

**Final Report on Focus Groups and
Interviews with Client/Members of
Drop-in Centres**

**Volume I
March 22, 2008**

Executive Summary

This report presents the findings from interviews and focus groups with 275 client/members of drop-in centres within the City of Toronto.

This research is part of the City of Toronto's Drop-in Services Sector Review. The review, which began in 2006, includes four distinct phases. This report, containing information gathered from client/members of drop-in centres via surveys and focus groups, is part of the second phase. The presented information is discussed within the context of the Drop-in Services Sector Literature Review of Good Practises and social determinants of health.

Currently, it is not possible to obtain a realistic sample of the views and experiences from drop-in centre attendees. However, responses are valid for the participants and the number of participants is quite large. Therefore, the contents of this report are helpful in understanding the opinions and encounters of the individuals who utilize drop-in programs.

Attributes of Drop-in Centres

In explaining what they appreciate most about a drop-in centre, focus group participants spoke about staff, the provision of basic services, and various convenience factors, such as location and hours of operation. Survey respondents at drop-in centres and at the ARC echoed the focus group discussions, noting the value of staff and the services. These attributes are consistent with the philosophy that providing basic services and daytime shelter will reduce harm to individuals who are homeless or at-risk of homelessness.

Also, focus group and interview results assist in illustrating how drop-in centres are important to client/members as a place to go for ongoing personal and social supports. This reveals how Toronto drop-in centres provide opportunities for people to enhance their quality of life and achieve greater stability.

A consistent theme throughout the focus groups and interviews emphasized how drop-in centres are highly valued by client/members as a place to interact with staff and other individuals. The opportunity to be part of a community and re-gain a sense of social inclusion is a feature that distinguishes them from other homeless sector services.

Drop-in Centre Services

Focus group participants and survey respondents were asked how client/members obtain help with finding or maintaining housing from drop-in centres. Both identified strategies that drop-in centres use to help people seek or sustain suitable housing. People identified a wide spectrum of both direct and indirect services, including basic needs such as food and clothing; access to health care; financial and legal assistance; employment and training aids; and personal supports. People who were staying at shelters and those living outside listed some services more frequently than those who were not at a shelter or living outside. This may indicate that housing help services at drop-in centres could potentially be targeted to assist client/members according to their living situation.

Most focus group participants and interview respondents visit more than one drop-in centre. This appears to be related to the respondent's housing situation. People at a shelter, living outside, or sharing a room reported visiting more than one drop-in centre most frequently. Only when living independently in an apartment were the majority of respondents attending a single drop-in service.

Respondents support for weekend and evening hours is high. Although weekend services are more frequent than that of evenings, the difference in interest between the two programs is minimal.

Health and Housing Impacts of Drop-in Centres

An important inquiry throughout the focus groups and interviews with drop-in centre client/members was to gain an understanding of how drop-in centres affect their lives.

Survey results illustrate that 87% of respondents have experienced significant life changes since they began coming to Toronto drop-in centres. Respondents noted a wide scope of improvements: practical necessities such as food, access to additional programs and services, and a more optimistic outlook on life. On average, each respondent noted more than four changes.

Individual progress stemming from drop-in services illustrates that change to one's life is often accomplished through a series of small steps: getting up in the morning, creating a daily routine, obtaining needed supplies, or securing food and medical attention. Ongoing support and encouragement with decision-making and the related consequences are key elements of a strategy to assist vulnerable individuals in improving their quality of life.

The results of this research suggest that drop-in centres support client/members to improve the conditions that ultimately impact their overall health and well being. Drop-in centres affect income, status in the community, education, and employment prospects among their client/members. The drop-in centre also represents an environment for vulnerable individuals and the potential to improve housing outcomes and facilitate access to health care.

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1.0 Introduction

This report presents findings from interviews and focus groups with client/members of drop-in centres in the city of Toronto.

1.1 Background

This research is part of the City of Toronto's Drop-in Services Sector Review, which began in 2006.

The goal of the Drop-in Sector Review is to focus City of Toronto funding to effectively support drop-ins in meeting the City's priority direction of achieving permanent housing solutions for people who are living outside, people living in shelters and people who are at risk of losing their housing.¹

The Drop-in Services Sector Review is planned to include the following four phases:

1. A literature review to determine best practices in drop-in centre services
2. Environmental scan of drop-in centre services in Toronto and focus groups/interviews with client/members and staff about the housing focused services and other services at centres
3. Development and pilot testing of service delivery practices
4. Development of a City approach to funding drop-in centre services

This report, containing information gathered from client/members of drop-in centres, is part of the second phase of this review process. It builds on the results of Phase 1 work (literature review), the Street Needs Assessment and earlier focus groups with client/members of drop-in centres.

The focus groups findings are discussed within the context of the *Drop-in Services Sector Literature Review of Good Practices*² and social determinants of health. The literature review on drop-in centres provides a framework for understanding the wide range of services offered in centres and the service delivery philosophy behind them. The social determinants of health provide a framework to understand the impact of drop-in centres on the lives of individuals who are homeless or marginally housed.

1.2 Methodology

In deciding on a methodology to obtain input from people who use drop-in centres, a number of factors were taken into consideration:

- Client/member input was sought at locations where they choose to go. Both drop-in centres and the Assessment and Referral Centre (ARC) meet this criterion. The ARC was selected in order to obtain the views of people who are homeless.

¹ From City of Toronto RFP for *Drop-in Services Sector Review, Focus Groups with Client/Members of Drop-in Centres*. Fall 2006.

² Crammond et al, 2006.

- Focus groups and interviews were chosen as research tools. The interviews were to ensure that people who would not be able to participate in a focus group could also be heard.
- Focus groups and interview sites were chosen to obtain input from people at drop-in centres at the city’s core and outside the downtown area.
- Every drop-in centre that was part of the review was eligible to participate in the project, regardless of whether they were receiving funding from the City of Toronto.
- To minimize the impact on the day-to-day operations, drop-in centres were invited to participate and received an honourarium to recognize their contribution to the project.
- To maximize the chances of contacting people who attended only one drop-in centre, focus groups were not held at sites where interviews were conducted.

Drop-in centres are “low threshold” services. Currently, it is not possible to obtain a valid sample of the views and experiences of people who go to drop-in centres. In the absence of a method to establish a valid sample, targets for participation were established based on the advice of the Drop-in Review Reference Group. The targets were

- 300 responses
- 80% of respondents would be housed
- 20% of respondents would be women
- 20 percent people of aboriginal ancestry
- 20 % individuals under the age of 30, and
- 15 % individuals aged 50 and over.

The plan to achieve these targets was to conduct interviews and hold focus groups at the following locations:

Table 1: Locations of Interviews and Focus Groups

Agency/Drop-in Centre	Area of City	# of Participants	Inquiry Mode	Serving
519 Church Community Centre	Toronto and East York	20	Interview	LGBTTTQ ³
Agincourt Community Services Association	Scarborough	20	Interview	Men and women
ARC	Toronto and East York	100	Interview	Men and women
COSTI	North York	20	Interview	Women
Fred Victor Centre	Toronto and East York	15	Focus Group	Men and women
Fred Victor Centre/Women’s Day Program	Toronto and East York	15	Focus Group	Women/trans ⁴ women

³ LGBTTTQ = lesbian, gay bi-sexual, trans-sexual, transgender, two spirited and queer

⁴ Trans = trans-sexual and trans-gender

Agency/Drop-in Centre	Area of City	# of Participants	Inquiry Mode	Serving
Good Neighbours' Club	Toronto and East York	15	Focus Group	Men 50 and older
Red Cross/700 Kennedy	Scarborough	15	Focus Group	Men and women
St. Christopher House/The Meeting Place	Toronto and East York	15	Focus Group	Men and women
Sistering		20	Interview	Women/trans women
Weston-King Neighbourhood Centre	Etobicoke – York	15	Focus Group	Men and women
Yonge Street Mission – Evergreen Centre for Street Youth	Toronto and East York	20	Interview	Youth
YouthLink Inner City	Toronto and East York	15	Focus Group	Youth

In total, three research instruments were developed: one for interviews with clients at the ARC, one for interviews with client/members at the drop-in centres and one for focus groups with client/members at drop-in centres. All three were reviewed and approved by the Corporate Access and Privacy Office at the City prior to use.

Questions for the focus groups and interviews were generated through review of previous research instruments and consultation with the Drop-in Review Reference Group. The research instruments were designed to investigate the same issues. There were variations between the ARC and drop-in surveys and between the surveys and the focus groups. This is due to the differences in location in the mode of inquiry. (See Appendices J and K for Survey Questions used at ARC and at the five Drop-in Programs.)

ARC staff interviewed clients at the ARC. Staff members were trained to conduct the interviews and the survey instrument was pre-tested with five individuals.

Oriole Research and Design Inc. was contracted to lead the focus groups and prepare a summary report of the findings. The same firm was contracted to train and support staff at drop-in centres as they pre-tested and interviewed client members.

All participants gave written and verbal consent prior to participating. Focus group participants also agreed to hold their discussion confidential. Participants also received an honorarium or a food voucher to recognize their contribution to the project.

1.3 Profile of Respondents

As noted, the targets set at the beginning of the project were based on advice and previous research. Following is profile of the participants in the interviews and focus groups by age, gender, Aboriginal origin and housing status. There are differences in the characteristics of the respondents when compared with the original goals.

Table 2: Age

Age	Combined	
	#	%
< 31	77	29.2
26-49	128	48.5
50 +	59	22.3

- Participation of youth (29.2%) is higher than the goal (20%)
- Participation of people 50 years of age and older (22.3%) is higher than the goal (15%)

Table 3: Gender

Gender	#	%
Male	180	65.9
Female	85	31.1
Transgender/Transsexual	8	2.9

- Participation of women (31.3%) is higher than the goal (20%)

Table 4: Respondents of Aboriginal Origin

Aboriginal Origin?	#	%
Yes	65	26.9

- Participation of people of aboriginal origin (26.9%) is higher than the goal (20%)

Table 5: Housing Status

Housing Status	#	%	#	%
Staying at a Shelter	69	29.0%		
Staying Outside	47	19.7%		
Staying Both at a Shelter and Outside	10	4.2%	126	52.9%
Housed - Sharing room	14	5.9%		
Housed - Sharing apartment	22	9.2%		
Housed - Room on own	25	10.5%		
Housed - Apartment on own	43	18.1%		
Housed - Other	8	3.4%	112	47.1%
Total	238	100.0%	238	100.0%

- Participation of people with housing (47.1%) is lower than the goal (80%)

The biggest difference from the targets is in housing status. Of the 126 people who reported being homeless, 69 (55%) were staying at a shelter, 47 (37%) were living outside and 10 (8%) said they were staying both at a shelter and outside. At the ARC, the number of people staying at a shelter or living outside was evenly balanced. At drop-in centres, the number of people staying at a shelter was higher than people who were staying outside, especially in the focus groups. In the interviews at drop-in centres, the numbers who were residing at a shelter and those living outside were balanced.

Amongst the 112 people who reported that were housed, 60.7% had an apartment or room on their own, 32.1% were sharing a room or an apartment and 7% had some other living

arrangement (staying temporarily with friends or family). People interviewed at drop-in centres followed this general pattern and there was some variation among the ARC responses and the drop-in focus group participants. People at the ARC reported other living arrangements more often, whereas people in focus groups reported having a room of their own more frequently.

While the content of this report does not match the original targets, it should be remembered that the targets were based on advice and experience. It is not possible to establish a representative sample of drop-in client/members; however, the responses here are valid for the participants and the number of participants is also quite large. Therefore, the contents of this report are helpful in understanding the views and experience of people who go to drop-in centres.

1.4 Structure of the Report

This report documents the views and experiences of client/members of drop-in centres in Toronto. The discussion of findings situates the views and experiences of client/members in terms of good practices in drop-in centre services, as reflected in the literature on this topic.

Section 2 highlights what participants said they *liked* about the drop-in centres they frequent and Section 3 summarizes participants' feedback about the services *available* through drop-in centres. Section 4 looks at the reasons why people use drop-in centres and how the centres contribute to improved overall health and housing status among client/members. The report concludes with a summary of key findings and considerations in Section 5.

Each section begins with an explanation about the focus group discussions, followed by a segment about the interview responses. The focus group sections have been excerpted largely unchanged from the Report on Focus Groups with Client/Members of Drop-in Centres, written by Deborah Hierlihy, of Oriole Research and Design Inc. (March 2007). Where the questions were the same, the responses of the two surveys were combined. Where the questions in the ARC and drop-in centre surveys differ, these responses were discussed separately.

2.0 Attributes of Drop-in Centres

The literature points to three key functions of drop-in centres in the lives of those who are homeless or marginally housed. They are:

1. Reduce harm to vulnerable individuals and the community in which they live;
2. Help individuals make changes in their lives; and
3. Assist vulnerable individuals to maintain their housing.⁵

Much of the literature supports the view that the best approaches in drop-in centres are ones in which the service philosophy extends beyond the provision of basic services to create conditions where individuals begin to make changes in their lives. Flowing from this is the premise that the drop-in centre is an environment where individuals can begin to take control of their lives and choices, and be active in creating and shaping their own social and physical environments. Facilitating access to services and promoting individual empowerment are strategies to assist vulnerable individuals in obtaining and maintaining housing over the long term.

The literature suggests that the most effective programs to help individuals find and maintain housing are ones that are multifaceted in their approach and integrate complementary services. The drop-in centres profiled in this research each offer a range of supports and services that are integrated with other programs offered through their agency or other partner organizations. At some drop-in centres, this integration was apparent through co-location of various resources (for example the Fred Victor' Centre Women's Day Program is located within the same building as one of its partner agencies - the Adelaide Women's Resource Centre). Elsewhere, the integration of services was evident in that the drop-in centre was one part of a multi-service organization, which is the case with The Meeting Place, a program of St. Christopher House.⁶

The following discussion illustrates what focus group participants said they liked about the drop-in centre they attend. The findings suggest that client/members value being able to access a wide range of resources and personal support within a welcoming community setting. The discussion starts with what many client/members appear to value the most about drop-in centres: the staff.

2.1 Staff

In every focus group, participants mentioned staff as part of what they liked about the drop-in centre. In particular staff members are valued for:

- being caring, helpful, and knowledgeable and in some cases having first hand experience with addictions, alcoholism and trauma

⁵ Crammond et al, 2006

⁶ In at least one focus group, there was a blurring of the services that were provided by the drop-in centre itself and the services, resources and programs that were, in fact, available elsewhere in the building through other organizations. The lack of clarity is an interesting reflection of service integration from the perspective of the service user.

- not imposing their own views
- reaching out and encouraging everyone to get involved
- taking time to talk and listen to members
- maintaining a safe and fair environment, and
- providing advice and guidance.

" The staff take their time and try and help you, and what you say is confidential. They are here because they want to be. They don't look down on you." (Red Cross)

Survey respondents at drop-in centres were asked what they liked about staff. 70% of respondents answered the question. These responses are summarized in Table 6.

Table 6: Drop-in Responses to What is it About the Staff That You Like?

	Total #	% of Responses
Caring	55	79.7%
Friendly	55	79.7%
Non judgemental	50	72.5%
Accepting	46	66.7%
Knowledgeable	45	65.2%
Able to get things done	43	62.3%
Sense of humour	43	62.3%
Professional	41	59.4%
Staff can relate to client's experiences	40	58.0%
See strengths of clients	38	55.1%
Sensitive (responsive, not directing)	38	55.1%
Trained	37	53.6%
Firm (provide good structure)	32	46.4%
Other	14	20.3%
Total Respondents	69	
Question Response Rate	70.4%	

On average, each respondent identified 8 characteristics. The characteristics indicate that the staff members are valued both for their interpersonal and their professional skills.

Drop-in respondents were also asked what they valued most about the drop-in centre (Q 21). There were 91 respondents to the question. The top two responses were friendly/understanding staff (48.4%) and staff work with clients to help (48.4%).

These responses to these two questions mirror the findings of the focus groups.

2.2 Services

Focus Groups

Participants also mentioned specific services that they liked at the drop-in centre. Table 7 on the next page lists the services mentioned across all focus groups.

Table 7: Services at Drop-in Centres Most Valued by Focus Group Participants⁷

- Food/meals	- Showers and shaving facilities
- Computer, internet, and email access	- Free clothing and shoes
- Phone	- Access to nurses
- Able to receive mail	- Harm reduction (e.g. drug kits)
- TTC tokens	- Help with disabilities
- Help with legal problems, citizenship and welfare	

The list of what services were mentioned varied from drop-in centre to drop-in centre, reflecting differences between the centres and differences in how much emphasis participants gave to discussing services versus staff or other attributes of the centre.

Interviews

Respondents at drop-in centres and at the ARC were asked about the services that drop-in centres that help them and the services they valued the most. The discussion below and in the following sections summarizes the survey responses. The tables listing the full range of responses can be found in Appendices L (ARC) and M (Drop-in).

When asked *what other help does the drop-in centre offer you*, all services (except computer internet/email access) mentioned during the focus group discussions were listed. The top items mentioned by the majority of the survey respondents at drop-in centres were *food/meals* (72.3%), *telephone* (69.1%), *advice* (69.1%), *clothing* (63.8%), *support* (63.8%), *information* (57.4%), *emotional/mental health* (57.1%), *transportation* (55.5%) and *social connection* (52.1). Each respondent identified an average of 10 services.

When asked *what service to you value the most*, the following items were listed most frequently: *staff work with clients to help* (48.4%), *good meals/food* (48.5%), *friendly/understanding staff* (38.5%), *information* (29.7%), *great place to meet others and respectful treatment* (22.0% each), *staff equipped well to help* (22.0%), and *lockers* (22.0%). Each respondent identified an average of three services.

Respondents at the ARC also answered the question *what other help does the Drop-in offer you*. All services (except computer internet/email access) mentioned during the focus group discussions were listed. The top items mentioned by the majority of the survey respondents at the ARC were *food/meals* (96.3%), *telephone* (73.2%), *shower* (68.3%), *clothing* (68.3%) and *laundry* (59.8%). Each respondent identified an average of 8.8 services.

When asked *what is it about drop-in centres that appeal most to you*, the majority of respondents at the ARC listed the following: *can go as often as I like* (70.7%), *can get the help I need* (65.9%), *welcoming* (61.0%), *can get help right away* (58.5%), *staff take clients seriously* (58.5%), *safe* (58.5%), *open* (57.3%), *help with what I need to do* (54.9%), *accept*

⁷ When focus groups were asked what they ‘liked’ about the drop-in centre, these were the particular services mentioned.

people who are banned elsewhere (53.7%), opportunities are available to everyone (53.7%), no one makes me do things I don't want to do (52.4%), individual support (52.4%) and see/spend time with people I know (52.4%).

Drop-in respondents reported help from drop-in centres with information, advice, support, social connection and emotional/mental health more often than ARC respondents.

ARC respondents reported help from drop-in centres with showers, clothing and health services more often than drop-in respondents.

The services that respondents appreciated most differed between the drop-in centres and the ARC. This may be accounted for by the fact that the question was posed differently in the two surveys. At the ARC, respondents chose from a printed list of services. At drop-in centres, the question was open ended: the responses of the individual respondents were recorded and a list of services was compiled from the comments.

2.3 Personal Support

Focus Groups

Participants in various focus groups mentioned help with personal development and life stage issues as among the things they liked about the drop-in centre. Employment counselling, volunteering, opportunities to learn and teach native crafts, referrals to programs, and a leadership program were all mentioned in relation to one drop-in centre or another.

Men (aged 50 and over) at the Good Neighbours' Club specifically mentioned support the centre offers around illness and end of life concerns:

<p>" If you don't come in for a few days, staff sends someone out to look for you. If you can't come in they will send a meal out to you. They will drive you to the hospital. (Good Neighbours' Club)</p> <p>" When you die everything is looked after here. You have to remember how old everyone here is. (Good Neighbours' Club)</p>
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Interviews

The personal support offered by drop-in centres was also identified during interviews both at drop-in centres and at the ARC.

At drop-in centres, respondents were asked about the services that helped them and about the ones they valued most. The services that helped included *advice (69.1%), support (63.8%), information (57.4%), training and education (40.4%), resumes and job search (38.3%), practical help (28.7%), help with police or parole officers (11.7%), problems with immigration (9.6%) and nursery/childcare/parent relief (8.5%).*

The services most valued by drop-in centre survey respondents named other aspects of drop-in centre services than those identified during the focus groups. Twenty-seven respondents (29.7%) identified *information* and two (2.2%) identified *volunteering opportunities*.

At the ARC respondents were asked about the services that helped them and about the services that were most appealing. The services that helped included *information* (34.1%), *advice* (32.9%), *support* (31.7%), *practical help* (23.2%), *résumés and job search* (15.9%), *training and education* (11.0%), *help with police or parole officers* (4.9%) and *problems with immigration* (2.4%).

The most appealing personal support to ARC respondents was: that they *can get help right away* (58.5%), that there is *individual support* (52.4%), that the drop-in centre *provides support and builds community* (45.1%), and it provides *employment/training* (29.3%).

The personal support offered by drop-in centres is a theme common to the focus groups and the interviews. Employment supports and training, and help or assistance with managing life stage issues were identified consistently. The opportunity for leadership and to volunteer was not as prominent in the interviews as it was during the focus groups. Conversely, survey respondents were more likely to identify information, advice, support and practical help.

2.4 Finding Community

Focus Groups

A common theme during all the focus groups was the sense of belonging that client/members experience through their involvement with drop-in centres. Both men and women mentioned ‘safe’ and ‘non-discriminatory’ as reasons why they liked a particular drop-in centre. At the Red Cross drop-in centre, a female participant liked that ‘girls get equal time.’ A male participant at the Fred Victor Centre described the drop-in centre as ‘a quiet atmosphere where you can relax.’

Many participants spoke passionately about the social aspect of the drop-in centre as a meeting place, a place where you feel like you are with ‘friends and family.’

“ At this drop-in centre people make you feel like family; other places don’t make you feel like that. You can always get help here.” (Fred Victor Centre)

Interviews

Respondents at drop-in centres and at the ARC both reported finding community at drop-in centres.

At drop-in centres, survey respondents reported that drop-in centres provided a *meeting place* (52.1%) and a *safe space* (47.9%). When asked about what they valued most about the services at drop-in centres, 22.0% of respondents said it was a *great place to meet others*, 22.0% appreciated the *respectful treatment*, 15.1% identified the *positive social environment*, and 12.1% valued the *safe and quiet space*,

At the ARC, when asked about services at drop-in centres, 23.2% identified *social connection*. The importance of drop-in centres as a place of community came through clearly

in the responses to the question about what is most appealing about drop-in centre. More than half the respondents mentioned *safety* (58.5%) and that drop-in centres *accept people who are banned elsewhere* (53.7%), that *there are opportunities available to everyone* (53.7%), that *no one makes me do things I don't want to do* (52.4%), and that *I can see/spend time with people I know* (52.4%). Respondents also identified that drop-in centres are a *place to be connected with the world* (47.6%), that they *provide support and build community* (45.1%) and that they are a *place that provides meaning* (39.0%).

The value of drop-in centres as a place of community is identified consistently across the focus groups and the interviews.

2.5 Recreation

Focus Groups

A number of participants mentioned liking the recreational opportunities that they have through the drop-in centre. For example at the Good Neighbours' Club, participants talked about three TV rooms with sports, movies and regular channels, a pool table and a library. At The Meeting Place, participants mentioned liking outings such as going to a museum or camping, and getting involved in the community.

Interviews

The respondents at drop-in centres and at the ARC identified drop-in centres as places for recreational opportunities, although less often than some of the other services.

When respondents at drop-in centres were asked what aspects of drop-in centres they valued the most, 52.1 % said it was a *great place to meet others*, and one in three respondents (34.0%) said it was an *opportunity for recreation*.

At the ARC, the *opportunity for recreation* was not listed among the other ways that drop-in centres help them. At the same time, in response to the question what is most appealing to you about drop-in centres, 47.6% said it was a *place to be connected to the world*, 45.1% said that they *provide support and build community* and 35.4% mentioned the *group activities* that happen at drop-in centres.

2.6 Location and Hours of Operation

At five out of seven drop-in centres where there were focus groups, participants said they liked the convenience of the centre, referring to its location, proximity to transportation and other services, as well as the hours of operation. Participants at the Good Neighbours' Club liked the drop-in centre being open 7 days a week, 12 hours a day. Participants in the focus group at the Red Cross drop-in centre liked it being open every day Monday to Friday.

These issues were not directly addressed during the interviews at the drop-in centres and at the ARC.

2.7 Discussion

In explaining what they most like about a drop-in centre, focus group participants spoke about staff, the provision of basic services, and various convenience factors such as location and hours of operation. Survey respondents at drop-in centres and at the ARC echoed the focus group discussions, noting the value of staff and the services offered at drop-in centres. These attributes are consistent with the philosophy that providing basic services and daytime shelter is a way to reduce harm to individuals who are homeless or at-risk of homelessness. Section three provides a more in depth look at the range of services offered through Toronto drop-in centres and various issues related to the use of services.

The focus group and interview results also illustrate how drop-in centres are important to client/members as a place to go for ongoing personal and social support. This reveals ways that Toronto drop-in centres provide an environment where people can begin to move forward in enhancing their quality of life and achieving greater stability.

A consistent theme throughout the focus groups and interviews was that drop-in centres are highly valued by client/members as a place to interact with staff and other individuals. The opportunity to be part of a community and re-gain a sense of social inclusion after episodes of isolation is arguably a defining feature of drop-in centres – a feature that distinguishes them from other homelessness sector services. Section 4 explores the concept of the drop-in centre as a place where vulnerable individuals can build and strengthen personal and social support networks as well as regain a sense of community belonging.

3.0 Drop-in Centre Services

A key discussion point during the focus groups was how client/members obtain help with finding or maintaining housing through a drop-in centre. From this, the discussion went to other types of services available through drop-in centres, including basic services and more specialized or individualized services and support. Participants also spoke about new client/members being slow to begin using services and the reasons why some people use multiple drop-in centres. The interviews at drop-in centres and at the ARC also explored these topics.

3.1 Housing Support Services

Focus Groups

Participants in all focus groups readily named specific ways that drop-in centres assist with various housing issues. In four locations, participants noted that the drop-in centre had an on-site housing worker. At another drop-in centre, participants explained that members can be referred to a housing worker. Regular staff at drop-in centres were also found to be assisting with housing searches.

In addition to access to housing workers, the following types of help with housing searches were also mentioned:

- housing referrals and help making or attending appointments
- referrals to shelters
- staff advocating for the client/member
- TTC tokens
- providing a phone for call backs.

" They listen to what you need. You can talk to the regular staff or the housing worker. You can get help through community listings."
(Weston-King)

" Staff will help you with an apartment search and take you there and advocate for you." (YouthLink)

In addition to supporting client/members in searching for housing, drop-in centres also assist those who are ready to move into new accommodation. Participants at three drop-in centres noted that staff help obtain start-up money, household supplies and furniture.

Drop-in centres also play a role in helping client/members access emergency housing. Participants in three focus groups mentioned that if someone were on the street, staff at the centre would find him or her a place to stay or make a referral to a shelter.

" I was homeless and spending the night in a donut shop for someplace to be. One of the staff found me and suggested a shelter." (Red Cross)

The role of the drop-in centre in helping to prevent evictions was specifically mentioned by participants at the Fred Victor Centre. Participants spoke of referrals to services to help them keep their housing and staff speaking to or writing to landlords when a tenancy is in jeopardy. The participants mentioned an honour system that allows them to borrow money.

While housing support services are arguably part of the core services offered through drop-in centres, this group of services was not mentioned when participants were asked what they liked about the drop-in centre they attended. Perhaps this is because housing assistance is tailored to address individual needs at specific times and is not the service that an individual needs constantly if she or he moves from homelessness into housing.

Interviews

Respondents at the ARC and at drop-in centres were asked how drop-in centres helped them with their housing needs. The ARC, and three of the drop-in centres (Sistering, Evergreen and COSTI), provided housing help services on site. Agincourt Community Services Association operates a street outreach team, although not from the location of the drop-in centre. The final interview site, the 519 Centre, was not offering housing help or street outreach service on site when the interviews were being completed.

The vast majority of respondents identified services at drop-in centres that helped them with housing needs. Following are two tables, showing the responses at drop-in centres and at the ARC.

Table 8: Drop-in Responses: How Does This Drop-In Help You With Your Housing Needs?

Type of Services	Total #	%
Tokens	57	60.6%
Clothes	52	55.3%
Referring clients to agencies that can help them	41	43.6%
Housing lists	41	43.6%
Apply for subsidized housing	37	39.4%
Info about how to look for housing	36	38.3%
Monitoring housing status	27	28.7%
Help with landlord tenant issues	27	28.7%
ID clinic	26	27.7%
Help with getting financial assistance	25	26.6%
Household start up supplies	24	25.5%
General counselling	15	16.0%
Food/ hot meals	14	14.9%
Staff take me to see units	12	12.8%
Showers	9	9.6%
Socialize	4	4.3%
Emotional stability	4	4.3%
Other	17	18.1%
Total # of Services	468	
Total # of Respondents	94	
Average # of Services per Respondent	5.0	

Table 9: ARC Responses: How Does the Drop-in Help You With Your Housing Needs?

Type of Services	Total #	%
Showers	47	58.8%
Clothes	43	53.8%
ID clinic	36	45.0%
Apply to housing connections	31	38.8%
Referring clients to agencies that can help them	26	32.5%
Monitoring housing status	18	22.5%
Help with getting financial assistance	15	18.8%
Take client to see units	7	8.8%
Help with landlord tenant issues	7	8.8%
Other	4	5.0%
None	13	16.3%
Total # of Responses	247	
Total # of Respondents	82	
Average service per respondent	2.9	

The respondents at both drop-in centres and at the ARC identified services at drop-in centres that help them to find housing and to stay housed. Respondents at drop-in centres mentioned services to help them stay housed (*help with landlord-tenant issues, help with financial assistance, household start-up supplies and food/hot meals*) more often than respondents at the ARC.

Drop-in respondents identified six services not mentioned at the ARC: *TTC tokens, housing lists, information about how to look for housing, household start-up supplies, general counselling and food/hot meals*. Of the services mentioned by drop-in and ARC respondents, two were mentioned with similar frequency: *clothing and applying for social housing*.

Drop-in respondents mentioned *referrals, help with landlord-tenant issues, monitoring housing status, help with financial assistance, and staff take people to see units* more often than ARC respondents. Respondents at the ARC identified *showers and ID clinics* more frequently than those at drop-in centres.

There were 13 respondents at the ARC who stated they did not receive any help with their housing at drop-in centres. This group consisted of seven (7) people who were staying at a shelter, (5) who were living outside and one who did not say.

Responses from drop-in centres were grouped by proximity to the City's core to see if there were differences in services:

Table 10: Drop-in Responses: Services Used by Agency Location

Service by Agency Location	> 5 km from City Hall		< 5 km from City Hall	
Token	32	82.1%	25	45.5%
Apply for subsidized housing	25	64.1%	12	21.8%
Info about how to look for Housing	23	59.0%	13	23.6%
Housing lists	21	53.8%	20	36.4%
Clothes	20	51.3%	32	58.2%
Help with landlord tenant issues	20	51.3%	7	12.7%
Monitoring housing status	19	48.7%	8	14.5%
Referring clients to agencies that can help	19	48.7%	22	40.0%
Help with getting financial assistance	16	41.0%	9	16.4%
ID clinic	11	28.2%	15	27.3%
Household start up supplies	10	25.6%	14	25.5%
Showers	6	15.4%	3	5.5%
Food/ hot meals	5	12.8%	9	16.4%
General counselling	5	12.8%	10	18.2%
Socialize	4	10.3%	0	0.0%
Housing worker/take me to see units	3	7.7%	9	16.4%
Emotional stability	2	5.1%	2	3.6%
Other	8	20.5%	9	16.4%
Total # Services	249		219	
Total # Respondents	39		55	
Response Rate	97.5%		94.8%	
Average # of Services	6.4		4.0	

The shading in the table notes the area of the City where a service was reported more often. Services with no shading show similar responses regardless of location.

Respondents at drop-in centres outside the city's core reported help from the drop-in centre with most of the services in the list more often. The average number of services is also higher outside the downtown core. While the differences by location may reflect the services available at the individual drop-in centres, it may also reflect the level of reliance on drop-in centres outside the downtown core for a broad range of services.

Responses from drop-in centres were also grouped by housing status to examine differences in services:

Table 11: Drop-in and ARC Responses: Use of Five Top Services by Housing Status

Housing status	Responses	Tokens		Clothes		Referring Clients		Housing Lists		Applying for Subsidized Housing	
		#	%	#	%	#	%	#	%	#	%
Staying at a Shelter	12	4	33.3%	6	50.0%	4	33.3%	1	8.3%	2	16.7%
Living Outside	12	3	25.0%	10	83.3%	6	50.0%	4	33.3%	2	16.7%
Both Shelter and Outside	3	3	100.0%	2	66.7%	1	33.3%	2	66.7%	2	66.7%
Housed	60	43	71.7%	33	55.0%	29	48.3%	31	51.7%	31	51.7%
Overall Response	94	57	60.6%	52	55.3%	41	43.6%	41	43.6%	37	39.4%

All of the respondents at drop-in centres listed *TTC tokens* more than any other assistance. The respondents living in shelters or outside put assistance with *clothing* ahead of *TTC tokens*, and those staying at shelters named *TTC tokens* more often than people staying outside. The next most frequent responses from all respondents were *referring people to agencies that can help* and *housing lists*. Those staying at shelters were less likely to identify this than those staying outside. Aside from the services listed above, respondents living outside named *showers* more often than other respondents. Respondents staying at shelters had the lowest average number of services (3.5), followed by those staying outside (3.8): the average for all respondents was (5.0).

Respondents at the ARC were also asked to identify where else they went for help with their housing issues:

Table 12: ARC Responses: Where Else do You go to get Help With Your Housing

Other agencies used for Housing Help	Total	%
Shelters	50	52.6%
Out Of The Cold Beds	36	37.9%
Other drop-in centres	33	34.7%
Housing help centres	32	33.7%
Out Of The Cold Meals	32	33.7%
Street Helpline	30	31.6%
Street outreach vans	27	28.4%
Health centres	25	26.3%
Food banks	23	24.2%
ID clinics	20	21.1%
Hospitals	19	20.0%
Employment centres	18	18.9%
Harm reduction programs	16	16.8%
Legal clinics	12	12.6%
Detox centres	11	11.6%
Other	19	20.0%
Total Services	403	
Total Respondents	95	
Average	4.2	

The top responses reflect the list of services named by respondents during the street needs assessment.

To summarize, participants in focus groups and interview respondents identified that drop-in centres helped them to find or keep housing. Participants:

- are helped by regular drop-in staff at with housing searches
- receive TTC tokens to attend appointments and view units
- receive clothes to make a favourable impression when viewing units and attending appointments
- use the drop-in center's telephone number for call backs.

Furthermore, participants outside the downtown region appear to be using more than one drop-in centre's services to obtain help in finding or keeping housing than those in the downtown core. People staying at shelters and those living outside listed some services more frequently than those who were not at a shelter or living outside. This is a possible indication that housing help services at drop-in centres might effectively be targeted to assist client/members according to their living situation.

3.2 Basic Needs Services

Focus Groups

A variety of services to meet basic needs were mentioned by participants in all focus groups: food, laundry, showers, hygiene supplies, TTC tokens, and clothing. Food or meals were mentioned in all seven focus groups. Many participants also included access to phone, computer and internet in the discussion of basic services. Participants also pointed out the drop-in centres provide a basic ‘shelter’ service by being a warm place to go during cold weather and a safe place to have your belongings.

In discussing why it is important for drop-in centres to provide basic services, participants raised three major themes: economic necessity, access issues, and self esteem. With client/members of drop-in centres typically on a fixed income or with a very low income, free or low cost services help individuals survive on a tight budget. Drop-in centres are particularly important to client/members as free or low cost sources of food and meals. Free laundry facilities are critical for those who cannot afford to use a commercial laundromat. Affording transportation, phone and internet are other concerns for low income individuals which are alleviated to some extent through drop-in centre services and resources.

“ People in a financial rut can’t afford to buy soap and laundry detergent.” (Red Cross)
“ Tokens are important because you can’t get things done if you can’t get around.” (YouthLink)

For individuals on the street or staying in shelters, drop-in centres provide access to services that they could otherwise not obtain. This includes everything from food, to showers and laundry, clothing, TTC tokens, computers and internet, phone and a mailing address. A participant at the Fred Victor Centre commented that the drop-in centre ‘enhances people’s quality of life.’

“ I get services here that I can’t get at the shelter. The shower here is close to the staff office which is good for safety. If you’re not out of the shower in 20 minutes someone knocks to make sure you are okay.” (Fred Victor Centre Women’s Day Program)
“ The services aren’t provided everywhere, and some people don’t have access to them. It’s free. You can get basic hygiene.” (YouthLink)

An overarching sentiment from participants was the notion that the basic services at drop-in centres are important for building self esteem:

“ It can bring up your self-esteem. You can get bus fare and help to find work.” (Weston-King)
“ People want to be clean and have decent clothing. It’s important to be socially acceptable.” (Red Cross)

Various basic needs services were mentioned as among the things that client/members like about the drop-in centre they use. These are the frequently used services for many individuals and are features that keep members coming back regularly. Basic services are an entry point for individuals in need of legal, financial, housing, health or other forms of assistance.

Interviews

There were four questions in the drop-in centre interviews that yielded information about basic needs services:

- *How does this drop-in centre help you with your housing needs?* (Question 19)
- *What other help does the drop-in centre offer you?* (Question 23)
- *What do you value most about the drop-in centre?* (Question 21)
- *How many meals do you eat each week at this drop-in centre?* (Question 26)⁸

Questions 19 and 23 illustrate the use of basic needs services. When asked about help with housing issues, respondents identified *TTC tokens* (60.6%), *clothing* (55.3%), *a safe space* (42.6%), *food* (14.9%), and *showers* (9.6%). When asked about other help, respondents identified *food* (72.3%), *access to telephone* (69.1%), *clothing* (63.8%), *TTC tokens* (57.4%), *laundry* (19.1%), and *showers* (12.8%). The frequency of these responses is an indication of the value of these services to respondents: the majority identified several of the basic services offered at drop-in centres.

Question 21 also gives some insight into the value people place on the provision of basic services. *Food* was mentioned most often (38.5%), followed by *telephone/internet/email use* (17.6%), *a safe space* (16.5%) and *TTC tokens* (12.1%). The basic services were listed less often than *friendly and understanding staff* (48.4%) and *staff work with clients to help* (48.4%). This suggests that while respondents use and appreciate the basic services, there are other aspects of the drop-in centre they value as much or more. Further evidence is provided through the response to question 23, where more than one in two respondents (52.1%) said that drop-in centres helped by providing *social connection* and one in four (24.7%) said that they valued the *social connection* provided at drop-in centres.

Although the issue of economic necessity was not asked directly in the interviews, question 26 explores the issue indirectly by asking how frequently meals are consumed.

⁸ Appendix M contains the tables listing all responses to these questions.

Table 13: How Many Meals Each Week do You Eat at This Drop-in Centre?

DI: Frequency of Meal Consumption	Total	Total %	% Comb.
8 or more meals	2	2.6%	55.1%
5-7 meals	22	28.2%	
3-4 meals	19	24.4%	
1-3 meals	31	39.7%	44.9%
Less than one meal /week	4	5.1%	
Never	0	0.0%	
Total Respondents	78	100.0%	100.0%

The total number of respondents to this question is 78, as one of the survey sites does not offer meals. Two of the drop-in centres are open less than three days per week. Taking this into account, the majority of respondents are coming to a drop-in centre for a meal every day that it is open. This result reinforces the focus group discussion that drop-in centres are helping respondents by providing economic necessities. However, as this pattern was also observed among respondents who were staying at a shelter (where meals are offered), it suggests that economic necessity may not be the only factor in the number of meals respondents consume at drop-in centres.

There were five questions in the Assessment and Referral Centre interview that yielded information about basic needs services:

- *How do the drop-in centres help you with your housing needs?* (Question 15)
- *What other help do drop-in centres offer you?* (Question 18)
- *What is most appealing about drop-in centres?* (Question 23)
- *How often do you eat a meal at a drop-in centre?*⁹ (Question 19)

Questions 15 and 16 illustrate the use of basic needs services. When asked about help with housing issues, respondents identified *showers* (57.3%), and *clothing* (52.4%). When asked about other help, respondents identified *food* (96.3%), *access to telephone* (73.2%), *clothing* (68.3%), *showers* (68.3%), *laundry* (59.8%), and *TTC tokens* (45.1%). The frequency of these responses is an indication of the value of these services to respondents: the majority identified several of the basic services offered at drop-in centres.

Question 23 also gives some insight into the value people place on the provision of basic services. Aside from *providing a safe space* (58.5% of respondents), specific basic services were not identified. More than half (65.9%) said they could *get the help they needed* and nearly one half of respondents (46.3%) noted that *comprehensive services were offered on site*. Other aspects of drop-in centres that were mentioned frequently included: *can go as often as I like* (70.7%), *it is welcoming* (61.0%), *I can get help right away* (58.5%), *staff take clients seriously* (58.5%), and *they accept people who are banned elsewhere* (53.7%). As in the drop-in centre interviews, this suggests that while respondents may use and appreciate the basic services, there are other aspects of the drop-in centre they value as much or more.

⁹ Appendix M contains the tables listing all responses to these questions

Question 19 asks how frequently meals are consumed and stands again as a proxy for economic necessity.

Table 14: How Often do You Eat a Meal at a Drop-in Centre?

Frequency of meal consumption	Total	%	% Combined
Every day	45	53.6%	77.4%
Most days	20	23.8%	
One or two times a week	10	11.9%	22.6%
Less than once a week	7	8.3%	
Never	2	2.4%	
Total	84	100.0%	100.0%

Three of four respondents are coming to a drop-in centre for a meal every day or most days. This supports the focus group discussion that drop-in centres are helping respondents by providing economic necessities.

Various basic needs services were mentioned as among the things that client/members like about the drop-in centre they use. These are the frequently used services for many individuals and are features that keep members coming back regularly. Basic services are an entry point for individuals in need of legal, financial, housing, health or other forms of assistance.

3.3 Beyond Basic Needs

Focus Groups

Participants mentioned a wide array of services that are available at the drop-in centres they attend — services beyond those that meet basic needs. Table 15 summarizes the additional services mentioned by participants during the focus groups. These include services in the realms of healthcare, legal help, employment and training, personal support, and household and personal supplies.

Table 15: Other Drop-in Centre Services Mentioned by Focus Group Participants

<i>Free and easy access to health care</i>	<ul style="list-style-type: none"> - Nurse and doctor on site - TB testing - Hepatitis A and B vaccinations - Confidential HIV testing - Flu shot 	<ul style="list-style-type: none"> - Foot care - Referral to detox - Contraception - Medical and dental referrals
<i>Access to financial and legal help</i>	<ul style="list-style-type: none"> - Tax help - Help to obtain a lawyer - Help with divorce - Accompaniment to meet with lawyer - Furniture allowance 	
<i>Access to Employment and Training help</i>	<ul style="list-style-type: none"> - Employment help - Help getting into school 	<ul style="list-style-type: none"> - Apprenticeship programs - Workshops, courses, training programs
<i>Personal Support</i>	<ul style="list-style-type: none"> - Spirit Circle - Visits from staff when in hospital or jail - Help accessing resources - Project Go Home 	<ul style="list-style-type: none"> - ID clinic - Help with moving - Recreational opportunities
<i>Supplies and Personal Needs</i>	<ul style="list-style-type: none"> - Eyeglasses - Household supplies and furniture - Photocopying and faxing 	

Providing access to services that go beyond the most basic needs allow drop-in centres to engage with individuals who have varying and different levels of need. These are supports that can assist the individual in making changes in their lives.

Participants also noted other places that they go for help in addition to drop-in centres:

- churches and synagogues
- libraries
- hospital and health centres
- mental health and addictions centres
- food banks
- jail
- social services department
- employment resource centres
- outreach van and street helpline
- shelters
- internet cafes, bars, donut shops, brothels and steam baths.

Interviews

Respondents at drop-in centres and at the ARC also identified services beyond basic needs that are available at drop-in centres. The services include four of those identified in the focus groups: *access to health care*, *access to financial and legal help*, *access to employment and training help*, and *personal support*. ARC respondents mentioned access to health care services more often than respondents at drop-in centres. Drop-in centre responders mentioned access to financial and legal help, access to employment and training health and personal

support more often than respondents at the ARC. The use of these services is discussed in more detail in sections 2.2 and 2.3.

3.4 New Client/Members Accessing Space

There was general agreement in six out of the seven focus groups that new client/members to the drop-in center can be slow to start using services. Participants offered many reasons why a newcomer may not quickly connect with drop-in centre services.

The newcomer at the centre may simply not have the information that she or he needs and therefore may:

- not know what services exists
- not know anyone at the drop-in centre or be able to distinguish between staff and client/members
- not be computer literate, and unable to use computer resources
- feel lost
- not know Toronto or be familiar with local services

Another explanation that was offered is that upon arrival at the drop-in centre, the newcomer may not need anything or may just need one or two things and not take in everything else.

A number of other explanations relating to personal barriers or individual characteristics were also offered. Participants suggested that new client/members may:

- feel 'too good for the place'
- be too proud
- be shy
- have language barriers
- fear other people or institutions
- be experiencing trauma and needing time to begin to engage
- feeling depressed and not being receptive to help
- needing time to 'check out the environment' and not wanting to 'step on anyone's toes'
- find other client/members are intimidating and loud.

Some suggestions were offered on how to encourage new client/members to make use of services and resources sooner:

- establish a welcoming committee
- have a staff or volunteer greeter at the door to explain the services and programs, provide an orientation, and show the newcomer around
- have a booklet about the services in the community giving times and descriptions
- staff the drop-in centres with individuals who are familiar with the local community
- remember not to come on too strong at the beginning: new client/members may be shy
- encourage members to talk to new client/members and let them know what is available, or invite them to play a game.

An interesting tone in the discussion of the new client/member's experience was the participants' acknowledgement that members of the drop-in centre have a role to play in helping out new client/members.

There are no corresponding questions in the ARC and drop-in centre interviews on this issue.

3.5 Using Two or More Drop-in Centres

Focus Groups

Participants were asked why people use more than one drop-in centre. With the exception of the Good Neighbours' Club, the discussions at the centrally located drop-in centres gave the impression that many client/members use more than one drop-in centre depending on the service they need and the time of day or week. With various services including shelters located close together, many client/members can walk between locations.

For the Red Cross and Weston-King groups, both far away from the downtown network of services, the prospect of using more than one drop-in centre on a regular basis did not appear to strongly resonate with many participants. Time and cost involved in travelling, and fewer services to choose from outside of the downtown core are factors limiting access to multiple drop-in centres. A few participants in the Red Cross group did, however, mention using more than one drop-in centre in other parts of Toronto:

" I ride my bike, so I stop in to different drop-ins as I move around the city."
" I live in Scarborough and there are few centres here so I go to different areas."

The following reasons were given for using two or more drop-in centres:

- satisfy different needs
- obtain different services, including meals, at different times of the day
- access more food and clothing donations
- collect more TTC tickets
- access different health services.

Other reasons cited for using more than one drop-in centre included the tendency of homeless people to move around, becoming tired of one drop-in centre, being barred or suspended, or having a conflict with staff at a centre.

Interviews

Respondents at the ARC and at drop-in centres were asked whether they used more than one drop-in centre.

Table 16: Drop-in and ARC Responses: Do You Attend More Than One Drop-in Centre?

Attend more than one drop-in centre?	Total	%
Yes	124	71.3%
No	50	28.7%
Total	174	100.0%

The majority of respondents do go to more than one drop-in centre. The responses at COSTI, where the majority of respondents did not go to more than one drop-in centre, stand out from this pattern. The majority response in the surveys is similar to the focus groups in the downtown core and the response at COSTI is similar to the focus groups at Red Cross and Weston-King.

Responses to this question were also grouped by housing status to examine differences in use.

Table 17: Drop-in and ARC Responses: Do You Attend More Than One Drop-in Centre by Staying at a Shelter

Staying at a shelter?	Attend more than one drop-in?				Total
	Yes		No		
Yes	46	85.2%	8	14.8%	54
No	77	67.0%	38	33.0%	115
Total	123	72.8%	46	27.2%	169

Table 18: Drop-in and ARC Responses: Do You Attend More Than One Drop-in Centre by Living Outside

Staying outside?	Attend more than one drop-in?				Total
	Yes		No		
Yes	43	87.8%	6	12.2%	49
No	45	58.4%	32	41.6%	77
Total	88	69.8%	38	30.2%	126

Table 19: Drop-in and ARC Responses: Do You Attend More Than One Drop-in Centre by Housing Status

Housing Situation	Attend more than one drop-in?				Total
	Yes		No		
Sharing room	6	85.7%	1	14.3%	7
Sharing apartment	11	55.0%	9	45.0%	20
Room on own	4	57.1%	3	42.9%	7
Apartment on own	12	44.4%	15	55.6%	27
Couch Surfing	3	75.0%	1	25.0%	4
Other	2	100.0%	0	0.0%	2
Total	38	56.7%	29	43.3%	67

Overall, the majority of respondents attend more than one drop-in centre. It appears that this is related to the respondent's housing situation. Over 85% of respondents staying at a shelter, living outside or sharing a room reported going to more than one drop-in centre. Respondents who are couch surfing or sharing their housing with others are more likely to go to more than one drop-in than if they are living on their own. Only when living in an apartment on their own were the majority of respondents attending only one drop-in centre.

3.6 Extended Hours

Focus Groups

Participants were asked if evening and weekend opening hours were important. Across all focus groups, there was some consensus on the importance and usefulness of weekend hours.

" Some shelters kick you out during the weekend. If the drop-in was open on the weekend, it would be a place to rest." (YouthLink)
" Services are just as important on the weekend. Churches should open their doors. There are no shelters in Scarborough on the weekend." (Red Cross)

Evening hours were viewed differently by different groups of participants. For example, many who were housed thought a day program was sufficient.

But others were in favour of evening hours, noting that if you are homeless and not staying at a shelter there is nowhere to go at night. A drop-in centre with evening hours would be a safe/caring place. Someone who is also trying to avoid drinking or doing drugs, whether housed or not, can prefer to go to a drop-in centre than other options.

" If you are trying to stay clean, there aren't a lot of places to go evenings and weekends; bars aren't a good place. There needs to be a place to go for addictions counselling." (Fred Victor Centre Women's Day Program)

Overall there was a more unanimous sentiment about the importance of weekend hours than evening hours, regardless of where a particular drop-in centre is located.

Interviews

Respondents at the ARC and the Drop-in Centres answered two questions about the hours of drop in services:

How important is it to you to have drop-in centres open on weekends?

How important is it to you to have drop-in centres open during the evening?

Table 20: ARC and Drop-in Responses: Importance of Weekend and Evening Hours

Importance	Open on Weekends			Open during Evenings		
	Total	%		Total	%	
Very	122	70.1%	82.2%	118	65.9%	75.4%
Somewhat	21	12.1%		17	9.5%	
Neutral	17	9.8%	9.8%	23	12.8%	12.8%
Not very	8	4.6%	8.0%	11	6.1%	11.7%
Not at all	6	3.4%		10	5.6%	
Total respondents	174	100.0%	100.0%	179	100.0%	100.0%

There is high support for weekend and evening hours. Similar to the focus groups, the support for weekend hours is higher than for evenings, although the difference between support for weekends and evenings is small (82.2% as compared to 75.4%).

The typical profile of an individual who thought evening hours were very important was a male between 30 and 49 years of age and homeless (either staying outside or at a shelter). This profile is also typical of people who thought weekend hours were very important.

The preference for weekend hours was more pronounced among people over 50, women, and ARC respondents. Respondents from drop-in centres reported a preference for evening hours more often.

The top reasons given in support of weekend openings were:

- a place to keep warm/stay out of the cold
- a place to go for activities, combat loneliness or boredom, to stay out of trouble (including staying sober and not using drugs or other substances)
- to obtain food and meals, and
- access to resources, services and staff.

The reasons given in support of evening hours were similar to those given for weekend hours. Evening and weekend hours are important when you are attending school or working and can't access services during the day.

Most of the respondents who thought evening hours were not important were women. Among the reasons mentioned were: availability of shelter bed at night, having children at home, concern about safety in the evening, and going to school in evenings.

The discussion in the focus groups and the responses to the surveys gives strong support to weekend and evening hours, with evenings being slightly less important.

3.7 Other Services for Drop-in Centres

Focus Group participants provided suggestions about other services that could be available through drop-in centres. For those using downtown drop-in centres, health services, mental health workers, and addictions services were suggested. Those outside of the downtown area

suggested adult programs, workshops, life skills and employment training. These differences may reflect the difficulty that some individuals have in accessing a full complement of services depending on where they are located in the city.

There was no corresponding question in the individual interviews.

3.8 Summary

The preceding discussion illustrates an array of services available through the drop-in centre sector. From the perspective of the client/member, these services help to find and keep housing. The continuum of services includes the most basic services, assistance with housing, opportunities to meet social needs and help to achieve personal development goals. The continuum allows drop-in centres to connect with individuals in a variety of ways. The drop-in centre engages individuals who are homeless, in vulnerable housing situations, or marginalized by other types of services and offers them assistance in moving towards a more stable life and improved quality of life.

The discussions during the focus groups and the interview responses portray drop-in centres as an integral part of a network of services. For instance, some client/members will use multiple drop-in centres to meet a variety of personal needs. Others use drop-in centres in conjunction with basic emergency services such as shelters.

There is strong support to open more drop-in centres on weekends and during the evenings. The variety of perspectives about the benefits of extending hours or services at drop-in centres reflects the range of individual needs and experiences among client/members. It also reflects differences between centres depending on their location downtown in or outside of the downtown core.

4.0 Health and Housing Impacts of Drop-in Centres

In this research, an important question was asked: how drop-in centres affect the lives of the people who go to them. Earlier sections of this report describe the attributes of drop-in centres and the services. It is clear that drop-in centres are a vehicle for obtaining a holistic basket of services and resources. Along with the services and resources come opportunities for personal growth, social engagement and community connectedness.

During the interviews at drop-in centres, respondents were asked directly whether their *lives had changed since they began going to drop-in centres*. The response rate to this question was 93.9%. The majority of respondents (87%) reported that their lives had changed. People who said that their lives had changed were asked to describe how it had changed.

Table 21: Drop-in Responses: How Your Life Has Changed Since You Started Coming Here

How life changed	Total	%
Computer training/access	48	57.8%
Creative activities	46	55.4%
Socialize (non-judgemental)	40	48.2%
Hopeful/confident	40	48.2%
Work projects/odd jobs/part time work	38	45.8%
More relaxed/activities	27	32.5%
Helping to run DI	22	26.5%
Literacy training, ESL	21	25.3%
Connected to other programs	15	18.1%
Staff support	15	18.1%
Freedom/stability	13	15.7%
Housing	9	10.8%
Food/food bank	6	7.2%
Health improved	6	7.2%
Volunteer work	6	7.2%
Time to get on with life	5	6.0%
Harm reduction	4	4.8%
Health services	3	3.6%
Employment	3	3.6%
Other	7	8.4%
Total Respondents	83	

These responses cover a wide scope. Some speak to practical necessities such as food. Some make reference to changes through access to other programs and services. Some are more specific: use of computers, obtaining work, and education. A fourth set of responses describes changes in outlook: more hopeful/confident, more relaxed, freedom and stability, and time to get on with life. The average number of responses is 4.5 changes. While this may not be down to the drop-in, these are changes that the survey respondents have noted since they started coming to drop-in centres.

The report of the focus groups explored the health and housing impacts of drop-in centres by considering the reported experiences of drop-in users in comparison with the social determinants of health.

The perspectives of client/members of drop-in centres suggest that drop-in centres have a positive impact on eight of the social determinants of health:

- food security
- income and social status
- social support networks
- education
- employment
- social environment
- physical environment (including housing)
- health services.

A discussion of the impact of drop-in centres on each of these determinants follows. Excerpts from the report of the focus groups describe the impacts and draw evidence from the focus group discussions. This is supplemented by responses to apposite interview questions.

4.1 Food Security

Research on the determinants of health indicates that food insecurity is more frequently reported among households with declining incomes or households depending on social assistance.¹⁰ Making quality food available through drop-in centres helps to reduce the inequities in access to food that exist due to poverty.

Financial pressures both before and after being housed keep many individuals connected with a drop-in centre. A drop-in centre is a place to go when someone needs food and cannot afford to buy it after paying rent.

" If you don't have much money, you can eat here." (Weston-King)

" Most men here are living on \$7 a day from the government. It's set up like the Royal Canadian Legion without the beer. Seniors come even though they have never been homeless. We even get vegetarian meals. (Good Neighbours' Club)

From the interviews, it is clear that one of the benefits of drop-in centres for respondents is the food that is available. Generally speaking, the vast majority of respondents say they eat a meal at a drop-in centre every day that it was open.¹¹

4.2 Income and Social Status

Individuals using a variety of services available through drop-in centres are doing so to make their limited income go further.

" I have housing, but on social assistance I can't afford a phone or a computer." (Red Cross)

" People use the services because they're free. Even if you have housing, you still cannot afford many things. The services here help out when you don't have much money." (Fred Victor Centre Women's Program).

¹⁰ Edwards, P. 2002

¹¹ The responses are discussed in detail in section 3.2 Basic Needs.

Participants noted that access to resources such as free clothing and shoes raises their self-esteem. Having access to decent clothing and hygiene supplies means that people don't have to know that you are homeless or poor. Free services contribute to increased social status, or at least increased social acceptance and a sense of improved social status. Health status improves as individuals move up the hierarchy of income and social status.¹² The resources available through drop-in centres help to reduce material inequities that exist between homeless or poor individuals and the general population.

" It gives you self esteem. You can be clean and dress well. I have free email access so I can talk to my children everyday. It takes you back to the way you used to live; you're important again." (Good Neighbours' Club)

In the interviews, respondents reported coming to the drop-in centre to use the computer, to find out about employment opportunities, to obtain clothing and to shower. These responses demonstrate the impact of drop-in centres on improving income. The effect of drop-in centres on social status comes through comments such as *staff take you seriously* and *everyone can go there*.

4.3 Social Support Networks

The underlying premise of social support networks in the determinants of health framework is that social support helps individuals solve problems, deal with adversity and master a greater sense of control over one's life and circumstances. Having support from friends and community is linked with lower stress and improved overall well-being.¹³

Focus group participants described their need for ongoing social contact through drop-in centres to combat boredom, depression, loneliness and social isolation. For some, socializing at the drop-in centre is easier than having friends come to visit at home, especially if their accommodation is small, far away, or not in a 'nice' area. Friendships and social opportunities through the drop-in centre were frequently mentioned as reasons to keep using a drop-in centre even after being housed.

" Housing doesn't meet all your needs. You need to talk to people. There's always the chance you'll be evicted. Coming to the drop-in helps you live alone." (Fred Victor Centre)

" The people here won't reject you. They make it easy for you. It's familiar and comfortable." (Weston-King)

" It's the only family that some people have." (Fred Victor Centre Women's Program)

The interaction with staff and other people at a drop-in centre can be a motivating force for some as they try to move forward in life. Motivation, renewed focus on goals and encouragement are boosts to one's inner drive.

¹² Public Health Agency of Canada. 2006

¹³ Ibid

" Staff and other clients help motivate you and steer you in the right direction. Even if you are motivated, the resources at the drop-in get you going and provide momentum for you." (Fred Victor Centre Women's Day Program)

" They gave me encouragement to continue a course I wanted to quit and I was able to graduate." (Meeting Place)

These examples illustrate how social support is linked with motivation and plays a role in creating the conditions where individuals feel they can take control of the direction of their own lives, a key consideration in the determinants of health literature.

In the interviews, the evidence of the impact of drop-in centres on social support networks shows up in the question: what do you value most about the drop-in centre? One in two respondents at drop-in centres said: *staff work with clients to help*. At the ARC, more than half the respondents said that drop-in centres *help them with what they need to do*.

Individual responses to the question *how has your life changed since coming to the drop-in centre* also speak to the positive impact of a drop-in centre as a social environment:

" Helps to socialize with others without negativity"

" Communicating with other people who have similar problems; finding that your problems aren't as bad as others"

" Helps me find services and other places"

4.4 Education and Employment

Education is linked with improved health status. With education and training, individuals have increased opportunities to achieve greater job and income security. Education equips people for better problem solving.¹⁴

A general theme that emerged from the focus groups is that drop-in centres are safe places for client/members to focus on their own problems, tap into resources as needed and move forward with their lives. For some, the drop-in centre helps them move into educational or employment opportunities. The drop-in centre provides a gateway to resources, including training.

" The drop-in provides stepping stones like training. Outside pressures send you back for the support and familiarity and the people here know what you've been through. They give you friendly advice, positive reinforcement and encouragement." (Fred Victor Centre)

¹⁴ Public Health Agency of Canada 2004

As with education, employment is linked with improved health and well-being and higher income levels.¹⁵ The drop-in centre offers resources to those seeking employment. Focus group participants talked about having use of a phone or message system so employers could reach them. Others mentioned how networking through the drop-in centre had landed them work. An older gentleman explained that a drop-in centre had outfitted him with new work boots, allowing him to work on construction sites several days per week.

“ You can come here if you’ve lost your job and people here can give you help to get back out there. You can also find out about jobs by word of mouth.” (The Meeting Place)

For participants in four focus groups, the drop-in centre was a place to do volunteer work. This improved their overall sense well-being, and as mentioned by one participant, it led to paid work.

“ I keep coming here to volunteer. Volunteering is a way to pay back for the help I have received. This is a steady base in my life.” (Fred Victor Centre Women’s Program)

The examples above illustrate how the drop-in centre can be a link to education and employment through referrals, adult programs, volunteer opportunities, word of mouth, networking, and the provision of employment related supports.

Survey respondents at drop-in centres gave similar answers to the focus group participants, particularly in response to the question *how has your life changed since you started coming to the drop-in centre*. Drop-in centres were an access point for *work projects and odd jobs* (45%), *literacy training/English as a Second Language Training* (23%), *helping to run the drop-in centre* (26.5%), *volunteer work* (7.2%) and *employment* (3%).

4.5 Social Environments

Within the determinants of health framework, social environments that offer stability and strong communities are understood to reduce health risks.¹⁶

Several participants spoke of the drop-in centre as a warm and safe place to be during cold weather, or a cool air-conditioned space during the summer. For some individuals, the drop-in centre is a place to hide or to ‘stay out of trouble’ (for example, not committing crime, drinking, or doing drugs). For many more, the drop-in centre represents a safe place they can go—an alternative to wandering the streets.

“ I can leave my clothes and my bag here and they’re safe. We trust each other because we know each other like family. This is the best place I have been and I have been all over.” (Good Neighbours’ Club)

¹⁵ Public Health Agency of Canada 2006

¹⁶ Ibid

Participants in three focus groups explained that drop-in centres are a reason to get up in the morning. There is comfort in the routine of having somewhere to go every day.

“ The drop-in provides consistency and you can develop a routine in a stable environment. It’s good to know people are in the same boat.” (Red Cross)

“ There is a solidness in having a place to come everyday. No matter where you’re coming from, this place brings you up.” (Good Neighbours’ Club)

Drop-in centres offer a stable environment to client/members where they can participate in creating the community that exists there. These are environments where the individual can feel in control of his or her own life and life choices. Having a sense of control over one’s own life improves health and well-being.¹⁷

“ Staff will help you with what you need where you are in your life. They will help you feel normal and be a productive person. I still lead my life the same way, but I feel better about myself. Coming here allows me to get out and live life.” (The Meeting Place)

“ There is an opportunity to better yourself physically, mentally and spiritually. Your whole equilibrium is built up.” (Good Neighbours’ Club)

Feeling better about one’s self is equated with making better decisions and living life more fully.

The interviews with respondents at drop-in centres confirmed the findings of the Focus Group discussions through the question *how has your life changed since you began coming to the drop-in centre*. Responses are discussed at the beginning of this section (4.0 Health and Housing Impacts). In addition, respondents said:

“ Feel more cheerful; more socialized; more hope”

“ Meeting people, conversation with people”

“ Used to be shy, ashamed, isolated, now more open, getting stronger”

The interviews also measured the impact of drop-in centres as a social environment by asking respondents how often they come to drop-in centres and how long they have been coming to drop-in centres.

Responses at the ARC were:

¹⁷ Ibid

Table 22: ARC Responses: How Often do You go to a Drop-in Centre?

Frequency of attendance	Total	%	% Combined
Every day	48	58.5%	76.8%
Most days	15	18.3%	
One or two times a week	11	13.4%	23.2%
Less than once a week	8	9.8%	
Total	82	100.0%	100.0%

Table 23: ARC Responses: How Long Have You Been Going to Drop-in Centres?

Length of drop-in use	Total	%	% Combined
Never been before	2	2.4%	28.0%
Less than 6 months	10	12.2%	
6-12 months	11	13.4%	
1-3 years	18	22.0%	72.0%
3 years +	41	50.0%	
Total	82	100.0%	100.0%

The responses in these two tables show that drop-in centres are a constant in the lives of survey respondents at the ARC and have been for some time.

The responses at the drop-in centres examined the importance of specific centres to respondents by asking how often and how long have you been coming to *this* drop-in centre.

Table 24: Drop-in Responses: How Often do You go to this Drop-in Centre?

Frequency of attendance	Total	%	% Combined
Every day	12	13.0%	43.4%
Most days	28	30.4%	
One or two times a week	37	38.0%	56.5%
Less than once a week	18	18.5%	
Total	95	99.9%	99.9%

When looking at the responses in this table, it is important to remember that only two of the centres are open five days per week. The respondents at the centres that are open one or two days per week are attending most of the days that these centres are open.

Table 25: Drop-in Responses: How Long Have You Been Coming to This Drop-in Centre?

Length of use	Total	%	% Comb.
Never been before	2	2.1%	30.5%
Less than 6 months	13	13.7%	
6-12 months	14	14.7%	
1-3 years	25	26.3%	69.5%
3+ years	41	43.2%	
Total	95	100.0%	100.0%

This table shows that respondents continue to come to the same drop-in centre for some time.

4.6 Physical Environments and Housing

In thinking about physical environments as a determinant of health, the literature on health and homelessness illustrates how homeless people are particularly susceptible to many health problems at higher rates than the general population due to prolonged exposure to the elements, poor sleeping conditions, nutritional deficiencies and inadequate hygiene. These health conditions include cancer, tuberculosis, respiratory tract infections, hypertension, arthritis, heart disease, diabetes, gastro-intestinal conditions, and skin and foot diseases among others.¹⁸ Similarly, poor quality indoor environments, including substandard housing can adversely affect both physical and mental health.¹⁹

The drop-in centre provides an alternate physical environment for vulnerable individuals in the community. It is a site of outreach and engagement²⁰ and can deliver services and supports to match the changing needs of individuals who come to drop-in centres. Drop-in centres also help individuals obtain, set up and maintain housing in that they are able to connect with individuals in a variety of ways. Focus group participants described the role of drop-in centres in helping them obtain housing, a discussion covered in more detail in Section 3. One of the participants in the Scarborough focus group described the link between adequate housing and improved mental health and well being:

“ I went from living in a tent to having housing. I gained a desire to live and avoid suicide.” (Red Cross)

When asked about how life had changed since coming to the drop-in centre, one respondent replied:

“ They changed my life for the better. I’m not sitting on the street anymore.”

¹⁸ St. Michael’s Hospital and Oriole Research and Design 2003

¹⁹ Public Health Agency of Canada 2004

²⁰ Crammond et al. 2006

The role of the drop-in as a stabilizing force in the lives of client/members and fostering a sense of personal empowerment suggests greater potential for positive housing outcomes over the long term for individuals who have experienced a high degree of marginalization due to homelessness or poverty.

4.7 Health Services

The determinants of health literature provides evidence of the limited access that low income Canadians have to basic health services, including primary care, eye care, dentistry, mental health counselling and prescription drugs. This is especially true for individuals who are homeless and may not have a health card, as well as marginally housed individuals who face multiple barriers to obtaining medical services.²¹ A key factor in achieving improved health is having access to treatment as well as prevention services.

Evidence from the focus groups illustrates that drop-in centres help client/members access medical attention, which at times is aimed at conditional treatment (for example primary care services, foot care, and referrals) and other times is preventative in nature (for example flu shots, birth control). The drop-ins facilitate access to health care in a variety of ways, including:

- having health services available on site
- having STD and HIV testing available
- referrals to detox and addiction treatments
- helping with transportation and accompaniment to appointments
- advocacy.

Receiving medical attention can be the first step for some in regaining a sense of self-respect and increased control over one's life.

" Getting clothing and medical attention makes you feel better about yourself." (Fred Victor Centre)

Survey respondents were asked '*what other help does the drop-in centre offer you*'. Health care was frequently mentioned, as noted by 40.4% of drop-in respondents and 47.6% of ARC respondents. For example, one respondent said they had started attending an AA program. These responses support the focus group findings that either through health care services on site, or as an access point to health; drop-in centres have substantial impacts on the health of survey respondents.

4.8 Summary

Participants' views on how drop-in centres can be a catalyst for change in life are a reminder that individual 'change' is often measured by small steps—getting up in the morning, creating a daily routine, obtaining needed supplies, or securing food and medical attention. Ongoing support and encouragement through decision-making processes and the

²¹ St. Michael's Hospital and Oriole Research and Design 2003

consequences of one's choices are key elements of a strategy to assist vulnerable individuals with the improvement of the quality of their lives.

The results of this focus group research suggests that the impact of drop-in centres on the lives of client/members can be understood in terms of improving conditions that ultimately impact one's overall health and well being. The focus groups illustrate how drop-in centres have an impact on income, status in the community, and education and employment prospects among their client/members. The drop-in centre also represents an alternative environment for vulnerable individuals, the potential to improve housing outcomes and to access health care.

5.0 Conclusions

One theme of the focus group discussions and interviews is the importance and role of drop-in centres with helping their client/members meet basic needs related to food, laundry, hygiene, and shelter. These are especially important to individuals who are not housed. Among those who are housed, access to these basic services helps them live with very low incomes and in a small way reduces some inequities that result from poverty. This is a step towards addressing food and income insecurity that are among key determinants of health.

Regardless of housing situation or income source, client/members spoke about the need for a range of free services (e.g. access to phone, message service, computers, internet and email) to stay connected with friends and family, and conduct housing or job searches. Free services combined with access to food and meals help to stretch the budget when paying rent.

The opportunities to socialize, meet new people, connect with friends, feel a sense of 'family' or be part of a community are facets of drop-in centres that appear to keep many individuals coming back, even after being housed. Drop-in centres provide opportunities for social networks that reduce stress and equip individuals better for problem solving. Social support is associated with better overall health.

Client/members described how drop-in centres have helped them to stabilize or make changes in their lives. Stability and being connected to a community contribute to favourable housing outcomes over the short, medium and long term. Client/members decide how and if they will make use of services at drop-in centres. This means the drop-in centre is an environment where the individual can feel in control over his or her life. Drop-in centres also offer opportunities for client/members to help create and build community through involvement in running the centre. Feeling a sense of control over one's life direction is an underlying premise of determinants of health. Without it, overall health and wellness suffer.

Applying determinants of health framework to the findings of this research suggests that drop-in centres help to reduce inequities by:

- providing basic services
- making opportunities and resources available to individuals that otherwise would be unattainable or unaffordable
- supporting client/members to access education and employment
- exploring opportunities that are available to client/members
- providing opportunities for client/members to exercise control over their lives, and
- facilitating access to housing and community supports to maintain housing.

Within a population health framework, drop-in centres are in effect promoting the overall well-being of vulnerable individuals in the city.

" I think there should be more drop-ins...they save lives." (Good Neighbours' Club)

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