

Toronto Drop-In Network (TDIN)

***Measuring Success:
Show What We Know***

**Evaluation Strategies
for Drop-In Settings**

Submitted by:

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A. Project Background: Measuring Success

Through Shelter, Support and Housing Administration, the City of Toronto funds and supports a variety of services for people who are homeless and marginally housed. The City of Toronto Streets Needs Assessment conducted on April 19, 2006 found that drop-in centres were the service most frequently used by homeless individuals. In light of this important finding, the City of Toronto initiated a review of drop-in centres in Toronto.

The overall goal of the Drop-in Review is to determine how drop-in centres funded by the City can help Toronto City Council meet its goal of helping people to find and keep housing. Prior to the current phase of the review, a literature review phase was undertaken to explore good practices that support effective drop-ins and an environmental scan phase of drop-ins was also completed. The fourth and final phase of the review will consider the City's approach to funding drop-ins.

Measuring Success: Show What We Know is the primary component of the third phase of the City of Toronto Drop-in Review, which is intended to identify strategies for measuring the success of drop-ins and to support drop-ins in implementing success measurement strategies.

This phase of the review was carried out by Public Interest Strategy & Communications, and facilitated by the Toronto Drop-In Network (TDIN), an active coalition of 50 drop-in centres working with people who are homeless, marginally housed or socially isolated in Toronto. The TDIN works to increase the capacity of Toronto's drop-in centres to serve their clients through training, communication, coordination, advocacy and engagement with other member agencies, related service providers and governments. The Network includes drop-ins of all sizes and diverse philosophies serving men, women, youth, seniors and families and member agencies are located throughout the City.

The goal of this phase of the Drop-in Review is to provide opportunities for TDIN agency members, through discussion, research and training to build capacity in developing strategies for measuring and reporting on the success of drop-ins and enabling drop-ins to better identify successes and opportunities for improvement.

This phase of the Review also supports drop-ins in implementing success measurement processes.

Measuring Success: Show What We Know provides the basis for developing a success measurement system. It is based on extensive research and consultation and provides guidelines and recommendations that enable drop-ins to develop appropriate success measurements for each of the centres in Toronto.

B. Methodology

The research carried out for this project was conducted in four steps: a literature review, key informant interviews, focus groups, and a follow-up literature review.

1 Literature Review

A broad review of literature was conducted to identify up-to-date information on drop-in programs, services for homeless and socially isolated people, and outcome evaluation tools in those sectors. Academic search engines, including Web of Science, Social Science Abstracts, and Google Scholar were used, in conjunction with a board web search using Google. Searches included a range of keywords related to homelessness, evaluations, and services that support homeless people.

The literature review looked at studies from throughout the English-speaking world and found particularly useful material from England, Scotland, and Ireland; American cities, including New York, San Francisco, San Diego, Santa Monica, Chicago, and Bloomington; the state of Florida; and Canadian examples in Toronto and Ottawa. The literature review looked at handbooks and best practices reviews, evaluation models, performance measures, and outcomes research.

Since the literature available on homeless drop-ins was limited, the review also included literature on programs typically integrated into drop-ins, such as congregate dining programs, day programs, housing programs, employment training programs, adult literacy programs, “welfare to work” programs, transitional living programs, harm reduction programs, mental health services, programs serving youth, legal aid programs, life skills training programs, food security programs, programs serving homeless or marginally housed children, and programs related to substance abuse.

2 Key Informant Interviews

A total of eight key informant interviews were conducted with people in a broad range of roles in the sector. Interviews were conducted with a programs director, a drop-in coordinator, the chair of a drop-in agency board, a front-line worker, members from the City of Toronto’s Shelter, Support and Housing Administration staff, a charitable funder, and with Toronto Drop-In Network (TDIN) staff. The list of key informants to be interviewed was suggested by the TDIN, and TDIN staff members also assisted in linking the researchers to these key informants.

The key informants worked in agencies that represented a broad range of drop-in types, including gender-specific drop-ins and open programs. There were people from organizations involved in basic services programs that focus on providing food, clothing and personal safety, as well as from drop-ins that provide a broad range of social supports and crisis intervention programs. The size of organizations represented in the sample also varied, from organizations operated by one staff person to large organizations with more than 20 staff serving the drop-in program alone. Interviews were conducted with people involved in drop-ins operating out of a local community centre, a church, and a stand-alone facility. Interviews were also conducted with people involved in drop-ins that run part-time during the week, operated by few people, and with those that are open almost every day.

3 Focus Groups

With the assistance of TDIN staff members, five focus groups were conducted.

The first focus group was conducted with 13 front-line drop-in staff representing drop-in centres from around the city. The second focus group was conducted with 16 drop-in managers. These staff focus groups represented the entire range of drop-ins, from very small and sometimes faith-based organizations that focused on basic needs services, to larger operations providing a complex mix of social services.

Two focus groups were conducted with drop-in participants. The first focus group contained 13 participants who were involved in Knowledge is Power, a leadership training program that supports drop-in participants who are taking on more responsible roles at their centre. The second focus groups contained 21 participants. This method ensured attendance by participants who were not necessarily motivated by the issues at hand and who would have a perspective fairly typical of the overall population using drop-ins.

A final focus group was conducted with a mix of drop-in front-line staff and management staff who were actively involved in TDIN. This focus group contained 12 participants.

TDIN staff members recruited the participants and arranged meeting times and places.

4 Follow-up Literature Review

Following the focus groups, follow-up research was conducted on key themes that emerged in the focus group discussions. The research included a review of academic and practical materials obtained through online academic search engines and the World Wide Web. This stage of research focused primarily on integrated service models and case management strategies for homeless or vulnerable housed clients.

This research provided the background data for the analysis included in this report.

C. Evaluation Strategies

At the outset of this research, a review of materials relating to evaluation systems, both specific to homeless programs and more generally related to social services, was undertaken. Evaluation guidebooks were also reviewed, including Field Guide to Nonprofit Program Design, Marketing and Evaluation; Evaluation Design and Tools; Project Evaluation Guide; and Evaluation Handbook.

Evaluation systems vary extensively in focus and language, but nonetheless, most have in common certain basic evaluative principles and theoretical underpinnings. While those principles appear basic, they are often disregarded in practice and the failure to observe them undermines the effectiveness of many of the evaluation systems reviewed for this study.

- 1) For evaluation systems to be effective, the objectives of the project being evaluated must be clearly understood. Knowing what the project is for is critical to knowing whether the project is succeeding in doing it.
- 2) For evaluation systems to be effective, the purpose of the evaluation must be clear. Knowing what the evaluation is meant to reveal about a project is critical for the successful design of the evaluation system. Different evaluation models measure different characteristics of a program and may not provide much information about other aspects of the program. For example, outcome evaluations provide a good picture of how much the program has affected participants, but provide little information on the inputs or outputs involved in achieving those outcomes. Output measures, which track the number of actions or objects produced by the program, provide little information about process issues such as cost effectiveness, adherence to guidelines, or compliance with best practices.
- 3) The indicators chosen for an evaluation system must be based on data that is obtainable and meaningful. Indicators that rely on data that can fluctuate for reasons not related to the aspect of the program being measured can be misleading.

While these principles are routinely identified as basic to effective evaluation, many systems deviate from them in practice and this divergence undermines their effectiveness.

This report attempts to provide a method for measuring success that adheres to these principles and builds on them. To achieve that objective, the process of developing a measurement system began with meeting each of those criteria, starting with the objectives of the evaluation process.

D. Objectives of This Evaluation Process

A review of the background documents, as well as interviews with stakeholders in the Toronto drop-ins, makes it clear that the principle objective of an evaluation system is to measure the effectiveness of drop-ins in assisting participants. This was universally seen as the most significant objective.

Effectiveness is typically measured in terms of outcomes. However, in some contexts, external factors make outcomes an inaccurate measure of effectiveness. To use the assessment of motor boats as an example, we recognize that a powerful boat will accelerate quickly. We also recognize that it will do so less quickly against a strong current or wind. Testing the time it takes two boats to cross a lake is an unreliable way to compare them unless one can take into account the precise impact of wind and current, which can be challenging. The most common measure for boats—horsepower—relies on another measurement: output, which indicates the effectiveness of the motor.

This type of challenge is particularly relevant to drop-in centre evaluations. Drop-in participants are highly vulnerable people and are more likely to be affected by adverse external events and less likely to have the resources and resiliency to overcome them. Even when homeless, under-housed, and socially isolated people benefit from successful programs, measuring that benefit in terms of outcomes, without taking into account the external impacts, would not provide an accurate picture. For example, a good drop-in program may enable a participant to be better able to access housing by facilitating social skills, money management, and limited employment skills. In a positive economic context, these activities would result in housing for the individual, but if the affordable housing supply shrank or employment opportunities diminished, the outcomes would be worse, even if the program were just as well-run. Absolute outcome measures do not distinguish between these circumstances. Relative outcome measures could distinguish between programs, but a large number of variables affect the outcomes. Economic factors, public policy, neighbourhood-level impacts, and personal and familial events can all alter outcomes. The range of potential external factors is too large to easily assess, making relative measures unmanageable. A reliable measure of the effectiveness of drop-ins requires a strategy that is tailored to the context in which drop-ins operate.

Outcomes measures also tend to focus on end goals. Tabulating housing and employment outcomes per participant are examples of evaluation tools in use in other jurisdictions. However, few people move quickly from homelessness to housing and from destitution to employment. The progress from homelessness to housing tends to be gradual and involves many steps. Measuring only the last step in

that process provides an unreliable picture of the effectiveness of services that contribute incrementally to that outcome. Unfortunately, few evaluation systems have developed measures for those incremental stages. The evaluation of the effectiveness of drop-in centres requires a strategy that takes into account the impact of incremental steps toward positive outcomes.

Measures of effectiveness should also take into account their potential uses. Assessing effectiveness is of limited use if it cannot also be a guide to improving programs. Simple pass/fail measures are less beneficial than measures that indicate which aspects of a program can be improved to promote better services. Identifying improvements is particularly important in a setting such as homeless services, where the policy context and the social context are in constant flux. An evaluation system for drop-ins should provide data that can be used to reshape and improve programs, not simply grade them. This creates both the orientation toward ongoing reflective analysis intended to improve drop-ins and also the data to address opportunities for improvement.

Furthermore, an evaluation framework should be able to articulate the success of a program to interested parties. Knowing that the program is working is of limited value if that information cannot be shared with other people who need to know. In the area of homeless services, which are funded largely by charitable and public-sector dollars, taxpayers, donors, and funders all need to be able to appreciate the impact and value of services.

Any system seeking to measure success in drop-ins for homeless, under-housed, or socially isolated people should meet the following four objectives:

- 1) The evaluation should measure effectiveness.
- 2) It should measure effectiveness in a way that considers the incremental nature of the work.
- 3) It should encourage and support ongoing improvement in the services within changing contexts.
- 4) It should measure effectiveness in a way that can demonstrate the value of good programs both to the public and to funders.

E. Structure of Drop-in Services

It is impossible to evaluate a program unless the purpose of the program is clearly defined. While there is some consensus on the purpose of drop-in programs, it is an uneven consensus that is often vague and varies in small but significant ways. The staff who deliver drop-in services are generally clear about what they need to do on a day-to-day basis and why they need to do it, but the system lacks clear definitions of overall purpose. Most statements of objectives use terms like “safe space” and “quality of life” which are generally undefined and which have varying definitions when they are defined.

Drop-in programs vary widely in type as well, with some designed to provide very basic services such as food and shelter, and others offering complex multi-service settings. Their stated goals can vary. Their clearest shared objectives—improving housing, income, and stability for participants—are long-term objectives that occur only in the last stages of service and are poor measures of the incremental progress that is typical of participants.

A clear description of the program’s benefits is necessary and is not readily available. Creating a description is, therefore, a key task of this research.

1 Types of drop-ins

1.1 Three distinct models

A review of drop-in programs in Toronto and around the world show a range of service types, from the proverbial “soup kitchens in basements” to large, complex multi-service facilities with a range of services including comparatively sophisticated mental health supports.

Some research indicates that the type of approach adopted by a drop-in centre is determined by how service providers perceive that homelessness will be solved. A widely cited study by Jacki Walters identifies three service philosophies that reflect different ideas about the goals of drop-in centres found in the United Kingdom (Johnsen, Cloke et al. 2005; Homeless Link 2007):

1. The spiritual/missionary approach: In this approach, little is expected of the participant, and the drop-in is a sanctuary that offers a place of containment or acceptance and tolerance of service users. There is a minimal number of paid staff, which is supplemented by volunteers.
2. The social work approach: In this approach, the drop-in provides a place of rehabilitation and change, and participants are encouraged to change their

circumstances and their lives. Targeted and professional interventions are offered, often through the support of a key/case working system.

3. The community work approach: In this model, the drop-in seeks to provide a place of empowerment and attempts to support individuals in making changes in their lives by harnessing their own and their peers' resources. There is less reliance on professional intervention.

Most of the literature supports moving beyond a "containment" approach towards a combination of the social work and community work approaches (Pollio, Spitznagel et al. 2000; Tsemberis, Moran et al. 2003; Jones and Pleace 2005; Homeless Link 2007). The provision of a safe space and access to basic services typical of the containment approach is viewed as a starting point from which to engage people in a process of positive change. The original study was, in fact, unable to identify a drop-in program that fell entirely within the containment model. Similarly, in the Toronto context, no drop-ins participating in this study subscribed to a purely "containment" approach.

Analysis of the primary research on Toronto drop-ins reveals that, at least in this context, the description of three types of drop-ins can be misleading. Most drop-ins subscribe to aspects of two of the models, and some work within all three in some way. These models can be better understood as elements of a spectrum of services that drop-ins provide, with each drop-in centre covering some portion of that spectrum.

1.2 Spectrum of services

The spectrum of services spans a range of approaches. At one end, smaller centres tend to focus on meeting basic needs; in the middle, centres focus more on rehabilitation by creating opportunities for progress; and at the other end of the spectrum, larger drop-ins offer a more comprehensive set of programs and services coordinated to empower participants to engage in increasingly independent and stable living arrangements.

This continuous spectrum of services reflects not a difference in philosophy about the services that benefit participants, but rather a difference in structure, resources, and context. Basic-needs-oriented drop-ins interviewed in this study invariably worked with participants on some of the most complex and ambitious functions of the drop-in spectrum, including support for socialization, connections to other services, and efforts to build self-esteem and personal skills. Drop-ins differ more in terms of how those efforts are limited by the physical and fiscal capacity of the service provider.

Basic-needs-oriented drop-ins tend to be smaller, less imposing facilities; they have few staff and generally occur in modest spaces. They are inexpensive facilities with

little overhead, and can therefore be established in many areas, including areas outside the centre of the city, enabling smaller populations of homeless or socially isolated people to access service locally. They make few claims about their status in the social service network and generally present themselves simply as a place to get a hot meal and a little comfort. This type of service, characterized as a “low-demand” service in the Mental Health Information Center Blueprint for Change, is a critical gateway for participants. A drop-in of this type is easy to access regardless of a participant’s intent, self-reflection, goals or needs. Participants who may be uncomfortable with social services and uncertain about attempts to improve their lives can still readily access a basic-needs-oriented drop-in, whereas a larger, multi-service setting may be less attractive to them. That smaller access point is an asset to the spectrum of service, just as the larger multi-service centre, with its broad capacity to address a range of intensive needs, is an asset to the spectrum of services.

Larger, more multi-service-oriented drop-ins have a broader range of supports available. Participants who are not intimidated by these facilities can benefit from one-stop shopping for the services they require and a staffing complement that may be able to respond more comprehensively to their needs.

These different contexts and differing access points do not, however, indicate different objectives or different strategies. Surveys of staff and participants showed similar overall strategies among drop-ins representing all parts of the spectrum.

Front-line staff agreed that creating a place where basic needs are met creates a context for other activities that are important for participants. Once participants’ basic needs are met, they can go on to consider planning a path to a higher quality of life. Meeting basic needs is an attraction that encourages homeless and socially isolated people to participate in the programs that can assist them, but it is also a tool that creates sufficient relief from immediate pressures to enable them to consider other aspects of their circumstances.

Basic-needs-oriented drop-ins also offer a safe space. According to the literature and the primary research conducted for this report, safe spaces provide accepting and non-judgmental settings where participants are safe from the elements, safe from the vulnerability of street life, but also safe from the pressures of social norms that are perceived as intimidating, unfriendly, and antagonistic. Like the meeting of basic needs, the creation of this space, safe from the scrutiny of a hostile society, relieves immediate pressures and creates opportunities for reflection and change.

- These opportunities are created by drop-ins at all points of the spectrum of service and they are seized upon by drop-in participants at all points in the spectrum of service.

Even in the most basic-needs-oriented centres, most staff members and clients agreed that staff members had conversations at least five minutes in length with 70–80% of the clients who came in. Front-line staff members noted that it is “fair to say that when you’re on the floor of the centre, you

know most of the people there reasonably well and have a general picture of their lives." These conversations take place because participants who come to use drop-in facilities for basic needs often become engaged with staff who support them in improving their quality of life. This opportunity was routinely used to connect participants to more services and supports.

- All drop-ins interviewed made referrals to services and all had service providers on site at the drop-in at least some of the time. About two-thirds of the drop-ins represented at the focus groups (which represented the full spectrum of drop-ins) had a high level of clear, formal, and established relationships with partners, and most agreed that partnerships with other service providers were a key aspect of their drop-in.

Ultimately, the drop-in centres are not a collection of disparate services based on conflicting models, but a spectrum of services that reflect distinct environments that are appropriate to different types and stages of needs on the part of participants. These models are not static but flex to accommodate changing needs and opportunities.

1.3 Broader service access

The spectrum of drop-in programs appears to be beneficial to participants, but the spectrum is far from broad enough to cover the full range of services and supports needed by homeless and socially isolated people. Drop-ins cannot and likely should not attempt to deliver that broad range of programs. International policy research on addressing homelessness tends to converge around the recommendation that homeless-serving agencies should strive to embed themselves in an integrated service network or "continuum of care."

1.4 A continuum of care

Research indicates that a continuum of care is a more effective setting for delivering services to homeless people, as it increases communication among service providers and increasingly coordinates programs and services and facilitate participants' transition from service to service (Dennis, Coccozza et al. 1999; HUD 2002; Park 2002; Greenhalgh, Miller et al. 2004; City of Ottawa Community Capacity Building Team for Homelessness 2005; Eustace and Clarke 2005). The pathway to secure housing requires a variety of opportunities and supports, note Crane and Warnes (2000). Figure 1 provides one relatively simplified illustration of the pathways through which a homeless person may move into housing. Though many alternate models and descriptions exist, this illustration provides an insight into the variety of routes to care and the range of choices needed. Participants at drop-ins routinely require a wide range of supports and services including health care, life skills, mental health supports, harm reduction programs, education, job training, social services, legal aid, and housing support.

No single agency can provide all aspects of the continuum of care required to move homeless people into housing. Furthermore, it is advantageous for some agencies to specialize in serving the needs of particular groups, such as those with mental health or addictions issues. It is for this reason that it is considered ideal to have a number of agencies working in a cooperative and coordinated manner to provide the complete range of services required by homeless people along the path to permanent accommodation.

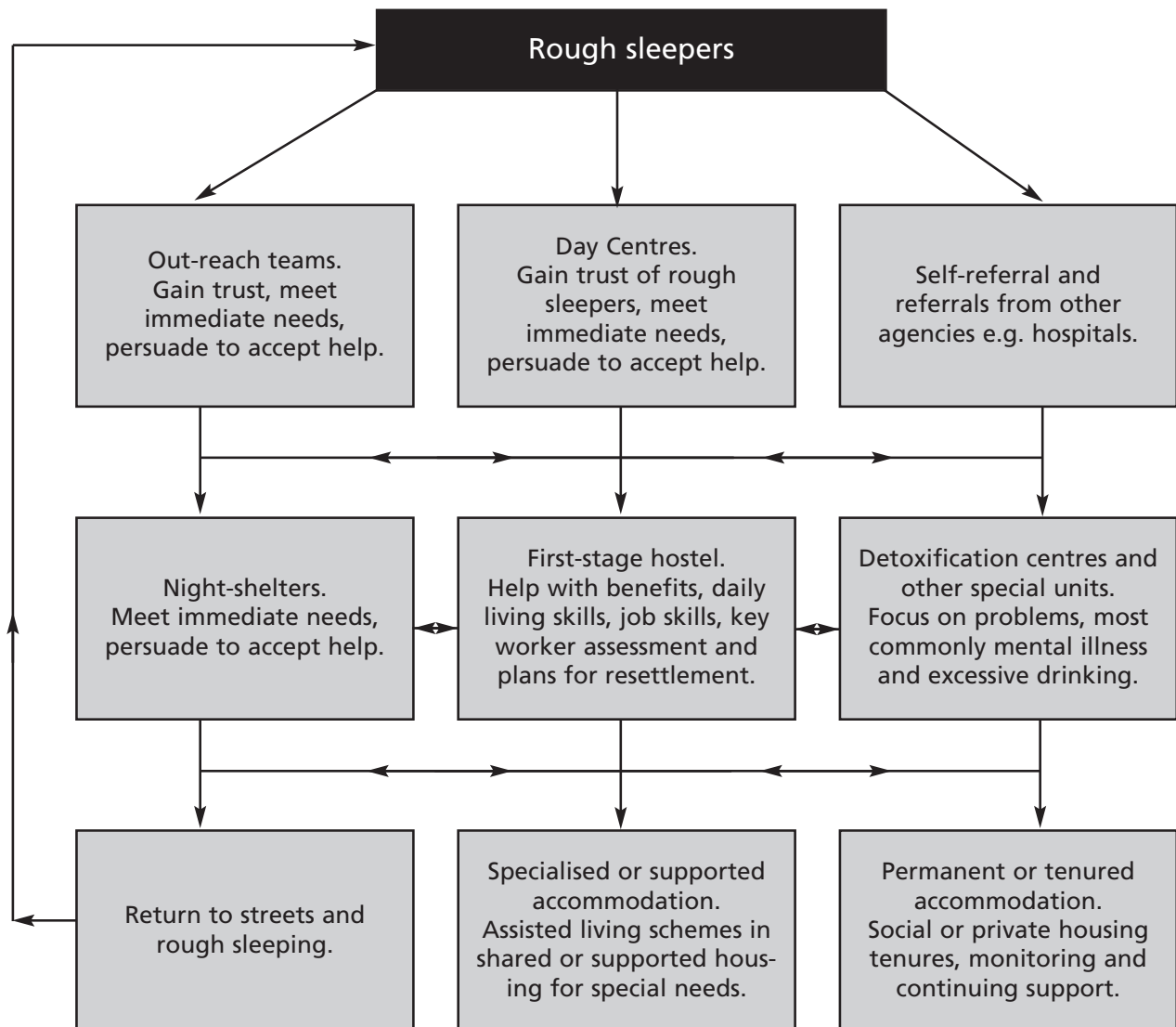


Figure 1. Pathways from rough sleeping to permanent accommodation.

(Source of figure: Crane and Warnes 2000, p. 29)

It is broadly accepted in the literature that cooperation between agencies serving homeless people is necessary to ensure the development of links that will facilitate referrals of clients to all the steps on the pathway to an enhanced quality of life. A coordinated approach also facilitates the identification of gaps in service delivery and the distribution of funding in a more effective manner. Crane and Warnes (2000) suggest that a "mature homeless service system" will include effective links between services, continuous and stable funding, and an "evidence-based" and evaluative culture to ensure that the system is effective in reducing homelessness (30). They point out that, in fact, an effective homeless system may well move people out of homelessness, but it will not stem the flow of people moving into homelessness. They suggest that an effective system will also therefore need to consider prevention of homelessness, or "anticipate and alleviate marginality among the housed" (30).

1.5 Evaluating a continuum of care

The United States is identified as currently having the most advanced policy framework and implementation of a coordinated model for homeless service delivery (Greenhalgh, Miller et al. 2004). The United States Department of Housing and Urban Development (HUD) has promoted the delivery of services to homeless people through a continuum of care (CoC) structure since the 1990s (HUD 2002). Since 1996, the funding available to homeless service providers through the McKinney Act, and later the McKinney-Vento Act, has been used to promote a CoC approach through a competitive funding system that requires applicants to demonstrate community-wide cooperation and to identify both the full range of services available to homeless people and any service gaps that exist. The new funding process strongly encourages homeless service providers within communities to submit a single comprehensive application.

HUD (2001) defines a complete CoC as including seven components: prevention, outreach, assessment, emergency shelter, transitional housing, permanent supportive housing, and supportive services. Drop-in centres are generally considered part of the outreach component of the system (Crane and Warnes 2000; HUD 2002). HUD funding can only be directed towards transitional and permanent supportive housing, as well as associated services, even though a much broader network of agencies supporting homeless people are part of a complete CoC.

In 2002, HUD carried out an evaluation which considered the experience of 25 of the 300 CoCs that applied for funding, and some clear patterns emerge from that research.

CoCs are effective

The CoC approach is resulting in more people getting access to the services they need than before the system was in place. This is because the CoC process results in increased communications and information sharing among homeless service providers and, to a certain extent, among homeless-specific and mainstream agencies. This has led to increased coordination of programs and services and to the development of joint programming. Another benefit of the CoC process is the larger, year-round planning and coordination processes that have arisen (HUD 2002).

Flexible network development is advantageous

One of the key findings of this study was that different communities had organized into CoCs in different ways. This flexibility, which allowed for CoCs to organize in locally appropriate ways, proved to be an advantage. CoCs were more effective when they were not constrained by jurisdictional boundaries. CoCs were effective, for example, when they crossed boundaries, enabling participants in a smaller community to benefit from the experience of a large network.

The study also found that the most effective CoCs were built on cooperative networks that were already in place before the new funding policy, reflecting the greatest level of choice in design of the network.

Standards enhance success

While CoCs need the flexibility to organize themselves differently in different local contexts, there are certain standards that have been found to help make any CoC more effective. Coordination is required in order for individuals to get the help they need from a CoC. Given the complexity of most systems and the often high turnover of staff within the systems, formal mechanisms should be put into place to ensure that service providers are aware of what resources are available within their communities. These can include streamlined and/or centralized entry and assessment, hotlines, data systems that provide real-time information on program and service availability, regular case manager meetings, and Memorandums of Understanding or contractual agreements between service providers.

To be most effective, homeless CoCs must be integrated with mainstream planning and service delivery structures serving all people living on low-incomes. Strong leadership in the homeless assistance system, and a commitment from both mainstream and homeless-specific program and service providers to work together, are key components of successful integration. Strategies for this include:

- Staff who have a specific responsibility to promote systems/service integration
- Creating a local interagency coordinating body
- Having a centralized authority for the homeless assistance system
- Co-locating mainstream services within homeless-specific agencies and programs
- Adopting and using an inter-agency management information system (MIS) (HUD 2002: xv)

While a HUD-defined CoC includes prevention as one of its components, the evaluation of the system suggested that this is an important aspect of CoCs in the United States that is in need of further attention. The authors of the evaluative report outline the need for extensive community planning for the increased provision of services that prevent homelessness, and speak to the need for the role of advocacy in the work of homeless-serving organizations, including drop-ins.

F. Benefits of Drop-in Centres

In addition to understanding how drop-ins are structured, appreciating the value of the drop-in program requires an analysis of what they can accomplish.

1 A wide range of benefits

Throughout the spectrum of service, drop-in centres provide a wide array of benefits to people who are homeless, under-housed, or socially isolated. Evaluation systems currently in use in other jurisdictions have identified a wide array of benefits and skills obtained through drop-ins, including:

- The ability to manage accommodation
- The ability to obtain food
- The ability to form and retain relationships
- Increases in the range and type of relationships
- Improvements in memory and mobility
- The ability to sustain physical health
- Improved mental health
- The ability to manage day-to-day life
- The ability to manage household responsibilities
- The ability to find work
- The ability to complete tasks
- The ability to manage money
- Pursuit of educational and recreational activities
- Daytime activities, and the extent to which such activities were deemed “useful”
- The strengthening of interpersonal skills
- Improved communication skills
- The ability to be realistic
- The ability to express emotions appropriately
- The ability to manage conflict
- Acknowledging others
- The development of self-confidence
- The development of independence and autonomy
- Motivation
- Goal setting
- Psychological and cognitive benefits (minimizing confusion and disturbing thoughts; improvement in concentration)
- Decreases in temper or violence
- Reductions in self-harmful and reckless behavior
- Reduction of drug or alcohol use
- Increases in satisfaction and in access to information

Each of these following evaluation systems attempts to measure the extent to which these elements are present or absent and whether the participants in the drop-in are or are not receiving these benefits.

1.1 Managing complex arrays of benefits

These measures present several problems. They include a mixture of capacities and material resources, elements which cannot be measured in the same ways, making the product of the measure unmanageable. An effective measurement system has to distinguish between resources and capacities gained from participating in drop-ins.

Even when separated from the material resources, the capacities tabulated in existing evaluation systems remain too numerous to provide a useful analysis that is both applicable to program improvement and communicable to stakeholders. The measurement system used for drop-ins in Toronto needs to offer a simpler range of measures that is easier to analyze and communicate.

1.2 Viable systematic approaches

Some systems amalgamate some of the measures into more manageable frameworks. The Outcome Star developed by the London Housing Foundation uses 10 skill areas, and the Camberwell Assessment of Need uses 22. Primary research found front-line staff experienced these groupings as helpful but still dauntingly complex. The Outcome Star's 10 areas of progress resonated as critical areas of activity, but assessing 10 areas on an ongoing basis was perceived as challenging, especially within the active environment of a drop-in centre.

Further review of the nexus of capacities supported by drop-in centers suggests that three broad areas of capacity can subsume all of the specific benefits attributed to drop-ins:

- 1) Personal health and safety
- 2) Identity
- 3) Social skills

No matter where an agency falls on the spectrum of drop-in services, from very basic service, such as one oriented around food access, to a more complex organization providing a variety of support services, each drop-in has the potential to support clients in the incremental development of these three core capacities.

2 Core capacities

2.1 Personal health and safety

Drop-ins provide a setting in which participants can meet their most basic needs for personal health and safety. By helping to meet those needs, drop-ins provide more than just a basic physical service, they support participants in obtaining a sense of safety and physical well-being that is a critical precursor to the other personal development, and, in the long run, to gaining and maintaining stable housing. Drop-ins are often described as providing safe space where harm or abuse is actively prevented. This environment enables participants to anticipate a relatively high degree of personal safety as a matter of course.

Drop-ins also generally provide for basic needs. Most descriptions of drop-ins in the literature note the provision of food, clothing, and a comfortably warm or cool space.

Drop-ins also frequently offer services such as showers or laundry to enable participants to obtain a slightly higher level of comfort.

Strategies that facilitate ongoing personal health and well-being are also frequently cited as significant benefits of drop-in programs. Harm reduction for people with addictions; the acquisition of self-care skills that support attention to, and action on, improved physical health; and strategies that support stable mental health are all cited in the literature as benefits of drop-ins.

These efforts to provide for basic needs such as food, warmth, and safety are among the most prominent features of drop-ins. In key informant interviews and focus groups carried out for this report, participants and staff from drop-ins across the spectrum of services named personal safety and the support of basic physical needs as being among the first items they thought of when describing drop-ins. "A safe space," "basic needs," and "food, clothing and a warm safe place" were the most common first responses to inquiries about what drop-ins are designed to provide.

Because of the prominence of this aspect of drop-ins, there is a tendency in the literature and among respondents to see it as a primary goal of drop-ins and drop-in participation. However, a more detailed reading of the evidence from primary research and more recent literature suggests otherwise.

Food and safety were quickly identified by staff and participants in all focus groups and interviews, but all respondents just as quickly moved on to other issues that occupied far more of their attention throughout the interviews and focus groups. This suggests that meeting basic needs is a top-of-mind benefit provided by drop-ins, but is not necessarily the most important benefit. Far more time in all interviews was spent describing the psycho-social benefits of drop-ins, which appear to be a principal benefit of the drop-in programs.

Food and shelter appear to owe their prominence in drop-in analysis to three factors:

- 1) Food and shelter are among the most enduring and widely visible aspects of drop-ins. A great deal of time and energy are devoted to providing the space and preparing and serving a meal, and these activities are among the first and most frequent and visible activities of a drop-in.
- 2) Food and comfort are among the earliest motivations for participating in drop-ins. Participants are often attracted to the drop-in by the prospect of meeting basic needs with relative ease, and only discover other benefits after becoming involved in the drop-in.
- 3) This aspect of the service is fundamental. When discussing important psycho-social aspects of the function of drop-ins, staff and participants both noted that being safe, warm, and fed stabilized their circumstances sufficiently to provide an opportunity for other efforts. Homeless or socially isolated people who are hungry or unsafe devote their attention to these matters first and are less likely to engage in other activities.

These factors distort the perceived role of basic needs in the range of drop-in functions and give excessive emphasis to that function. Staff and participants recognize this distortion both tacitly, by dwelling primarily on other topics when discussing drop-ins at length, and also actively, by recognizing the greater significance of psycho-social aspects of drop-ins when specifically asked to explore the relative significance of all drop-in functions. When asked to explore more deeply the greatest benefits from drop-ins, staff and participants routinely discussed social opportunities and emotional support ahead of basic needs.

Upon reflection, staff and participants often identify the role of personal health and safety as being both an end and a means. Health and safety are in themselves valuable, but their function in the drop-in is just as much a means to other ends. As one participant put it:

"It makes it work for me because it's a safe place. When I go through the door I can concentrate on what's on the inside and don't have to worry about what's happening on the outside."

2.2 Identity

Drop-ins also help to foster identity or self-concept. A significant body of psychosocial literature underscores the critical value of a bounded, autonomous sense of self that is able to select and pursue specific objectives and adopt social connections on the basis of personal choice (Erikson 1959, Marcus and Kitayama 1991). This capacity is a fundamental life skill in any setting where individuals are expected to care for themselves and assume independent responsibilities.

(Much of this literature focuses on identity in cultures with European heritage. Other cultures invest less in the bounded and autonomous action of their members, emphasizing group membership and contribution to the social cluster. These social values, though different from Western ones, also require a sense of identity, including an awareness of one's role, its significance, and the coherent and stable community one belongs to. These depend on many of the same supports outlined here.)

Developing a sense of self is challenging in contexts of extreme insecurity and isolation. Withdrawing from others, fading in to the background, and accommodating shifting and unstable circumstances are more essential to survival in this context than asserting identity and making autonomous choices. Even for people who place a high social value on group membership and compliance with group norm, being isolated and detached from any group that might value the contribution of an individual undermines the sense of self.

Primary research and literature on drop-ins point to identity development being supported by drop-ins in a variety of ways.

Non-judgmental settings with flexible and accommodating norms

The provision of accepting, non-judgmental settings enables participants to more comfortably develop and enhance their sense of identity. Both the literature and our primary research identify this characteristic as a valuable aspect of drop-ins. In one client focus group, drop-ins were described as "havens"—places of belonging where clients could be treated with respect and work to develop their self-respect and self-esteem.

"They respect you as a human being and maintain your human rights..."

Drop-ins serve as normalizing spaces, with alternate and more flexible normative environments where clients who do not fit in elsewhere can feel integrated and accepted for who they are. This helps participants recover from the effects of extreme stigmatization and the sense of "being nobody" that undermines a sense of identity.

An evaluative study of a drop-in centre offered by a mental health charity in southern England showed that clients found the centre helped participants compensate for the stigmatization they faced in broader society (Hall and Cheston 2002). The drop-in centre was a space where clients could seek refuge from devaluing social norms, offering “insulation from both ‘normal’ people and also the norms of society.” By providing an alternative social environment in which different criteria for belonging are applied, the centre allowed people who usually felt like outsiders to feel that they were accepted. Hall and Cheston’s study found that drop-in clients often shared a sense of solidarity with others, describing their fellow drop-in participants as “all in the same boat” and “kindred spirits.” This solidarity, Hall and Cheston argue, leads to a more positive sense of identity.

Autonomy

Drop-ins also support participant-led autonomous action and personal choice in their activities. They provide an opportunity to re-explore the skills required for self-directed activity and diminish the experience that clients may have in other settings of needing to suppress preferences to comply with expectations, or of finding that the choices they make have little impact on outcomes.

Staff and participants note this function and place significant value on it. As one participant put it:

“I feel like I have a choice. . . it’s one of the few places where I’m allowed a choice without a lot of money. It’s one of the few places where I have a bit of dignity.”

Self-directed activity toward self-selected goals also increases motivation. When making choices that lead to positive outcomes, people are more inclined to make and pursue more positive choices in the future.

A study of a soup kitchen in Belgium illustrates an approach to serving basic needs that also enhances the dignity and independence of participants (Mulquin, Siaens et al. 2000). This is done by operating the site more like a restaurant and less like a charity, where participants feel more like customers than dependants. Participants felt a stronger attachment to that service setting and were more inclined to engage in social activity there. Some drop-ins in Toronto have similar restaurant-style arrangements that allow choice and responsible roles, such as menu planning, for participants.

Tsemberis, S. et al. note, in their research on the Choices Unlimited program in New York, that participants who are given the opportunity to make their own service plans have better long-term outcomes.

These activities support participants’ ability to see themselves as independent decision makers, and encourage a belief that making choices can produce positive results, enhancing decision-making skills while also building confidence.

Opportunities to contribute and feel valued

Drop-ins provide participants with an opportunity to engage in activities that are valued by their peers and by the broader society. The opportunity to make a contribution to a larger group can help to reinforce a sense of personal value and autonomy. In a study of a British day centre, Conradson (2003) found that active participation in drop-in programs increased participants' sense of confidence and self-worth. Drop-in participants can, and often do, have an opportunity to take on roles of responsibility in the operations of the centres at all points on the spectrum, from assisting with the preparation and distribution of food in centres that focus on basic needs to providing peer support and peer counseling in centres that offer a wider range of supports.

In the primary research conducted, staff and participants in all drop-in settings indicated that their drop-in provided these opportunities to at least some extent and that they were highly valued by participants both for building self-esteem and for enhancing useful skills.

2.3 Social skills

Finally, drop-ins play a key role in developing critically important social skills. The capacity to form and manage social relationships is clearly identified in the literature as significant in obtaining and maintaining housing (Martin and Nayowitz, 1989; Lee, 1994; Jones and Pleace, 2005; Crane and Warnes, 2005; Fitzpatrick, 2000). By creating a positive and accepting environment in which to interact, drop-ins support the development of stronger social relations among participants and the development of the skills to build those relationships both inside and outside the centre.

Participants value social opportunities highly. Just as the ability to meet basic needs is a key element in drawing participants to drop-ins, social opportunities in a welcoming environment proved critical to retaining the attachment of participants to drop-ins and the services they provide.

One client said that he came to the drop-in to participate in the social activities and that this was what motivated him to be active at all. Another client attested to the importance of drop-ins as social spaces, places to practice social skills and make connections, saying:

"For me, it's the people...that you're not alone. That you're related to other people and you can share the problems like you're not alone..."

Drop-ins are able to play this role because they create an accepting and non-threatening environment for social interaction where norms are sufficiently flexible to accommodate a broad range of behaviors that often garner negative reactions in other settings.

Drop-ins also develop social skills, in part, by having staff who make supportive and facilitated social interaction with participants a priority. Staff reach out to participants and, as noted above, take the time to engage with 70–90% of participants. That interaction is not oriented toward management of the program, but rather toward supporting the skills that participants need. As one manager said:

“Our primary purpose is to build trusting relationships and then step into the capacity building piece and building confidence and creating opportunities for hope.”

The creation of an environment that supports trusting relationships is central to the benefit of drop-ins. Participants engage in a variety of processes that require support and collaboration from staff and peers, most of which would be difficult without trusting relationships. Committing life-changing activities requires a confidence in the support networks and security that the support systems will genuinely adhere to the best interests of the participants. Many homeless and socially isolated people have experiences that cause them to expect the opposite. Overcoming that expectation and building trust are core tasks in the work of drop-ins. That work begins with creating safe spaces as described above, and is carried through in developing increasingly trusting social relationships with participants.

Drop-ins also support the development of conflict resolution skills. Managing a drop-in is made easier by the presence of good problem solvers and conflict managers. Adding to the conflict management skills of participants is both a sound management strategy and a good service strategy. Staff work with participants to find tolerant and supportive strategies for setting and sustaining norms that can be adopted or accommodated by participants without conflict and for helping participants work with each other without disagreements. Staff members that participated in focus groups noted that assisting clients in developing life skills was one of the main objectives for their drop-in. For example, they helped to develop anger management skills, decreased isolation, and assisted clients to build better relationships with others. In this way, even the drop-ins that only provide the most basic services help to develop clients' interpersonal skills and facilitate socialization and the development of caring relationships.

3 Core capacities matter to participants and to outcomes

These core capacities summarize the main categories of benefit identified in the literature, but also underscore the most valuable elements of drop-in programs.

3.1 Core capacities are valued by drop-in participants

The core capacities discussed above are the most valued by drop-in participants. A report based on a survey of over 400 drop-in centre clients in Toronto found that people identified drop-in centres as helping them in a number of ways (Working Title 1995). Drop-ins facilitated the enhancement of people's personal security by helping them to meet their basic needs and access mental and physical health services. Drop-ins were identified as helpful in developing people's sense of self by offering the chance for participants to develop skills through workshops as well as through opportunities to participate in the operations of the centres. Finally, users of drop-ins identified the value of the opportunities to socialize and to develop social networks as a significant support. These core capacities that are developed at drop-in centres are identified as high priorities by participants.

3.2 Core capacities correlate strongly with the ability to gain and maintain housing

The ability to maintain one's personal security, to develop a healthy sense of self, and to develop the social capacity to maintain friendship networks are all important skills that are correlated to the ability to obtain and maintain housing. Isolation and boredom have been identified in the literature as factors leading to the future loss of permanent accommodation (Pleace 1995; Fitzpatrick, Kem et al. 2000; Crane and Warnes 2007). Research carried by Sakamoto et al. (2007) suggests that social networks are very important for the well-being of homeless women and transsexual women, not only as sources of social support but also for the exchange of information and resources as well as advocacy within the system.

There is some descriptive evidence in the literature that suggest that the formation of social networks helps homeless people to access the support and develop the confidence they need to make changes in their lives (Martin and Nayowith 1989; Lee 1994). It should be noted that there is some discussion within the literature of how maintaining homeless friendship circles can play a role in making it difficult for people to move into stable housing arrangements. However, it is generally acknowledged that recently resettled and/or vulnerably housed people often turn to drop-in centres for support and opportunities to socialize that they are unable to find elsewhere. Crane, Fu et al. (2005) surveyed homeless-sector day centres throughout England and found that the services they provided were playing a key role in helping highly vulnerable and isolated people to maintain their housing.

3.3 The entire spectrum of drop-ins play key roles in supporting core capacities

There is evidence in the literature and in the primary research in this study that indicates drop-in centres of all kinds play a role in developing all three core capacities.

All drop-ins involved in the focus groups and interviews for this study provide safe spaces and some basic services and support participants in pursuing self-care and stable mental health.

All drop-ins supported the development of positive identity. They all create inclusive and normatively flexible environments. They all identified some opportunities for participants to engage in activities that are valued and that support feeling valued socially. All drop-ins also had at least some capacity to enable participants to make meaningful choices as part of their activity in the drop-in.

Finally, all drop-ins facilitated social interaction among participants and supported the development of social skills through supportive interaction between staff and participants.

Much of the research cited in the description of the three core capacities was carried out in drop-ins that are smaller organizations that focus on providing for basic needs.

The extent of the support for core capacities may vary according to the size, structure, and range of services available at different drop-ins, but at each point on the spectrum of services, the capacity for some incremental development of core capacities was identified by both staff and participants.

3.4 Core capacities are interconnected

Core capacities are related to each other in balanced and supportive ways that reinforce their effectiveness.

Staff and participants note the interconnection of the core capacities. Safety provides a precursor for identity development, enabling participants to shift their attention from basic needs to quality of life. A clear sense of identity makes socialization less daunting, supporting a shift away from protective isolation toward grounded interaction. Social interaction can contribute to an increased sense of personal value and a greater sense of identity. In balanced interrelated ways, core capacities support each other.

Core capacities can also impinge on each other if they are not developed in balanced ways. Overemphasizing identity can adversely impact social skills by putting too much focus on the individual's needs and priorities and diminishing attention to social context. Overemphasizing safety can impinge on identity, pressing participants to conform to restrictive rules rather than express themselves as individuals. The capacities function better when jointly developed in a balanced and reinforcing relationship, rather than an unbalanced and constraining one.

4 Access to resources

Drop-ins also provide valuable resources to participants. The resource needs of participants tend to reflect the same incremental stages of activity as the spectrum of services does. Some resources, such as food, showers, laundry, harm reduction kits, and blankets, are beneficial to participants whose primary goal is to manage their basic needs and minimize the harm that comes to them from the elements and from an unfriendly broader social environment. Other resources, such as telephone access, voice mail, safe storage, and transit fares are more beneficial to someone who is already actively engaged in specific strategies to change their circumstances and who is using those resources as tools in that effort. Currently, few drop-ins distribute resources in a way that targets the transitional resources like bus tickets and distributes only the basic resources more broadly.

Centres should be resourced to work toward a model for resource allocation that ensures that resource allocation better reflects the activities being undertaken by participants, and their efforts to pursue them.

However, the distribution of resources is also an aspect of the centre's relationship with the participants. A staff decision to give a bus ticket to one participant and not another can be seen as an act of favouritism. In fact, several participants in focus groups complained that not all participants were treated equally and that staff seem to favour some participants over others.

Regardless of the underlying logic of distributing resources according to needs and the potential for positive use, resource distribution that follows anything but the simplest "first come, first served" system may attract criticism and may undermine the trusting relationship being developed between staff and participants, which is critical to success.

Furthermore, resources are often scarce in drop-ins, making access to resources for participants intermittent and the ability to sustain a systematic approach to resource allocation difficult.

Decisions about resources allocation strategies should be made with these facts in mind and will vary from drop-in to drop-in as staff seek to accommodate the need to allocate scarce resources to those who need it most, and the need to sustain the trust and mutual respect participants feel for the staff and each other.

5 Summary

Understanding the benefits of drop-ins is critical to determining how to measure their success. The literature and our primary research show that drop-ins encourage the development of three core capacities. The core capacities are not primarily oriented toward basic needs; in fact most benefits are in the psycho-social arenas. Personal health and safety is the first core capacity and includes the capacity to access safe places where core needs are met. The capacity for personal health and safety also encompasses the capacity to carry the effort to find personal security forward to self-care, harm reduction, and efforts to preserve mental health. Drop-ins also support the core capacity of the development of a positive self-identity—the ability to establish a clear and positive self image as a bounded and autonomous person with objectives and choices. Finally, drop-ins also support the core capacity for social connection—the ability to create and maintain social relationships, a critical element of success. These three capacities appear to encompass the whole extent of the benefits accessed through participation in drop-ins. Analysis shows that drop-ins also happen to be particularly effective supports for these capacities and that all drop-ins in the spectrum of services play a role in developing them.

Finally, drop-ins offer access to some limited resources and can do that in strategic ways, though the implementation of that strategy requires careful consideration of its impact on the relationship between participants and staff.

G. Evaluation

1 Evaluation needs

Understanding the structure and benefits of drop-ins makes the evaluation of drop-ins possible. From the preceding sections, it is clear that a spectrum of services, embedded in a continuum of care, must support the incremental acquisition of core capacities that are linked to success in obtaining and maintaining the elements of a stable, successful, and reasonably comfortable life.

Given that framework, the evaluative tools must have the capacity to evaluate incremental progress in non-intensive or low-demand services as well as in intensive, complex high-impact services. That will require measurement tools that have gradual scales that can identify gains progressively.

1.1 Scales

Most evaluation systems for services to homeless people use scales in their measures, ranging from 3-point scales to 10-point scales. These scales are based on a variety of principles. Some scales measure frequency using variations of a Never/Sometimes/Frequently/Always series. Other scales measure volume or intensity (e.g., a lot, a little, none at all). Less common, but most promising, are scales that measure intent. These scales distinguish between participants who are not currently focused on change strategies, those who are focused on change but take no action, those who accept help but initiate no action, and those who independently initiate actions that support change.

The London Housing Foundations Outcome Star successfully combines an intention scale with a frequency scale that distinguishes, for example, between participants who accept help some of the time and those who accept help consistently, and between those who initiate change independently some of the time and those who initiate change independently on a consistent basis. This model is helpful at measuring change at incremental scales but is difficult to implement as will be discussed in the section on case-management models that follows.

These scales provide a tool for measuring the acquisition of core capacities in incremental steps. However, measuring incremental changes in the activities and intentions of participants requires frequent and intensive contact and careful record keeping, which is dependent on an intensive case management service model. That model is not currently in use in Toronto.

2 Case-management-based models

2.1 Elements of case management

Case management is the planning and coordination of individual cases within and across service organizations (Eustace and Clarke 2005). Case management is recognized internationally to be effective in improving participants' access to services, helping services better meet participants' needs, and helping to ensure that positive outcomes are achieved for homeless service users (HUD 2002; City of Ottawa Community Capacity Building Team for Homelessness 2005; Eustace and Clarke 2005). Morse (1998) draws from Willenbring et al. (1991) to come up with the following list of primary functions of case management:

- Client identification and outreach: to attempt to enroll clients not using normal services
- Assessment: to determine a person's current and potential strengths, weaknesses, and needs
- Planning: to develop a specific, comprehensive, individualized treatment and service plan
- Linkage: to refer or transfer clients to necessary services and treatments and informal support systems
- Monitoring: to conduct ongoing evaluation of client progress and needs
- Client advocacy: to intercede on behalf of a specific client or a class of clients to ensure equity and appropriate services

In short, case management is dependent on a systematic, proactive, progressive, intentional and recorded process of support for participants making progress in some aspect of their care.

2.2 The benefits of case management

Case management is recommended in supporting homeless people because of the complex problems that homeless people face, the fragmented nature of the service organizations that exist to support them, and the potential existence of barriers to accessing services (Leslie Gevers Community Management Services 1997; Morse 1998). Case managers are assumed to be necessary to engage homeless people who may distrust service providers, to facilitate their access to and negotiate the services needed by clients, and to help to overcome the mistrust of service providers (Leslie Gevers Community Management Services 1997; Morse 1998).

A number of benefits of applying case management practices to work with homeless clients have been identified in the literature (Leslie Gevers Community Management Services 1997; Eustace and Clarke 2005):

- Improved outcomes
- Better coordination of services
- More accurate identification of client needs
- More appropriate use of services
- Better continuity of treatment

2.3 Drop-in staff and participants value the benefits of case management

Interviews and focus groups with participants indicate support for principles of case management. As one participant said, "There needs to be a lot of follow-up and case management...and more one-on-one." Front-line staff also recognized the value of consistent, focused attention to the progress of participants through various transitions and clearly acknowledged the need for tools that can effectively support that effort.

Because of this acknowledged need, drop-in staff do engage in a number of case management-related activities. Most drop-ins record crisis-oriented incidents and most keep some record of important encounters, though the comprehensiveness of these records is limited. Some use logbooks to record important participant-related information. Others have structured time for one-on-one encounters with participants. These sessions give participants an opportunity to ask for assistance, and staff keep a record of who was given time and what was done to address their needs. Of the front-line staff present at the focus group, half indicated that they kept logs or case files and two-thirds indicated that they exchanged verbal accounts of significant events. Many drop-ins have monthly case planning meetings, staff workshops, and debriefing meetings. Many use the peer-supervision model to monitor how issues that arise are managed. Most drop-ins have end-of-day debriefing to inform other staff of key events or issues for any of the participants, but in most cases, these tend to be restricted to major incidents. But case management is not in place in many homeless services in Toronto because of the significant challenges in implementing case management.

2.4 Case management challenges

Several studies and best-practice guides on case management have identified a number of challenges that may lead to case management being implemented in a fragmented and inconsistent manner.

Case management is cumbersome

Case management requires shared terminology and an agreed-upon language to be used within and across organizations to ensure effective communication (Eustace and Clarke 2005). Case management is dependent on effective networking and communication among staff and between organizations, requiring a greater awareness of a wide range of service providers and better coordination of service provision (Eustace and Clarke 2005; Homeless Link 2007). Top-level management staff across a large number of homeless-serving agencies need to commit to implementing sector-wide case management practices (Eustace and Clarke 2005). Agencies attempting to implement case management practices often need to re-examine confidentiality policies to ensure that client information is protected (Eustace and Clarke 2005; Homeless Link 2007). Similarly, reviewing and developing the toolkits of organizations is required to develop a range of tools that are effective in implementing case management (Eustace and Clarke 2005; Homeless Link 2007). When organizations across a continuum of care implement a coordinated case management system, there is a risk that larger and more financially secure resource organizations will dominate the process and that this will become a barrier to a sector-wide coordination of services.

Case management is time consuming

Assessment requires time to gather, record, and evaluate information on clients as well as to negotiate appropriate courses of action with clients and other support workers (Eustace and Clarke 2005). Managers need to allocate to staff the appropriate amount of time to carry out these important tasks. Training is also needed to ensure that case management staff are equipped with the skills they need to build relationships with clients, conduct assessments, and coordinate service delivery (Eustace and Clarke 2005; Homeless Link 2007).

Electronic Case Management Systems are even more challenging

In the HUD (2002) evaluation of the CoC for homeless people, case managers identified a number of concerns that they had with the electronic case management system in place, the Homeless Management Information System (HMIS). Case managers were concerned about the time they lost in entering notes and feared that they would eventually face "data entry burn-out." Some were concerned that case managers lacked the computer skills to use the software effectively. There were also concerns about the potential loss of client confidentiality. In addition, it was highlighted that the intake interview with new clients is part of a process of engagement and relationship building. Sharing intake files electronically would decrease the opportunities for case managers to get to know their clients. Assessments are in constant need of updating and thus electronic files would not be accurate unless they had been recently revised. Finally, case managers do not necessarily trust assessments made by others and furthermore, participants are more trusting of some case managers than others, and are more forthcoming as a result.

2.5 Toronto drop-in staff face barriers to case management

The primary research from this study showed that drop-in staff in Toronto face many of the barriers discussed in the previous section to implementing effective case management practices.

Resources are very limited

Focus groups and interviews with drop-in staff revealed considerable concern that case management is a time-consuming process which they are not resourced to accommodate. One front-line staff member said: "Our outreach workers have a database but in drop-ins we don't have such a thing because we don't have time for this." Front-line staff members revealed that on average, the ratio of staff to clients is anywhere between 1:26 to 1:75. Drop-in managers related very similar numbers. Staff shortages, heavy workloads, and unexpected crises overwhelm the capacity to sustain extensive and detailed record keeping.

Only a limited number of participants would benefit from case management

Additionally, drop-in staff estimate that case files for an estimated 80% of participants are unlikely to show short-term change. This means that case management must be done on a very long-term basis in order to see results and thus may not be an optimally efficient way to record success.

Case management models could distort some current beneficial practices

Toronto drop-in staff focus considerable effort on community development and empowerment roles for participants. Case management, in its more traditional processes at least, undermines the sense of participants as agents and independent actors, casting them in a role that requires "management" instead of partnership and support.

Case management can create distrust among participants

Drop-in participants were deeply distrustful of case management that was solely staff driven. Case management involves recording extremely personal information and making significant choices that affect the future of participants. Staff-managed case files that record this information and make these choices without the participation of the participant are likely to spark concern or distrust on the part of the participants. There is a lot of concern among drop-in participants as to the objectives of case management. They fear that keeping participants under surveillance through case management will be used as a way to control the participant rather than to support improvements in their situations.

Instead, drop-in staff argued that case management processes should be jointly created and jointly managed by front-line staff and drop-in clients because systems that are imposed on drop-in staff undermine relationships.

Toronto drop-in staff find electronic case management even more challenging

Some drop-ins keep statistics on "brief services" offered, which include any conversation or referral that takes less than 10 minutes to complete. Some use "Pirouette," a database program, to keep track. However, as one drop-in manager explained,

"Sometimes we feel bogged down by the evaluations systems. Sometimes there's more work that gets done with the systems than with the individual. We spend a lot of energy in dealing with the external community."

Some managers who were responsible for electronic database management explained that they are required to do it, and felt it was an onerous burden. Some managers are funded primarily by the Ministry of Health and Long Term Care, and are required to do electronic case management. That system is inflexible, and cannot accommodate alternate reporting functions. Drop-in staff members generally do not use computers for case management, due to concerns about privacy and access. Some highly skilled drop-in staff are not frequent computer users and would find electronic case management challenging.

3 Alternative evaluation strategies

Case management-based models appear to be inappropriate in the context of Toronto drop-ins. But other models are possible. Finding them requires the identification of appropriate indicators of effectiveness and obtainable, meaningful data to report on these indicators.

Evaluation systems for services for homeless people often attempt to identify meaningful outcome measures. This effort is rooted in the assumption that evaluating the effectiveness of programs is best done by assessing what outcomes they produce. As noted in Section C, outcomes are sometimes not the most meaningful information about the effectiveness of a program. Changes in the economy, public policy, and local conditions can have a bigger impact on outcomes for homeless people, masking the benefits of effective programs when conditions are bad and obscuring the failings of poor programs when conditions are good. Relying on outcomes measures in this context violates the third criterion for effective evaluations outlined in Section B: changes in the data used for evaluation should be dependent on changes in the effectiveness of the program. Data that changes for reasons unrelated to the program does not provide information that can reliably be used to assess program effectiveness.

Outcomes measures designed to assess the effectiveness of programs for vulnerable people have to be viewed in relative terms: Is the program being evaluated helping participants do better than they otherwise would have in the context of shifting economic and policy environments? To assess this, one has to evaluate the outcome and compensate for any impact that changing employment rates, housing policies,

policing strategies, and economic circumstances might have on the participants' outcomes at various points. Unfortunately, the cost and complexity of that measure makes it impractical to gather the data required on a case-by-case basis.

As a result, drop-ins and other homeless services often resort to measuring outputs such as numbers of participants, numbers of meals served, and number of participants referred to services and supports. These output measures are linked to program performance. If the program is not effective, it will produce fewer outputs, but the correlation is weak. More outputs does not always mean more effectiveness. Programs can increase output in ways that undermine effectiveness. For example, programs could refer participants to inappropriate services and increase the number of referrals achieved, without increasing the benefit of those referrals or their effectiveness for the participants. Output measures are better indicators of program effectiveness than absolute measures of outcome, because they do fluctuate with the performance of the program, but they are still not as good as relative outcome measures that indicate more accurately the impact of the program on participants in the changing contexts they face.

Fortunately, there is data available that does indicate the relative impact of programs on participants and is applicable to Toronto drop-ins in ways that make measurement of effectiveness practical and effective.

There is an adequate body of good research comparing the relative impact of services in the lives of homeless and socially isolated people. That research has been compiled in "best practice" reports, including one conducted for the City of Toronto by Public Interest in 2005. This research shows, for example, that even in shifting contexts, referrals to services function better when they are accompanied by follow-up and advocacy, and that participant-centred service produces better long-term results.

3.1 Best practices

There are nine areas of best practice that can be readily used to assess current services. These good practices are highly correlated to success for participants and to effective operation of drop-ins, and are beneficial in the acquisition of core capacities at various stages in the spectrum of drop-in services.

1) Safe, accepting environments

The creation of service delivery settings that were perceived as safe, non-judgmental, and accepting of the particular circumstances of homeless and socially isolated people was identified as significant in numerous studies, including Park et al. 2002; Hall and Cheston 2002; Erickson and Page 1998; Pollio et al. 2000; Lee 1994; and Crane, Fu et al. 2005.

These studies show that open, welcoming environments which are flexible enough to adjust to the behaviours of people who are suffering from addictions, mental illnesses, and social challenges that result from their circumstances are more successful in engaging, supporting, and assisting in the advancement of homeless people. Of particular value is the creation of a normative environment that includes and accepts the behaviours of the participants even when they fall outside widely held community norms. These settings are particularly valued by participants whose lives are well outside traditional norms. For example, members of the transgender community appear to place particular value on a setting that does not impose norms on them, and appear to be unwilling to seek service in venues that do (Sakamoto et al. 2007, and primary research).

This best practice supports the role of drop-ins at the initial end of the spectrum of service by providing an access point that is more easily accessible for people who are unlikely to engage in traditional mainstream services.

It also supports the core skill of identity by creating an environment where participants are more likely to experience freedom from psychological and social pressure and thus creates a space for the positive identity development of participants. In addition, it supports the development or rediscovery of social skills by creating settings in which the psychological and social pressures of everyday life are removed sufficiently to allow casual, low-risk social encounters with others.

II) Repeated, frequent, consistent long-term relationships

Success in drop-in centres also depends on the creation of trusting relationships. Participants are commonly subjected to a variety of abuses in their lives and are slow to respond to unfamiliar people offering interventions. Repeated, frequent, consistent, and long-term contact has been shown (in studies such as Tsemberis et al. 2003, Crane and Warnes 2000, Erickson and Page 1998, Homeless Link 2005, Fitzpatrick et al. 2000, Pollio et al. 2000, and Cooper 2001) to enhance the effectiveness of staff support to participants. Staff to participant ratios that allow for frequent contact are also shown to be beneficial to the success of participants. These relationships enable people who have difficulty developing social links to gradually establish them with a skilled and supportive partner, and enable people who are slow to trust to engage in the service infrastructure.

This practice supports the role of drop-ins at the initial end of the spectrum of service by providing an easy access point for engagement even for people who are less likely to connect with traditional mainstream services. This practice also supports the core capacity of social development by providing a supportive and committed partner in developing or re-establishing social skills.

III) Responsible, valued, and autonomous activity by participants

Research (Conradson 2003, Mulquin 2000, and Cooper 2001) shows that participant engagement in activities that are valued and which involve independent action and responsibility increases their sense of self-worth and enhances their commitment to the process. Having an opportunity to demonstrate—to oneself and others—one's capacity for independent, responsible action, and the sense of value and respect that emerges from that experience, are assets for participants.

The benefits of this practice are most evident in the more complex service settings in the spectrum of service, but are beneficial in all settings. Volunteering, taking responsibility for specific activities in the drop-in, peer support, and other activities typical of smaller drop-in programs are just as integral to the incremental reacquisition of skills as the later stages, such as participant-led service management, managing their own residence, or getting a job.

This practice is also a critical contribution to the core capacity for identity development. Independent action is fundamental to the conception of a bounded and autonomous self. Action that is seen as useful or beneficial is fundamental to identification of the individual as a valued member of a group. Regardless of the cultural basis of identity, valued action carried out by the participant contributes to a sense of self.

IV) Client-centred service management style

Supporting participant-led service planning is strongly linked to success in Cooper 2001 and is an integral part of responsible, valued, and autonomous activity by participants. Participants engaged in ongoing relationships with staff who support them through a self-determined sequence of activities to meet self-identified needs tend to produce better outcomes.

This practice also serves all drop-ins throughout the spectrum of service well, enabling each drop-in to facilitate the incremental progress of participants through the spectrum of services available in a responsive way.

Finally, this practice has an important role in the core capacity of identity. The ability of participants to take control in the service planning affecting them contributes to autonomous choice making and identity formation.

V) Integrated network of services accessible to participants

The need for settings that are multi-service oriented and integrated within and aware of a network of services or continuum of care is strongly linked to success for participants (City of Toronto 2000, Jones and Pleace 2005, Bradley 2004, Cooper 2001, Fitzpatrick et al. 2000, Access Alliance Multicultural Health Centre 2003).

Participants engaged in self-managed, systematic, and intentional efforts to alter their circumstances require a broad range of services that are both appropriate and accessible. Drop-ins, no matter how large and multi-service oriented, cannot and

likely should not attempt to deliver the full range of services required. Drop-ins are more likely to play an effective role if they are linked to other service providers who can deliver services on site at the drop-in centre or accept referrals from the drop-in centre.

This practice enables autonomous activity by participants, supporting the development of identity and supporting self-managed service, which avoids imposed and unwelcome service interventions and sustains the welcoming and engaged relationship with participants.

VI) Advocacy-oriented service

The success of an integrated service network is partly dependent on the drop-in centre being an advocacy-oriented organization. Participants in drop-ins are largely people who are thoroughly marginalized. Their capacity to access services, which are often in short supply, can be limited. Support for that effort by staff who advocate for participants in order to ensure access to service is linked to success (Pleace 2005, Fitzpatrick 2001, Lee 1994, Wagner 1993, Breton 1984). That advocacy can beneficially extend to advocating for improvements in the service infrastructure, from better access to programs to more affordable housing and access to employment. Advocacy of this kind can improve access for participants and, if participants are active in the advocacy itself, can support the development of identity through autonomous, socially useful action toward a critical goal.

VII) Assessment and development oriented services

Effective drop-ins are oriented around the needs and priorities of clients. That process according to Crane, Fu et al. begins with sound assessment. This assessment is often informal and takes place over time, as outreach workers develop a relationship of trust that can be drawn on to engage participants more fully (Cohen and Marcos, 1992 in Erickson and Page). The importance of assessment is indicated in the literature on drop-ins, (Erickson and Page, p. 10; Pollio and Spitznagel, 2000, p. 3; Park, et al 2002) and is also highlighted in analysis of effective case management methodologies (Morse, 1998; Willenbring et al., 1991) Erickson and Page emphasize that while informal assessment is important, good practice in the field allows clients to by-pass unnecessary forms and paperwork, adopting "an engagement stance"(p. 17). That engaged orientation emphasizes the self-identified needs of the participant and is focused on finding strategies to enhance the participant's ability to address them. This orientation around identifying the barriers that obstruct opportunity for participants and supporting the development of the confidence and skills to address them, enhances sustainable benefits for drop-in participants. Client centered, advocacy oriented processes with responsible roles for participants are difficult to achieve without an analysis or assessment of needs and an effort to support independent action by tenants.

VIII) Opportunities for social networking

The significance of social opportunities in drop-ins is documented in Martin and Naywith 1989, Lee 1994, Jones and Pleace 2005, Crane and Warnes 2005, Fitzpatrick 2000, and is highlighted in Public Interest 2006. There is evidence that forming social networks helps people to develop the confidence and support they need to make a transition to housing and that social networks help people to maintain housing. Studies that considered good practices in resettlement work found that loneliness was the most important factor precipitating tenancy breakdown among formerly homeless people.

While much of this research focuses on the role of social networks in making the transition to housing, social network development plays that role incrementally from very early stages, including influencing rough sleepers to begin to move toward accommodation. Drop-ins at every point in the spectrum of service can and do play a role in facilitating social interaction, and the development of social networks, social networking skills, and conscious efforts to support social interaction should be a part of every drop-in.

IX) Systematic, intentional progress

Supporting intentional, systematic participant progress in improving their circumstances is identified by Erickson and Page 1998; Crane, Fu et al. 2005; Pollio et al. 2000; and Crisis 2002 as being linked to positive outcomes. Specific, consistent, and systematic efforts to reach goals are, not surprisingly, more effective in achieving them, provided they do not undermine other aspects of good practice (such as a welcoming environment or the self-determination of participants). Individual support, follow-up, peer support, support for empowered decisions, and easy access to the services needed all contribute to participants' ability to pursue systematic progress and are all linked to long-term success. This often takes the form of "case management," but the essential elements that are beneficial are not dependent on the form of documentation as much as the processes between participants and staff and among the staff themselves.

The impact of this practice is most visible at the more complex end of the spectrum of services, where the intentional, systematic efforts have the most visible impact, but it is a necessary component of all parts of the spectrum of services. The earlier that participants have access to the opportunity or to intentional and systematic progress, the more opportunity and time they have to make use of it. Consequently, this best practice should be part of the practice of all drop-ins, though it should not be pursued in ways that undermine other best practices (such as a welcoming environment and participant self-determination).

3.2 Applying best practices

These best practices can be used to qualify evaluations based on outputs. The number of meals served would give more information about the quality of the program if the output measure also indicated the number of those meals that were served in accordance with best practices—for example, the number of the meals that were nutritious meals, the number that were served in a setting that supported social interaction, or the number that were served in ways that created opportunities for responsible roles by participants, such as cooking and serving. Similarly, the number of participants referred to support services would be a more meaningful measure if it were presented as the number of those referrals that involved follow-up and advocacy, or the number that were based on participant-led decision making.

These “paired measures” linking an output to a best practice provide a basis for measuring success of drop-ins that meets the criteria set out in Section B: they are obtainable data that reflect the quality of the program and measure it in ways that are meaningful. By supporting best practices, these paired measures also support the core competencies outlined in Section E.

How best practices are implemented varies from drop-in to drop-in. They are applied differently by drop-ins with different mandates and resources at different points in the spectrum of service. A single standard for best practice would be impossible to impose on such a wide spectrum of service styles. But individual centres could develop tools for assessing the extent to which they apply these practices in the delivery of each aspect of the program for which they provide output measures.

Paired measures could reasonably be applied to participation rates, to direct services such as meals, activities, and supports, and to indirect services delivered on site or through referrals.

Paired measures could also be structured in a different way. Rather than identifying the extent to which best practice was observed in the process leading to each output measured, the frequency of implementation of a best practice could be measured and centres could identify the range of activities that contributed to it. For example, the best practice of responsible, valued, and autonomous activity by participants could be demonstrated by identifying the range of outputs that were achieved using this practice:

- All meals were served in ways that allowed participants to volunteer in cooking, serving and cleaning up.
- Recreational activities on two days were chosen and/or coordinated by participant volunteers.
- Two participants were able to obtain a day's paid employment.
- Ten other participants accepted referrals to programs in which they could volunteer.

All of these activities contributed to the core capacity for identity development by supporting participant opportunities to engage in valued actions that facilitate a sense of self-worth.

This paired measures model allows centres to develop appropriate tools for measuring the extent to which they are delivering a specific volume of service in accordance with good practices that have been shown by research to contribute to success.

3.3 Paired measures

Because of the range of approaches and contexts across the spectrum of drop-in services, drop-in centres themselves are the best creators of specific measurement tools. Each measurement tool should specifically pair a measure of output with a best practice, and as much as possible should support reflection by staff on opportunities for improvement. Paired measures should also be developed with an eye to the overall goal of drop-ins: the incremental development of core capacities. Developers of the measures should attempt to determine which outputs are potential opportunities to implement any of the nine good practices and how the measures support service improvement, but also how the measures document the organization's ability to contribute to core capacities of participants.

For example, drop-ins that offer meals currently provide a count of how many meals were served. The service of meals provides many opportunities for implementing good practices:

- Depending on how they are served, meals can be occasions to demonstrate a welcoming and accepting environment.
- Meals can be an opportunity for contact between staff and participants in ways that build trust and social skills.
- Meals are opportunities for participants to engage in responsible, valued activities by cooking, serving, setting up, or cleaning up.
- Meals are opportunities for social engagement.

Tools for recording the implementation of good practice while serving meals could take many shapes, including the following measure:

Valued Activity During Meals	
Number of meals served	___60___
Number of participants engaged in responsible, valued activities during the meal:	
Cooking	___ 4 ___
Serving	___ 3 ___
Set up	___ 2 ___
Clearing/cleaning up	___ 2 ___
Other (specify) <i>_reception, receiving food deliveries, planning meal, training other volunteers</i>	

This measure identifies the extent to which the output (meals served) is an occasion for a good practice (valued activity by participants). In doing so, it encourages efforts on the part of the staff to build valued activity into the meal program. Increases in activities valued by participants support the core capacity of identity development by helping participants see themselves as valued by others. In drop-ins with the capacity for more intensive measures, this measure could be improved by tracking how often different participants are engaged in these activities (rather than assigning the same 12 people the same opportunities repeatedly), which would broaden the impact of identity development among participants.

<p>Social Engagement During Meals</p> <p>Number of participants attending the meal ____60____</p> <p><i>Aspects of the dining process that support social engagement</i></p> <p><i>Participants encouraged to sit at joint tables with up to 5 other participants _____</i></p> <p><i>Staff and peers visit tables once during meal to welcome participants, serve meal and ask one or two questions in an effort to facilitate/initiate conversations</i></p> <p>Changes to the dining process that improve social engagement</p> <p><i>Staff visits to tables added</i></p> <p>Date of change <i>Jan 2008</i></p>
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This measure identifies the extent to which the output (meals served) is an occasion for a good practice (social activity by participants). It encourages efforts by staff to build social activity into the meal program by asking about improvements in that function. Increases in participant social activity supports the core capacity of building social skills by helping participants exercise those skills more often and in a safe, comfortable context such as a meal.

Other examples include:

<p>Support for an advocacy orientation</p> <p>Number of referrals to other service organizations made in the past month _____</p> <p>Number of contacts with other service organizations to support or confirm the success of a referral _____</p>

Support for service integration

Number of referrals to other service organizations made in the past month _____

Number of contacts made with service organizations on site _____

Or

Support for service integration

Number of referrals to other service organizations made in the past month _____

How many agencies were those referrals made to? _____

How many are involved in a formal partnership arrangements or service network arrangement with your organization? _____

Drop-in centres should attempt to develop tools for all outputs and to ensure that the tools meet the key criteria, measure the application of good practice in delivering any output, and identify the core capacity that is supported.

3.4 Beyond paired measures: systematic, measured, intentional change

Support for systematic, intentional progress is one of the more challenging areas of good practice to measure. It is possible to develop some paired measures relating the frequency of staff interventions with participants, but these measure availability or efforts at outreach, not activities actually undertaken by participants. Systematic, intentional change is still most commonly measured through case management processes.

Barriers to case management as a measure of progressive, intentional strategies

As noted above, drop-in staff express concern about case-management-based measurement strategies, both because of the intensive resources required and because such a small proportion (a reported 20%) of participants who would benefit from this approach. Participants who are at the earliest stages of personal change, lacking a clear appreciation of the benefits of change, possessing profound doubts about the possibility of change, and expressing little or no active intention to change, have little to gain from detailed assessment.

Alternatives to case management for measures of progressive, intentional strategies

However, this analysis suggests that for a small percentage of participants, detailed assessment may be beneficial, and because it is a small percentage, the intensive resources required would place a smaller strain on the drop-in centre as a whole.

A number of participants in focus groups and interviews agreed that the benefits of case management systems (outlined in Section F2.2) could be obtained without the drawbacks if an alternate model that lacks the intensive demands and hierarchical practices of case management were developed. Drop-in staff, as noted above, currently employ many of these practices in their work, but do not always have access to a consistent method of measuring success in that work.

As noted above, successful case management processes share certain features in common:

- They are progressive: they include stages of progress, from assessment to planning to implementation.
- They are intentional: they reflect a purposeful, proactive effort toward improving the quality of life of the participant involved.
- They are recorded: a record of stages of progress allows for ongoing assessment of success.
- They are participant-led: strategies for planning or monitoring participant progress that are imposed on participants can be counterproductive, they undermine trust relationships, and they squander an opportunity to develop identity and support decision making on the part of the participant. Participant-led planning, on the other hand, has been shown to produce better outcomes and improve success rates, and participants would benefit from direct involvement in the planning and assessment of their efforts.

Drop-in staff have devised systems for achieving many of these goals for some of their participants. Toronto drop-ins show a considerable commitment to identifying and supporting precisely this sort of progress among participants. However, few drop-ins have had an opportunity to develop a comprehensive and consistent way to use these progressive, intentional, recorded, participant-led strategies for change. Most would benefit from an opportunity to do so, but resources have been too constrained to allow that opportunity. Resources are committed overwhelmingly to front line functions, few ancillary resources exist and the task of developing appropriate systems and ensuring all appropriate staff are able to use them effectively requires a substantial resource commitment.

Developing alternative tools for measuring progressive, intentional strategies

Drop-ins could devise tools that are appropriate for their own settings. Larger, multi-service agencies may have the capacity for more complex processes, provided they are also processes that are accessible and understandable enough to allow the genuine involvement of participants. But smaller centres will likely favour simpler systems. Their resources are more stretched, so complex systems may prove too onerous, and the role that they play with participants is constrained by those same

resource limits, preventing them from offering the full range of services and even supporting a complex array of simultaneous service needs over an extended period of time. As part of their progressive and intentional strategies, smaller centres may choose to include supporting the transition of participants to other drop-ins that have the capacity to assist with more extensive interventions. The systems they use should reflect the resources of each centre and the place it occupies in the spectrum of services. The systems they use could, however, fulfill the key functions set out above in this section and those set out in section F2.1.

Funders too should be interested in the extent to which centres are engaged in that practice. In addition to other paired measures, measuring the number of participants in a drop-in and pairing that measure with the number of participants engaged in progressive, intentional, recorded, participant-led strategies as a best practice would provide a useful indicator of effectiveness in a drop-in.

It should be noted that the degree of success that participants have in pursuing the progressive, intentional, recorded, participant-led strategies would not be an indicator of effectiveness and would not be a sound measure for drop-ins. A measure of this kind would be an outcome measure, and participants engaged in progressive, intentional, recorded, participant-led strategies may have less success due to outside factors that the drop-in cannot control in spite of delivering a first-rate program. The appropriate measure is the extent of the use of a good practice, not the extent to which it has produced specific outcomes in changing contexts. Consequently, drop-ins should report the number of participants who are engaged in progressive, intentional, recorded, participant-led strategies, but not the progress they are making nor the content of the record of progress.

Criteria for participation in progressive, intentional strategies

Reporting the number of participants engaged in progressive, intentional, recorded, participant-led strategies, however, can have a distorting effect on best practice. People are generally inclined to do what is measured and reported and feel an incentive from funders to maximize the rate at which they engage in the practice being measured. But not all participants should be encouraged to undertake a systematic strategy for change in their lives. Some participants are not reflecting on their circumstances in ways that provide a sound basis for change. Participants may see their circumstances as adequate, appropriate, or immutable; they may not believe they have the power to change them meaningfully or may not be willing to invest energy in a systematic effort to change them because of their doubts about the long-term effectiveness of any change strategy. Participants will only define and pursue their own appropriate strategy for progressive, intentional, recorded, participant-led efforts if they have:

- identified desirable changes,
- are willing to accept help or initiate action to achieve that change, and
- are willing to work with staff in a planned and coordinated effort.

Staff should only measure the rate at which participants are engaged in progressive, intentional, recorded, participant-led processes where those circumstances are present, and should treat those as criteria for a transition to the process.

Models for measuring progressive, intentional strategies

Models for progressive, intentional, recorded, participant-led processes can vary widely. The London Housing Foundation's Outcomes Star is a case management model, but elements of it could be adopted for the development of a more manageable system. The Outcome Star provides specific, incremental measures of progress taking place in 10 different areas of potential change. For example, progress in coping with addictions is tracked, as is progress in developing social relationships. The incremental measures track both frequency and intention, so measures show whether participants are focused on pursuing change, accepting help and undertaking independent action for change as well as measuring the frequency with which they engage in these activities—for example, sometimes undertaking independent action as opposed to usually or habitually undertaking independent action.

This model of measuring the incremental adoption of increasingly independent actions that support an area of change is an attractive basis for designing progressive, intentional, recorded, participant-led processes.

As with paired measures, the best way to design an appropriate model is to engage the drop-in centres themselves to devise systems that reflect their capacities and the needs of their participants. These models should meet the criteria outlined above, but should be tailored to the specific circumstances of each drop-in.

One example of a model is a simple note-taking grid, identifying:

- The date
- The three core capacities
- Any work being done under each capacity and an indication of the frequency and intentionality of that work
- Progress where it occurs

The tool for tracking that information should also include the criteria for initiating progressive, intentional, recorded, participant-led processes. In keeping with good practices, the initiation of this process should also be accompanied by an assessment process at intake.

The tools for recording need not be complex and, in fact, formal, bureaucratic tools are likely to be a barrier to the joint use of the tool with participants. Developing a clear and simple tool for working with participants to name goals, record activities that show progress, and identify the areas where progress is being made helps participants to see their success, helps staff track success, and enables funders to be aware of good practice in intentional and systematic efforts at change for participants who are able to engage in it.

3.5 Other outcome measures

As noted above, outcome measures are a poor indicator of the effectiveness of a program; they lack the capacity to show incremental progress and apply only to a small segment of participants who seek and achieve those specific outcomes. Despite this, there are some outcome indicators, such as housing and employment, that are generally desired by all stakeholders. Unfortunately, those outcome measures achieve few of the goals even advocates for that measure might hope for.

Housing and employment outcomes are difficult to track. Participants may gain skills and supports and receive useful referrals through a drop-in that ultimately result in housing or employment for the participant. However, drop-ins are unlikely to be provided with confirmation of that outcome. The success of participants can result in the participant simply ceasing to be engaged in the drop-in.

Furthermore, the most widely used outcome measures, housing and employment, are actually, to a large extent, output measures, saying very little about long term outcomes. The lack of resources for long-term follow up mean that participants can, for example, be counted as having obtained housing and succeeded in terms of outcomes, even if they lose that housing subsequently and have limited long term success.

Finally, some outcomes do not fall in a clearly defined category. Is participation in casual employment a job? Is participation in income-generating informal employment a job? Is long term access to a couch considered housing? All materially improve the circumstances of the participant, potentially in ongoing ways, but none of them provide the level of stability that independent housing or formal, permanent employment do. Outcomes are in fact a less objective measure than most consumers of that data realize, and less meaningful than the measures recommended above.

Nonetheless, outcome measures for major developments, including placement in housing and placement in paid employment, are indicators of forms of success that are compelling to the general public and are worth tracking to provide confirmation of that aspect of success.

4 Moving Forward

The most effective model for measuring success in drop-ins has three elements.

- 1) "Paired measures" provide sound insight into whether or not a program is carrying out a significant amount of effective work. Paired measures link an output measure, such as the number of people who attend the drop-in, to a good practice measure, such as how many of those people are socially engaged with each other or with staff when they are at the drop-in. There is

a sufficient body of evidence that clearly indicates many fundamental good practices and can be used to assess the effectiveness of the programs without elaborate and expensive measurement systems.

- 2) Progressive, intentional, recorded, participant-led processes should track the extent to which participants are engaged in intentional and systematic efforts to improve their circumstances. Engaging participants in these processes should occur only when they have met criteria, including a decision to seek changes, a decision to accept support in that effort, and a willingness to plan the change process.
- 3) Major outcomes, such as obtaining housing and obtaining employment, should be reported where possible.

This model is appropriate for all drop-ins across the spectrum of service in the Toronto context and supports the implementations of best practices within a continuum of care that can be shown to produce the most successful outcomes for participants.

Resources and Implementation

Implementing this model in Toronto drop-ins will be beneficial. However, implementation should, like the design of the model, reflect the variation among drop-ins. Differences in resources, contexts and roles will produce variations in how this model of measuring success is best applied. Drop-ins should be fully engaged in the development and implementation of the model, the creation of the tools for implementing it and the development of training processes for staff and volunteers. Drop-ins may develop these approaches and tools individually or where overlapping experiences and contexts warrant, jointly. In particular issues such as community service coordination, information management and staff training processes may benefit from joint development efforts.

The process of developing these evaluation tools should be a careful and considered one. Developing appropriate evaluation tools cannot be done in a short time. Organizations need to commit significant resources to development, training, and implementation. The success of the evaluation process depends on that commitment of time and energy to ensure that the tools genuinely meet both the principles set out here and the needs and capacities of the drop-in centre and its participants.

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The **Toronto Drop-In Network (TDIN)** is an active coalition of 45+ drop-in centres working with people who are homeless, marginally housed or socially isolated in Toronto. Our Network includes drop-ins of all sizes and diverse philosophies serving men, women, youth, seniors and families. Member agencies are located throughout the City of Toronto.

TDIN works to increase the capacity of Toronto's drop-in centres to serve their clients through training, communication, coordination, advocacy and engagement with other member agencies, related service providers and government.

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