

## **SECTION 2**

### **Day-to-Day Work and Practice**

This Section on daily practice involves many different types of activities and services. The twenty-one Subsections have been organized into four themes for ease of access:

- **ACTIVITIES AND PROGRAMMING**
  - 2A Hours of Operation, Scheduling, and Signing In
  - 2B Program Planning and Evaluation
  - 2C Meals
  - 2D Creative and Therapeutic Activities
  - 2E Educational and Vocational Activities
  - 2F Other Activities
  
- **DISTRIBUTION OF GOODS AND SERVICES**
  - 2G Clothing
  - 2H Showers and Laundry
  - 2I Mail and Messages
  - 2J Computers
  - 2K TTC Tokens
  - 2L Loans and Grants
  
- **INDIVIDUALIZED SUPPORT TO PARTICIPANTS**
  - 2M Reception and Intake
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  - 2O Confidentiality
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  - 2Q Resources and Referrals
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- **PARTICIPANT RIGHTS AND RESPONSIBILITIES**
  - 2S Rights and Responsibilities
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  - 2U Service Restrictions, Barring Policies, and Appeals

## ACTIVITIES AND PROGRAMMING

Each drop-in develops a unique set of programs and services based on the needs of the populations that they work with and on the types of funding that are available to them. Because of this flexibility and diversity, the specific activities discussed in this Section of the Good Practices Toolkit will not be part of every drop-in. This Section does not present “good programs,” or a set of services that all “good drop-ins” should have, but rather discusses good practices for developing, running, evaluating, and improving the programs that your drop-in is able to offer.

The first two Subsections (2A and 2B) address general good practices that all drop-ins should consider as they run programs, while the final four Subsections (2C, 2D, 2E, and 2F) discuss the additional considerations involved with specific types of activities:

- **2A HOURS OF OPERATION, SCHEDULING, AND SIGNING IN**
- **2B PROGRAM PLANNING AND EVALUATION**
  - Developing New Programs
  - Evaluating Programs
  - Attachment
    - Appendix 2B.1 – Sample Program Committee Terms of Reference
- **2C MEALS**
- **2D CREATIVE AND THERAPEUTIC ACTIVITIES**
  - Links between Creative Activities and Therapy
  - Specialized Training
  - Ground Rules
- **2E EDUCATIONAL AND VOCATIONAL ACTIVITIES**
  - Education and Training
  - Life Skills Programming
  - Volunteer and Work Activities
- **2F OTHER ACTIVITIES<sup>1</sup>**
  - Social Activities
  - Advocacy Activities
  - Attachment
    - Appendix 2F.1 – Sample Social and Advocacy Committees’ Terms of Reference

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<sup>1</sup> *Note:* Subsection 2F is titled “Other Activities” to facilitate the easy addition of notes on other activities offered by your drop-in that are not covered under the specific subheadings above.

## SUBSECTION 2A

### Hours of Operation, Scheduling, and Signing In

#### ***Hours of Operation and Scheduling***

The days and times when your drop-in is open to participants will vary according to a number of factors, including financial and staffing resources.

For example: limited resources may mean that your drop-in can open only two days a week, four hours each day. When deciding which two days and which four hours to open your doors, **keep in mind the following considerations and good practices:**

- **Population.** Conduct a survey of participants to find out which hours they would prefer. (See Section 3 for sample survey questions and a discussion of good practices when engaging participants.) If you are opening a new drop-in, and you don't have a pre-existing group of participants to survey, it is a good practice to connect with hostels in the area and hold a focus group to ask what people need from drop-in services. If there is no hostel nearby, you can connect with any other agencies in the neighbourhood who work with marginalized persons. If a focus group with potential users is not possible, front line agency staff will often have good feedback about what gaps in service exist in the area and what they see as needed in a new drop in.
- **Other social service organizations.** Coordinate your schedule with other drop-ins, hostels, community centres, churches, and other organizations in your area, to maximize the options participants have for accessing services. For example, one weekly drop-in runs on Sundays, in part because for many years there were no other drop-ins open that day. Many drop-ins coordinate their schedules with nearby hostels. One opens at 7:00 when individuals are starting to leave the hostel, and provides access to shower and laundry facilities. Another drop-in closes at 3:00 to give participants time to head back for a 4:00 evening meal at a local hostel. It is a good practice, not only to coordinate your schedule with other social service organizations, but also to keep a binder of this information as a resource and reference available to participants.
- **Weather.** It is a good idea to be open during the hottest part of the afternoon in summer, so that participants have somewhere to get out of the sun or out of a stuffy apartment. If possible, it is a good practice to open your drop-in outside of its regular hours during extreme weather alerts, or to extend your drop-in's hours during the coldest months of the year and the hottest months of the year. If this is not feasible due to a lack of resources, it is a good practice to inform participants of any other drop-ins, hostels, community centres, churches, or other organizations in your area that are open during these times.

Other factors to take into consideration when developing or changing schedules are:

- **Administration.** Build in the time needed to do administrative duties. Drop-ins' work does not consist exclusively of interacting with participants and providing programming; it is also very important to have time to reflect on the day's activities through writing entries into daily logs and debriefing other staff members. Time is also needed to place follow-up telephone calls; plan new activities; recruit, hire, train, and supervise staff members or volunteers; develop and review policies; coordinate food deliveries or donations; network with other agencies; address neighbours' requests or complaints; organize fundraisers; apply for grants; and so forth.
- **Transparency.** Participants often shape their day based on program schedules, and some people may in fact be participating in more than one drop-in program on any given day. It is, therefore, important to inform participants and other drop-ins or local social service agencies of any changes or closures with plenty of advance notice. Post schedules in visible locations and, where resources permit, make copies so that participants can take one with them.

### ***Signing In***

The tension that many drop-ins experience between creating a pressure-free, welcoming environment and maintaining an efficient operation is exemplified by the question of signing in. Some drop-ins view signing-in as an intrusive and unnecessary measure that may become a barrier to people accessing service. Many participants who are socially marginalized may feel that signing their name makes them vulnerable.

However, many funders require statistics on the number of people who access the drop-in on any given day, and requiring participants to sign in is an effective way of tracking and preserving that information. Knowing the number of participants can also help staff plan meals and activities to meet the need, and determine whether demand is increasing or decreasing. Sign-up sheets can also be used as a way of managing the space, preventing the numbers of participants from exceeding the room capacity, and ensuring that people understand the expectations and rules for their participation in the program. A sign-in list can also help staff gauge approximately how many people there are in the building if a fire or some other emergency occurs (although this will never yield exact numbers).

Different drop-ins have come up with different ways of resolving these tensions:

- **Providing rationales.** To allay participants' fears and concerns about the signing-in process, many drop-ins will let participants know why they are asking them to sign in and permit them as much privacy as they need to feel comfortable. For example, the rationale for requesting signatures may be written at the top of the form or indicated in informal conversations with participants.

- **Anonymous sign-in.** The participant may give any name they choose, and no identification is asked for. The participant may also sign in with only their first name and first initial of their last name to reassure them of confidentiality.
- **Specific purpose sign-ins.** The drop-in space is open to all who come in, but participants are required to sign in if they want to access a particular service (such as TTC token distribution), or they want to join a club or activity that has limited space (for example, a cooking class). For high-demand supplies like TTC tokens, the list tends to be a fairly accurate representation of the number of participants on a given day, since most people will sign up for them. Please note, however, that asking participants to sign up for tokens is only a good practice if you have enough to distribute to everyone on the list. (For further discussion of TTC token distribution strategies, see Subsection 2K.)
- **Head counts.** If the drop-in has a staff member or volunteer who works the door or a front desk, part of that person's job description may be to keep track of how many people come in.
- **Large groups.** The above strategies work for smaller groups of, for example, up to 100 participants, the majority of whom are regulars. For drop-ins that run large meal programs for hundreds of participants, sign-up sheets and head counts may not be feasible or efficient ways of determining how many people are in attendance. One way to do this is to count the number of plates served. Another response, adopted by drop-ins who have limited resources and high demand, is to distribute a set number of meal tickets (for example, 250), and when those are gone, no more participants can enter the building.

## SUBSECTION 2B

### Program Planning and Evaluation

Programming at drop-ins involves both **unstructured activities** and **structured activities**. Unstructured activities are available to participants throughout drop-in hours with no staff involvement required. For example, there may be books, magazines, or pamphlets on shelves that participants can pick up and read as they please. There may be snacks on a sideboard that do not require serving. There may be board games, decks of cards, or a television. There may be a closet of clothes available for anyone to rummage through and take items home. It is a good practice to have these types of informal activities available in the drop-in to foster a friendly and engaging environment, to encourage participants to take ownership of the space, and to provide newcomers with ways of breaking the ice and getting to know other participants.

This Subsection focuses predominantly on structured activities, which have a clear beginning and end, involve formal staff supervision or instruction, and have identified goals and outcomes. For further discussion of unstructured activities, please see Distribution of Goods and Services (Subsections 2G to 2L) below.

#### ***Developing New Programs***

When developing a program, the Toronto Drop-In Network's training program recommends that you consider the following:<sup>2</sup>

- What would be the benefits of this activity for participants?
- What is the goal or purpose of the activity you would like to offer? How will this activity help participants to reach this goal?
- How does this activity fit in with your drop-in's mandate or mission statement?
- Have participants been given the opportunity to provide input on this activity? Is there a demand or a need for it?
- What dates and times will this activity be offered and do they fit or conflict with participants' schedules?
- How many people are expected to participate in the activity? Is there limited space? How will you ensure that all participants have a fair chance to sign up?
- How frequently will this group meet? Will this be a one-time activity, weekly, or other? How long will it run?
- Where will the activity take place?
- Who will lead the activity?
- What kind of group participation will be required? Will this be a group that people must sign up for ahead of time? Is participation in the group flexible? For an ongoing group, will people who miss one session be able to participate in the next?

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<sup>2</sup> This list has been adapted from Evelyn Mitchell, "Handout 4A: Group Project Proposal," *Building and Maintaining Successful Groups: Workshop Facilitator's Manual*, Toronto (ON): TDIN and THTC, 2005.

Further, as Homeless Link notes, it is important to identify “routes of progression” from drop-in activities to community-based activities (sports, sewing circles, art classes, support groups, health clinics, social clubs, general equivalency courses, post-secondary schools, internships, etc.). “For many service users the idea of using community-based activities, not specifically for homeless people, will be a long way off,” Homeless Link notes, but “it should at least be considered as an eventual goal for many service users.”<sup>3</sup>

**Partnerships.** Something else to consider when developing a new program is whether or not a partnership with another organization is a possibility. It may be helpful to partner with another agency to apply for funding for a particular project, or to pool resources in order to get an idea off the ground. (See Section 7: Organizational Linkages and Partnerships for further discussion.)

**Consultations.** It is a good practice to consult with participants when developing a new program. This may be accomplished through informal conversations or more formal meetings or written surveys. Asking individuals open-ended questions about what kinds of activities they would like the drop-in to offer is good, but participants may not know what to ask for or what types of activities are possible. Staff should develop a list of activities:

- That they know have been popular or successful elsewhere
- That they might like to initiate at the drop-in
- That the drop-in has the resources or funding for

Participants can use this list, not only to check off which activities they might enjoy or find helpful, but also as a prompt for thinking about the range of activities that are possible. At the end of this list the open-ended question of what other types of activities the participant might like to see at the drop-in should be asked. (See Section 3 for further tips on consulting with participants.)

**Continuity.** Participants emphasize their need for a “steady rock” in their often chaotic lives, and identify drop-ins as their best hope for this kind of stability. However, they are frustrated at times by the cancellation of an activity or change to programming when a staff member leaves the drop-in. With this in mind, it is a good practice to think about how best to ensure the continuity of a program (if it proves to be popular) at the drop-in. Strategies for promoting continuity include:

- Involving a second “back-up” staff member in the development, planning, and implementation of the program; or
- Keeping detailed notes on how a program operates, where resources are obtained, and so forth, so that these may be used as a kind of “manual” by other staff.

Of course, there is no way to guarantee continuity; some programs may require specialized training or particular skills that cannot be easily communicated to others. Some programs may be run by volunteers or external agencies. Nevertheless, it is a good

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<sup>3</sup> Homeless Link, “13: Activities,” *Day centres handbook: A good practice guide*, London (UK), 2004, page 13.4.

practice to make an effort to ensure the continuity of programs that are popular (e.g. flower-arranging), or are filling an important niche, regardless of how many people join the program (e.g. a substance use support group).

### ***Evaluating Programs***

As a program gets up and running, its philosophical foundation and goals can get lost in the day-to-day operations. When a program becomes entrenched, it stops being flexible and responsive to participants. This is why it is important to build in a system of checks and balances to make sure that objectives are being met, and, if they are not being met, what changes need to be made. Mechanisms need to be built in that keep the focus on participants' interests and needs; these include periodic assessments, retreats, and outcome evaluations.

**Periodic assessments.** One of these mechanisms is a regular evaluation process – for example, administering a survey once or twice a year for an ongoing program and at the end of each time-limited program. Section 3: Participant Engagement and Governance gives a further discussion of this process and Appendix 3B.1 provides sample survey questions.

**Retreats.** A second mechanism – where resources permit – is an annual day-long or weekend retreat for staff to take the time to reflect on their work and strategize ways to improve service. Notes should be kept from these retreats and reviewed by the group from time to time to monitor follow-up suggestions.

#### **Points for reflection include:**

- In what ways do our programs and activities fulfill our drop-in's mission statement and mandate? How could they be improved to respond more fully to that vision and mandate?
- What are the needs of our participants? How can we better meet them? Are there any needs that we are not currently meeting? How can we meet them?
- What gives us joy and satisfaction in our work?
- What drains us in our work? What does that mean? How can we find ways to regenerate?
- What resources do we need to continue providing our services or improving our services? How can we access these resources?

It is also a good practice to hold participant retreats, where community leaders can come together to reflect on the year that has passed and develop goals for the year to come. Participant retreats are an excellent evaluation and empowerment tool.

**Outcome evaluation.** A third mechanism is outcome evaluation. The United Way of Greater Toronto has recently developed a Toolkit that describes this process in detail.<sup>4</sup> Most drop-ins do not use this process to assess their programming, measuring outputs rather than outcomes.

“**Outputs**” are “the direct products of program activities, usually measured in terms of the volume of work accomplished” – for example, how many people visited the drop-in or how many meals were served within a given period of time. “**Outcomes**” are “the benefits or changes for participants (or communities) during or after their involvement with a program or service”<sup>5</sup> – for example, a participant who attended an alcoholics’ support group has now quit drinking, or a participant who joined the drop-in’s soccer team now has greater self esteem and improved social skills.

Outcomes can be much more difficult to measure than outputs, since changes in attitudes and behaviours are not easy to assess objectively. Often, they are qualitatively assessed through anecdotal stories of how participants have become civically engaged and positively visible in the community, or personal testimonials from individuals who quit using drugs, or move off the street and into an apartment, or find and hold down a steady job.

The United Way Toolkit acknowledges that these stories are compelling, but asks: “how do we know these individual successes are commonplace; that they are the ‘rule’ rather than the ‘exception’ in a program?” Evaluating program outcomes helps social service agencies answer these questions.<sup>6</sup>

Outcome measurement is recommended as an evaluation technique that supplements rather than replaces the other tools (such as surveys and retreats) that the drop-in uses. Existing agency practices can also be adapted to measure outcomes, for example:

- Adding or changing questions on participant surveys,
- Training staff to record particular behaviour or attitude indicators regularly, and/or
- Modifying the templates for recording participant information to gather the needed data.<sup>7</sup>

Outcomes are frequently measured by means of **logic models**. Logic models chart the course of a program, from its “inputs” – funding, staff time, and other resources – through its activities to its outputs and outcomes. Logic models help to break the complexity of programming down into its component parts, and this in turn helps to focus attention on the information that will be needed in order to make improvements and increase successful outcomes.

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<sup>4</sup> United Way of Greater Toronto, *A Toolkit for Outcome Measurement: Building on Logic Models*, prepared by Arnold Love, 2005. Available at: [www.unitedwaytoronto.com/PEOD/toolkit/Peod\\_Toolkit.pdf](http://www.unitedwaytoronto.com/PEOD/toolkit/Peod_Toolkit.pdf).

<sup>5</sup> *Ibid*, page 184.

<sup>6</sup> *Ibid*, page 1.

<sup>7</sup> *Ibid*, page 4. The United Way Toolkit discusses practical strategies for doing this in some detail in Chapter 5: Developing Effective Questionnaires, Chapter 8: Making the Most of Direct Observation, and Chapter 9: Putting Program Records to Work.

**Some questions that are stimulated by this process are:**

- **Did we implement the program according to plan?** What worked well, what didn't work as expected? (Look at program records of inputs, activities, and outputs.)
- **Did we reach the intended target population?** (Examine program records or survey program participants.)
- **Was the program effective?** Did it achieve short-term outcomes? (Obtain feedback from program participants, observe changes, review records, etc.).<sup>8</sup>

The first and third of these mechanisms can involve a lot of time, energy, and focus to be effective or productive measures. Collecting and interpreting data, and then reporting on it and using it to effect positive changes, is a time-consuming process. Surveys need to be calibrated to ensure that the questions will be read correctly and yield useful data. Outcomes measurement requires a dedicated focus from the initial design of a program to its evaluation (and possible reorganization).

It is a good practice to have a committed group of people form a committee – sometimes called a Program Committee, an Advisory Committee, or an Evaluation Committee – that reviews and evaluates the agency's programs (see **Appendix 2B.1** for a sample terms of reference).

**ATTACHMENT:**

- **Appendix 2B.1 – Sample Program Committee Terms of Reference**

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<sup>8</sup> United Way of Greater Toronto, *A Toolkit for Outcome Measurement: Building on Logic Models*, prepared by Arnold Love, 2005, pages 2-3. The list given here has been directly quoted from the text. The rest of the information has been paraphrased.

## Appendix 2B.1 Sample Program Committee Terms of Reference

Source: Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### PROGRAM COMMITTEE TERMS OF REFERENCE

**Purpose.** To ensure that new and ongoing programs, projects and services are consistent with the mission and abilities of [Drop-In Name] and that they are appropriate for the needs of the communities we serve.

**Specific Responsibilities.**

- To ensure ongoing monitoring of community needs takes place and to ensure that the information gathered is used in all processes of program development, planning and priority-setting within [Drop-In Name].
- To make recommendations to the Board of Directors concerning new programs, significant program changes and program development.
- To oversee a bi-annual review of all programs.

**Committee Membership.**

The committee will consist of:

- A minimum of three members of the Board of Directors, one of whom will chair the committee. The President of the Board is an *ex officio* member.
- Four to six community members representing the diversity of our community who live or work in our neighbourhood and include a range of stakeholders, such as service users of the drop-in.

Staff, service users, and volunteers are welcomed as observers at the meetings with adequate notification provided to the Chair.

Staff will support the committee and will not be voting members. The Executive Director will staff this committee. The Program Director(s) will attend when their programs are on the agenda. Each year, a staff member will be appointed by the Executive Director to participate on the committee.

**Frequency of Meetings.** Meetings shall be held monthly or as deemed necessary by the Chair.

**Accountability.** The Program Committee reports directly to the Board of Directors through the Chair.

## SUBSECTION 2C

### Meals

Food is an important part of the life of a drop-in. Meals are not exclusively focused on meeting the physical needs of participants – eating together also plays an important role in **community-building**. One youth-focused drop-in described its evening meal program as an intervention that helps young parents stay housed, because they can put their children in the nursery, spend time with other young people, and go home afterward feeling better. The young people do not have to ignore their responsibilities in order to maintain their social life.

**Staff.** Cooking good meals for large numbers of people requires a dedicated and talented staff. However, it is often beyond the financial means of most drop-ins to hire all the staff they need to run a kitchen. The solution chosen by most drop-ins is to hire one professional chef who is in charge of the kitchen, and rely on volunteers to supply the rest of the labour.

**Volunteers.** Volunteers can come from the participants themselves or from the community at large. When there is a regular core group of volunteers, it is a good practice to have them go through **Safe Food-Handling training and certification**. When the volunteers come more sporadically or rotate through different sectors of the community, it is a good practice to have the chef remind each shift what the basic food-handling procedures are and which specific food-handling procedures will be required for the current meal.

One drop-in has volunteers from the community prepare an evening meal for participants once a week. Professional chefs from local restaurants and volunteer groups rotate through and try to outdo each other by providing elaborate meals. The drop-in's full-time cook is also on hand at these events to ensure that the groups follow proper food-handling procedures.

**Community kitchens.** Community kitchen programs, or communal meal preparation, where participants gather together to cook meals is also an option used by several drop-ins to supplement professional meal preparations.

**Servings.** Serving as well as preparation should be given some thought. It is important to think through what a **good portion size** is and ensure that equal servings are distributed. It is also helpful to have a **policy about when seconds may be served** and when seconds can no longer safely be distributed. This time limit will vary according your facilities – one drop-in has a buffet-style serving table that keeps food hot for hours. All drop-ins should be aware of the temperatures at which it is safe to serve, cook, and store different types of food (see Subsection 5J: Food and Nutrition).

## SUBSECTION 2D

### Creative and Therapeutic Activities

Creative and therapeutic programs often involve the same activities – for example, writing, drama, music, and visual art (whether painting, drawing, sculpting, crafts, or any other form). However, therapeutic activities do not need to involve artistic expression; they may involve “talk therapy” counseling and peer support groups.

Support groups may focus on overcoming addictions, mental health system consumer survivor community-building, or any other issue of particular concern to the population of the drop-in. Peer support groups often grow organically out of a particular subset of the drop-in’s population whose needs are not being met by the regular programming. For example, newcomers who are learning English often find it useful connect to with others who speak their first language as they study their new language. Age and gender are also important factors. For example, one drop-in has a program running for Chinese mothers and another for Chinese seniors.

#### *Links between Creative Activities and Therapy*

Therapeutic groups that use creative activities are explicitly directional – art is used to work through traumas in a safe, low pressure environment, where the artist has the power to tell their story through a separate medium that helps them to distance it from themselves. Creative groups are often promoted simply as a fun activity, but they can have profound effects on participants’ lives:

- **Alleviating depression.** Reducing boredom while connecting with a community and producing something of value can alleviate feelings of purposelessness or despair and help foster a state of mind that is open to making positive life changes.
- **Community-building.** Creative groups can also act as an entry point for extremely socially marginalized participants to get involved in activities and start to connect to the community at the drop-in. Because these activities are not explicitly goal-oriented, participants can feel comfortable joining them without feeling pressured to perform at a particular skill level.
- **Maintaining housing.** Creating art can also help formerly street-involved, newly-housed participants maintain their housing. For example, one drop-in offers a flower-arranging class that is run by a former participant. At the end of the day, participants have a beautiful bouquet to bring back to their apartments. This helps them connect to their surroundings, and gain a sense of belonging in their new home.
- **Fostering self-esteem.** Creative activities also help people reconnect to the world by requiring them to reinterpret it on their own terms. Participating in art programs gives people the opportunity to establish a new identity for themselves.

People who have been labeled and dismissed as “homeless” can now begin to redefine themselves as “artist,” or “singer,” for example.

- **Educating the community.** Art exhibits also help to challenge the public perception of socially marginalized people. Because art engages and communicates on so many levels, it also frees its audience to think differently about people and issues – about what talents or inner thoughts someone who is experiencing poverty might have, their rich histories, and their unique world view.
- **Supplementing income and developing a career.** Creative or art therapy groups can also, over time, become more formalized and develop into businesses. The drop-in can help participants find markets for their work, and participants can supplement their incomes doing something that they enjoy.

As the UK-based organization Homeless Link notes, both creative and therapeutic activities work to effect positive changes in individuals or groups by:<sup>9</sup>

- Building trusting relationships
- Developing communication skills (both verbal and non-verbal)
- Expressing and exploring feelings in a safe and supportive environment
- Developing social interaction skills (e.g. turn-taking, leading, listening, and observing)
- Developing artistic and creative skills
- Improving self-image and confidence
- Working with the imagination
- Creating opportunities and skills for self-advocacy
- Working safely, with clear boundaries
- Having fun

### ***Specialized Training***

It is important to recognize that “having fun” is only one element on this list; drop-in staff should be careful not to offer an art therapy class or a craft-making workshop without thinking through the implications. For example, “working with the imagination” can often bring emotional issues and traumas to the surface. The staff leading the group need to know how to provide “a safe and supportive environment” in which these feelings may be expressed and explored. Staff should also be trained in how to establish “clear boundaries” and facilitate the development of “social interaction skills (e.g. turn-taking).” Staff need to be prepared to “build trusting relationships” so that participants can “improve self-image and confidence” and reap all of the other therapeutic benefits discussed above.

For these reasons, it is a good practice to establish a thorough interviewing process and recruit only staff or volunteers who have the necessary specialized expertise to lead creative activities. This expertise can be experience-based and need not be academic.

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<sup>9</sup> Homeless Link, *Activities in day centres*, n.d. Available at: [www.homeless.org.uk/db/20010511154556/view](http://www.homeless.org.uk/db/20010511154556/view). Last modified May 11, 2001.

Academic or professional credentials should also be probed during an interview process; individuals who have been trained as art therapists have not necessarily been trained in how to conduct this process with people who are grappling with many issues at once (for example, poverty, addictions, mental health problems, physical disabilities, domestic abuse, and/or homelessness).

### ***Ground Rules***

Staff are not the only ones who need training. All group activities that involve individuals making themselves vulnerable – whether the group is an art class or a peer support talk-therapy session – require the clear articulation of ground rules.

Creative and therapeutic group activities are a way of helping participants help each other through connecting with peers who are, or have been, in similar situations. People can share their insights and struggles with each other, model positive responses, and build a network of friends that may continue to provide support outside of the drop-in. However, in order for these beneficial outcomes to occur, ground rules need to be established and clearly communicated. For example, emphasis should be placed on keeping information confidential, and making sure that all participants are given the space they need to speak and be heard.

## SUBSECTION 2E

### Educational and Vocational Activities

A number of drop-ins provide training and educational programs for participants. **Training programs** help participants develop skills in fields from cooking to computers to help them add to their résumés, gain admittance to colleges, and increase their employability. **Educational programs** help participants improve their literacy, learn English, or learn about a particular subject area of interest. Educational programs can be ongoing courses, periodic workshops, or talks on different topics – for example, tenants’ rights, First Nations healing practices, and so forth.

#### *Education and Training*

There is some **cross-over** between educational and training programs; for the most part, the distinction depends on the needs of the population and the resources available. For example, a cooking class could be designed as a training program, or as an educational program, or simply as a social event. As a social program, it would bring people together in a productive and creative activity that would result in a communal meal. As an educational program, it would be seen as a life skills class that teaches cooking in order to help participants maintain their housing and gain more independence. As a training program, it would receive some kind of external official recognition, either as the first step towards accreditation by a college or school, or as a certificate-granting end in itself.

Educational programs can also become training programs if the end goal is for the participants to become educators in their turn. One drop-in is developing a course on anti-oppression and human rights issues. It plans to pay participants an honorarium to attend, and then to seek funding for those participants to teach the program to others and perhaps bring it to other sites.

**Partnerships.** When developing training programs, it is a good practice to partner with local colleges or businesses to facilitate the transition from the drop-in to the larger community of education and employment opportunities.

One drop-in has an informal partnership with George Brown College for its restaurant training and computer skills programs. The drop-in gives participants the background that they need to pursue a certificate through the College, but they also go on tours to the campus so that they can become familiar with it and overcome anxieties concerning educational institutions. The College also works to make sure that its programming is accessible to socially marginalized people. Educational programs as well often rely on partnerships; for example, with the Toronto District School Board.

#### *Life Skills Programming*

Some participants are unable to work due to physical or mental disabilities. Many of these participants want to engage in meaningful activities and contribute to society in other ways. These participants may enjoy productive activities like a drop-in community garden, or may benefit from educational courses in life skills – for example, cooking,

budgeting, or home maintenance. They may also offer to volunteer to help out with drop-in activities (see Subsection 3E for further discussion).

***Volunteer and Work Activities***

Many participants are interested in volunteering at the drop-in, doing odd jobs where they receive honoraria, or applying for staff positions. This topic is dealt with in Subsection 3E: Volunteer and Employment Opportunities.

## SUBSECTION 2F

### Other Activities

#### *Social Activities*

Social activities are a good way to promote a friendly atmosphere and foster supportive community-building at the drop-in. This includes, for example:

- Movie nights;
- Softball teams;
- Bingo and euchre tournaments;
- Day trips to local attractions or events; and
- Camping trips or retreats.

Several drop-ins delegate social event planning to committees run by participants themselves (see **Appendix 2F.1** for the terms of reference of a Special Events and Outings Committee).

Participants emphasize the importance of being welcomed when they arrive at a drop-in for the first time. It is a good practice to facilitate a participant welcoming committee that takes on the responsibility of greeting new drop-in users, giving them a tour of the facilities, explaining what resources and programs are available (and at which times on which days), and orienting them to the general atmosphere of the drop-in.

#### *Advocacy Activities*

Advocacy activities involve exploring with participants the political and systemic barriers that they face, while encouraging and empowering them to take action on these issues. For example, several drop-ins organize regular “town halls” or “action group” meetings, where participants discuss issues that concern them and develop strategies to address them (See **Appendix 2F.1** for the terms of reference of an Advocacy Committee). Some participants request that staff help them understand the intricacies of the Canadian legal and governmental system before they become politically involved. These advocacy groups work on issues within the drop-in as well as wider social and political concerns. Community advocacy is dealt with further in Section 6: Community Relations.

#### ATTACHMENT:

- **Appendix 2F.1 – Sample Terms of Reference for Social and Advocacy Committees**

## **Appendix 2F.1 Sample Terms of Reference for Social and Advocacy Committees**

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### **TERMS OF REFERENCE: SPECIAL EVENTS AND OUTINGS COMMITTEE**

#### **Purpose of the Committee**

- Plan and organize special events
- Plan and support outings
- Organize and facilitate member volunteer involvement in special events and outings
- Communicate and provide information to the general membership about upcoming events and outings
- Support seasonal and advance planning of special events and outings (3-6 month time periods)

#### **Roles of the Committee**

- Encourage a wide range of members to talk about what kind of outings and special events they would like to have
- Encourage program activity in the community
- Encourage [Drop-In Name] to be a healthy and welcoming place
- Encourage discussion and dialogue between members that supports self-help and member leadership of outings and special events

### **TERMS OF REFERENCE: ADVOCACY COMMITTEE**

#### **Purpose of the Committee**

- Work together as advocates with the Board and staff as well as with other organizations and groups in support of issues that impact on [Drop-In Name]'s participants

#### **Roles of the Committee**

- Ensure that the issues that affect [Drop-In Name]'s participants are championed in the wider community
- Remain current on changing social and political trends that affect [Drop-In Name] and its participants
- Support the development of policies, as necessary, related to those priority issues
- Develop and support the implementation of an advocacy action plan in keeping with [Drop-In Name]'s strategic plan
- Monitor and assess the outcomes of the advocacy action plan

## DISTRIBUTION OF GOODS AND SERVICES

This Section discusses the good practices involved in supplying goods and services. The topics discussed here are not exhaustive, but are some of the most common services provided by drop-ins in the TDIN:<sup>10</sup>

- **2G CLOTHING**
- **2H SHOWERS AND LAUNDRY**
- **2I MAIL AND MESSAGES**
  - Taking Messages
  - Making and Receiving Calls
  - Receiving Mail
  - Attachment
    - Appendix 2I.1 – Sample Mail Call Form
- **2J COMPUTERS**
- **2K TTC TOKENS**
- **2L LOANS AND GRANTS**
  - Emergencies and Chronic Poverty
  - Rationale and Means
  - Loans and Grants Policy
  - Referrals
  - Attachments
    - Appendix 2L.1 – Sample Loans Policy
    - Appendix 2L.2 – Sample Loan-Granting Contract
    - Appendix 2L.3 – Sample Loan Payment Receipt

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<sup>10</sup> Although some kind of food and drink, whether a full meal or simply coffee and cookies, are a staple at every drop-in, food has been omitted from this list because it is covered elsewhere in the Toolkit. Please refer to Subsection 2C: Meals, for a discussion of serving food at the drop-in; and Subsection 5J, Food and Nutrition, for a discussion of food-handling, cooking temperatures, and safe storage.

## SUBSECTION 2G

### Clothing

Many participants need access to clothes, for a variety of reasons. They may have worn through the soles of their shoes and need a new pair. They may need a new outfit for a job interview. In rainy or snowy weather they may get soaked and not have a dry change of clothes. In the winter they may need hats, gloves, and scarves. Sources for clothing include:

- **Larger organizations.** Some drop-ins are part of larger organizations that also run second-hand clothing stores. The umbrella organization gathers clothes through collection bins and gives some to the store and some to the drop-in.
- **Neighbours and churches.** Some drop-ins rely on clothing donations from neighbours or from church collections.
- **Stores.** Some drop-ins have agreements with local stores or larger chains that donate clothes that have failed to sell, either because of minor flaws or because a particular fashion did not catch on that season.

Ideally, used clothes should be sorted and washed before participants have access to them, though some drop-ins may not have the resources or facilities to do this.

**There are two different approaches to clothing distribution:**

1. **Restricted access** – Some drop-ins keep clothes separate and have designated days and times when a staff member or volunteer makes them available to participants.
2. **Unrestricted access** – Other drop-ins simply have an unlocked closet or clothing rack in the common room where participants can pick up clothes whenever they want.

**Concerns with the restricted access approach** are, first of all, that this is not always convenient for individuals who may require an immediate change of clothes. A number of drop-ins resolve this by having set days where anyone may select clothes, and then permitting individuals access to the clothing bank on an as-needed, emergency basis. Second, favouritism – or, at least, the perception of favouritism – may become a problem if distribution is the responsibility of one individual. One drop-in resolves this by having the participants pick numbers to determine who gets the first choice of clothes.

**Concerns with the unrestricted access approach** are, first of all, that drop-ins may not have the closet space or room lay-out that would make this system feasible. Second, a coping strategy of many people who have become disconnected from their families or other aspects of their former lives is to hoard items that remind them of these times. Accumulating large quantities of goods can make them feel safer, happier, or more successful. If these people have unlimited access to clothes (or other donated items), it can potentially lead to:

- A quick depletion of the items in stock that other participants may need, and
- A dangerous situation for the participant whose home may be so full of goods that it becomes a fire hazard, or so full that the participant does not even have space to sleep in it.

Hoarding may or may not be an issue among participants in your drop-in. If it is, you may need to switch to restricted access model, and develop rules around how many items a participant is permitted to take per week or per month. This strategy could be accompanied by more intensive, one-on-one discussions with the participant about this behaviour and efforts to help them develop more positive coping strategies.

## SUBSECTION 2H

### Showers And Laundry

If your drop-in does not have the capacity to offer showers or laundry to participants, it is a good practice to know which other drop-ins or community centres in your area provide these services.

Good practices for providing showers require many more resources than the bathing facility alone. **Supplementary goods** – for example, towels – and supplementary services – for example, laundering the towels – are needed. Drop-ins should provide participants with the necessary supplies: for laundry, detergent is needed; for showers, a towel, shampoo, conditioner, soap (or body wash), razor, and shaving cream (if soap is not enough). Participants may also request other personal care products like toothbrushes, toothpaste, deodorant, moisturizing lotion, sanitary pads and tampons, aftershave, hairstyling products, and so forth. Most drop-ins give the basic supplies (e.g. soap) to participants in quantities small enough for a single shower. Items like disposable razors or toothbrushes are made available once a week rather than every day.

Some drop-ins combine the laundry and shower facilities in the same room so that participants who only have one outfit can wash themselves and then put on clean clothes once they are done.

Further issues to consider are:

- **Signing up** – Showers and laundry are often resources in high demand, so a system of allotting specific time limits (e.g. half an hour) or load number limits (e.g. two per day) and requiring participants to sign up can reduce conflicts.
- **Privacy and security** – Showers should, ideally, be placed in private rooms that lock from the inside so that nobody can accidentally or intentionally enter the room while it is in use. However, staff should have a key that can open the door in case the participant refuses to come out or is suspected of attempting to harm themselves. If you make razors available, it is a good practice to monitor and (where necessary) restrict their distribution to ensure that people do not use them to harm themselves or others.
- **Reasons for poor hygiene** – Staff may feel compelled to strongly encourage participants who have not showered or cleaned their clothes in a long time to do so. This is good in theory, and may help the participant improve their health, but care should be taken to understand why the participant has let their hygiene deteriorate to such a degree. Cultivating an exceptionally dirty or smelly exterior may be a coping strategy for individuals who are living on the street and want to repel people who might otherwise harass them. Or it could be a sign of an underlying mental health problem, where the person has lost their self-awareness and does not realize that they have not bathed in weeks.

## SUBSECTION 2I

### Mail and Messages

Drop-ins are a point of contact and a home base for many people, so helping them gain access to open lines of communication with family members, friends, and support workers is important. However, drop-ins can also be a refuge for marginalized people seeking to escape abusive partners or parents, so preserving their privacy and safety is also important. Taking telephone messages and receiving mail for participants is a good practice, but the policies and procedures that guide this practice need to be carefully thought through.

#### ***Taking Messages***

It is a good practice to take messages for participants on the drop-in's main telephone line. If a support agency is trying to follow up on a referral, or an employer is trying to contact a participant about a job, the drop-in may be the only place that such a message can be left.

**General confidentiality guidelines.** Frequently, drop-ins post notes on a public message board. If there are concerns about the confidential nature of a message, the note should simply state that a particular individual has a message waiting for them at the office. The receptionist can then give the participant the full message when they ask for it.

If someone calls and asks if a specific person is accessing the drop-in, the worker should neither confirm nor deny this, but offer to take a message and post it on a board so that if the person is there, and they see it, they can make the decision to call back or not. It is important that staff take down such messages – participants have the right to know that someone is looking for them.

**Special cases.** The above approach works as a general guideline, but specific circumstances may require a different procedure. For example, an **Outreach Worker** may call or come to the drop-in looking for someone who has gone missing or who has stopped taking their medications. They may have a Community Treatment Order and in those circumstances drop-ins should allow Outreach Workers to come in and look for the person.

If the **police** are looking for someone, they may ask the drop-in to post a picture of, or identifying information about, a person. Each drop-in should determine their position and approach to this situation. Some drop-ins keep the posting restricted to the private office areas, while others post them publicly in the drop-in's common room.

**Individual voice mail services.** In addition to messages taken by the front desk reception, drop-ins may want to consider providing a voice mail service to participants. Phone companies can set up voice mail boxes with private numbers for nominal fees. It works like an ordinary telephone line so that if potential employers call they do not

necessarily know that it is simply a message system. One drop-in rents these out to participants at \$10.00 for three months.

### ***Making and Receiving Calls***

Offering free access to a telephone that can allow both incoming and outgoing calls is an important service offered by many drop-ins. One drop-in in downtown Toronto has estimated that over 90% of its participants have no personal access to a telephone other than the one at the drop-in.

When setting up a telephone line for participant use, certain issues should be considered:

- **Minimizing expenses** – Telephone service should be set up so that outgoing 411 and long distance calls and incoming collect long distance calls will not go through. Participants should be advised that they cannot place these types of calls.
- **Comfort and privacy** – The telephone(s) should be set up somewhere that is away from a high traffic area to minimize noise levels and disruptions and to maximize participant privacy. Ideally, a chair should be available near the phone, along with a notepad and pencil or pen for taking down notes or messages during a call. Where facilities permit, these should be secured to the table or wall.

### ***Receiving Mail***

For many participants, the drop-in may be the only fixed address where important mail – such as social assistance cheques – can be sent. It is a good practice to require people to sign a form or list acknowledging that they have received mail, especially cheques. Staff should note the date that a particular item of mail was received, and return it to the sender if it is not picked up within a certain time limit. All mail should be stored in a secure place.

It is a good practice for drop-ins to post a list of individuals who have received mail on a public board (see **Appendix 2I.1** for a sample mail call form), but it is also important to ensure that those who are illiterate, or not fluent in English, or have weak vision, or have mental health problems that may prevent them from capably accessing such a system, are informed by staff members when they have mail. These people should also be encouraged to let staff help them read and respond to their official mail.

#### **ATTACHMENT:**

- **Appendix 2I.1 – Sample Mail Call Form**

## Appendix 2I.1 Sample Mail Call Form

Source: Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### MAIL CALL

The listed individuals have mail for pick-up. Please go to the front desk to request it, and be prepared to show your identification so we can be sure that the correct people receive their mail.

*NOTE: Mail will be returned to sender after 45 days, unless we have a written request to hold it longer.*

MAIL RECEIVED	
<b>Date:</b> <b>For:</b> <b>Comments:</b>	<b>Date:</b> <b>For:</b> <b>Comments:</b>
<b>Date:</b> <b>For:</b> <b>Comments:</b>	<b>Date:</b> <b>For:</b> <b>Comments:</b>
<b>Date:</b> <b>For:</b> <b>Comments:</b>	<b>Date:</b> <b>For:</b> <b>Comments:</b>
<b>Date:</b> <b>For:</b> <b>Comments:</b>	<b>Date:</b> <b>For:</b> <b>Comments:</b>
<b>Date:</b> <b>For:</b> <b>Comments:</b>	<b>Date:</b> <b>For:</b> <b>Comments:</b>

## SUBSECTION 2J

### Computers

Computers are provided in many drop-ins to:

- Provide participants with a **resource** they might not otherwise have access to and which they can use for whatever purpose they wish (e.g. checking email, reading online newspapers, etc.), so long as it does not:
  - Interfere with others' use of the space (e.g. playing loud games)
  - Contravene established drop-in rules (e.g. visiting porn sites)
  - Violate any laws (e.g. hacking into other computer systems)
- Serve as a **training tool** in developing computer skills
- Facilitate **employment and housing** searches

#### Good practices include:

- **Clear ground rules.** Ensuring that clear guidelines and expectations are in place regarding acceptable use and describing what your response will be to inappropriate and/or illegal use (for example, suspending computer privileges for notifying the police about child pornography or other criminal activity;).
- **Visibility.** Ensuring that computers are located in public and visible areas within the drop-in to ensure that staff can monitor use; or, if the computers are located in a separate room, opening the door for participants only when a staff member is available to be in the room at the same time.
- **Supported learning.** Supporting participants who need to learn how to use the computers and facilitating peer support systems so that participants can help each other.

Having participants sign in to use the computers may also be a good practice, depending on your drop-in's philosophy about signing in.

## SUBSECTION 2K

### TTC Tokens

Public transportation is vital for participants' access to resources and supports. The issue is not *whether* TTC tokens should be distributed (assuming your drop-in has the resources to do so), but *how* to distribute them equitably and fairly. This is difficult, given that the demand always outstrips the supply, and funders may not always recognize this as an important part of the budget.

Drop-ins have adopted a range of approaches and strategies:

- 1. Appointments** – Some provide TTC tokens only for appointments like doctors, housing searches, and court appearances. The premise is that a limited resource should be reserved for those who need it the most. The drawback is that this can foster deception, in that participants may simply lie about appointments in order to get tokens.
- 2. First come, first served** – Others provide a certain number of tokens each day, and once these have been distributed, there are no more for that day. The philosophy is that staff do not want to sit in judgment, deciding whose need is more important than another's. The problem of a participant having to justify and possibly lie about their need is averted. However, the drawback is that the tokens disappear quickly, and they are not available to participants who may have an urgent need for them later in the day.
- 3. Attendance** – One drop-in has instituted a system where, in order to qualify for TTC tickets, the participant must be a regular, defined as someone who has attended, and signed in to, the drop-in at least 14 times within the previous month. Regulars can receive two tickets per day up to ten tickets maximum for the month. Another drop-in, which is only open two days each week, hands out tokens each time someone comes to the program. The person must sign in and stay for at least an hour (this rule was instituted after people who lived in the neighbourhood would stop by simply to pick up tokens). This method, like the second one, does not account for emergencies (unless it is used in conjunction with a reserve system, described below).
- 4. Reserve system** – Some drop-ins resolve the drawbacks of the first three methods by combining them. They provide a certain number of tokens either on a first come, first served basis, or according to attendance, but keep a few tokens in reserve for emergency situations or appointments. (Under the attendance system, regular participants are not eligible for reserve tickets or tokens.)
- 5. Decentralized approach** – The strategies described above assume a centralized distribution system. Some drop-ins have no central or drop-in-wide token policy. Instead, each program (for example, a cooking class) or service (for example, an

in-house health centre) has its own supply of tokens and distributes them according to its own policies. For example, program coordinators may distribute tokens to everyone who comes; or they may give them only to those who can demonstrate that they need to take the TTC to get to the program; or they may give them out only when the program takes place off-site or outside of regular drop-in hours. A health nurse or a housing worker may give out tokens when they refer the participant to another agency.

When developing a TTC token policy for your drop-in, it is a good practice to facilitate a decision-making process amongst participants themselves regarding equitable distribution. (See Section 3: Participant Engagement and Governance for a practical guide to this process.)

## SUBSECTION 2L

### Loans and Grants

The question of whether or not to make loans and grants available to participants is very controversial. It can be a good practice, but it needs to be handled carefully. The tension is between **emergencies** and **chronic poverty**:

1. **Emergencies** – The participant is someone who has been coming to the drop-in for a long time and staff have developed a relationship with them. Then, one day, something unexpected happens – for example, their wallet is stolen, or a family member dies – and they need some extra funds to carry them over until their next cheque.
  - In these cases, it can feel to some staff like a betrayal of trust or a violation of basic human kindness to refuse to help the participant.
2. **Chronic poverty** – The participant is never able to cover their basic needs on the budget that they have. They constantly need extra funds to make it through the month.
  - In these cases, providing loans or grants to the participant can result in a situation where the drop-in is subsidizing their life. This is disempowering, since it creates a dependent relationship and sets the participant up for failure when they can't repay the loans. It is also not sustainable given the limited financial resources most drop-ins have to work with. It may also create unrealistic expectations among all the participants in the drop-in who may start to feel entitled to the money.

The question is: how do you distinguish between a chronic need and an emergency need for funds, given that most participants live in extremely volatile circumstances?

Drop-in staff have resolved this question in a variety of ways:

1. Never give out loans or grants, as a matter of policy.
2. Give out personal loans or grants secretly, against the drop-in policy.
3. Develop a robust loans policy and procedure that is available to participants, but is not very easy to access.

#### ***Rationale and Means***

If your drop-in does not have the financial means to give out loans or grants, this question is, of course, moot. If your drop-in does have the resources to do so, the third option is the recommended good practice.

**The first option**, not lending money at all, can strain relationships between participants and staff.

**The second option**, to give out personal loans under the radar, is problematic for several reasons. First, employees should not violate company policies. Second, the staff member may get a reputation as a “soft touch,” or as someone who has “favourite” participants who receive money while others are denied.

The difficulty of **the third option** is that it requires the most resources, both in terms of money, and in terms of staff time and energy. See **Appendices 2L.1, 2L.2, and 2L.3** for examples of a policy, a loan-granting contract, and a loan repayment receipt form, respectively. Of course, the question of making loans or grants available to participants is a purely theoretical exercise unless there is a way to finance them. Since most funders earmark their money for particular programs or supplies, and many do not see the advantages of a loan-granting service, it may be difficult to come up with the funds. Think also about your drop-in’s book-keeping practices: how will you account for these funds? What is your liability?

Some drop-ins have a separate **Loans and Grants Committee** that includes both participants and staff. The Committee reviews the applications at the end of each month and assesses them based on need and the availability of funds.

### ***Loans and Grants Policy***

Some important components of a robust loans and grants policy are:

- **Eligibility.** Define who is eligible and set limits on the amount of money to be loaned at any given time.
- **Budget counseling.** In cases of chronic or ongoing need, whether or not the loan is granted, work with the participants on the life issues that prevent them from keeping within their budget.
- **Small amounts.** When granting loans, keep the size small wherever possible so that the participant does not have an unrealistic amount to repay.
- **Repayment plans.** When granting larger loans, negotiate repayment plans that take into account a person’s financial situation, and allow for situations where the person pays very small, token amounts over a long period of time. Accept that the debt may not be paid in full, and that the important factor is that most participants have the chance to prove that they are dedicated to honouring their commitments.
- **Grants.** Define the situations where a “loan” may become a “grant;” for example, if someone living in chronic poverty needs money to go to a funeral out of town, it may be unreasonable to expect them to be able to repay it. Alternatively, you may want to provide grants according to a separate system and apply for funding for specific grants programs. For example, one drop-in provides money for participants’ children to go to a soccer camp, or for participants to upgrade their educational credits. Another drop-in has a system of “in-kind grants.” For example, a business will donate a large number of computers, and these will be

distributed among housed participants; or an organization will sponsor a family's Christmas dinner; or a beauty school will sponsor a number of female participants to get their hair cut, get their nails done, buy new clothes, have a nice dinner, and go out to a show.

### ***Referrals***

Depending on the participant's situation and their reasons for needing financial assistance, you may be able to refer them to other services, such as a local food bank, Ontario Works' (OW) emergency funding program, or the Toronto Rent Bank. Both OW's Community Start-Up and Maintenance Benefit (CSUMB) and the Toronto Rent Bank provide loans specific to housing, so drop-in participants seeking a loan often may not qualify.

**CSUMB** makes emergency funding available to OW recipients who are in danger of losing their housing or have been evicted. Families with a dependent child or children may receive up to \$1,500 and single people or couples with no dependent children may receive up to \$799 every 24 months. For more detailed eligibility criteria, please visit: [www.toronto.ca/socialservices/Policy/csumb.htm](http://www.toronto.ca/socialservices/Policy/csumb.htm).

The **Toronto Rent Bank** provides emergency loans to tenants who have a regular income (not receiving OW, ODSP, or OSAP) and are paying market rent. The loan is interest-free for two months and must be paid back in full in monthly installments. For more detailed eligibility criteria and contact information, please visit: [www.toronto.ca/housing/rentbank.htm](http://www.toronto.ca/housing/rentbank.htm).

### **ATTACHMENTS:**

- Appendix 2L.1 – Sample Loans Policy
- Appendix 2L.2 – Sample Loan-Granting Contract
- Appendix 2L.3 – Sample Loan Payment Receipt

## Appendix 2L.1 Sample Loans Policy

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### EMERGENCY LOANS POLICY

**Policy.** Participants who regularly access [Drop-In Name] may request a loan of a small amount of money. The request will be subject to review and approval. No participant can carry an outstanding balance of more than \$100.00.

A participant who repeatedly requests loans or continuously carries a balance of \$100.00 may be asked to discuss budgeting techniques and implement a plan before an additional loan is granted. Staff will work with participants to address any factors that may be inhibiting their ability to keep within their budget.

Participants who have not repaid past loans may not be eligible for emergency loans.

#### **Procedure**

**When:** A request for a loan may be made any time during weekday drop-in hours. Loans will not be available on weekends.

**Who:** All participants who regularly access services at [Drop-In Name] can request a loan, although approval of the loan depends on different factors taken into consideration by the team.

**Review Process:** When a participant requests a loan, the drop-in worker first explores other options to address the issue. If other options are not possible, the worker records the loan request with information about who, how much, why, and how repayment would work; and informs the participant that it will be discussed with the team and a response will be given shortly. Consultation with the team includes consideration of different factors, including the participant's past repayment history (if any), the amount requested, the reason for the request, etc. The team may agree to loan the full amount requested, or part of the amount requested.

**Loans of \$20.00 or less:** These loans can be received on the same day the participant makes a request. Before making a decision, workers need to check the participant's outstanding balance and past repayment history, and consult with team members. If team members agree to the loan, the given amount is obtained from petty cash and the participant signs a receipt for the given amount. The information is also recorded in the participant's loan information file.

**Loans between \$20.00 and \$100.00:** These loans may take up to two days to process. Before granting a loan request, a worker explores other options or solutions with the participant. When accessing a loan above \$20.00, the participant will be expected to discuss a repayment plan with the worker. Loans above \$20.00 must be discussed with

team and approved by a manager. Loans above \$20.00 may be administered by cheque and paid directly to the person or company owed. To obtain a cheque, a cheque requisition form must be filled out. Upon receiving the money, the participant signs a receipt for the given amount. The information is also recorded in the participant's loan information file.

**Loans above \$100.00:** Loans above \$100.00 can be accessed for unforeseen emergencies. Only the Executive Director may authorize these loans. Participants are required to develop a repayment plan with a Worker before the loan is processed.

**Appendix 2L.2 Sample Loan-Granting Contract**

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

**FINANCIAL ASSISTANCE FORM**

I, \_\_\_\_\_, acknowledge the loan of

\$ \_\_\_\_\_ from [Drop-In Name], which I promise to repay in full

by \_\_\_\_\_ (date).

I will do this by:

paying in full on the date given above.

paying by instalments of \$ \_\_\_\_\_ weekly/monthly/other  
(specify: \_\_\_\_\_) starting on  
\_\_\_\_\_ (date) and ending on the date given above.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Witness (Printed Name)*

\_\_\_\_\_  
*Staff Witness (Signature)*

**Appendix 2L.3 Sample Loan Payment Receipt**

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

**LOAN PAYMENT RECEIPT**

I, \_\_\_\_\_, have received the sum of  
*(Staff Person)*

\$ \_\_\_\_\_ from \_\_\_\_\_  
*(Participant)*

to be applied toward the outstanding balance on their account, this day,

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Staff Witness Signature*

# INDIVIDUALIZED SUPPORT TO PARTICIPANTS

“Directed personal support” or “individualized participant work” are terms used to describe intentional conversations with, or on behalf of, drop-in users that are aimed at assessing and meeting their needs. Drop-ins need to make a decision about the extent to which they will engage in this form of interaction with participants. Considerations in making this decision will include:

- The drop-in’s philosophical approach to relationships with participants and the degree of intervention that is considered appropriate;
- The amount of staff time available for individualized support;
- The skills and training background of staff; and
- The availability of alternative resources to address participant needs.

A related decision is the limit that the drop-in will put on its support, including the point at which participants will be referred to other resources for more intensive support.

This Section discusses good practices of:

- **2M RECEPTION AND INTAKE**
- **2N ASSESSMENT AND CARE-PLANNING**
  - Directed Conversations
  - Documentation
  - Communication
  - Progress
  - Attachments
    - Appendix 2N.1 – Sample Participant Planning Form
    - Appendix 2N.2 – Sample Progress Notes Form
    - Appendix 2N.3 – Sample File Closure Form
- **2O CONFIDENTIALITY**
  - Getting Consent
  - Gathering Information
  - Confidentiality and Disclosure Policies
  - Attachments
    - Appendix 2O.1 – Sample Consent to Release Information Form
    - Appendix 2O.2 – Sample Confidentiality Policy
    - Appendix 2O.3 – Sample Confidentiality Agreement
    - Appendix 2O.4 – Sample Participant Information Access Policy
- **2P SUPPORTIVE CONVERSATIONS AND COUNSELING**
  - Formal and Informal Counseling
  - Boundaries

- **2Q RESOURCES AND REFERRALS**

- Hurdles and Barriers
- Key Elements of a Good Referral
- Telephone Referrals

- **2R ADVOCACY**

Although some of these words come from a clinical model – for example, “intake,” “assessment,” and “counseling” – they are used here in a much more informal sense to refer to the basic processes of greeting participants who come into the drop-in, finding out how they are doing and what they need, and working to meet those individual needs to the greatest extent possible.

## SUBSECTION 2M

### Reception And Intake

Drop-ins look at participants in a holistic way that sees them not as passive recipients of services, but as strong individuals who are actively engaged in shaping their world. This approach starts at the basic level of permitting drop-in users to access services and activities on their own terms and in their own time. Once participants have gained a certain level of comfort or community within the drop-in, the approach to engage them may become more pro-active.

**Informal “intake.”** Participants emphasize the importance of being welcomed when they arrive at a drop-in for the first time. It is a good practice to facilitate a participant welcoming committee that takes on the responsibility of greeting new drop-in users, giving them a tour of the facilities, explaining what resources and programs are available (and at which times on which days), and orienting them to the general atmosphere of the drop-in.

When individuals first come into the drop-in, staff “intake” tends to be very informal and does not involve intensive questioning or documentation. Often, it consists of a “chatting up” process, where a staff member will approach newcomers to welcome them to the drop-in and start to establish a personal connection. Staff give participants the space to tell their story or request the services they need, but they do not make it a requirement of spending time in the drop-in.

**Exceptions.** The exceptions to the above approach are drop-ins that operate on a **membership model**. In drop-ins conceptualized as clubs, first-time arrivals at the drop-in must fill out a membership application that includes personal information (for example, name, birth date, languages spoken, next of kin contact information, occupation, social insurance number, health card number, height, weight, hair and eye colour, any distinguishing marks or scars, and so forth). These types of information are collected so that if a member loses their ID cards, the drop-in still has the numbers on file; if a member goes missing, the drop-in has their photograph and identifying characteristics available; or, if a member dies, the drop-in can notify their next of kin. However, filling in some categories is voluntary and all information is not required to register a new member.

**Documentation.** In the more informal intake model, documentation starts when a participant requests a **specific service** (for example, housing support, counseling, employment, etc.). Here, too, it is important to ensure all personal information is given voluntarily and that no participant feels pressured into sharing information they do not feel comfortable sharing. Many extremely marginalized people have significant barriers to accessing services, and often the only way to reach them is to give them the space and time they need.

In addition to basic personal information, and service- or program- specific information, it is a good practice to get information about the other supportive agencies and individuals in a person's life. Before contacting these supports, however, it is important to get a **signed consent to release information** from the participant (see Appendix 2O.1 for a sample template, in the Subsection on Confidentiality below). Whenever asking someone to reveal personal or sensitive information, it is important to do so in a private space to maintain confidentiality.

## SUBSECTION 2N

### Assessment and Care-Planning

Homeless Link defines “assessment” as “the process by which information is collected, an opinion is formed, and a care plan produced.”<sup>11</sup> Assessment may be based on informal observations and conversations within the drop-in as well as through one-on-one discussions in more formal settings. Informal discussions while playing a game (e.g. cards) are often the most effective way to get a sense of where someone is at in their life and what their goals are.

#### ***Directed Conversations***

If you have the staff resources and facilities for more focused interactions and interventions with participants, you may want to sit down somewhere private with a participant and initiate a directed conversation with them. It is a good practice to work backward from the goal to the problem; in other words, rather than starting the conversation with what is wrong in someone’s life, ask what they would like to accomplish.

#### **Key elements in directed, care-planning conversations:**

- Help the participant to set identifiable and **achievable goals**;
- Take a holistic approach that identifies the participant’s **strengths and interests** as well as the particular problem they are trying to overcome;
- **Collaborate** with the participant on strategies and a clear plan to accomplish those objectives;
- If the goal will be difficult to attain and require a long period of time, it is good to establish smaller goals or **milestones** along the way to mark the participant’s progress and help them stay motivated;
- **Follow up** with the participant as often as is needed and give whatever support is required to help them reach their goals;
- **Document** key interactions and developments; and
- Conduct a **progress review** with the participant periodically to assess the situation and modify the plan as needed (or determine if a file should be closed).

It is important to see this process as a learning experience for the staff person as well as for the participant. Be sure to build some flexibility into the plan to try out particular strategies, make errors, think about what occurred, and then move on.

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<sup>11</sup> Homeless Link, “2: Assessment, care-planning, and keyworking,” *Day centres handbook: A good practice guide*, London (UK), 2004, page 2.3.

## ***Documentation***

As you begin to record information, it may be a good practice to start with a formalized, pre-formatted assessment template. Participants may feel more at ease if they know that everyone is asked the same questions. In addition to the participant's objectives, these may include information on:<sup>12</sup>

- Age, gender, ethnic background, languages spoken, etc.;
- Income, benefits, and budgeting;
- Current housing situation and previous housing experiences;
- Reason for coming to the drop-in;
- Contact with family and friends;
- Involvement with other agencies;
- Interests, hobbies, clubs, etc.;
- Literacy, learning difficulties, education, and work experience;
- Mental and physical health history;
- Risk to self or others;
- Alcohol and drug use; and
- Independent living skills and needs.

Once you have started to work with the participant on care plan goals and strategies, the documentation should include:

- The **identified issues** (e.g., the individual lost their job and reports feeling depressed);
- The **intervention** (e.g., the worker provided support and information about employment services, explore history and referred to staff with mental health resources);
- The **outcome/actions** (e.g., the participant is to call a particular employment counselor for support and is to connect with appropriate support group); and
- Any required **follow-up** (e.g., the worker is to check in with the participant in one week to see where things are at).

See **Appendix 2N.1** for a sample participant goal-setting form, **Appendix 2N.2** for a sample of documentation of key interactions and developments, and **Appendix 2N.3** for a sample file closure form.

## ***Communication***

The TDIN staff training materials pinpoint good communication skills as the key to directed personal support, and offer the following tips:<sup>13</sup>

- Be in the moment; listening carefully;
- Be mindful about how you phrase your questions;
- Speak clearly and plainly;

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<sup>12</sup> List adapted from *ibid*, page 2.7.

<sup>13</sup> This list has been adapted from Evelyn Mitchell, "2.4 Good Listening Skills: A Primary Requirement for Getting Information," *Information, Referrals, Individual Advocacy and Negotiation: Workshop Facilitator's Manual*, Toronto (ON): TDIN and THTC, 2005.

- Be aware of your body language and the non-verbal cues (for example, tone of voice, volume, tapping fingers, etc.);
- Understand and acknowledge cultural barriers;
- Explain that the participant does not have to answer all the questions, but the more information you have, the better able you are to make referrals and develop a strategic plan with them;
- Ask the participant to repeat back to you information that they will need to act upon;
- Repeat what the participant has said to make sure you have understood; and
- Do not promise what you cannot deliver.

### ***Progress***

The intervention process may take as little as a few days or as long as a few years, depending on the objectives, how often the participant accesses the drop-in, how motivated they are to make changes, their individual circumstances and constraints, and the available resources and staffing capacity of the drop-in. Many participants have had negative institutional experiences and may be suspicious of this type of intensive individualized support. **It is important that participants be permitted to work at their own pace in effecting changes.** The first individualized care-planning sessions should be focused on establishing trust, discussing confidentiality, and explaining the purpose of the intervention.<sup>14</sup>

It is important to ensure that the goals and objectives come from the participant and are not imposed by the staff member. The role of the staff member is to be encouraging, but also to be honest about how realistic particular goals are or how effective particular strategies may or may not be. It is also important to understand that a care plan exists to assist the drop-in worker, to give the worker a frame to work within, not the participant. The engagement of setting goals should be a conversation, not a question-and-answer exchange.

**Progress occurs incrementally over time, and after many setbacks.** Supporting marginalized people requires that staff do not impose their own expectations of what progress is or looks like. If participants do not “progress” in a straightforward, linear fashion, staff need to keep in mind the systemic oppression that creates barriers for people moving forward, and not judge the participant for individual failings.

### **ATTACHMENTS:**

- Appendix 2N.1 – Sample Participant Planning Form

<sup>14</sup> Homeless Link, *Day centres handbook*, page 2.6.

- **Appendix 2N.2 – Sample Progress Notes Form**
- **Appendix 2N.3 – Sample File Closure Form**

## Appendix 2N.1 Sample Participant Planning Form

Source: Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### PARTICIPANT PLANNING SHEET

Name: \_\_\_\_\_

Date: \_\_\_\_\_

GOAL 1: \_\_\_\_\_

Strategies: \_\_\_\_\_

\_\_\_\_\_

Indicator: \_\_\_\_\_

GOAL MET Date \_\_\_\_\_

GOAL 2: \_\_\_\_\_

Strategies: \_\_\_\_\_

\_\_\_\_\_

Indicator: \_\_\_\_\_

GOAL MET Date \_\_\_\_\_

GOAL 3: \_\_\_\_\_

Strategies: \_\_\_\_\_

\_\_\_\_\_

Indicator: \_\_\_\_\_

GOAL MET Date \_\_\_\_\_

**Appendix 2N.2 Sample Progress Notes Form**

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

**PROGRESS NOTES**

<i>Participant Name:</i>		
Date	Issues and Interventions	Outcomes and Follow-Up

## Appendix 2N.3 Sample File Closure Form

Source: Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### FILE CLOSURE

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Worker:** \_\_\_\_\_

#### Participant status:

- Active**       High (>1x/week)     Medium (1-4x/month)     Low (1x/month)  
 **Inactive** (no contact within the last three months)

#### What is the reason for the file closure?

- All goals have been met and the participant has moved on.

*Specify:* \_\_\_\_\_

- Participant stopped coming to the drop-in.

- Lack of participant follow-through.

- Participant moved away.

- Other

*Specify:* \_\_\_\_\_

#### Referrals (specify agency/contact worker):

1.

2.

3.

4.

**List any specific concerns or conditions:** \_\_\_\_\_

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## SUBSECTION 20

### Confidentiality

Confidentiality should be conceptualized as a two-sided issue that involves both keeping information secret and sharing it appropriately with others. Any staff member working one-on-one with a participant should explain up front that key elements of this information may be shared with other staff in order to provide continuity of service and support. Discretion needs to be exercised in terms of what information staff share with each other. One larger-scale drop-in has instituted a new computer system that does not permit anonymous examination of files; it records which staff member looks at which files for how long.

#### *Getting Consent*

Some drop-ins have participants sign a consent form when they begin to do individualized support work that acknowledges that the information may be shared with other staff. Within the drop-in, verbal consent is fine for information-sharing among staff. However, staff should obtain participants' written consent before sharing information with external agencies (see **Appendix 20.1** for a sample participant consent form).

#### **The written consent form should identify:**

- The **type of information** that may be shared;
- The **specific workers** and/or agencies among whom information may be exchanged; and
- A **time limit** for this exchange.

Some organizations may require more formal consent forms; for example, to view a participant's mental health records, a Form 14 (Consent to Disclosure, Transmittal or Examination of a Clinical Record) is required.<sup>15</sup>

#### *Gathering Information*

Keep in mind that your ethical obligation is to collect only the information you need. When gathering information from participants, it is important to always explain why you are asking particular questions and how the answers will be used. For example, if you take photocopies of picture identification and record Health Card numbers so that you can help the participant if they go missing, are taken to hospital, or pass away, you need to explain this support system. If you are recording information about the participant's

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<sup>15</sup> The Ministry of Health's Consent to Disclosure, Transmittal or Examination of a Clinical Record, Form 14 of the Ontario *Mental Health Act*, is available at:  
[www.oma.org/Practice/Tools/forms/FORM%2014%20-%20Mental%20Health%20Act.pdf](http://www.oma.org/Practice/Tools/forms/FORM%2014%20-%20Mental%20Health%20Act.pdf).

personal life because your funders require statistics on these elements, you need to divulge that.

### ***Confidentiality and Disclosure Policies***

It is a good practice to have a policy on confidentiality and to require all staff and volunteers to sign an agreement that asserts their willingness to abide by these rules. See **Appendix 2O.2** and **Appendix 2O.3** for a sample confidentiality policy and a sample confidentiality agreement to be signed by all staff and volunteers. It may also be a good practice to limit volunteers' access to confidential participant information.

It is also a good practice to have a protocol in place that defines the ways in which participants may access their own information on file. They have the right to see what is on file; however, there may be instances where their access to their file should be limited. For example, information provided to the drop-in from other agencies should be obtained by the participant directly from those agencies, and it is not within the drop-in's jurisdiction to disclose it. See **Appendix 2O.4** for a sample information access policy for participants.

#### **ATTACHMENTS:**

- **Appendix 2O.1 – Sample Consent to Release Information Form**
- **Appendix 2O.2 – Sample Confidentiality Policy**
- **Appendix 2O.3 – Sample Confidentiality Agreement**
- **Appendix 2O.4 – Sample Participant Information Access Policy**

**Appendix 2O.1 Sample Consent to Release Information Form**

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

**CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_ (*print name*), do hereby authorize \_\_\_\_\_ (*specify organization*) or its official representative to share information, documents, and/or records in their possession concerning myself with \_\_\_\_\_ (*specify other organization[s]*) for the purpose of working on my behalf in order to \_\_\_\_\_ (*specify purpose*). This consent is valid for \_\_\_\_\_ (*specify period of time*) unless revoked in writing.

**Notes** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

**Name of Witness** \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_

## Appendix 2O.2 Sample Confidentiality Policy

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### CONFIDENTIALITY POLICY

**Preamble.** Confidentiality is a commitment we make to all participants in our drop-in.

**Policy.** All employees must sign a confidentiality agreement. In general, no information will be shared with any individual or agency without the informed consent of the participant concerned. Participants will be encouraged and supported to communicate directly with workers or officials to promote self-reliance, improved life skills, and the accuracy of shared information. All files containing personal information are property of [Drop-In Name] and will be stored in a locked cabinet.

**Breach of confidence:** A breach of the confidentiality rules on the part of a staff member may lead to disciplinary action.

#### *Procedures*

**Co-workers:** Information regarding participants may be shared among staff members. Participants must be informed that information they disclose to one staff member or volunteer may be shared with other staff.

**Emergencies:** Emergencies may require a departure from the general rule. For example, if a participant is threatening harm to herself or others, the information may be passed to the appropriate individual or agency (police, case manager, hostel, etc.). It is unlikely that informed consent can be obtained under these circumstances.

**Other agencies:** A consent to release of information form is mandatory if any agency is asking for information. A copy of the signed form is given to the participant and to the requesting agency.

Requests for information by police, courts, or other mandated bodies must be accompanied by official documentation. In these circumstances, information may be released only with the knowledge and approval of the Executive Director.

## Appendix 2O.3 Sample Confidentiality Agreement

Source: Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### CONFIDENTIALITY AGREEMENT

I understand that in the course of conducting my responsibilities as a staff person or volunteer of [Organization Name], I may have access to personal information about program participants, volunteers, and employees. I promise to hold in confidence all matters that come to my attention as a volunteer or staff member of [Organization Name], including information from and about program participants, other volunteers, staff, and [Organization Name]. I agree to abide by [Organization Name]'s policy regarding confidentiality. In particular, I will:

- Only discuss this information with others as required by my professional duties, and with the knowledge of the person in question;
- Not release or otherwise provide access to such information to another agency or body without prior authorization from the individual or from the Executive Director, as specified; and
- Ensure that confidential participant or personnel information is kept in a secured location at all times.

I will maintain this agreement even after my association with [Organization Name] has ended.

Date: \_\_\_\_\_

Name of Volunteer / Staff: \_\_\_\_\_

Signature of Volunteer / Staff: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

## **Appendix 2O.4 Sample Participant Information Access Policy**

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### **PARTICIPANT INFORMATION ACCESS POLICY**

**Policy.** All drop-in participants have the right to access their personal information. This policy will ensure that information will be provided to participants upon request in an appropriate and timely manner.

**Process.** Requests from participants for personal information from their file should be in writing. All requests for personal information will be kept in the participant's file.

Requests from participants for personal information held in their file will be reviewed and responded to as quickly as possible, and will be responded to in not more than five regular working days.

The files of a participant requesting personal information will be reviewed by the Program Manager and the Program Coordinator to assess whether disclosure of contents of the file or any part of the file might:

- Cause harm to the participant;
- Cause harm to a third party; or
- Exceed the authority of the drop-in to disclose.

In general terms, the drop-in has the authority to disclose personal information to a participant if that information has been compiled by the drop-in. Information provided by means of a Form 14 or other release consent form from another agency, hospital, or body may only be released by the source of that information.

The Program Coordinator will, after reviewing the file, make a recommendation to the Executive Director as to what personal information should and should not be released.

Should serious concerns arise as to potential damage to the participant or a third party, the Program Coordinator will provide a written record of those concerns to the Executive Director. The final decision to release or withhold personal information will be made by the Executive Director.

Participants will be notified in writing of the decision to release personal information.

## SUBSECTION 2P

### Supportive Conversations and Counseling

Counseling can take many forms along a continuum from sympathetic peers to trained professionals. This Section does not address professional counselors (in the same way that this manual, as a whole, does not detail good practices for legal, housing, health, and other specialized services). “Counseling” here is used as a short-form term to refer to supportive conversations that aim to help participants grapple with the problems or traumas they may be experiencing. Group counseling and peer support groups are discussed in 2A: Activities and Programming.

As the orientation manual for one drop-in advises, all effective counseling “includes providing support and validation, enabling the development of understanding and growth, and promoting the generation of solutions and strategies. Generally, issues are discussed, goals are identified, interventions are implemented, and outcomes are assessed.” (For further discussion of directed conversations, see 2N: Assessment and Care-Planning.)

#### ***Formal and Informal Counseling***

Individual counseling may take place formally, where a staff person dedicates certain days and times to be available for directed discussions in the privacy of a separate room. This model is most often adopted by specialists – whether mental health, addictions, or spiritual counselors – but may also be adopted by other staff.

Supportive conversations can also be very informal. Often, particularly in smaller drop-ins, participants will develop close relationships with a particular staff member. They may approach that staff to discuss issues they are having in their lives, and the staff will try to help them with these concerns.

#### ***Boundaries***

For several reasons, it is important to keep this closeness within the bounds of a working relationship, and to not let it cross the line into a personal friendship. Nobody has the resources – of time, energy, emotional strength, or money – to support all participants as they would a personal friend who has fallen on hard times. As a staff person, if you befriend one participant in this way, you invite the expectation that you will do this with all participants. If you restrict yourself to befriending only a few participants, you may create a negative situation in the drop-in where you are perceived as giving preferential treatment to a few favourites. It is important for these reasons to maintain professional boundaries. The main strategy for achieving this is only talking to the participant about their worries while at work. Never give out your personal telephone number.

If you run into a participant on the street, or in a restaurant, or any other public space, be friendly but reserved and make it clear that you cannot engage with them the way you would in the drop-in. Keep in mind also that some participants may wish to remain anonymous in public, especially if they are with someone else.

## SUBSECTION 2Q

### Resources and Referrals

It is very important for staff to recognize their limits and to share their workload with others. One staff cannot take care of every need and concern a participant may have. For these reasons, staff need to be aware of the resources that exist that can support them, and know how to make effective referrals. Referrals can be made both internally – to specialized programs or staff operating within the drop-in itself – and externally – to services offered by other support agencies. Common referrals include:

- Identification (SIN, birth certificate, landed papers, divorce papers, etc.),
- ODSP or OW,
- Housing,
- Résumé writing and job search facilitators,
- Physical and mental health services,
- Detoxification centres,
- Legal clinics,
- Food banks, and
- Shelters.<sup>16</sup>

#### *Hurdles and Barriers*

There are many obstacles to overcome with external referrals; for example:

- **Unreturned calls.** The agency does not return calls or places you (or the participant) on hold for extremely long wait times;
- **Lack of capacity.** The agency does not have the capacity to deal with a particular need or has a long waiting list;
- **Ineligibility.** The participant does not meet the eligibility criteria for the service (for example, some agencies do not serve homeless people); or
- **Language barriers.** The participant does not speak English fluently and there is no translator available.<sup>17</sup>
- **Lack of follow-up.** Participants frequently do not follow up, either with arranging an appointment or showing up for a pre-arranged appointment.

To overcome these obstacles, it is a good practice to incorporate as many external services (e.g. legal aid, tax clinics, etc.) as possible into your drop-in (see Section 7 for further discussion), and, where the service is necessarily external, provide transportation or accompany the individual to their appointment.

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<sup>16</sup> This list has been adapted from Evelyn Mitchell, *Information, Referrals, Individual Advocacy and Negotiation: Workshop Facilitator's Manual*, Toronto (ON): TDIN and THTC, 2005.

<sup>17</sup> *Ibid.*

### ***Key Elements of a Good Referral***

The TDIN staff training materials identify four fundamental elements of a good referral<sup>18</sup>:

<b>1. Information &amp; Identification</b>  <i>What do you need to have on hand?</i>	<b>2. Appropriate referral</b>  <i>Is it the right place for the participant?</i>	<b>3. Prepare &amp; support the participant</b>  <i>Does the participant know what's in store?</i>	<b>4. Follow-up</b>  <i>What happens after the referral?</i>
<p>Collect as much relevant information about the participant's background as is necessary: date of birth, social insurance number, financial history, medical history, social housing, etc. – whatever is relevant to the referral.</p>	<p>Consider any special needs of the participant (pregnant, member of a minority group, living with HIV/AIDS or Hepatitis C, etc.) Women's needs are often different from men's.</p> <p>Know the agency's referral process and capacities and if they work with homeless people. Know the procedures and fill out forms in a timely manner.</p>	<p>Have a plan and communicate the process of the referral to the participant. Do not give the participant unrealistic expectations (e.g. let them know what their chances are of actually getting social assistance or being admitted to a detox centre).</p> <p>Listen to participants who may have had an unsatisfactory previous experience with the agency; if it is the only "game in town," try to ease their fears without being coercive.</p>	<p>Determine how the participant will get to the agency. Can they get there unaided? Can they take TTC?</p> <p>If the participant bows out, call the agency to cancel the appointment, the bed, etc.</p> <p>If the participant doesn't cancel, ask the next time you see them how their visit went and follow up.</p>

### ***Telephone Referrals***

The telephone is the basic tool for making referrals and contacting external agencies. The TDIN training workshop manual offers these tips for doing phone referrals:

- Be prepared with as much relevant information about the participant as possible (e.g. the correct spelling of the individual's name, date of birth, etc.).
- Identify yourself and the agency you are calling from.
- Communicate clearly.

<sup>18</sup> This list has been adapted from Evelyn Mitchell, *Information, Referrals, Individual Advocacy and Negotiation: Workshop Facilitator's Manual*, Toronto (ON): TDIN and THTC, 2005.

- Give the reason for referral and ask who you should be speaking to about that matter (this will eliminate revealing personal participant information twice).
- Clarify the person's needs and the agency's capacity to handle them (make sure the hostel will accept someone who smells of alcohol, but is not intoxicated; make sure that a women-only program will accept a transgendered woman; etc.).
- When talking to another agency on the phone, write down any pertinent information (especially the date, the time, and the name of the person you were talking to).

## SUBSECTION 2R

### Advocacy

There are two basic types of advocacy:

- **Individual** – staff work to strengthen the voice of, and lend support to, an individual (or family). For example, staff help an individual navigate government bureaucracy to access services or intervene on their behalf in a conflict with a housing provider, or OW, or a neighbour, or a parole officer, etc.
- **Community** – staff work to strengthen the voice of, and lend support to, a particular community (for example, transgendered people, or people who have mental health issues) in order to improve the laws and social conditions that affect them. The staff become involved – and often encourage or facilitate participant involvement – in local and national politics, making public statements and presentations on homelessness, poverty, and other issues related to the drop-in population.

Community advocacy is dealt with further in Section 6: Community Relations. The focus here will be on individual advocacy.

**The good practice key to successful advocacy is to not speak *for* a participant but rather to strengthen their voice and empower them to speak on their own behalf.**

This is often a difficult distinction to make in practice, but it is important to keep in mind. Staff intervention is often needed to lend a participant a respected voice for their claim. Some agencies or individuals in positions of power simply do not hear the claims of people living in poverty or grappling with mental health issues as legitimate, no matter how confident or articulate those people may be. However, the ultimate objective should always be to help the participants advocate on their own behalf, rather than come to rely on staff to advocate for them.

The TDIN training manual provides a **helpful list of tips** for drop-in staff to overcome these obstacles and effectively advocate for and with participants:<sup>19</sup>

- Help the participant to make the phone call or meet with the agency when their personal energy level is high and when they have enough time;
- Prepare the participant in advance to meet with the worker, landlord, etc.;
- Make sure that they have all the necessary information at hand;
- Ask experienced team members for tips when dealing with particular agencies;
- Seek out direct numbers;
- Accompany the participant;
- Don't give up – be tenacious and persevere; and
- Don't lose your temper or become sarcastic.

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<sup>19</sup> This list has been adapted from Evelyn Mitchell, *Information, Referrals, Individual Advocacy and Negotiation: Workshop Facilitator's Manual*, Toronto (ON): TDIN and THTC, 2005.

## PARTICIPANT RIGHTS AND RESPONSIBILITIES

This discussion of Participant Rights and Responsibilities should be read in association with Subsection 5F: Crisis Prevention and Subsection 5G: Crisis Intervention and Conflict Resolution. Both Section 2 and Section 5 deal with the same types of situations within the drop-in, but here the emphasis is on policies and procedures governing participant behaviour; in Section 5, the emphasis is on policies and procedures governing staff behaviour.

This Section addresses:

- **2S RIGHTS AND RESPONSIBILITIES**
  - Attachments
    - Appendix 2S.1 – Sample Code of Conduct Poster
    - Appendix 2S.2 – Sample Participant Rights and Responsibilities
    - Appendix 2S.3 – Sample Program Guidelines Poster
    - Appendix 2S.4 – Sample Bill of Rights
  
- **2T COMPLAINT PROCESS**
  - Problem-Solving
  - Transparency and Accountability
  - Documentation and Review
  - Attachments
    - Appendix 2T.1 – Sample General Complaints Policy
    - Appendix 2T.2 – Sample Harassment and Discrimination Complaints Policy
    - Appendix 2T.3 – Sample Complaint Documentation Form
  
- **2U SERVICE RESTRICTIONS, BARRING POLICIES, AND APPEALS**
  - Types of Service Restrictions
  - Developing or Revising a Policy
  - Implementing the Policy
  - Communication and Documentation
  - Appeal Process
  - Attachments
    - Appendix 2U.1 – Sample Service Restrictions and Time Away Policy
    - Appendix 2U.2 – Sample Barring Contract
    - Appendix 2U.3 – Sample Appeal Process Policy

## SUBSECTION 2S

### Rights and Responsibilities

Participant rights and responsibilities are inextricably linked – they form a contract between the staff and the participants. They provide both staff and participants with the means to assess whether certain behaviour is appropriate or inappropriate and what the consequences should be. These ground rules are the foundation for all interactions within the drop-in.

For these reasons, it is important to not only have these ground rules, but also to ensure that participants are aware of them. One of the most common ways of doing this is to post the list of rights and responsibilities on the walls around the drop-in. This makes it a constant reminder and reference point for participants who may dispute a rule.

**Good practices to consider when developing a poster for your drop-in are:**

- **Clear expectations.** It clearly outlines the general guidelines for behaviour expected of participants.
- **Positive.** It tries to avoid being an exclusively negative list (don't do X, don't do Y, don't do Z, etc.), while continuing to make it clear what activities or behaviours are unacceptable in the drop-in.
- **Rationale.** It provides a reasonable explanation for the rules. Participants feel disempowered by a system that requires them to adhere to seemingly arbitrary regulations in order to access the basic necessities that they need to live. When they understand the rationale for a rule, they are empowered to make the choice to either accept it as reasonable, or develop a critical and legitimate argument against it. Providing a rationale for a rule – whether on a poster, in a policy, or in the course of a discussion with a participant – is always good practice.
- **Accessible.** It uses informal and accessible language.
- **Brief.** It is short and to the point – detailed discussions will likely not get read.
- **Accountable.** It invites participants to talk to staff members if they have questions or concerns about any of the points on the list.

**Appendices 2S.1, 2S.2, and 2S.3** are sample posters that have been attached to this Section to illustrate the good practices discussed above. They are based on common elements from posters in various Toronto drop-ins, and may be adapted to fit your drop-in's particular population and circumstances.

**Appendix 2S.1** is a basic list of ground rules for behaviour in the drop-in. **Appendix 2S.2** combines participant rights with participant responsibilities. This is a good strategy for making the ground rules seem less negative, but it has the drawback of making the poster longer and perhaps too detailed.

While the other attachments to this Section detail general principles and guidelines, it is also a good practice to post more specific rules for particular programs (for example, meals), or for specialized areas (for example, the computer room), within your drop-in. **Appendix 2S.3** is a sample poster for an evening meal program. Also, if your drop-in has any conditions of service – for example, participants must be wearing shoes – these should be on a poster by the door.

**Appendix 2S.4** is a reproduction of the Bill of Rights contained in the provincial government's Long Term Care Act (1994). Drop-ins receiving funding from the Ministry of Health and Long Term Care for running Adult Day Centres are required to post this Bill of Rights where participants will see it. Drop-ins who are interested in developing their own participants' Bill of Rights may consult **Appendix 2S.4** for ideas; however, it is recommended that participants either be consulted during the development of such a Bill, or be given the full responsibility of writing it.

In addition to posters that lay out the basic ground rules, several drop-ins amplify these with comments that participants themselves make about respecting each other and keeping the drop-in safe. This allows participants to see their words up on the walls and feel a sense of ownership of, and responsibility for, the space.

#### **ATTACHMENTS:**

- **Appendix 2S.1 – Sample Code of Conduct Poster**
- **Appendix 2S.2 – Sample Participant Rights and Responsibilities**
- **Appendix 2S.3 – Sample Program Guidelines Poster**
- **Appendix 2S.4 – Sample Bill of Rights**

## **Appendix 2S.1 Sample Participant Code of Conduct Poster**

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### **DROP-IN CODE OF CONDUCT**

**Treat others with respect and take care to ensure that the drop-in is a safe and friendly place for everyone who comes in.**

This means:

- ✓ **No violence**  
(this includes no threats, no name calling, no yelling, no uninvited physical contact and no intimidation)
- ✓ **No abusive behaviour or intolerant attitudes**  
(this includes no name-calling, no “bosses,” no sexism, no racism, no homophobia, no transphobia, and no discrimination of any kind)
- ✓ **No drinking or illegal drug use on the premises**
- ✓ **No selling of illegal goods or services on the premises**
- ✓ **No smoking cigarettes inside the building**
- ✓ **No stealing or damaging other people’s stuff**
- ✓ **No weapons**

**IF YOU ARE ASKED TO LEAVE THE DROP-IN, PLEASE DO SO!**

These expectations are designed to make this drop-in a safe place for people to come to. If you have concerns about these expectations, or if you do not understand any part of these expectations, please feel free to talk to staff about it.

## **Appendix 2S.2 Sample Participant Rights and Responsibilities**

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### **PARTICIPANT RIGHTS AND RESPONSIBILITIES**

#### ***Rights:***

- To be treated with dignity and respect.
- To personal safety and security.
- To services that are timely and of good quality.
- To complain without fear and to appeal decisions.
- To reasonable responses to your questions.
- To have input into decisions that affect you.
- To have access to your own information.
- To confidential treatment by staff.
- To referrals to other services when needed.
- To be treated equally regardless of race, ancestry, place of origin, colour, ethnic origin, culture, citizenship, religion, sex, sexual orientation, age, marital status, family status, or ability.

#### ***Responsibilities:***

- To show respect towards all participants, staff, and volunteers.
- To act in a manner that is safe to others.
- To co-operate with the program rules.
- To not be physically or verbally abusive and/or make threats towards others.
- To not bring weapons, drugs, or alcohol on to the premises.
- To not take anything that does not belong to you.
- To actively work towards solutions.
- To treat everyone equally and be sensitive to differences in race, ancestry, place of origin, colour, ethnic origin, culture, citizenship, religion, sex, sexual orientation, age, marital status, family status, and/or ability.

#### ***Consequences:***

If your actions disrupt the safety of this space:

1. A staff member will approach you to understand the situation and to resolve the problem.
2. Depending on the seriousness of the situation, you may be asked to take some time away from the program. Generally, though, this step will not occur unless the inappropriate behaviour continues.
3. If a staff member asks you to leave the premises more than a few times, and your actions continue, the police may be called. This will be a last resort.
4. If you feel you are not getting the right support from staff you can contact the program manager. You can expect a follow-up meeting.

## **Appendix 2S.3 Sample Program Guidelines Poster**

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### **MEAL SERVICE GUIDELINES**

So that we can serve *everyone* who comes in for a meal, here's what we're doing:

- Serving of food starts around 6:00 p.m.
- Serving of second helpings does not begin until 7:30 p.m.
- Thirds or take-home containers for leftovers are not available until after 9:00 p.m.

These rules exist because we want to make sure everyone in our community who comes to the program gets something to eat each night. We don't want to have to turn anyone away.

## **Appendix 2S.4 Sample Bill of Rights**

**Source:** Ministry of Health and Long Term Care, *Long Term Care Act*, Part III: Bill of Rights, 1994. Document collected during the TDIN Good Practices Toolkit consultations, May-July 2006. Also available at: [www.e-laws.gov.on.ca/DBLaws/Statutes/English/94126\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/94126_e.htm).

**Note:** This Bill of Rights is drawn from the legislation that governs Adult Day Programs funded by the Ministry of Health and Long Term Care. If you choose to adopt a similar Bill of Rights for your drop-in, you may want to change the formal opening sentence of each article from “A person receiving a community service has the right...” to “You have the right...”

### **BILL OF RIGHTS**

A service provider shall ensure that the following rights of persons receiving community services from the service provider are fully respected and promoted:

1. A person receiving a community service has the right to be dealt with by the service provider in a courteous and respectful manner and to be free from mental, physical and financial abuse by the service provider.
2. A person receiving a community service has the right to be dealt with by the service provider in a manner that respects the person’s dignity and privacy and that promotes the person’s autonomy.
3. A person receiving a community service has the right to be dealt with by the service provider in a manner that recognizes the person’s individuality and that is sensitive to and responds to the person’s needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors.
4. A person receiving a community service has the right to information about the community services provided to him or her and to be told who will be providing the community services.
5. A person applying for a community service has the right to participate in the service provider’s assessment of his or her requirements and a person who is determined under this Act to be eligible for a community service has the right to participate in the service provider’s development of the person’s plan of service, the service provider’s review of the person’s requirements and the service provider’s evaluation and revision of the person’s plan of service.
6. A person has the right to give or refuse consent to the provision of any community service.

7. A person receiving a community service has the right to raise concerns or recommend changes in connection with the community service provided to him or her and in connection with policies and decisions that affect his or her interests, to the service provider, government officials or any other person, without fear of interference, coercion, discrimination or reprisal.
8. A person receiving a community service has the right to be informed of the laws, rules and policies affecting the operation of the service provider and to be informed in writing of the procedures for initiating complaints about the service provider.
9. A person receiving a community service has the right to have his or her records kept confidential in accordance with the law.

## SUBSECTION 2T

### Complaint Process

The way to handle a participant’s complaint about another individual or about an aspect of the service provided varies with the severity of the complaint; most complaints can be resolved informally, but more severe complaints require a formal process. Severity can be assessed:

1. **By the content of the claim** (for example, a complaint that the food tastes bland is less severe than an accusation of harassment), and
2. **By the way the claim is expressed** (for example, if a complainant is extremely upset about an issue, regardless of what the issue is, it needs to be treated with urgency and with careful attention to formal process).

The difference between general participant complaints and complaints of discrimination or harassment may necessitate two separate policies. Samples are included here as **Appendix 2T.1** and **Appendix 2T.2**.

#### ***Problem-Solving***

When a participant makes a complaint, it is a good practice for a staff member not involved in the dispute (often a supervisor, manager, or a staff person who has a solid rapport with the complainant) to take the responsibility of working as an investigator and a mediator to resolve the issue. If a formal resolution process is initiated, this staff person should also be a point of contact for the complainant to keep them updated on what is happening.

Whether a formal or informal process is initiated, the designated staff person should work with the participant to determine what they would see as a positive outcome to the complaint. This discussion should emphasize the importance of a resolution whose purpose is not to reward whoever is “right” and punish whoever is “wrong,” but to find constructive ways of healing the rift in the community and making any necessary changes to ensure that the problem does not reoccur.

As an entry point into this conversation, it may be helpful for the staff person to ask the participant: “**What is your goal?**” The staff should make them aware that not all goals are possible – for example, if the participant’s complaint is that a staff member plays favourites, and their goal is that the staff be fired – and indicate what possible outcomes the participant has the right to request. For example, these goals may include:

- An apology,
- Improved quality of service, and/or
- An assurance that the problem will not happen again.

This conversation should occur whether a complaint is handled through informal or formal avenues.

**Informal process.** Since drop-ins tend to be fairly informal places, the best way to handle a complaint is often to try to work it out informally first. This process typically involves getting the individuals involved to discuss the situation with each other and try to resolve it on the spot. Sometimes a second staff member may be needed to help mediate the discussion and defuse some of the tensions. (For a more in-depth discussion of crisis prevention and intervention strategies, please see Subsections 5F and 5G.)

However, it is very important to keep in mind the power imbalance between the participant and the staff member. Participants often do not feel comfortable with the informal resolution process, particularly when their complaint is in regard to a staff member. The informal starting point may not always be appropriate for complaints of a fairly serious nature or complaints about the management of the drop-in. If participants wish to complain about the management of the drop-in they should be given the appropriate contact information in order to do so.

**Formal process.** If the informal problem-solving process is not satisfactory to the participant or the severity of the complaint is such that the informal process is not possible, the complaint should be brought up the various levels in the decision making structure until it is resolved. This process will vary based on the structures of governance and authority of different drop-ins. General good practices for formal complaints include documenting the complaint, investigating the complaint, and following up with the complainant to let them know of your findings and any corrective action. (See **Appendices 2T.1** and **2T.2** for more detailed examples of this process.)

### ***Transparency and Accountability***

Transparency and accountability are key when handling participant complaints. Participants sometimes feel frustrated with the way that complaints are handled within the drop-in. There is often a perception that staff protect other staff, and complaints “go nowhere.”

**To combat these problems, it is important for staff to be:**

- 1. Transparent** – Staff need to communicate clearly with participants about what venues are available to them if they want to lodge a complaint; what the process is for handling a particular complaint; how long this might take; etc.
- 2. Accountable** – Staff need to communicate clearly with participants about what is being done about their complaint, and acknowledge errors if they occur.

**Transparency.** Participants should be aware of **what policies and procedures exist** within the drop-in for addressing complaints. These documents may be posted in a central area, or kept in an accessible location, or presented by a guest speaker, or discussed in a

participant committee, action group, or “Town Hall” style meeting.

When a participant lodges a complaint, staff should clearly explain **what types of resolutions are possible**. Participants may expect immediate and drastic consequences (e.g. the firing of a staff) as a result of their complaint, and staff should make them aware of the investigation process (and how long it may take), and what the likely range of outcomes for a particular complaint may be.

**Accountability.** After a complaint has been made, staff should **report back** periodically to participants about what stage their complaint is at (e.g., it has been documented; it has been brought to the attention of the Executive Director; we are talking about what happened with people who witnessed the incident; staff are meeting tomorrow to discuss potential courses of action; etc.).

Depending on the severity of the complaint and formality of the process being used to address it, staff may be constrained by their Human Resources responsibilities and **confidentiality** policies in what they may or may not divulge. Staff should explain these constraints to participants and provide them with as much information as they can to reassure them that due process is being observed.

Sometimes participants’ concerns about staff protecting each other and not following up on complaints are justified. Staff need to be able to **admit their errors** and work with participants toward a resolution of the problem. One way to reinforce both transparency and accountability is to document all complaints and have the participant sign the form (see **Appendix 2T.3** for a sample template).

### ***Documentation and Review***

It is a good practice to keep a folder of complaints made, and managers should review it on a regular basis for trends. For example, if you have had six complaints in one month about the food being cold, this may indicate a larger underlying problem that should be discussed with the kitchen staff. Or, if all the complaints are against one staff member, a more intensive investigation and intervention may be necessary.

#### **ATTACHMENTS:**

- **Appendix 2T.1 – Sample General Complaints Policy**
- **Appendix 2T.2 – Sample Harassment and Discrimination Complaints Policy**
- **Appendix 2T.3 – Sample Complaint Documentation Form**

## Appendix 2T.1 Sample General Complaint Policy

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### PARTICIPANT COMPLAINT POLICY

**Preamble.** [Drop-In Name] attempts to provide the best service possible to our participants. We recognize, however, that from time to time a participant may be unsatisfied with some aspect of our service. This policy is intended to provide these individuals with a means by which they may express their complaint.

**Procedure.** In the event that a participant has a complaint regarding [Drop-In Name] and its practices, the participant should be referred to the Coordinator of the program to which the complaint refers. The Coordinator will work with the participant to resolve the complaint in a mutually acceptable manner.

If the participant is unsatisfied with the resolution proposed by the manager, he or she may seek a meeting with the Program Director. The complaint may be required in writing in advance of the meeting. If so, writing assistance will be offered to the participant by a staff member not involved in the dispute.

If after meeting with the Program Director the participant is still unsatisfied, they may take their complaint to the Executive Director. At this stage, the complaint must be submitted in writing in advance of any meetings. The participant and the Executive Director will work to arrive at a mutually satisfactory outcome for all parties involved at this final stage of the complaint process.

If the participant is unsatisfied with the Executive Director's decision, they may submit their written complaint to the Board of Directors. The decision reached at this stage is final, as far as the internal resolution process is concerned.

If the participant is unsatisfied with the Board's decision, they may take their complaint to an outside agency, such as a legal aid clinic, a mediator, an ombudsperson, the Ontario Human Rights Commission, or the police, depending on the nature of the complaint.

## Appendix 2T.2 Sample Harassment and Discrimination Complaints Policy

Source: Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### HARASSMENT AND DISCRIMINATION COMPLAINTS POLICY

**Preamble.** All program participants have the right to respectful, non-judgmental support. [Drop-In Name] is committed to ensuring that it is a safe place, free from discrimination, violence, and harassment. Racism, homophobia, sexism, classism, ableism, ageism, or any other kind of oppression will not be tolerated.

[Drop-In Name] provides separate policies for staff and for participants' complaints of harassment and discrimination, because although there is equity of accountability and expectations for a safe environment, there may be some inequity of resources and capacities.

**Definitions.** Harassment is any behaviour that demeans, humiliates, or embarrasses a person, and that a reasonable person should have known would be unwelcome. It includes actions, comments, or displays. It may be a single incident or may continue over time.

Consensual banter or romantic relationships between participants, where the participants involved agree to what is happening, are not harassment. Appropriate intervention and direction from staff and volunteers is also not harassment.

**Policy.** Managers and staff have a responsibility to make sure harassment ends as soon as they become aware of it. Complaints will be resolved as quickly as possible, within the timelines described in this procedure and ideally within one month of the complaint being made. Participants should be aware that there is a six month time limit for filing a complaint at [Drop-In Name] and with the Ontario Human Rights Commission unless it is determined that the delay was incurred in good faith and no substantial prejudice will result to any person as a result of the delay.

[Drop-In Name] will provide any reasonable accommodation required to make this process accessible to participants. This could include but is not limited to assistive devices or interpretation.

**Procedure.** There are two ways you may choose to deal *internally* with a complaint or concern of discrimination and harassment:

- **Option 1:** Informal Resolution Process
- **Option 2:** Formal Resolution Process

Although the Informal Resolution Process is encouraged, you have the right to go directly to the Formal Resolution Process if you prefer.

There are also *external* ways of dealing with a complaint, which include:

- Filing a complaint with the Ontario Human Rights Commission;
- Seeking outside legal assistance; and
- Contacting the police.

Following the internal procedure outlined in this policy does not interfere with your right to pursue these other avenues.

### **Option 1 – Informal Resolution Process.**

- Speak directly to the person with whom you have a complaint or with any staff on duty as soon as you are able, but at least within 10 days. Ask the person to stop their behaviour immediately. Describe specifically what unwelcome behaviours are making you uncomfortable. You may get help or coaching to prepare yourself to speak to the person.
- If you are unable to do this you have the right to speak with the supervisor or Program Manager or if your complaint is about the Program Manager, you have the right to speak with the Executive Director. If the complaint is against the Executive Director, you can proceed directly to the Formal Resolution Process (described below.)
- You have the right to ask a third party to speak to the person on your behalf.
- The person must be given an opportunity to stop the behaviour.

### **Option 2 – Formal Resolution Process**

- You may set up a meeting and/or write out your complaint and leave it for a staff member or the supervisor or Program Manager. If the complaint is against the Executive Director, you can give your complaint to the Chair of the Board of Directors. You must do this as soon as possible, but at least within 10 days of the incident.
- Write down what happened. Write down the date, time, place, and the names of other people who may have seen what occurred.
- Within 10 days of receiving a complaint, unless an extension is needed, a meeting will be arranged to hear the complaint.
- A resolution of the complaint should include a meeting between the parties involved that should take place within 10 days of the initial meeting, unless an extension is needed.
- If you are still unsatisfied, you have a right to meet with the Executive Director. If your complaint is against the Executive Director, you have the right to meet with the Chair of the Board within 10 days.
- If you are still unsatisfied, you may file a complaint with the Ontario Human Rights Commission.

**Appendix 2T.3 Sample Complaint Documentation Form**

Source: Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

**COMPLAINT FORM**

**Date of incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location and Program:** \_\_\_\_\_

**COMPLAINT**

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**ACTION TAKEN**

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**FOLLOW-UP / NEXT STEPS**

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**Participant(s) lodging the complaint:** \_\_\_\_\_

**Staff completing report:** \_\_\_\_\_

**Supervisor / Manager:** \_\_\_\_\_

## SUBSECTION 2U

### Service Restrictions, Barring Policies, and Appeals

Service restrictions and barring policies have been developed in drop-ins to protect the safety and well-being of all participants and staff. While this sounds simple on the surface, it is very difficult to balance the needs and rights of all individuals when they come into conflict. Drop-ins exist to serve participants who may have high needs and antisocial behaviours, and, for some of these people, the drop-in may be the only place they access basic services. Often participants develop relationships of trust with particular staff members and build community with other drop-in users, and barring a person can damage this delicate social fabric. However, if the behaviour of an individual is damaging relationships within the drop-in or is making the environment unsafe for staff or other participants, service restrictions may be necessary.

Policy guidelines should be developed with the input of participants, and should keep restrictions to a minimum while ensuring that the centre is a safe place to visit and work (see **Appendix 2U.1** for a sample time away and barring policy). Drop-ins should operate service restriction policies and procedures to:

- Ensure the safety of participants and staff,
- Uphold the rights of participants,
- Empower participants,
- Bring about a learning approach to resolving conflicts,
- Fulfill legal duties, both civil and criminal, and
- Fulfill funder requirements.

**Drop-ins can minimize the use of service restrictions and barrings through:**

- Employing **risk management** procedures;
- Creating a **calm and supportive environment** that allows participants to express complaints and facilitates the resolution of conflicts;
- Fostering **mutual respect and joint responsibility** between participants and staff;
- Supporting staff in developing **strong interpersonal skills** such as active listening, showing empathy, and de-escalating crises; and
- **Training and encouraging staff** to remember that drop-ins exist and are funded to serve some of the most socially excluded people, and those considered “hard to serve” are the priority.

See Subsection 5F: Crisis Prevention and Subsection 5G: Crisis Intervention and Conflict Resolution for practical strategies for implementing the suggestions given above.

Setting service restrictions and working to avoid restricting service can be the most complex and challenging part of a drop-in worker's job. It can be frustrating and can leave staff feeling unsupported. The management team needs to foster an environment where drop-in workers feel that they can approach and engage managers in discussions about service restrictions.

It is a good practice for all staff to turn the focus away from the participants' behaviours and ask themselves how they can adapt their own reactions to particular situations to reduce the number of service restrictions. Just as in the social housing sector, where staff are expected to have the working objective of eviction prevention, drop-ins should have the working objective of ensuring active use by the participants who face the most challenges in their lives.

### ***Types of Service Restrictions***

There are several different kinds of service restrictions. A participant may be prohibited from returning to the drop-in:

1. For a **brief, unspecified cool-off period** (for example, the participant is asked to “take a walk” and come back when they have calmed down and are ready to respect the rules for behaviour, or to come back on the following day);
2. For a **specific, short length of time** (for example, a set number of days or a week);
3. For a **specific, extended period of time** (for example, a month, two months, or a year, during which time the participant may be expected to meet at identified intervals with staff to discuss the incident and work through any related issues);
4. For **life or an indefinite length of time** (a participant should have the opportunity to make an appeal and have the decision reversed).

The first one is the most informal and the most common. The fourth is the most controversial, and many drop-in staff members are reluctant to ever enforce it. As people who work with extremely marginalized individuals, they feel a duty of care that extends beyond the simple provision or restriction of services. If barring someone for an extended period of time or for life is deemed necessary, it is a good practice to work with that individual to connect them with other support agencies or drop-ins to ensure that they will continue to have access to the resources and help that they need. It is also essential to have an appeal process in place so that the participant can challenge the decision.

**Strategies of partial restriction.** One drop-in balances the need to provide service with the need to restrict service in certain cases by “barring” the individual only from entering the building and from participating in programs, but not from talking to staff or receiving

basic services (for example, they cannot come in to the drop-in for a meal, but a staff member will bring a plate outside). Another drop-in, one which operates out of a multi-service community centre, bars people only from certain programs while allowing them continued access to others. The “barred” individual signs a contract acknowledging these conditions and agreeing to meet with a staff member monthly for ongoing support.

These strategies of partial restriction require the staff resources to make alternative arrangements and a willingness on the part of the staff to allow the participant continued access to the drop-in premises, just not access to the particular program or to the building itself. These strategies differ in terms of resources and capacity for response. However, they both share the common principle that an individual’s access to the drop-in should not be restricted or severed as a punishment, but simply to reduce the impact of particular behaviours that threaten the safety of the drop-in or the security of its participants.

### ***Developing or Revising a Policy***

If you are developing a new policy on service restrictions, or revising an older policy, it is a good practice to involve participants and staff in the process. This will help foster a sense of ownership. (See Section 3: Participant Engagement and Governance, for further discussion of the advantages and issues for consideration in this approach.) However, many drop-in staff note that participants may call for much stricter policies and procedures than staff are willing to enforce, so this consultation should be prefaced with clear explanations about what is and is not open to change.

**When developing a service restriction approach for your drop-in there are a number of issues to consider:**

- Think about the **core values** and mission statement of the drop-in and how a service restriction policy fits with them;
- Think about the **environment** you are trying to create within your program;
- Think about how to ensure the guidelines reflect your **organizational context** (the population you serve, the physical space of your drop-in, your staff and resources, etc.);
- Recognize and acknowledge the **power imbalance** between participants and staff;
- Put into place an **assessment process** to ensure that a barred individual has somewhere else to go and has been connected to other social service agencies;
- Create a framework that provides **time for staff to reflect on a situation**, seek the support and counsel of colleagues and make fair,

calm decisions; and

- Build in some time to **think about the impact that a bar will have** on an individual and about your responsibilities to the people you are working with, your local neighbours, and fellow service providers.

### ***Implementing the Policy***

It is important to have a formalized approach so that staff do not have to rely on making decisions in the heat of the moment, when a participant may be pushing their buttons and a situation may be very chaotic. The process should build in time to cool off, reflect on the situation, and, where appropriate, consult others about the best way to handle it.

Orientation and training are important factors in keeping service restrictions to a minimum. Specific training sessions or staff meetings that discuss the ways a particular drop-in team uses service restrictions can be very useful, as can practice role-playing sessions. Time should be spent in meetings on the process of identifying staff members' "buttons" or "triggers" that can interfere with their ability to de-escalate a situation (see Subsection 5F for further discussion).

Of course, no matter how thoroughly staff are trained or prepared to deal with critical incidents, there will always be unforeseen complications or variables that will affect a particular situation. Therefore, policies should be seen as a set of guidelines – as a framework that balances flexibility and consistency.

### **Good practices when considering restricting a service or barring an individual should include:**

- **Respecting diversity** – Recognizing the rights of people who have a wide range of abilities and behaviours;
- **Problem-solving** – Working to understand where the particular outburst is coming from – is the person intoxicated, or are they suffering from mental health issues, or are they angry at someone else's comments or behaviour, etc. – and what options are available to resolve these concerns;
- **Balancing needs** – Balancing the right of staff and all participants to a safe place, with the disruptive individual's need to access the services provided by the drop-in;
- **Recognizing the power imbalance** – Keeping in perspective the control and power staff have as representatives of the organization;

- **Understanding the context** – Acknowledging that street justice beliefs and actions are different from institutional approaches to solving problems; and
- **Erring on the side of compassion** – Making space for legitimate exceptions to the rule – for example, if the weather is freezing and you know that the participant has nowhere else to go, err on the side of compassion. For example, you may require that the person remain in a part of the drop-in that is separate from other participants and that they not talk to others or further disrupt the drop-in.

Please see Subsection 5G for a more detailed discussion of de-escalation techniques and step-by-step crisis intervention procedures.

### ***Communication and Documentation***

The service restriction guidelines should be made available to everyone in the organization to ensure that there is transparency and broad understanding. Participants should be aware of the consequences for particular behaviours. You may consider posting the broad outlines of your service restriction policy in accessible language somewhere in the drop-in. Appendix 2S.2 provides an example of a poster that combines the list of participants’ rights and responsibilities with the list of steps that will be taken if people violate others’ rights or breach their own responsibilities.

When participants are barred, it important to communicate with them clearly what this means. For example:

- The **length of time** they must stay away from the drop-in;
- Which **services**, if any, they still have access to;
- What steps they need to take to set the **appeals process** in motion; and
- What **other support agencies** and resources you can connect them to.

It may be helpful, during this discussion, to **sign a contract** with the participant that explains these conditions clearly (see **Appendix 2U.2** for a sample template of a barring contract). The contract also helps to facilitate a discussion with the participant about responsibility and accountability. It is important to make participants accountable for their actions; they need to understand that it is necessary to modify their behaviour before they return to the drop-in.

In addition to communicating the core principles and procedures of the policy to participants, drop-ins must also foster effective communication among staff members and volunteers, so that if a critical incident or a service restriction occurs, everyone knows what the situation is, what decisions have been made, and how to handle the situation. For specific communication and documentation tools, including logging, debriefing, and filling out incident reports, please see Subsection 5F: Crisis Prevention and 5G: Crisis Intervention and Conflict Resolution.

### ***Appeal Process***

All participants have the right to tell their side of the story and to appeal barring decisions made by staff. It is a good practice for staff to inform participants about the appeal process at the time that they are enacting a service restriction. A sample appeal process policy is given in **Appendix 2U.3**.

#### **ATTACHMENTS:**

- **Appendix 2U.1 – Sample Service Restrictions and Time Away Policy**
- **Appendix 2U.2 – Sample Barring Contract**
- **Appendix 2U.3 – Sample Appeal Process Policy**

## Appendix 2U.1 Sample Service Restrictions and Time Away Policy

Source: Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### SERVICE RESTRICTIONS AND TIME AWAY POLICY

**Preamble.** Although the drop-in attempts to be as welcoming and accommodating as possible, there are times when participants may have their access limited or denied because of their behaviour. If this does not happen the drop-in can feel like a chaotic and difficult place to be, which creates barriers for current or potential participants who may not feel safe accessing services. This Restriction Policy exists to help support the well-being and safety of all stakeholders with a vested interest in the operations of [Drop-In Name]. Stakeholders are identified as participants, staff, volunteers, visitors, and extended community within physical proximity.

Reasons for implementing service restrictions include:

- Participants have engaged in abusive, threatening or violent behaviour;
- Participants have damaged or stolen property;
- Participants have engaged in illegal activities; and/or
- Participants have persistently disrupted programming or have prevented other participants from enjoying the program(s).

**Policy.** The issuance of any restriction is not taken lightly and will only be imposed after all other resolutions have been exhausted. It is understood and acknowledged that [Drop-In Name] participants are marginalized, socially isolated, at risk and vulnerable. It is also recognized there is an inherent power imbalance between staff members and participants. The application of this restriction policy will accommodate the unique needs of each participant and consider the ability of each to respectfully observe the established guidelines and to exercise control over their behaviour within a communal environment.

**Procedures.** In the event a service restriction is issued, staff members will inform the participant of the reason for restriction, the date it will be reviewed, and the date the restriction will be lifted. Staff must ensure that the participant is aware of and is connected to other support agencies.

Prior to the issuance of a restriction, staff members are required to examine the factors that could have contributed to the action of the participant. Further, the team will take into consideration alternatives to service restrictions such as verbal warnings and private meetings to discuss the issue. In situations where the only information available is “second-hand” and there are no objective eyewitnesses to the act or actions warranting a service restriction, staff members will give the “benefit of doubt” in favour of the participant involved.

In the absence of the Program Manager or Executive Director, drop-in staff have the authority to issue a temporary restriction on any participant for a period no longer than 48

hours. Restrictions in excess of 48 hours require the approval of the Executive Director or the Program Manager.

All service restrictions, regardless of length, will be entered in the official log. Restrictions of longer than a day will require the filling out of an incident report. These reports will be completed within the shift when the infraction occurred. All staff are required to review incident reports at the commencement of their shift. The outcome of all service restriction review/appeals will be documented, attached to the incident report and stored in the service restriction file.

Whether a participant requests an appeal or not, all restrictions for periods exceeding 48 hours will be reviewed by the Program Manager within 72 hours of issuance, and lengthened or shortened as warranted. Whenever possible, the review will involve all decision-makers for the service restriction and the results of the review will be communicated to all stakeholders involved with the service restriction.

Time limits are left to the judgment of staff, but a restriction of at least two weeks is strongly recommended for all incidents involving violent acts, weapons use, substance abuse, selling drugs, theft of or damage to drop-in or participant property. Any restrictions may be lengthened to a maximum of six months or shortened as warranted by the review or appeals processes. Restrictions beyond six months will require the approval of the Executive Director.

Where it is anticipated that a restriction will need to last longer than two weeks, a meeting will be held with the participant, the involved staff members, and the Program Manager to discuss the duration of the restriction, the terms for readmission, and the other support agencies that could accommodate the participant's needs during their absence from [Drop-In Name]. These conditions will be recorded in the form of a contract that the participant will sign. A copy of this contract will be given to the participant.

## Appendix 2U.2 Sample Barring Contract Template

Source: Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### BARRING CONTRACT

I, \_\_\_\_\_, understand that I am barred from entering [Drop-In Name] for a period of \_\_\_\_\_ days / weeks / months, which will end on \_\_\_\_\_ (date).

I understand that I may come to [Drop-In Name] premises to access the food service program and to talk to my case worker, but I may not enter the building. I agree that if I act in a way which endangers any person at [Drop-In Name] (including myself) or disrupts programming, I may lose access to these services as well.

At the meeting today, we agreed that the following conditions must be met for my readmission to [Drop-In Name] at the end of the ban: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I may appeal the decision to restrict my access to [Drop-In Name] at any time by arranging a meeting with the Program Manager.

I, \_\_\_\_\_ (printed name), have read this document and agree to all the terms described above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix 2U.3 Sample Appeals Process**

**Source:** Adapted from documents collected from TDIN drop-ins during the Good Practices Toolkit consultations, May-July 2006.

### **APPEALING A STAFF DECISION**

The program participant should first appeal the decision directly to the involved staff person or the program manager.

If the person to whom the appeal is made is not the program manager, the program participant should be told that the information will be passed on to the program manager, and shared with the staff involved.

The manager has a responsibility to do the following:

- To speak with the involved staff person for further clarification if the rationale for the decision is unclear;
- To uphold the staff decision, if the decision was made appropriately applying the relevant organizational policy;
- To discuss with the involved staff person if the decision needs to be changed;
- To have the staff person carry forward the discussion with the program participant to change or adjust the original decision;
- To re-direct the program participant to speak with staff, or staff to participant, to revisit decision;
- To overturn the staff decision if it contravenes or contradicts the organizational policy, and if there is no opportunity for staff to directly revisit the decision with the program participant, due to time constraints or program liability implications. However, the manager must soon thereafter communicate the rationale to the staff person and, if necessary, the team.