | How was EmPWR implemented across different sites and site types?* | X | X | | |
| **AIM 3: Identify themes in EmPWR project implementation and participatory processes across sites.** | | | | | | |
| I | 3 | How did the participatory process contribute to the design and delivery of EmPWR?* | X | X | X | X |
| I | 3.1 | What processes were harmful/helpful to facilitating a participatory approach, and how? | X | X | | |
| I | 3.2 | What types of participatory methods did sites use to engage residents and staff, and which were most effective? | X | X | | |
| I | 3.3 | What were the barriers and facilitators to implementing EmPWR using a participatory approach? | X | | | |
| I | 3.4 | To what extent did the participatory process achieve its intended objectives (e.g., residents feel empowered as collaborators in the design planning process, creating a sense of ownership over the design change) among residents and staff? | X | X | X | X |
| **AIM 4: Assess mental health and wellbeing outcomes for DV shelter residents and staff** | | | | | | |
| II | 4 | How did EmPWR influence mental health and wellbeing among residents and staff at participating shelters?* | X | X | X | X |
| II | 4.1 | Do the ways the residents and staff engage with the space align with the intended impact(s) of EmPWR? In what ways? | X | X | X | X |
| II | 4.2.a | Did the built environment design change affect shelter residents by: creating or enhancing a sense of security (safety, trust, wellbeing), creating or enhancing empowerment (control, autonomy, decision-making), fostering reconnection (reducing isolation), supporting parenting (offering support and/or supervision, and opportunities for bonding with children), promoting harmony (minimizing conflicts and rules), and/or otherwise enhancing quality of life and/or happiness? | | | X | X |

| Phase | EQ# | Evaluation Question | Data Source | | | |
|---|---|---|---|---|---|---|
| | | | Secondary Data | Key Informant Interviews | Feelings Diaries | Focus Groups |
| II | 4.2.b | Did the built environment design change lead to positive change among shelter staff by increasing their awareness of the association between the built environment and healing/wellbeing/resilience? | | X | | |
| **AIM 5: Highlight scalable approaches for other settings** | | | | | | |
| I | 5 | What aspects of EmPWR are replicable to additional sites or different settings?* | X | X | X | X |
| I | 5.1 | What budget recommendations would project partners make for a future iteration of this project? | X | X | | X |
| I | 5.2 | What performance measures should be used to track implementation and client feedback and satisfaction? | X | X | | X |
| I | 5.3 | What lessons learned from implementation would partner agency staff, residents and shelter staff share to others wishing to implement a similar program, with respect to participatory processes, making meaningful built environment design changes, and measuring built environment intervention impacts? | X | X | X | X |

* = Denotes core EQ

# Appendix C: List and Description of Secondary Data Sources from EmPWR Staff

Below is an overview of the data sources that informed the EmPWR design planning process in shelters, as developed, and shared by the EmPWR Program Manager.

**Initial Engagement & Site Assessment**

**Initial site visit**

This tool is used as a discussion and observation guide for the EmPWR project manager's initial tour of each shelter. Both the tool itself, and the timing for its use, evolved throughout the course of the project: In cycle 1, the guide was used to document observations in multiple communal spaces being considered for transformation at each shelter, whereas, by cycle 3, the tool was used in the initial site selection process, prior to the final selection of participating shelters.

**Shelter engagement guidelines**

An overview of considerations for safely, respectfully engaging residents and staff in the participatory design planning process, for example, those related to confidentiality, outreach, appreciations, language and accessibility, preferred times and spaces for workshops and key staff. The tool is not used for capturing information about the existing conditions or vision for the transformed space, but rather for orienting the EmPWR team on *how* to conduct project activities in the shelter.

Design team field visit

Following the initial site visit, the EmPWR project manager returns with the design team (consulting architects from Urban X Studios Architecture and Oficina Design) to conduct their first field visit, in order to document existing conditions, take measurements and discuss design considerations. This practice was not used in the first project cycle, when the design team relied on information from the project manager's initial visit to prepare them for upcoming workshops. However, this additional field visit was found to be an essential opportunity for the design team to view existing conditions first-hand and ask technical questions about the facility that helped them best prepare for design planning.

**Photos (BEFORE)**

Document existing conditions, prior to the design planning process. Some images of existing conditions may be visible in the sample tools shared with this document; however, more complete, high-resolution photographs can be shared after execution of the DUA.

**Site assessment workshops**

Site assessment workshops were designed to gather perceptions from shelter stakeholders about how communal spaces at each site are used, how well they meet the needs of residents (or do not), and ideas for design changes that will promote a sense of healing and wellbeing. Separate workshops were held for staff and residents, so that each group would feel safe speaking freely. The workshop plans evolved from cycle to cycle, with discussion prompts updated slightly to suit the specific facility, and to reflect lessons learned in previous cycles. For example, in earlier cycles, workshop participants were invited to deliberate between multiple communal spaces to transform, so these discussions considered the design elements of many different spaces. In later cycles, shelters were encouraged to select the

communal space in advance. The workshops also varied depending on whether they were held in-person or virtually, as necessitated by the pandemic in cycle 2 (and sustained in cycle 3, for staff workshops only, even after the in-person workshops for residents resumed):

| | Site Assessment Workshops | | Schematic Design Workshops | |
|---|---|---|---|---|
| | **Staff** | **Residents** | **Staff** | **Residents** |
| **Cycle 1** | in-person | in-person | video/survey | video/survey |
| **Cycle 2** | virtual | virtual | virtual | in-person/virtual |
| **Cycle 3** | virtual | in-person | virtual | in-person |

**Alternative site assessment activities**

For residents and staff who chose not to or were unable to participate in site assessment workshops (e.g., staff with overnight or weekend shifts, residents with childcare demands/without childcare in shelter), alternative activities were offered for them to contribute to the site assessment phase. The Site Assessment Survey included a series of questions that explores how well the space meets the needs of residents. The tool was also referred to as "Room Assessment Survey" and, in cycle 2, "Self-Guided Tour Survey" to acknowledge that, due to the need for maintaining social distance during the pandemic, most residents would likely never have interacted with communal spaces in the shelter. Residents were encouraged to take themselves on a "tour," guided by the questions in the survey (in this case, the survey was offered prior to the workshop). The Feelings Posters encouraged more open-ended feedback, with two sheets of poster paper, hung in/beside the communal space, labeled with a simple prompt: 1) *This space makes me feel…* and 2) *I want this space to feel….*

**Design Planning**

**Schematic design presentation / workshop**

The design team incorporated residents and staff input into a set of schematic designs, which propose options for the layout, furnishings, finishes, lighting, and other design solutions for each space. The proposal illustrates the connection between what the team heard from shelter stakeholders, and the proposed design solutions. Interactive workshops were planned to present the design schema to staff and residents for their feedback on preferences, priorities, and alternative ideas. Due to the COVID-19 crisis, these plans were postponed at cycle 1 sites in Spring 2020, and the workshops were reimagined as video presentations that could be viewed on a secure landing page of the Urban X Studio website: staff were encouraged to access the video from a workplace or home computer, and residents were invited to access the video from their own mobile device, or a tablet provided by the shelter. To collect feedback after viewing the video, a package was provided to every cycle 1 household that included a survey, a worksheet designed to encourage creative input, along with a set of crayons, glue stick and scissors, with the hope that it might also be a welcome activity for families during this stressful period. The interactive workshops returned in subsequent cycles, as either virtual or in-person format depending on COVID safety considerations, the audience, and the preferences of shelter leadership:

| | Site Assessment Workshops | | Schematic Design Workshops | |
|---|---|---|---|---|
| | **Staff** | **Residents** | **Staff** | **Residents** |
| **Cycle 1** | in-person | in-person | video/survey | video/survey |

| | Site Assessment Workshops | | Schematic Design Workshops | |
|---|---|---|---|---|
| | **Staff** | **Residents** | **Staff** | **Residents** |
| **Cycle 2** | virtual | virtual | virtual | in-person/virtual |
| **Cycle 3** | virtual | in-person | virtual | in-person |

Interactive workshop plans evolved from cycle to cycle, with tools and discussion prompts updated slightly with lessons learned from past cycles and to suit the specific facility. The workshops also varied depending on whether they were held in-person or virtually, with slightly different activities planned for gathering feedback on the design proposals. Examples of each are included here:

**Alternative schematic design activities**

For all cycle 1 participants, and those in subsequent cycles who chose not to or were unable to participate in interactive workshops, alternative activities were offered for them to contribute to this phase. The Schematic Design Survey included questions that assess individual preferences and priorities among the design schema presented, and the opportunity to share new ideas. Each survey also contains an activity meant to encourage creativity: cycle 1 received a paper a DIY room layout worksheet, and cycles 2 and 3 were invited to create mood-board collages that capture their inspiration for the room.

**Design development**

After gathering input from residents and staff on the proposed design schema, including their preferences, priorities, alternative ideas and inspirations for the communal space, the design team created a design development package for each site. The design development package offers a more detailed, technical set of plans that reflect feedback to date, for the purposes of finalizing the plan to be issued to contractors for bidding. In this stage, shelter leadership reviews the design development materials and has a dedicated session with the design team to ask questions, share feedback, and approve elements of the proposed plan.

**Participatory mural design planning**

Two sites included an inspirational mural as key elements of their design transformation. A mural arts organization was contracted to lead a participatory design planning process, in which the shelters participated in the selection of the artist, who would lead multiple design planning workshops with residents at the sites. Although the EmPWR team does not have detailed discussion notes from those workshops, the artists shared their respective workshop plans and, following the workshops, their rationales for the selected design, which reflect resident input.

**Installation**

**Photos (AFTER)**

Document conditions following completion of installation. High-resolution photographs can be shared after execution of the DUA.

# Appendix D: KII Consent Form

**Introduction**

NORC at the University of Chicago (NORC) invites you to participate in an interview to provide insight into your role and experience of Environments Promoting Wellness and Resilience (EmPWR) project. Please do not hesitate to ask questions if there is anything you do not understand.

**What is the purpose of this interview?**

On behalf of the Mayor's Office for Economic Opportunity (NYC Opportunity), with agency partners Department of Mental Health and Hygiene (DOHMH) and Human Resources Administration (HRA) we are conducting key informant interviews with shelter staff, designers, and other implementation partners. We are interested in your reflections on community inclusion practices in the design process, inter-agency collaboration (i.e., contextual facilitators/barriers), and feedback on the journey maps and implementation process. We will also be conducting focus groups with shelter residents and would like more background on the domestic violence shelters prior to convening these sensitive focus groups. Your participation is completely voluntary. This means that you do not have to participate in this study unless you want to. Your decision whether or not to participate in this study will not affect your employment.

**How long is the interview and what is the structure?**

The interview will be 60 minutes long and will be held virtually. With your permission, we would like to audio record and transcribe the interview. If you do not wish to be recorded, we will not record and just take careful notes.

**Are there any risks to me if I participate in this interview?**

There is no risk beyond that experienced in everyday life. You can say you do not want to talk about any topic for any reason. You do not have to answer any of the questions if you do not want to.

**How will the information I disclose/give you be kept private?**

We will use this information to inform our analysis, the notes and recordings will not be shared outside of NORC. Your responses will be reported in aggregate, and not attributed to you directly. We will protect your confidentiality by storing our notes separately from your name and contact information. We will write a report for NYC Opportunity and develop a practitioner's guide for dissemination which will incorporate lessons learned from the implementation process. These materials will include your feedback but will not include your name or any identifying information. Your identity will be kept confidential and no identifying information (such as name, job title and organization) will be used in, or be associated with any part of the written report or publication of this study.

**Who should I contact if I have questions about this project?**

Please direct questions to Project Director Alexis Marbach (marbach-alexis@norc.org) or Project Manager Meaghan Hunt (hunt-meaghan1@norc.org).

Appendix E: KII Guide

### Introduction and Project Background

Thank you for your willingness to meet with us today to participate in an interview to share insights about your role and experience of Environments Promoting Wellness and Resilience (EmPWR) project.

### Review Informed Consent

On behalf of the Mayor's Office for Economic Opportunity (NYC Opportunity), with agency partners Department of Mental Health and Hygiene (DOHMH) and Human Resources Administration (HRA) we are conducting key informant interviews with shelter staff, designers, and other implementation partners. We are interested in your reflections on community inclusion practices in the design process, inter-agency collaboration (i.e., contextual facilitators/barriers), and feedback on the journey maps and implementation process. We will also be conducting focus groups with shelter residents and would like more background on the domestic violence shelters prior to convening these sensitive focus groups.

The interview today will be about 60 minutes long. With your permission, we would like to audio record this discussion to aid our note taking and summary. If you do not wish to be recorded, we will not record and just take careful notes.

There is no risk of participating in this interview beyond that experienced in everyday life. You can say you do not want to talk about any topic for any reason. You do not have to answer any of the questions if you do not want to.

We will use this information you shared today to inform our analysis; the notes and recordings will not be shared outside of NORC. Your responses will be reported in aggregate, and not attributed to you directly. We will protect your confidentiality by storing our notes separately from your name and contact information. We will write a report for NYC Opportunity and develop a practitioners guide for dissemination which will incorporate lessons learned from the implementation process. These materials will include your feedback but will not include your name or any identifying information unless we ask for and receive your consent to do so.

Do you have any questions?

If you have questions I cannot answer at this time, or questions after the interview, you can contact Project Director Alexis Marbach (marbach-alexis@norc.org) or Project Manager Meaghan Hunt (hunt-meaghan1@norc.org).

I need your verbal consent to participate in this interview. Do I have your consent?

**If yes:** Thank you.

**If not:** Thank you for your time and consideration.

And given the information that I have just reviewed with you, do I have your permission to record this interview?

**If yes:** Great. Let us begin. **[BEGIN RECORDING]**

# Appendix E: KII Guide for Shelter Staff & Leadership

**General** Background and Introduction

*To start we want to know more about your role at the site to help guide our conversation.*

***1.*** In a few sentences, could you describe your role at [SITE], including how long you have been serving in that role and if it has changed since your agency implemented EmPWR and the design changes?

***2.*** Do you know how [SITE] became involved in EmPWR?
- **a.** If yes, what was [SITE'S] motivation for participating in the program and implementing design changes?
- b. How were staff and residents included in the buy-in process when planning EmPWR?

**Barriers and Facilitators to Implementation Using a Participatory Approach**

*First, we would like to understand more about how staff and residents were included in the design of the EmPWR program and design change(s) and how they were involved during the installation of the design changes.*

*By "design change," we mean the renovations made to [SPACE IN EACH SHELTER THAT WAS REDESIGNED].*

***3.*** We would like to understand more detail on the different points of engagement in the process that was used to engage staff and residents for feedback. For each of the items I will ask you next, we are interested in learning how feedback from staff and residents was incorporated in the planning of the design and/ implementation process and during the actual implementation of the design changes?
- a. What did the process of getting buy-in from staff and residents look like?
- b. What steps were taken? Who was involved? How was the purpose of the design explained and received? How is it explained now to new residents and staff?
- c. Were residents and staff engaged in different ways? How?
    - a. Probe: During the buy in, planning, and implementation phases.
- d. What materials were used to facilitate participation during the planning design process? Implementation phase?
- e. Were there differences in perspective on the selected communal space, or about the proposed design ideas? If yes, how were they reconciled?
- f. How did COVID-19 impact this process? How would things have been done differently?
- g. What were some pain points in the planning process? What about during the implementation process?

h. What worked well or made this process successful at different points?
i. What could you have used help with during the planning or implementation phases?
j. What would have been helpful to know going into these phases that you know now and would want others to know?

Next, we would like to understand how external relationships and partnerships may have been included in the design of the EmPWR program and the design changes.

***4.*** What role did partnerships play? *[Reference journey map. If helpful]*
a. Who were they and how were they engaged?
b. How did it impact the design process?
c. What worked well? What was helpful?
d. What were the pain points that your agency faced when attempting to engage partners?
a. What could you have used help with when engaging partners?

*We are interested in learning more about if and how the EmPWR implementation process created a sense of autonomy or ownership over the design among staff and residents who participated. It is our understanding based on information shared by the EmPWR team that this process involved [INSERT ACTIVITIES FROM JOURNEY MAP] at [SITE]. These activities are currently reflected in our draft journey map.*

***5.*** How did the process encourage staff and residents to feel like they had the ability to shape and/or "own" the design change?
*a.* Were some staff & residents more engaged than others? Were there efforts to gather feedback from all staff and residents?
*b.* Can you provide an example of staff and/or residents shaping and/or "owning" the design change, or being encouraged to do so?
*c. Can you provide examples of how staff and/or residents developed new rules to engage with the space? Probe: How are those rules followed and encouraged?*

**Barriers & Facilitators** to Implementation
*The next set of questions are focused on understanding the barriers and facilitators to implementing the EmPWR program at your agency, including the design, construction, and administration of EmPWR. [REFER TO JOURNEY MAP]*. We are interested in gathering information on external and internal factors that were both helpful and major pain points.

***6.*** Overall, when thinking about the course of the project, what were the major drivers of success? What were the major pain points?

***7.*** What external policies, practices and rules did you find helpful? Which were the major pain points?
*a. Probe only for Laura and Nathalie: Were funding mechanisms or regulations pain points? Or helpful?*

   b. *How did the relationships and partnerships (i.e., with City agencies, shelter operators, architects, etc.) facilitate or impede progress?*
   c. *Were stakeholders responsive to the needs? Did you (shelter staff) feel like your voices were heard in this process?*

***8.*** What internal site-specific characteristics were helpful with implementing EmPWR? What were major pain points?
   a. *How did individual participants including staff champions or residents facilitate or impede implementation?*
   b. *What materials or tools helped? What would have been helpful?*

**Effects of EmPWR on Mental Health and Wellbeing of Residents and Staff**

***9.*** In your role, do you interact directly with shelter staff and/or residents?

***[IF NO, SKIP TO QUESTION 17]***

*We are now hoping to spend a few minutes understanding how the design changes in the [SELECTED SPACE] impacted staff and residents once installation was complete. The first set of questions explores how the changes may have impacted wellbeing and mental health among the staff and residents.*

***10.*** Did the design change(s) affect staff wellbeing? How?
*Probe: What types of change(s) did you notice?*
*Probe: When and how did you first notice these changes?*
   a. *Were there discussions with or feedback shared from different people working in the shelter? If yes, what was the nature of the discussions/feedback shared?*
   b. *Was the feedback different if the person was more directly involved in the design or implementation of the changes or not?*

***11.*** Did the design change(s) affect residents' wellbeing and quality of life? How?
   a. How, if at all, did they affect residents' sense of <u>security, safety, and/or trust</u>?
   b. How, if at all, did they affect residents' sense of <u>empowerment or autonomy</u> in the space?
   c. How, if at all, did they foster a sense of <u>reconnection</u> or reduce feelings of isolation among residents?
   d. How, if at all, did they encourage a sense of <u>harmony or community</u> with the residents?
   e. How, if at all, did they impact the sense of <u>identity and/or culture</u>?
   *f.* For the residents who were parents, how, if at all, did the design change(s) offer a <u>space and support for parents to bond with their children</u>?
   g. *How does the new space impact the <u>sense of community or interactions</u> between residents and staff?*

***12.*** Are there any other ways that the design changes may have impacted residents or staff that we have not touched on yet?

**Replication and Lessons Learned**

*As part of our evaluation, we will take lessons learned we hear from you and others to develop a practitioner guide to help other settings plan design changes that promote healing and wellbeing. The next set of questions asks about the information, resources, and materials that may be helpful to include in a guide.*

***13.*** What factors are most important for other sites to be able to implement a project similar to EmPWR? (e.g., information, readiness, materials, resources, space, funding)

a. *What information would have been helpful that you did not have?*
b. *In terms of shelter readiness to participate in EmPWR, what advice would you share on how a site could be best prepared to ensure a successful interactive project?*
c. *What lessons learned would you share on how to determine what kind of communal space would be a good fit for transforming?*

***14.*** When thinking about your role with the EmPWR project, what skills and experience did you find you leveraged most? (Consensus-building, communication, flexibility, experience with organization changes)

a. *What skills and experience would be helpful for others to have in this role when implementing a similar project at other settings?*

***15.*** What resource considerations would you give to other sites that are interested in using a participatory design planning approach at their locations?

***16.*** What additional information do you wish you had about the resources to help facilitate the design plans and installation that would have been helpful to know?

a. Probe: How, if at all, did your site gather feedback about the project internally? How did you assess positive and negative feedback shared?

***17.*** Is there anything else you would like to share about your experience?

Any questions for our team?

Thank you very much for taking the time! We will follow up shortly via email with your $50 gift card incentive.

# Appendix F: KII for Architects/Designers

*To start we want to know more about your role to help guide our conversation later in the interview.*

1. In a few sentences, could you describe your background, current role, and role on the EmPWR project.
    - *Probe:* Which sites did you work with?
    - *Probe:* What types of staff did you work with at each site?
    - *Probe:* Were there others that you worked closely with?

**Barriers and Facilitators to Implementation Using a Participatory Approach**

*First, we would like to understand more about how staff and residents were included in the design planning process and how they may have been engaged during the actual implementation of the design changes.*

1. How was the EmPWR program initially rolled out and what did the process of getting buy-in on the design planning process look like?
    - *Probe: What steps were taken? Who was involved?*

2. How was resident and staff feedback during the planning and implementation of the actual design process incorporated?
    a. *Were residents and staff engaged in different ways? How so?*
    b. *What format or materials were used to gather feedback and share ideas?*
    c. *How were differences in perspective on the selection of the communal space or the proposed design ideas reconciled?*
    d. *Probe: How did COVID-19 impact the process of engagement? How would it have been different?*
    e. *What were the different pain points during the planning and actual implementation phases?*
    f. *What worked well or made this process successful?*
    g. *What could you have used help with?*

Next, we would like to understand how external relationships and partnerships may have been included in the design of the EmPWR program and the design changes.

3. What role did partnerships play? *[Reference journey map. If helpful]*
    a. *Who were they and how were they engaged?*
    b. *How did it impact the design and implementation processes?*
    c. *What worked well? What was helpful?*
    d. *What were pain points?*
    e. *What could you have used help?*

*Next, we are interested in learning more about if and how the EmPWR implementation process created a sense of autonomy or ownership over the design among staff and residents who participated. It is our understanding based on information shared by the EmPWR team that this process involved [INSERT ACTIVITIES FROM JOURNEY MAP] at [SITES]. These activities are currently reflected in our draft journey map.*

***4.*** *[REFER TO JOURNEY MAP]*. Does this accurately capture the activities to engage staff and residents at each site? Were there other activities or engagement opportunities for staff and/or residents that are not reflected here?

a. *Probe*: If yes, what did these additional activities entail?

***5.*** How did the process encourage staff and residents to feel like they had the ability to shape and/or "own" the design change?

a. *Were some staff & residents more engaged than others? Were there efforts to gather feedback from all staff and residents?*
b. *Can you provide an example of staff and/or residents shaping and/or "owning" the design change, or being encouraged to do so?*
c. *Understanding that the COVID-19 pandemic may have been going on during this time, how may COVID-10 have impacted the participatory approach?*

**Barriers & Facilitators to Implementation**

*The next set of questions is about understanding the barriers and facilitators to implementing the EmPWR program. [REFER TO JOURNEY MAP]*. We are interested in gathering information on external and internal factors that were both helpful and major pain points.

***6.*** *Overall, when thinking about the course of the project, what were the major drivers of success? What were the major pain points?*

***18.*** *What external policies, practices and rules did you find helpful? Which were the major pain points?*

- *Probe: Were funding mechanisms or regulations pain points? Or helpful?*
- *Probe: How did the relationships and partnerships (i.e., with City agencies, shelter operators, design consultants, architects, etc.) facilitate or impede progress?*

***19.*** *What internal site-specific characteristics were helpful with implementing EmPWR? What were the major pain points?*

a. *How did individual participants including staff champions or residents facilitate or impede implementation?*
b. *What materials or tools helped? What would have been helpful?*

**Replication and Lessons Learned**

*As part of our evaluation, we will take lessons learned we hear from you and others to develop a practitioner guide to help other settings plan design changes that promote healing and wellbeing. The*

*next set of questions asks about the information, resources, and materials that may be helpful to include in a guide.*

***20.*** What factors are most important for other sites to be able to implement a project similar to EmPWR? (e.g., information, readiness, materials, resources, space, funding)

a. *What information would have been helpful that you did not have?*
b. *In terms of readiness to participate in EmPWR, what advice would you share on how a site could be best prepared to ensure a successful interactive project?*
c. *What lessons learned would you share on how to determine what kind of communal space would be a good fit for transforming?*

***21.*** When thinking about your role with the EmPWR project, what skills and experience did you find leveraged most? (Experience, communication, flexibility, problem-solving)

a. *What skills and experience would be helpful for others to have in this role at other settings?*
b. *What advice or recommendations would you give to shelters seeking to partner with architects/designers on a similar project?*

***22.*** Understanding that resources are limited, what budget recommendations would you give to other sites that wished to implement EmPWR to make meaningful changes at their locations?

d. What strategies or lessons learned would you share in regard to how sites could manage obtaining resources for initial changes and maintenance?

***23.*** How would you advise sites to best gather feedback on the planning process from residents and staff, and how would you recommend they gather positive and negative feedback on both the process and design changes?

***24.*** Is there anything else you would like to share about your experience?

Any questions for our team?

Thank you very much for taking the time! We will follow up shortly via email with your $50 gift card incentive.

# Appendix G: Recruitment and Introduction Language for Feelings Posters and Focus Groups

Dear *[SITE CONTACT]*,

As you know, Environments Promoting Wellness and Resilience (EmPWR) is a collaboration between the New York City Department of Health and Mental Hygiene (DOHMH) and the New York City (NYC) Human Resources Administration (HRA) to transform select communal spaces in nine domestic violence (DV) shelters across NYC. Now in its final funding year, The Mayor's Office for Economic Opportunity (NYC Opportunity), with agency partners DOHMH and HRA, has funded an evaluation of EmPWR to understand factors impacting implementation and any outcomes for shelter staff and residents related to the redesign.

We received your name from *[NAME OF CITY CONTACT]*, as the main shelter contact at *[NAME OF SHELTER]* who will be able to support this work. The evaluation is being carried out by NORC at the University of Chicago, along with our partners at the New York Academy of Medicine and DiLuzio Consulting. Evaluation activities will include analysis of program documents and interviews with shelter leadership, staff, designers, and other key players in program implementation. We also plan to collect information from current shelter residents and would like to work with your shelter to collect feedback about the redesign in the following ways:

Feelings posters: Residents will be invited to share their feedback on posters posted in high-traffic areas in the shelter as a way to collect feedback from residents about their experience using redesigned spaces.

Focus groups: 90-minute conversations with six to eight residents currently living at your site to gather more in-depth information about resident perceptions of the redesign.

The evaluation team will implement the data collection activities described above, but we will need support from shelter staff to recruit participants, host the groups, put up the feelings posters, and help with logistics. It would be great to talk to you and your shelter's staff about the evaluation and what working with us to carry out these activities will look like. Is it possible to set up a 30-minute meeting with your staff to introduce ourselves and the evaluation, and talk more in-depth about the focus groups and feelings posters?

Finally, we'd like to ensure that focus groups are accessible and reflective of the needs of residents. We are able to offer the focus group at your site in English or Spanish—can you tell us which language would be most appropriate? Also, we recognize that some residents who participate will have children. Is there child care available for families in your shelter, and if so, would we be able to coordinate to provide care for those participating in the focus groups? If not, we'd love to talk with you about ways to address this need when we meet.

Are there dates and times that would work for a 30-minute call with your team? Please let us know when you can!

Thank you,

*[NAME]*

# Appendix H: Focus Group Consent Form

**Introduction**
NORC at the University of Chicago (NORC) and the New York Academy of Medicine (NYAM) invite you to participate in a focus group to share your experience of Environments Promoting Wellness and Resilience (EmPWR) project. Please ask questions if there is anything you do not understand.

**What is the purpose of this focus group**?
On behalf of the Mayor's Office for Economic Opportunity (NYC Opportunity), with agency partners Department of Mental Health and Hygiene (DOHMH) and Human Resources Administration (HRA) we are conducting group discussions with shelter residents to better understand your experience of the redesigned spaces in your shelter that were implemented as part of the EmPWR program.

**How long is the focus group and what is the structure**?
The focus group will be 90 minutes. It will include 4-6 participants, made up of adults currently living in the shelter.

**Will the focus group be recorded?**
Yes, we will audio record and transcribe the focus group conversation for notetaking purposes only. The audio recording and transcribed notes will not be shared with anyone outside of the NORC and NYAM evaluation team and will be deleted at the end of the project.
If you do not wish to be recorded but would still like to provide feedback, we encourage you to write/express your thoughts on the Feelings Poster at your shelter.

**Are there any risks to me if I participate in this focus group**?
There is no risk beyond that experienced in everyday life. You can say you do not want to talk about any topic for any reason. You can also stop participating in the focus group at any time.

**How will the information I disclose/give you be kept private**?
You are free to provide verbal consent or to not consent to participate. If you do not consent to participate or be recorded, you will not be allowed to participate in the focus group. To keep what you say private, we will not use your name in any focus group notes and your name will not be linked to any of your responses. All information that we collect during the focus group will be treated in a secure manner. Everything you say in this project will be kept private. Upon sharing what was learned from the focus group, we will not include any names or other identifying information. We will delete the recording and the focus group notes at the end of the project.
Every effort will be taken to ensure the information you share is kept private but there is still a small chance that your privacy could be broken. To maintain each other's privacy, we ask that you not discuss with others what was shared in the group.

**Do I have to be in this project**?
Participation in this project is completely voluntary. You reserve the right to not talk about any topic. You reserve the right to stop being in the focus group at any time without penalty. Participation in this project will not impact any services you receive now or in the future.

**Who should I contact if I** have questions about this project?
Please direct questions to Project Director Alexis Marbach (marbach-alexis@norc.org) or Project Manager Meaghan Hunt (hunt-meaghan1@norc.org).

**Payment**
To thank you for your time, you will receive a $50 VISA gift card.

# Appendix I: Focus Group Guide

*[As participants arrive, hand out copies of the consent form.]*

*Welcome and thank you for taking the time to talk with us today. My name is [NAME], and I am here with [NAME], who will be taking notes. We are from an organization called the New York Academy of Medicine located on 103rd street and 5th avenue in Manhattan, and we are working with an organization called NORC at the University of Chicago on behalf of New York City to understand your thoughts and feelings about the space redesign that happened at [ [X YEARS AGO/TIMEFRAME]. The change in how the space where you are staying happened was part of a program called EmPWR that aimed to improve the physical space at this shelter to better serve the needs of residents, and the people living here at the time were able to have a say in the design. Today, we are talking specifically about changes that were made to [SPACE IN EACH SHELTER THAT WAS REDESIGNED].*

*In our conversation today, we will ask you about how you use this space, what you like about it, what you think could be better, and any reflections you have on the way you think the space does or doesn't have an effect on how you feel or what you do.*

*Before we begin, I want to bring your attention to the consent information that we have passed around, which describes more about the research we are doing and why, and what we plan to do with the information we gather from you today.*

*[After a few minutes] Now that everyone has had a chance to look at the consent information form, I would like to make sure everyone knows that what you say here today will be completely confidential. In fact, I am not sure if you know this, but we do not even have a record of the names of the people who are in the room today. You never have to identify yourself by name or provide any personal information about yourself or family members in this space, and you should always feel free to skip any questions if you do not want to answer them. We will not use your name or any other identifying information in any reporting that we do. Transcripts of today's conversation will be kept secure and will only be available to people on the New York Academy of Medicine and NORC study team. We will not share anything identifiable that you say with shelter staff or people who work for the City. We also ask that each of you keep what you hear today private.*

*As mentioned in the consent form, we plan to audio record the conversation so that we can have it transcribed and so that we do not miss any of the information you share during the group.*

*Finally, your participation is completely voluntary and will not affect any of the services you get from this shelter or New York City. We are grateful for your participation and at the end of the group you will receive a $50 gift card in appreciation of your time.*

*Do you agree to participate in the group?*

*Do you agree to have the group audio recorded?*
*Before we begin, I would like to take a moment to discuss a few guidelines for the time we will spend together:*

- *Please make sure to speak one at a time out of respect for each other, and to make sure the audio recorder can hear everything that is said.*
- *We hope that everyone has a chance to share their thoughts today and would like to give everyone equal airtime. If you find yourself speaking up a lot, please make sure there is space for others to take a turn. And since we hope that everyone will have a chance to share, we may encourage quieter folks to speak up during the group.*
- *In your commentary, please keep your observations focused on yourself and your experiences—or your children's experiences, if you have them, not those of others.*
- *If you need to take a break or use the restroom while we are in the group, please feel free to go and come back as needed.*
- *Are there any other guidelines you think we should mention?*

*Any questions before we begin? If not, I am going to turn on the audio-recorder now.*

*To start, I would like to make sure everyone knows exactly which space in [SHELTER NAME] we are talking about today – it is [EXPLAIN].*

1. Has everyone here been in or used this common space, the *[SPACE IN EACH SHELTER THAT WAS REDESIGNED]* in some way?

2. Can you tell me how you generally use the common space?
    a. How often are you there?
    b. What do you usually do when you are there?
    c. Who are you usually with?
    d. How long do you spend there? For example, is it usually quick/passing through, or do you stay and do something? Both?
    e. [If not covered above] What type of things do folks who live in *[SHELTER NAME]* do together in this space, if anything?
    f. What about with shelter staff? How do your children use this space, if that's relevant to you?
    g. Is there anything you think is particularly good about how residents come together there (if they do)?
    h. How well do people get along in this space?

*Now I want to ask you about what you need from common space in [SHELTER NAME].*

3. How well does *[SELECTED COMMUNAL SPACE]*, the common space that was redesigned, meet those needs? Can you explain?
    a. How well does *[SELECTED COMMUNAL SPACE]* meet <u>your children's</u> needs? Can you explain?

b. Is there anything about the space that you think is particularly helpful to residents? Can you explain?
c. Is there anything about the space that you think could change to make it more helpful or supportive to residents and their families?

***4.*** Do you know if there are rules about when and how residents are allowed to use this space?
a. What do you think about those rules (or lack of rules)?

*These next questions will focus on your opinion of the design and layout of the [SELECTED COMMUNAL SPACE] and how you feel when you are there.*

5. How do you feel about the way the space looks? What do you think about the design? When I say this, I am talking about things like the lighting, the type of furniture and where it is placed, colors used, and anything else like that.
    a. What do you like about the way it looks or the way it is laid out? Why is that?
    b. What don't you like about the way it looks or is laid out? Can you explain why?

6. Before this focus group, residents were asked to write their feelings about the space on a feelings poster *[show the poster]*. What do you think about what is written here. Do you agree? Disagree? Is there anything missing? Can you explain?
    a. *[If not covered already]* In general, how do you feel when you are in the space we are talking about?
        i. What do you think makes you feel that way? (e.g., is it about what you are doing when you are there, who you are with, how it looks?)
        ii. Is there any way you wish the space made you feel but does not?
        iii. How do you feel in this space compared to other spaces at the shelter?

7. *[If not discussed]* One goal for the space is to give residents a sense of wellbeing. How would you say this room contributes to that goal?
    a. Are there any ways in which this space influences feelings of wellbeing, either yours or your children's?
        i. Are there any ways it helps you with stress? Or makes your stress worse?
    b. Is there anything about how the space looks, operates, or is used—by you, other residents, staff. your children—that ever concerns you? Can you tell me about that?

8. Is there anything that this space helps you to do or feel that we have not talked about? Can you tell me about that?

*Now I would like to get your perspective on how the space was changed. Here are a few pictures of what it used to look like before the redesign.*

9. Now think about how the space used to look compared to the way it looks today. How different does it seem to you?

a. Is there anything that seems better about it now?
b. Anything that seems worse?

10. The space we are talking about today was redesigned with input from the folks who were living at *[SHELTER NAME]* at the time. How important is it to you that residents are asked to give their input on a shelter space redesign like this one? Can you explain? Why does or does not it matter?
    a. If you were redesigning a shelter space like this one, what question or questions would you ask residents to get their input about the design?

11. [if time permits] How do you imagine former residents who participated in the project would feel to see the design changes that were made to *[SELECTED COMMUNAL SPACE]*?
    a. How does it make you feel to see/use a space imagined for you by former residents of [SHELTER NAME]?

*That was my final question. Is there anything else you want to share with me about this topic before we close, or anything I did not ask but should have?*

*Thank you!*

*Please stick around for a moment so we can hand out your $50 gift card incentives.*

# Appendix J: Feelings Poster Instructions

**Tell Us What You Think!**
We recently renovated the _____ [customized description per site], and we want your feedback.
Use the “How I Feel” poster and the colorful markers provided to tell us how the space makes you feel when you’re in it. You can express yourself in words, sentences, or even pictures. See photos for examples of other people using similar posters.
If you wish the space made you feel a different way, use the second piece of poster paper, labeled “How I Wish I Felt” to tell us more.

# Appendix K: Cross-Site Journey Map

## EmPWR Implementation Journey Map

| STAGE | 1. VISIT SITE AND ENGAGE LEADERSHIP | 2. ASSESS SITE'S DESIGN NEEDS | 3. GATHER FEEDBACK ON DESIGN OPTIONS AND FINALIZE | 4. INSTALL + RENOVATE! | 6. MAKE PLANS TO SUSTAIN |
|---|---|---|---|---|---|
| **TOUCHPOINTS** Who is engaged with at this phase of the process, and how? | Site visit | Workshop with Staff and Residents<br>Feelings Posters<br>Site Assessment Surveys of Staff and Residents | Design Surveys with Staff and Residents<br>Design Video for Residents<br>Design Presentation to Leadership<br>Design Development Set | Field Reports | Sustainability Memo<br>Sustainability Package |
| **ACTIONS** What key steps are undertaken at this phase? | • Engage shelter leadership in initial discussions<br>• Gather/review shelter engagement guidelines<br>• Identify and take pre-renovation photos of site spaces that may/will be focus of renovation | • Convene end users of the space (residents, staff) to gather feedback on site's renovation needs and preferences | • Convene shelter leadership to present schematic designs options<br>• Disseminate schematic design video, and design survey to residents<br>• Present end user feedback from Phase I<br>• Create design development set | • Travel to and report status of installation activities on site | • Document and address periodic maintenance needs of the redesigned space as reported by end users<br>• Compile finish and furniture specifications into Dropbox folder for end user easy access |
| **OBJECTIVES** What are the primary reasons for these activities? | **IDENTIFY:** ***spaces*** to consider for enhancement; ***stakeholders*** to approve design proposals; ***individuals responsible for maintaining spaces*** under consideration; site ***storage, accessibility and resident engagement guidelines*** | **ASSESS:** ***end users' preferences and needs with respect to space*** to renovate; current end users' ***demographics*** (i.e., age ranges, family compositions, length of stay) and current ***interactions*** (i.e., engagement, schedules) | **PREPARE AND PRESENT:** ***schematic design options***, informed by prior discussions<br>**GATHER:** ***feedback from site leadership, staff, and residents*** on design options.<br>**CONCRETIZE:** ***plan for renovation*** and installation at the site, including plans for demolition, furniture, ceiling, electrical, and | **CHECK IN:** ***on installation progress,*** challenges encountered, and, future tasks and actions at the site | **SUSTAIN:** renovation by ***defining basic upkeep and long term maintenance needs*** of the redesigned space to preserve design changes for end users. Include pictures and categorize sustainability needs for easy utilization for end users. |
| **CONSIDERATIONS** What factors or concerns were identified at this step? | • Staff and residents have variable schedules that may not work together, but across sites were all motivated to find time to participate.<br>• Childcare needs were taken into account for scheduling times for design planning activities. | • Many of the selected spaces were high-traffic, multi-purpose spaces. Often, they were used by shelter staff, residents, and youth of different ages.<br>• A common consideration was re-designing the space to accommodate numerous different activities throughout the course of one day.<br>• Some sites chose spaces that were rarely utilized but had the potential to become good gathering spaces for residents and/or their children. | • Common factors for consideration: privacy for residents, natural light, accommodating staff breaks and meetings, providing developmentally appropriate play and educational space for a range of youth ages, updating technology, broken furniture, damaged ceiling or flooring. | • Common challenges included furniture supply chain issues, structural damage requiring more time to repair, and contractor delays. | • Some sites received a list of materials that may require routine Maintenace or future replacement. |
| **OPPORTUNITIES** What mitigation strategies or solutions were proposed? What lessons were learned? | • The design team worked closely with shelter leadership to determine best practices for outreach and scheduling with shelter staff and residents.<br>• Weeknights with childcare and dinner provided was often the best method for recruiting resident participants. | • Leverage the space size to carve out smaller "pockets" of space (e.g., dedicated children's place space, computer desks, staff station, reading nook for residents)<br>• Use modular furniture to transform small spaces into mixed-use zones. | • Replacing or adding light fixtures to provide residents more control over the mood of the space. Similarly repainting, adding color, murals, art, greenery or other beautification to make the space more inviting.<br>• Replacing old and broken furniture with multimodal options, replacing TVs and computers.<br>• Removing broken play structures and toys. Creating play zones unique to different age groups. | • Design team, contractors, and shelter leadership collaborated to identify additional materials, manage delays, and informally collected feedback from staff and residents. | • For some sites, the design team provided on-site staff with link to secure Dropbox folder all design specifications as well as a sustainability memo with instructions for maintaining renovated space and materials. However, not all sites received this information. |
| **PERSPECTIVES GATHERED** What feedback did end users of the space provide during this step? | No official feedback requested at this stage. | The renovation should "make it easier [for parents] to watch kids."<br>"This room should make me feel happy and safe"<br>"I like the people, each other's company. We hang out there at night "and complain about the room". We all hang out in one group. There was a separate table, for playing cards, but it broke.<br>Different play structures are helpful for two different ages groups.<br>"Sometimes our conference room can look like a "yard sale" with all the items that magically show up."<br>"[It's] a space residents have more interactions, children too - hopefully they can be really comfortable." | "The [proposed see-thru wall at entry] makes the adults feel safe and private when they are relaxing there."<br>The music area will facilitate auditory learning while being fun and creative<br>"Add a dimmer, to be able to have the lights lower for relaxing."<br>A movie screen or projector wall for the older children to watch movies at night would be a good addition<br>"This is a place of employment for me, but this is where residents call home."<br>I like "the flexibility [of the design because] it allows it to be used for multiple purposes, and is clean and modern" | No official feedback requested at this stage. | No official feedback requested at this stage. |

# Appendix L: References


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