Drop-in Services Sector

Literature Review of Good Practices

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For Discussion Only

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Introduction

Purpose and Context

This literature review is designed to identify good practices for services at drop-in centres that help people living on the streets to find housing and help people who are at risk of losing their housing to maintain their tenancies.

This report is the first phase of the Drop-In Sector Review being conducted by the City of Toronto. The Review is taking place in four phases including:

- A literature review
- An environmental scan of drop-in services provided in Toronto
- The development of effective service model(s) and
- A transition plan

A literature review, by definition, can only examine practices that have been recorded, studied or researched. This review does not claim to offer a full and comprehensive picture of the best way to operate drop-in programs. It does not capture the collective wisdom of drop-in clients/members or staff unless researchers or writers have recorded these. It also has not included profiles of high quality programs unless these programs were described in the research literature.

Importantly, this literature review is focused on the provision of drop-in services for homeless and vulnerably housed people who live in poverty and may be socially isolated. It does not address the broader structural issues that form the context for the provision of services for homeless and vulnerably housed people. Good practices in drop-in programs may not contribute to a decrease in homelessness if structural factors such as housing availability and income are not addressed.

With these limitations in mind, it is hoped that the material reviewed here will complement the first hand experience and knowledge of drop-in clients/members and those working in drop-in programs and generate discussion about effective service models for the Toronto context.

Scope of the research

Sources

The researchers reviewed over 60 sources related to drop-ins and the services and supports provided by drop-in programs. Searches were conducted using the Internet as well as the University of Toronto library system database, Scholar's Portal. The City of Toronto provided a number of articles, primarily from the United Kingdom.

There has been little formal research conducted on drop-in programs so sources on related topics and services for homeless and vulnerably housed people were considered including: outreach,

social support programs, community building and social group work (for key word searches used, please see appendix A).

Sources from Canada, the United States, the United Kingdom and Australia were reviewed.

In addition, the researchers found related sources through communication with Stephen Gaetz, Associate Professor, Faculty of Education, York University and Naomi Hirshberg, Research Analyst, HRSDC, Government of Canada.

Evidence-based literature

Evidence-based research is a term derived from health sciences. It refers to a wide range of study and research that can include: studies that compare patterns of service-provision and investigate which approaches appear to be most effective at reducing social problems; longitudinal studies that follow-up large samples of subjects; systematic reviews that bring together scattered research findings; qualitative studies based on interviews with service users and staff; and investigations into the causes of social problems (The Centre for Evidence Based Social Services website).

The literature on drop-in programs tends to be primarily qualitative. Several studies are based on interviews and surveys of drop-in program staff or participants. This literature explores questions such as why people use drop-ins, the type of people who use drop-in services, the nature and scope of the services and, different models and approaches to drop-in programming.

Social work journals and books provided case descriptions that analyze the role of the worker and the impact of interventions on a small group of people.

The research uncovered a limited number of sources that measure the outcomes and effectiveness of interventions in drop-in program designed to help people find and maintain housing. These studies used scientific methods such as comparisons of experimental and control groups, and longitudinal studies following a significant number of clients to determine the impacts of different interventions. They included drop-in programming as one of a number of interventions being studied. However, they do point to interesting conclusions about approaches and components of drop-in programs that effectively help people find and maintain housing.

Limitations

Because the majority of drop-in programs funded through the Shelter, Support and Housing Administration office are serving adults and youth over 16 years of age who live in poverty, the focus of the research was on these populations.

As defined agreed by the City of Toronto staff, this phase of the process solely comprises a literature review and does not include an evaluation of services in the Toronto context. Key informant interviews with drop-in providers were not included since this is seen to be part of the next phase of the review. This paper is based only on the literature available to the researchers.

Executive Summary

Drop-in programs serve three distinct but related purposes:

1) **to reduce harm to people who are homeless or vulnerably housed and to the communities in which they live;**
2) **to help people make changes in their lives including finding and maintaining housing;**
3) **to prevent homelessness and support vulnerably housed people to maintain their housing.**

> The service philosophies and service components described in the literature reflect different perspectives about the primary purpose of drop-in programs. The view that drop-in programs exist to reduce harm leads to a "containment" approach that seeks to keep people off the streets during the day and provide basic services such as day time shelter and food to alleviate the pressures of being homeless or vulnerably housed.

> Most of the literature supports the view that the purpose of drop-in programs should extend beyond "containment" and help people bring about changes in their lives leading to increased stability and quality of life.

Programs that have been shown to be effective at helping people find and maintain housing feature multi-service approaches where drop-in services are part of an integrated service delivery system that includes: outreach and engagement, individual support and follow-up, group activities that encourage social networks and mutual support, housing, treatment programs (substance use and mental health), and individual follow-up support for people who have been housed.

> These services may be provided by one agency or through agency partnerships.

> Individual service planning and continuous relationships (where workers follow individuals through the system) were identified as mechanisms to promote service integration focused on improving outcomes for clients.

> The literature identifies that service integration must be accompanied by systems integration. Systems integration is focused on improving the ways that agencies work together. Good practices in systems integration include: co-location, joint funding, and interagency coordinating bodies.

All drop-in centre models identified in the literature include program components that reduce harm for clients/members and alleviate the pressures of being homeless or vulnerably housed.

> These components include:

> • A safe place for homeless and vulnerably housed people to be during the day

- The provision of basic services (for example, daytime shelter, food, showers, telephone access)
- An opportunity for social networking and companionship
- Practical advice and support, including landlord and tenant advice

Drop-in programs that have a focus on helping people make changes in their lives such as moving people toward housing or helping people maintain housing have expanded their activities beyond the provision of basic services and offer a variety of supports, activities, services and development opportunities.

These components include:

- Reaching out to, and engaging, homeless and vulnerably housed people
- Individual support and follow-up (sometimes referred to as case management or continuous relationships)
- Support groups and community building to encourage the formation of social networks and mutual aid among members
- Activities (for example, skill building, social recreation)
- Opportunities for client/member empowerment and involvement in policy or systems change (including client/member involvement in service delivery or advocacy for broader social change)
- Comprehensive services on site provided by the same organization or partner organizations including health and mental health treatment, substance use programs, shelter or transitional housing or permanent housing

The role of drop-ins in providing a first point of contact for homeless and vulnerably housed people is recognized in the literature in all jurisdictions. Drop-in centres serve as an outreach tool to engage marginalized people who do not use other services either because they are vulnerable and reluctant users or because their behaviour has caused them to be rejected by other services.

The outreach literature identifies drop-in programs as fixed outreach sites and suggests that outreach is a process that moves through stages of engagement until the individual can be provided with services. These stages reflect the process of engaging marginalized people in drop in settings in order to encourage them to participate in other services or find housing. Although it is generally accepted that drop-in services should help people move toward permanent housing, it must be recognized that this can be a slow process (one author proposed that it can take up to two years to engage an isolated person in service delivery) and that expected outcomes must measure incremental change.

The literature points conclusively to the importance of continuous, intensive individual support as an essential component of initiatives designed to assist homeless people to move toward housing and help newly housed people maintain their tenancies.

> The literature describes initiatives where a worker is assigned to a client, develops a relationship with the client and helps the client 'navigate' the range of services and programs available. One study emphasizes that referrals without follow-up have not been effective. All research points out that there should be individual follow-up with people after they are housed.

There is evidence that the development of social supports and networks can help people find and maintain housing.

> A two-year follow-up study of older homeless people who have been housed found that clients who formed social networks and engaged in activities after finding housing were more likely to remain housed than those with few social ties and networks. This finding is supported by surveys of drop-in participants where housed participants identify that they value the social networks in programs. Some authors caution that social networks in drop-ins may pose challenges for previously homeless people who have experienced addictions and who could be drawn back into their former lifestyles. However, surveys of day centre staff and users in the U.K. point out that day centres may be the only opportunity for social networking that many previously homeless people have.

Homeless and vulnerably housed people should be involved in decision-making about their services, which may include making individual choices about their service use, or participating in the planning and delivery of programs as volunteers or staff.

> Authors emphasize that clients should have a choice about the services they use and the order in which they access these services. The Choices Unlimited Program in New York City offers a range of services for clients including mental health and addictions treatment programs. However, it does not require clients to use these services before they are eligible for permanent housing.

> The literature identifies a variety of ways that homeless and vulnerably housed people can participate in program planning and delivery including participant-led organizations, involvement in advisory boards, and members meetings. Participants can also make unique and valuable contributions as staff but need appropriate support from managers and other staff.

Although drop-in centres may have an open-door approach, the needs and challenges facing different populations should be reflected in program design and resources should be allocated to address these needs.

The literature identifies that the homeless and vulnerably housed population is very diverse. Some authors suggest that some populations should have targeted services (either targeted centres or targeted services within larger centres).

Some recommendations about target populations from the literature include:

- the importance of women-only services;
- initiatives to better assess of the needs of vulnerably housed people in order to support them to maintain their tenancies and identify whether there are other services better suited to their needs;
- culturally sensitive programs and service delivery for diverse cultures and races;
- an examination of the drop-in services sector role in addressing settlement issues for newcomers;
- the need to separate populations in order to create safe spaces and avoid oppressive power dynamics among members.

Although the measurement of outcomes of drop-in programs is challenging, some programs and initiatives have measured good practices and program outcomes.

Several authors point out that it is difficult to study the outcomes of drop-in programs because: success may be different for different people using the programs; clients are difficult to track and; change may be very incremental and subtle.

Some programs and initiatives have measured good practices as well as program outcomes. Methods of evaluation include: experimental studies to evaluate program approaches; face to face pre and post service interviews with clients and; follow-up with formerly homeless people over a period of time to find out whether they have remained housed and which services assisted them the most.

The client/worker relationship is a key factor in a program's impact on the client/member's ability to find and maintain housing.

Staff with characteristics such as a non-judgmental attitude, flexibility, commitment, realistic expectations and cultural competency are central to the effective client/worker relationships.

While the literature on drop-in programs does not propose staff to client/member ratios, literature on outreach and individual support proposes a ratio of one worker to ten clients. This good practice indicates the high level of support that is required for successful follow-through to move people from the streets to permanent housing.

The recognition of the need for support services as part of the effort to end homelessness should not obscure the importance of structural factors that cause homelessness such as the lack of affordable housing and unemployment.

The good practice literature is focused on identifying ways to make support services for homeless people as effective as possible in order to maximize opportunities for homeless and vulnerably housed people to successfully find and maintain housing. These services cannot be effective if affordable housing and income support are not available as part of an integrated and multi-service approach.

1. General Findings

Although there is a limited body of research on drop-in programs, the studies that have been conducted indicate that drop-in programs are an important service component in a network of "non-housing" supports that are needed to help people find and maintain housing (Jones, 1999; Tsemberis, 2003; Crane and Warnes, Resettling Older Homeless People, n.d.; Cooper, 2001). In addition, many authors point to the important role drop-ins and non-housing supports play in supporting people after they are housed (Pollio and Spitznagel, 2000; Jones and Pleace, 2005; Franklin, 1999; Crane, Fu et al, 2005).

The importance of the role of drop-in programs is recognized in the United Kingdom as part of a view that recognizes that a range of supports need to be in place to address the needs of homeless and vulnerably housed people. This view is predicated on a shift in thinking in the 1980's based on research "showing that homeless people had support needs that made it difficult for them to secure and sustain their own homes. Not a lack of life skill: but other issues such as health and personal care, mental health problems, drug or alcohol dependency and a lack of financial resources" (Jones and Pleace, p. 7).

The recognition of the need for support services as part of the effort to end homelessness should not obscure the importance of structural factors that cause homelessness such as the lack of affordable housing and unemployment (Jones and Pleace, 2005, Fitzpatrick, 2001). As Jones and Pleace point out, "Interventions designed to enhance social support, improve access to education, training and thereby the labour market will be of little use in a situation in which suitable, affordable housing is not available." (p. 9)

2. Service Philosophy and Purpose of Drop-In Programs

2.1 Purpose

A discussion of good practices in drop-in[1] programming and an evaluation of the effectiveness of different practices necessitate a discussion of the different perceptions of the purpose of the programs. Efficacy of different service models and interventions can only be judged against the purpose for which the programs have been established.

The purpose or mission of a program will help to define its service philosophy and service components offered. The literature broadly indicates three different purposes for service delivery in the homeless sector:

a) To reduce harm to the individual and the community in which he/she resides[2]
b) To move homeless people into permanent housing and stability. (Raising the Roof, From Street to Stability, 2001);
c) To prevent homelessness and support vulnerably housed people to be able to maintain their housing (Jones and Pleace, 2005; Crane, Fu et al, 2005; Cooper, 2001; The Role of Drop-Ins from the Perspective of Those Who Use Them, 2000).

2.2 Service Philosophies

Several reports (Day Centres for Homeless People, Unpublished; Johnsen, Cloke and May, 2005; Bradley et al, 2004) refer to three service philosophies or approaches to drop-in programs that were defined initially by Jacqui Waters. These philosophies appear to reflect different ideas about the purpose of the services:

- Places of containment or acceptance. In this approach, little is expected of the service users. The space is a sanctuary that is tolerating of service users. There are minimal levels of paid staff, supplemented by volunteers.
- Places of rehabilitation and change. In this model, service users are encouraged to change their circumstances and their lives. Targeted, professional interventions are used to help people reach their goals.
- Places of empowerment and resource. In this model, the drop-in seeks to support clients to use their own resources to bring about change. There is less reliance on professional intervention.

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[1] The literature in the United Kingdom refers to "day centres". These centres are the equivalent of drop-in centres or programs in Canada and the United States. These terms will be used interchangeably in this report.

[2] The idea of reducing harm to the individual suggests that the focus of services is on helping people cope with their current situation, rather than emphasizing change or housing focused outcomes.

Although some of the literature debates the efficacy of one approach over another, all of the studies and reports accept that the provision of basic services is a necessary part of drop-in programs. As Waters explains, some programs may emphasize a containment approach where the focus is acceptance and the provision of basic services (Johnsen, Cloke and May, 2005; Levine, n.d.).

Most of the literature, however, supports a combination of the other two approaches suggesting that drop-in programs should go beyond "containment" to promote positive change. (Jones and Pleace, 2005; Bradley, 2004; Pollio and Spitznagel, 2000; Tsemberis, 2003) and that the provision of a safe space and basic services are a starting point with which to engage people in the change process.

It is also notable that while some jurisdictions are emphasizing that drop-in programs should have a focus on finding and maintaining housing (City of Toronto, City of New York), the literature tends to identify broader goals of change or empowerment of service users that include mental health treatment, building positive social networks and communities, or engaging in activities to enhance the quality of life for clients/members.

3. Defining Drop-In Programs

The challenge in defining drop-in programs lies in the flexible and responsive nature of their services. Drop-in centres develop services to fill in gaps identified by service users (Cooper, 2001). Therefore, the services are not always developed within a framework but rather in response to problems with other service systems for homeless and vulnerably housed people. In addition, programs have different service philosophies and may serve different target groups.

The National Day Centre Project in the U.K. provides a general description of day centres that reflects a containment approach with an emphasis on reducing harm and making life more bearable for people who are homeless and vulnerably housed. This Project identifies the most basic elements that are provided in all programs described in the literature:

"Day centres provide an 'open access' building based facility; offer a variety of services usually involving a mix of support, advice, information, food and practical help; are committed to equal opportunities, maintaining a safe and welcoming environment and empowering service users; and have a primary focus on working with homeless, vulnerable or insecurely housed people"(Cooper, p. 97).

This broad definition, however, does not reflect an emphasis on moving people toward housing or helping people maintain their housing and does not fully encompass the many distinctions in the way in which services are delivered and the differing objectives, target groups and services provided by drop-in programs. The following section of this report will discuss the components of programs in more detail and examine evidence of good practice where it is available.

4. Multi-service, integrated approach

4.1   Multi-service approach

The literature clearly points to the importance of a multi-service, integrated approach to services in order to help people find and maintain housing.

The few rigorous experimental and longitudinal studies related to the drop-in sector's role in helping people find and keep housing have considered drop-in programs only as part of a larger service delivery system. These studies found that drop-in services in combination with outreach and engagement, individual support (sometimes referred to as case management, treatment programs (mental health and addictions), group activities, or housing initiatives could result in increased chances for homeless people to find and maintain housing (Tsemberis, 2003; Pollio and Spitznagel, 2000; Crane and Warnes, n.d.).

Tsemberis et al studied drop-in programs in New York City that include continuous relationships provided by a case manager, activities and group work, treatment services, the provision of basic needs, and formal links to shelters. Crane and Warnes' longitudinal study of elderly homeless men was based on the St. Mungo's Program of the Lancefield Centre, which provides a combination of outreach and individual support, a drop-in program and a shelter. Pollio and Spitznagel conducted their research from the St. Patrick Centre in St. Louis, Missouri which provides a broad base of services including drop-in services, a variety of counselling and case management, housing, employment and training, and substance abuse and concurrent disorders treatment programs (2000, p. 5).

4.2   Service Integration

Dennis, Cocozza and Steadman conducted a literature review of models of integration of services for homeless people in the United States (1998). They propose that integration should be considered at two levels: a) client and service integration and b) systems integration.

Dennis et al suggest that service integration is aimed at improving the quality of life or specific outcomes for individuals for example, measurements of increased days housed or increased numbers of people housed (1998, p.3). They identify strategies for service integration as:

- Case management and conferencing
- Individual service planning
- Assertive community treatment
- Wrap-around service
- Flexible funds at the disposal of the front-line worker
- Case monitoring and outcome monitoring (Dennis et al, p. 3).

Other good practices reviewed for this report indicate that services may be delivered by one agency with a multi-service approach or by a range of agencies that coordinate their service

delivery with the methods identified above. The literature related to helping people find and maintain housing emphasizes the role of a worker charged with maintaining a continuous relationship with the client. This case manager or "service navigator" coordinates and links all the support services and housing options used by an individual and is a key tool for service integration across or within agencies (Crisis, From the Margins to the Mainstream).

4.3   Systems Integration

Dennis et al posit that systems integration requires changes in the way in which agencies interact with each other and requires fundamental shifts in the ways in which agencies share information, resources and clients (1998, p. 3). The efforts at systems integration described by Dennis and her colleagues appear to focus on city-wide or broader groups that involve large institutions as well as smaller providers. They identify strategies for systems integration as:

- Interagency coordinating bodies
- Strategic Planning
- Identified staff assigned to coordination
- Pooled joint funding
- Agreements
- Co-location
- Management Information systems
- Coordinated application and eligibility criteria
- Consolidation
- Centralized authority.

Dennis et al identify that the evidence about the impact of systems change on the outcomes for clients is still being debated. Some studies have shown that there may not be much of an impact (Goldman, Morrissey and Ridgely, 1994 and Bickman et al, 1997 quoted in Dennis et al, p. 4). However, Dennis et al suggest there are some promising practices in systems integration and point to the following lessons:

- Services integration and systems integration must be pursued simultaneously in order for either to be effective;
- Commitment to change without adequate resources is not enough;
- Systems strategies must include: a designated leader; involvement of key players and decision makers; and a formal strategic planning process;
- Service recipients need to be involved at all stages (p. 1).

Findings from an evaluation of systems change initiatives for homeless services in nine different sites in different jurisdictions in the United States indicated that none of the sites was able to make progress on the following strategies: developing integrated management information systems or establishing a uniform application and eligibility criteria (Dennis et al, p. 15).

5. The Role of Drop-In Programs in Supporting People Who Are Vulnerably Housed

The report entitled, The Role of Drop-ins from the Perspective of Those Who Use Them, identified that 41% of those using Toronto drop-ins were literally homeless while 59% were housed at the time of the survey (prepared by Working Title Consultants for the City of Toronto, 2000).

The United Kingdom model of day centres clearly identifies the important role for these centres in supporting individuals who have been housed. Crane, Fu et al surveyed homeless sector day centres throughout England and found that 50% of people using day centres were housed. They explain that day centres are offering, "more intensive, individualized and flexible support than many statutory and advice services, and fill the gap in the provision of community support services for vulnerable and marginalized people... and are playing a crucial role in the prevention of homelessness" (2005, p. v).

These authors identify four service roles for housed attendees:

- Providing for basic needs
- Providing opportunities for sociability
- Providing welfare support, and practical help with rent arrears, benefit claims
- Rehabilitation – training to help people build skills, motivation, confidence and self-esteem so that they can sustain tenancies and rebuild their lives (2005, p. 30).

These findings suggest that in order for drop-in centres to be effective for vulnerably housed people, they need to go beyond the provision of basic needs and provide additional individual support services as well as opportunities for the development of social networks (see sections of this report on social networks and individual support).

They recommend that day centres should be clearer about their objectives in serving vulnerably housed people as well as which groups of vulnerably housed people they service. They identify three groups of vulnerably housed people with different reasons for attending day centres: 1) those who have been homeless and recently re-housed and visit the centres to get help from staff and inexpensive food to stretch their budgets; 2) those who have been homeless but re-housed for many years. Members of this group are most likely to have been threatened with eviction or have thought about leaving their housing; 3) those who have never been homeless but are lonely, isolated and not involved in other activities. They come to day centres to socialize (2005, p. 13).

These authors argue that day centres in the U.K. should identify which groups of vulnerably housed people they serve in order to respond to the different service needs of each group. They suggest that people in the third group should be encouraged to move on to other programs or social networks if they are available in order to decrease dependency and free up resources to work with other clients (2005, p. 33).

However, the Jones and Pleace survey of day centre users and staff also acknowledges that while there may be some social risks for formerly homeless people using day centres, they have few other options available where they might develop much needed social networks and supports (2005, p. 26).

Further, Crane, Fu et al emphasize that day centres should be regularly assessing the needs of vulnerably housed people attending programs since their needs may not always be recognized by staff (2005, p. v). They propose that drop-in centres should administer an assessment tool for drop-in users who are housed in permanent housing (Designing and Piloting a Housing Assessment Form, n.d. n.p.). These authors propose an "easy to use" instrument to screen and case find for vulnerability and risk among housed people using drop-in services. They created a tool that can be administered through an informal process without "raising alarm" for service users (Ibid, p. 3). The instrument has been piloted in a limited way and workers found that it was easy to administer and that the clients responded positively to the exercise and did not find the questions intrusive (Ibid, p. 5).

Importantly, they caution that the tool should only be administered if the program has the resources to follow up with people and offer the support needed to address the issues that surface through the assessment.

6. Defining Core Services and Good Practices in Drop-In Programs

The types of services offered by drop-in programs as described in the literature vary depending on the purpose for which they were established and their service philosophies. All drop-in programs described in the literature offer services with the goal of reducing harm and helping people cope with homelessness or social isolation and poverty if they are vulnerably housed. These services include:

- A safe place for homeless and vulnerably housed people to be during the day;
- The provision of basic services (e.g. daytime shelter, food, showers, telephone access, mail receipt);
- An opportunity for social networking and companionship;
- Practical advice and support (including housing referrals and landlord and tenant advice) (Cooper, 2001, p. 41).

In addition, the literature describes good practice programs that are vehicles for change or have a focus on moving people toward housing that have one or more of the following components:

- Workers who reach out to, and engage homeless and vulnerably housed people
- Individual support and follow-up (sometimes referred to as case management or continuous relationships)
- Support groups and community building to encourage the formation of social networks and mutual aid among members
- Activities (for example, skill building, social recreation)
- Opportunities for client/member empowerment and involvement in policy or systems change (including client/member involvement in service delivery as well as advocacy for broader social change)
- Comprehensive services on site provided by the same organization or partner organizations: including health and mental health treatment, substance use programs, shelter or transitional housing or permanent housing.

Each of these components will be further defined and described in this section.

6.1 A Safe Place to Be During the Day

The term "day centres" is used to describe drop-in programs in the United Kingdom. The use of the term implies a containment approach since it stems from the need to provide basic services to homeless or vulnerably housed people during the day.

Some authors argue that drop-in programs respond to public policy designed to clear homeless people from public spaces. In this view, the purpose of the program is to keep people off the street during the day, and reduce crime. One study found that drop-in programs were effective at

"reducing survivalist crime and surreptitious use of public space" (Johnsen, Cloke and May, n.d.). Johnsen, Cloke and May suggest that there is an increasingly punitive attitude toward homelessness and homelessness in public space is becoming increasingly criminalized. In this environment, drop-in programs become "spaces of care" for homeless people seeking refuge (2005).

6.2   Basic needs services

Although the literature indicates that all drop-in programs provide some basic needs services, it does not identify one particular set of services over others as good practice. The services provided are a response to the needs identified by service users and depend on gaps in, or barriers to, services elsewhere. Abi Cooper explains that, "day centres frequently find themselves having to provide the necessary service because no one else is doing it, or quite understands what providing the service will entail" (Cooper, 2001, p. 94).

The range of basic services found in literature from other jurisdictions appears to be consistent with the comprehensive list provided by a survey conducted for the City of Toronto in 2000 and include the provision of: food or meals, showers, laundry, telephone, transportation, clothing, condoms, bleach kits/needles exchange, mail service, and storage space (The Role of Drop-Ins from the Perspective of Those Who Use Them, prepared by Working Title for the City of Toronto, 2000).

While a containment approach would identify these services as an end in themselves, many drop-in programs view these basic services as a way to engage people so they can begin to make other changes in their lives. A survey of drop-in program staff in the U.K. suggested that some service providers felt that the provision of basic services encouraged dependency, but most providers believed that these basic services acted, "as a route by which homeless and daytime homeless people could be brought into a setting that could provide the opportunity to begin to think about change… a kind of 'bait' to encourage users to begin a process by which they could access the services necessary to begin to progress on from daytime homelessness" (Jones and Pleace, p. 17).

6.3   Social Networks/Companionship

Throughout the literature, there are references to the importance of drop-in programs as places for homeless and vulnerably housed people to meet others and find social support. The way in which this is described and the terms used vary depending on the source of the literature. The literature from the United Kingdom that specifically addresses day centres tends to refer to social networks or companionship while the social work literature emphasizes social group work, community building, and empowerment.

The literature addressing social networks in drop-in programs is greatly affected by the different service philosophies underlying the studies or writing. While some authors view social networks as a by-product of the provision of basic services and a place to be during the day, others argue that program design and program workers should be active agents in encouraging positive social networks as a way of supporting people in their efforts of empowerment or change.

There is some descriptive evidence in the literature that the formation of social networks may help people sleeping rough or in shelters to develop the confidence and support they need to make a transition to housing (Martin and Nayowith, 1989; Lee, 1994).

The importance of social networks in helping people maintain housing is documented by participant surveys and outcome based research (Jones and Pleace, 2005; Crane and Warnes, 2005; Fitzpatrick, 2000). The role of social networks and supports in keeping formerly homeless people housed has been studied in the United Kingdom. Two studies that considered good practices in resettlement work (housing formerly homeless people) found that loneliness was the most important factor precipitating tenancy breakdown among former rough sleepers (Schofield, 1999; Dane, 1998 quoted in Fitzpatrick, 2000, p. 43).

Crane and Warnes conducted a two-year study following older homeless people who had been re-housed. They found that clients who formed social networks and engaged in activities after being housed were more likely remain housed than those with few social ties and interests (Resettling Older Homeless People, n.d.).

Although there is clear evidence that social networks can help people maintain housing, there are also cautions that some social networks formed in drop-ins may perpetuate homelessness or pull formerly homeless people back to the street (Johnsen, Cloke and May; Da Rosa; Jones and Pleace, p. 24; Crane, Fu et al, 2005).   Johnsen, Cloke and May support Rowe and Wolch's assertion that day centres "inevitably expose the newly homeless to what may (for them) be alien social contexts of poverty, crime and substance abuse" (Rowe and Wolch, 1990 quoted in Johnsen, Cloke and May, p. 21-22). In addition, these authors point out that the behaviour of clients in programs can be unpredictable and that that there is a power dynamic in day centres that may make them "spaces of fear" for some clients.

However, a Jones and Pleace survey of drop-in users points out that the effect of social networks varies depending on the challenges faced by the client group. Interviews with homeless and vulnerably housed people indicated that "most felt that those who had no problems with alcohol or drugs had nothing to fear from meeting with their old friends or using homelessness provision, but those individuals with an addiction or history of addiction, had to avoid people they knew and places they frequented in the past. The danger was not that homelessness itself was in any way attractive, but that addictive behaviour might re-emerge" (2005, p. 24).

6.4   Practical Advice and Support

All the literature identifies that drop-in workers offer some form of advice and counselling. It appears that most of the "advice" identified in the literature relates to practical matters and includes referrals to other services and resources. The literature describes the following kinds of advice:

- Help finding housing
- Information and advocacy for income supports

- Advice on training and education opportunities
- Help with rent arrears and landlord tenant disputes (for those who are housed).
  (The Role of Drop-Ins from the Perspective of Those Who Use Them, 2000; Jones and Pleace 2005; Bradley, 2004; Cooper, 2001; Fitzpatrick et al, 2000).

The ability of workers to provide this advice depends on the staff to client ratio and the amount of time workers have available. A survey of drop-in users in Toronto identified that they would like workers to be more available to them for this kind of service (The Role of Drop-Ins from the Perspective of Those Who Use Them, 2000). This study also points out that most drop-in services are under-staffed for this kind of work.

A Toronto based survey lead by Access Alliance Multicultural Community Health Centre interviewed immigrants and refugees using hostel and drop-in services, as well as workers providing services. The study found that drop-in workers were often not knowledgeable about settlement services and therefore not able to provide helpful advice to this group of service users (Access Alliance Multicultural Health Centre, 2003).

6.5 Reaching Out and Engaging Homeless and Vulnerably Housed People

The term "outreach" is generally used to describe worker contact with individuals sleeping on the streets. Several authors and reports use outreach to refer to any services that help to engage marginalized people in service delivery systems and identify that drop-in programs are an effective vehicle for outreach and engagement (National Association of Mental Health Planning and Advisory Councils, Mental Health and Homelessness, A Guide for Mental Health Planning and Advisory Groups, p. 3; Erickson and Page, 1998; Blueprint for Change, n.d.; Pollio and Spitznagel, 2000; Park et al, 2002).

The studies found for this report from the United States focused on good practices in outreach to vulnerable populations who are mentally ill and/or experience substance misuse. This sub-section of the homeless and vulnerably housed population is identified as particularly difficult to engage in mainstream services therefore good practices for effective outreach and engagement become key factors in the ability of services to move people toward permanent housing (Park et al, 2002).

This body of work appears to focus more on people living on the street or in shelters; however, many of the concepts could be equally applied to people who are housed but isolated and not well connected to services.

6.5.1 First Point of Contact

The role of drop-in programs in providing a first point of contact for homeless and vulnerably housed people is recognized in the literature in all jurisdictions. The open and welcoming atmosphere of drop-in programs means that they serve people who do not use other services either because they are vulnerable and reluctant users or because their behaviour has caused them to be rejected by other services.

6.5.2 Low Demand Service

The Blueprint for Change report uses the term "low-demand" services, which includes drop-in programs. This report identifies that these services accommodate individuals who initially are unwilling to commit to more extended care. The goal of the service is to increase an individual's motivation for treatment. This report also argues that outreach must include "consistent, caring, personal relationships and the introduction of services at the client's pace (p. 2).

6.5.3 Outreach and Engagement Continuum

In their literature review, To Dance With Grace, Erickson and Page suggest that outreach involves a series of steps along a continuum that leads to service use or finding housing (the U.S. based National Association of Mental Health Planning and Advisory Councils uses the same approach). They suggest that outreach begins with identifying the target population and locating people (on the streets, in parks or drop-in programs). They then describe a series of steps that reflects work that takes place either through 'mobile outreach' on the streets or through 'fixed outreach' in drop-in programs and other sites such as shelters:

> Engagement: This term describes the process of the worker connecting with the client and developing a relationship of trust. Workers may offer interventions to meet basic needs for food, clothing, and shelter as a method of engaging people. As the process of engagement progresses, workers may be able to help clients develop goals, which may include the pursuit of housing (Morse, 1991, in Erickson and Page).

> A study of five New York City outreach programs for homeless mentally ill clients revealed that clients were engaged for an average of 3.9 months before intensive services began and that engagement could take up to two years (Barrow, 1988 in Erickson and Page).

> The importance of engagement is reinforced by a study that was conducted in order to develop a tool to measure the engagement of reticent clients and the impact of this engagement on housing outcomes. The study argues that an early measure of engagement could help to identify specific and specialized intervention strategies. The ability of the individual to engage with the worker was found to be a significant predictor of housing status at the end of 12 months (Park, 2002, p. 859).

> Assessment: The importance of assessment is indicated in a few sources in the literature (Erickson and Page, p. 10; Pollio and Spitznagel, 2000, p. 3; Park, et al 2002). This assessment is usually informal and takes place over time. Outreach workers may not be able to ask direct questions until a relationship of trust is built (Cohen and Marcos, 1992 in Erickson and Page). Erickson and Page emphasize that while informal assessment is important, good practice in the field allows clients to by-pass unnecessary forms and paperwork, adopting "an engagement stance"(p. 17). Crane, Fu et al. also suggest that the needs of socially isolated housed individuals should be assessed (2005).

Provide Basic Support: Workers support the client to access basic needs including food, clothing, shelter and medical care.

Linkage: Workers link clients to other services they need. Erickson and Page emphasize that linkages without a continuous relationship or follow-up have not been found to be effective (p. 6). For a greater discussion of this issue, see the section on individual support.

Advocacy: Workers advocate for access to other services and benefits and follow-up with clients to promote their stability. Erickson and Page suggest that this function is important since homeless and vulnerably housed people often face discrimination and may be denied access to services or entitlements (p. 11).

Follow-up: Erickson and Page mention short-term follow-up as a component of outreach. The drop-in and outreach literature emphasizes the importance, not only of short-term, but also of long-term follow up with clients.

6.5.4 Repeated and Frequent Contact

Pollio and Spitznagel conducted an experimental study and found that drop-in services and counselling should be part of the service package to facilitate the achievement of stable housing because this fixed model of outreach allowed workers to engage with people over a long period of time: "The provision of services should consist of multiple opportunities for engagement with a system that is sufficiently flexible to address the needs of a diverse and heterogeneous population" (2000, p. 2).

They found that the frequency and intensity of service use varies throughout these stages and that individuals use more services just before and after the strategic moment of change (moving into housing).

These findings seem to be supported by the City of Toronto survey of drop-in users which identifies that new users may take time to develop comfort accessing services and that the longer participants had been attending programs, the more likely they were to make use of services, supports and programs (2000, p. 23).

6.6   Individual Support and Follow-Up

While staff in all drop-in programs provide practical advice and support, some drop-in programs described in the literature have a more formal and intensive individual support component to their programming.

The literature points conclusively to the importance of continuous, intensive individual support (sometimes referred to as case management or continuous relationships) as an essential component of initiatives designed to move homeless people toward housing and to help newly housed people maintain their tenancies (Tsemberis et al, 2003; Crane and Warnes, 1999; Erickson and Page, 1998; From the Margins to Mainstream, Policy Brief, Crisis, 2005; Outcome Focus, Homeless.org, 2005; Fitpatrick et al, 2000; Pollio and Spitznagel, 2000). In general, the

literature describes support that is provided by a worker who is assigned to a client and maintains a relationship with that client before and after he/she is housed. This worker follows the client through the stages described in the section on outreach and engagement and provides on-going support after the client is housed. This relationship is described as one that provides emotional and social support as well as playing a crucial role in ensuring that clients are able to access the support and housing services they need.

Erickson and Page emphasize that outreach programs that provide linkages to services (referrals) without follow-up can lead to barriers and service gaps where clients fall between the cracks (Morse, 1991 and 1996 in Erickson and Page, p. 6). In their literature review, they refer to a study of 13 U.S. federally funded homeless mental health demonstration projects, which found that programs where workers spent time screening (assessing) and providing verbal referrals without follow-up there were very low rates of completed referrals. For example, one program contacted 430 people but only 22 of them received follow-up mental health treatment, only five found housing and just three received entitlements (Hopper et al, 1990 in Erickson and Page, p. 6).

Similarly, Crisis, an organization that does research on homeless people in the U.K., argues that homeless and vulnerably housed people tend to receive multiple partial interventions that lead to unpredictable, repetitive journeys to different agencies. The organization suggests a key role for "Service Navigators." These are workers who will take responsibility for drawing together services for a person across agencies and budgets, purchasing packages of support, ensuring inter-agency working and long term monitoring. The program happens in four major steps:

1. Outreach to homeless people
2. Service Navigators: every homeless person would have a service navigator, single point of contact
3. Holistic needs assessment done by Service Navigator
4. Personalized services: package of support drawn up by Service Navigator on an individual basis.

("From the Margins to the Mainstream: A New Model for Public Service Delivery". Policy Brief. www.crisis.org.uk)

Tsemberis and his colleagues conducted a study comparing outcomes for participants in a comprehensive drop-in program, The Choices Unlimited Program, with participants using other drop-in centres in New York City. All the centres offered basic services but the Choices Unlimited Program had several components that differentiated it from other drop-in centres (Choices Unlimited will be further discussed in the section "Effective Program Models"). In particular, Choices Unlimited assigned a staff person to each service user as a support and case manager. This staff person conducted street outreach, provided services at the Centre, offered referrals and accompanied clients to other needed services. The study found that "a continuity in relationship between staff and consumers" was a critical component in the success of the program (2003).

In addition to reporting an improvement in life satisfaction, participants in the Choices Unlimited Program decreased time spent in the street by almost twice that of the control group. At the conclusion of the study, 38% of the experimental group was residing in some type of community setting, compared to 24% of the control group (Tsemberis et al, p 308). The authors suggest that the relatively low success rate for housing placement in both groups is caused by the restrictive admissions policies of housing providers (see section on Program Models) and the emphasis on a step-by-step continuous care model that requires homeless people with mental health or substance use issues to seek treatment before they can move into housing.

Pollio and Spitznagel conducted a study of clients with mental health and substance abuse who participate in services provided by a multi-service centre for homeless people that emphasized the importance of individual support immediately after a homeless person becomes housed (2000). They referred to evidence that the amount of service used by a homeless person as well as the development of a personal relationship between the service user and providers were key factors in the ability of an individual to successfully find and keep housing. They posited that not only did the quality and frequency of service use affect outcomes, but also that the timing of this interaction affected the likelihood of people finding and maintaining housing. Their study found that clients needed and used counselling (based on positive client/staff relationships) and support services the most just before and after finding housing.

Crane and Warnes' longitudinal study of older homeless people who have been housed in the U.K. found that seven out of ten homeless people succeeded in their tenancies (two years after finding housing) when they received individual support. Clients who received contact from their housing support worker frequently during the early months of their tenancy were twice as likely to have a successful tenancy (Resettling Older Homeless People, n.d.).

6.7   Social Support Groups and Community Building

Social networking is a feature of all drop-in programs regardless of whether their purpose is to offer basic services and alleviate the conditions of homelessness or whether their purpose is to help people find and maintain housing. However, some programs actively encourage mutual support and relationships among members by encouraging people to be part of activity and support groups, or by encouraging a sense of community in the program.

Social workers emphasize the importance of support groups to help vulnerable and isolated people "find connection and human relatedness" (Lee, 1994, p. 301; Breton, 1984, 1989; Martin and Nayowith, 1989; Berman-Rossi and Cohen, 1989). Social group work is a term often used to describe mutual support groups that are deliberately formed and facilitated by community or social workers.

The literature documenting this approach does not provide rigorous outcome studies, but provides descriptive evidence to support social work theory. Judith Lee is a social worker who worked in shelters in New York City and advocates for the importance of mutual aid groups:

"…helping people to find new primary groups is critical to ameliorating the effects of homelessness, for home is not restored merely with place, but when a state of belonging somewhere and to someone where some level of nurturing is available" (p. 299).

Using this approach in drop-in centres or shelters, workers may engage in outreach, the provision of structured supported activities, or linkages to resources and entitlement to resources (Martin and Nayowith, 1989) that enable isolated and vulnerable people to move into housing. Berman-Rossi and Cohen followed support groups among residents at a Single Room Occupancy (SRO) hotel for five years. They argue that group services are at the core of programs serving homeless and vulnerably housed people with mental health problems and they found that over the life of the group, the independence of clients was strengthened and they were able to make changes in the SRO (1989).

6.8   Providing Activities

Some reports view activities offered in drop-in centres as a tool to encourage and enable group support and the development of social networks. The Role of Drop-ins From the Perspective of Those Who Use Them identifies that 87% of the 434 drop-in users surveyed in 2000 stated that participating in social and recreation activities was one reason they used the drop-in (City of Toronto, p. 31).   Those who are housed participate in activities at a higher rate than those who are currently homeless.

Judith Lee (1994) and Margot Breton (1984) identify activities as a tool for engaging client/members in group interaction and social networks.

The Jones and Pleace report based on day centres in the United Kingdom, considers activities in day centres as skill and confidence building opportunities that may move participants toward employment readiness. Government policy in the U.K. is moving day centres toward a greater emphasis on training and education for formerly homeless people as part of employment readiness. Jones and Pleace studied the role and nature of day centres in this regard and coined the term, "meaningful activities" as a step in the path to economic re-integration for homeless people (2005). They found that "some form of meaningful activity may be important in enabling formerly homeless and vulnerably housed people to maintain and sustain independent tenancies and to become reintegrated into their community" (Jones and Pleace, 2005, p. 1). However, they caution that the route to employment may be very slow for homeless and vulnerably housed people and that many people are not ready to engage in pre-employment or training programs: "If too many demands are placed on service users or if they feel pressured into taking part in activities then there is a danger that they will become alienated and simply stop using any services" (p. 57).

The Jones and Pleace study points to the challenges day centres face in providing and engaging people in meaningful activities. Some day centre users are not motivated to participate in activities. Substance users and older people were found to be particularly reluctant (2005, p. 43). In addition, many day centres wanted to offer more activities but did not have the staff or the space to do so.

6.9   Empowerment and Advocacy for Systemic Change

Several authors propose that involvement in decision-making, managing programs, and advocating for social change can enhance the capacity of homeless and vulnerably housed people and help them move toward personal change (Lee, 1994; Wagner, 1993; Breton, 1984, 1989).

David Wagner studied the involvement of homeless and vulnerably housed people in institutions and movements. He found that homeless and vulnerably housed people who participate in these initiatives possessed greater material and social resources than those who did not participate (1993, p. 124). Although the causes for this outcome are not clear, he and other authors offer compelling observations about how clients develop skills and confidence through participation in group advocacy.

7. Client/Member Participation in Service Planning and Delivery

Some authors propose that participant involvement in decision making about their programs and services is a way of empowering the client/members and helping them develop skills or confidence. These authors suggest that involvement in decisions about their services or involvement in advocacy for changes in social policy will contribute to other personal changes and help people take back some control over their lives in settings where they feel powerless (Wagner, 1993; Lee 1994; Breton, 1984, 1989).

Other authors emphasize that participant involvement benefits and improves the programs and services (Glasser, 1998; Erickson and Page, 1998; Tsemberis; Jones and Pleace; Salzer et al, 2002). Nicole Glasser suggests that client/member involvement has a positive impact on program delivery leading to programs where "the focus of service delivery is on choice, dignity and respect." (Glasser, p. 1).

Although the literature does not specifically address client/members as volunteers, this role is implicit in client-run services and social action initiatives where client/members are addressing issues that will benefit not only them, but also other homeless or vulnerably housed people.

7.1 Clients/Members as staff

Several authors suggest that programs benefit from hiring homeless and formerly homeless people as staff. Nicole Glasser conducted a literature review on the involvement of service users in the delivery of services and programs. She points to research that has indicated that homeless or formerly homeless people make a unique and valuable contribution as staff (Van Tosh, 1993; Fisk et al, in press; Dixon, Krauss, Lehman 1994; Solomon et al in Glasser, pp. 66-67). Glasser suggests that client/members as staff bring the following unique characteristics:

- Systems knowledge
- Street smarts
- Developing alternative approaches
- Flexibility and patience
- Responsive and creative
- Engagement/peer support
- Positive role modeling
- Fighting stigma (p. 66).

In addition Fisk et al observe that consumer staff members "were more tolerant of unusual behaviour, did not maintain a rigid distance from people with mental disorders, showed more empathy for these clients and were able to negotiate systems of care on behalf of their clients"(2000).

Fisk identified some challenges that arose from hiring homeless and formerly homeless as staff. Disclosure of the status of these new staff as formerly homeless people can result in

discrimination. Homeless or formerly homeless people found it difficult to make the shift from being participants to staff. They may have had personal relationships with other clients that are not appropriate for staff to client relationships. (Fisk, 2000)

The Review and Evaluation of West-Toronto Drop-In Services Report (2000) also identifies that it is helpful to hire client/members but emphasizes that appropriate supports need to be in place for these staff. Fisk identifies some of these supports as:

- Education and training of other staff to accept and work with consumer staff;
- Individual supervision and support where consumer staff can discuss their challenges;
- Reasonable accommodations and adjustments to work responsibilities to accommodate the unique status of consumers (2000).

7.2   Involvement in Decision-Making

There appears to be a continuum for the involvement of homeless and vulnerably housed people in decisions about their programs. At the most basic level, the good practices literature identifies that people should have choices about the services and programs they wish to use (Tsemberis, 2003). Good practice in drop-in programming emphasizes this approach and offers a contrast to some of the other services for homeless and vulnerably housed people where rules and regulations make it difficult for many people to participate. One observational study of a drop-in program in Los Angeles noted that staff who were punitive and relied on expulsion or the threat of expulsion frequently contributed to escalating conflicts in the drop-in (Joniak, 2005).

Some programs offer opportunities for participants to influence the policies and services of programs through client/member meetings or surveys where they can give their input or even consumer involvement in formal Advisory Boards (Glasser, p. 3). Glasser cautions that this involvement cannot be token and that consumers should never be invited to participate as the only member of a Board. She also states that other non-consumer participants should receive training and orientation to be inclusive in their approach (Ibid).

Glasser points to consumer-run programs as the furthest end of the continuum of participant involvement. She argues that these programs can be effective and show consumers that they can function independently and with dignity. Although she does not cite any outcome studies, she offers several case studies of consumer-run programs in the United States (pp. 9 – 12).

8. Target Groups

The literature considered in this review identifies that drop-in programs have a mandate to work with people who have difficulty finding housing or are marginalized and vulnerably housed. Abi Cooper suggests that day centres in the U.K. tend to define their target groups based on the lack of services and housing in their geographic area. For example, in some cities there is a lack of affordable housing so centres focus on people who are sleeping rough. In other cities, the centres may focus on people who are insecurely housed (2001, p.97).

All of the literature suggests that the self-referring, open nature of the programs means that they attract service users who have had difficulty accessing mainstream services. Abi Cooper explains that, "Users of day centres tend to be: people suspicious of mainstream services, people with drug or alcohol problems and who don't want to be defined by their substance misuse, and people with multiple needs whose behaviour is challenging to other services providers. Day centres work as a last safety net to those who have fallen through every other service" (p. 97).

While all homeless and vulnerably housed people experience challenges accessing housing and maintaining housing these challenges may be different among different populations. Several reports argue that drop-in programs should understand more about their populations and develop different intervention strategies and even separate services for different groups within the homeless population (Pollio and Spitznagel, p. 3; Access Alliance Multicultural Health Centre, 2003; Lee 1994; Crane, Fu et al, 2005).

Unfortunately, there is very little literature focused on the effectiveness of drop-in programs as related to specific populations. As a result, the following issues identified are not a comprehensive list and are intended only to begin the dialogue about the needs and strengths of particular target groups and the types of drop-in services that should respond to these needs and strengths.

8.1 Vulnerably Housed People

Pollio and Spitznagel caution that while drop-ins should continue to serve people who are housed, programs should carefully assess the needs of housed clients and wean people away when they no longer need the service (2000, p. 3). They argue that resources should be focused on providing high intensity support and case management in drop-in and counselling settings, just before and after the strategic moment (when change is achieved, i.e. finding housing). Their control group study suggested that service use was at a lower intensity when relationships are first being established and later when change is consolidated (p. 3).

This argument is supported by Crane, Fu et al, 2005) who advocate that some groups of vulnerably housed people should be encouraged to move on to other services (2005).

8.2   People with Mental Illness, Disabilities and Substance Addictions

A study conducted for Homeless Link identified that 47% of people using day centres in the United Kingdom exhibit "multiple needs" (Bevan and Van Doorn, 2002, p. 3). They define people with multiple needs as presenting three or more of the following characteristics: mental health problems, misuse of various substances, personality disorders, offending behaviour, borderline learning difficulties, physical health problems, challenging behaviours, vulnerability because of age (p. 1).

Other authors and program models also suggest that services should be tailored to meet the needs of different groups of marginalized people. For example, the United Kingdom has eight wet day centres where participants are allowed to drink on the premises (Crane and Warnes, 2003, p. 53).

There have been several studies in the United States focusing on the needs of highly vulnerable people with substance abuse and mental health issues (Tsemberis et al 2003; Blueprint for Change n.d.). These reports tend to focus on the importance of outreach and continued case management and follow-up.

Judith Lee's work with women in shelters led her to propose that services should be designed to meet the needs of three distinct groups of service users:

- Young adults who have been disenfranchised
- The vulnerable group which includes mentally ill of all ages, the elderly, the mentally retarded and the physically disabled
- Substance abusers of all ages (Lee pp. 300 – 301).

Lee argues that people need to be with others with common issues and challenges in order to be able to form a social support system so they can begin to heal and find their way out of the shelter system (1994).

8.3   Women

In 1995, 35% of people using the Toronto shelter system were women (Advisory Committee on Homeless and Socially Isolated Persons, 1996 quoted in Novac et al, 1996, p. 16). Women have unique challenges and needs that must be recognized in service delivery. Canadian research has found that homeless women "are more likely to have histories of physical and/or sexual abuse, as well as mental health problems." (Ambrosio, Laskin and Guberman in Novac et al, 1996).

Safety and the unique needs of homeless and vulnerably housed women have led authors and workers to advocate for separate and targeted services for women (Bridgeman, 2002; Novac et al, 1996.) Some authors have written about the important role that social group work and community building play in women-only drop-in and shelter settings (Breton, 1984, 1989; Lee, 1994). A survey of homeless and vulnerably housed women in the U.K. pointed out that women find that day centres play an important role in providing support and companionship (Anwen,

2002). A City of Toronto study (2000) found that women tended to use one drop-in frequently, whereas men tended to go to a few different drop-ins.

The unique and challenging issues facing homeless and vulnerably housed women have been written about extensively in the literature. Although this literature review cannot address this broader body of work, it is important to note that some of the following issues are unique to women and must be considered in the provision of drop-in services for women:

> The issue of violence is a pervasive one for homeless and vulnerably housed women. Research indicates that domestic violence is a significant cause of homelessness for women (Novac, 1996; Anwen, 1998). In addition, women are at risk of violence as they live on the street (Anwen, 1998; Novac, 1996). Studies of drop-in users in Toronto have found that two thirds to three quarters of women participating have experienced violence as children or adults (Laskin and Guberman, 1991; Breton and Bunston, 1992 quoted in Novac et al, p. 23).

> Women also have other needs that are distinct from men. They have particular health issues such as higher incidence of abnormal pap smears and sexually transmitted diseases than women who are housed (Johnstone, Tornabene and Marcinak quoted in Novac, 1996). They may also be involved in the sex trade for income support and experience the risks that accompany this work.

> The literature did not address the specific role that drop-in programs play in helping women find housing, but it did point to the role drop-ins play providing social support that helps women maintain housing (Breton, 1989; Anwen, 2002). Margot Breton wrote about social support networks in the women-only Sistering Drop-In Centre in Toronto. She identified the importance of a nurturing environment where women develop social skills relating to each other and staff that assist them to integrate and re-integrate into society (Breton, 1989).

8.4   Native People

The Report prepared for the City of Toronto entitled, The Role of Drop-Ins from the Perspective of Those Who Use Them identified that 14% of drop-in users surveyed (n=434) identified themselves as Native or First Nations people (2000). Surprisingly, academic and Internet searches did not reveal any literature on Native People (or First Nations or Aboriginal People) and their use of drop-in programs.

Since a general literature search on Native people and homelessness was beyond the scope of this review, only one study was consulted from the broader literature. This study of service needs and gaps in Kamloops, British Columbia relates to drop-in programs as part of the range of services for homeless Native people. The study identified that homeless Native People have largely the same needs as non-Native people and the service gaps are the same. The report does point to some specific differences:

- There is a need to provide culturally sensitive programs in programs where there is a high rate of Aboriginal use.
- Cultural understanding is important, because a "lack of understanding increases unwillingness to access services."
- While Aboriginal people access the same services as non-Aboriginals, they face an additional layer of discrimination. Discrimination as well as their cultural values makes them reluctant to advocate for themselves if they are not welcomed by those services.
- There is a need for increased Aboriginal outreach to connect people to appropriate services.
- Aboriginal people will seek services where they are comfortable. They are more likely to use services that have Aboriginal staff, or where staff have a knowledge and acceptance of Aboriginal culture.
- Treatment and education combined with cultural programming has proven effective (Kaminawaish, H., Matson, J. & Mastin, J., 2001, p. 11).

8.5   Youth

Drop-in centres appear to be an effective way of reaching and engaging homeless youth and serve as a gateway to other services. Two reports indicated that youth who may be reluctant to use shelters still use drop-in programs. One study revealed that youth avoided shelters because of fear of violence, robbery, sexual assault or being reported to police but would use drop-in centres (Collaborative Community Health Research Centre, 2002, p. 15). Another study indicated that youth avoid shelters because of the necessity to disclose personal information, but find drop-in centres less intrusive and use these services (Da Rosa, 1999, p. 196).   This research identifies that youth drop-ins may be an effective way to engage youth in a low-demand, non-intrusive manner.

The literature reviewed for this report also cautioned that newly homeless youth may become part of a homeless counter-culture as they develop relationships with more experienced street youth (Lee, 1994; Collaborative Community Health Research Centre, 2002; Da Rosa, 1999). A study reviewing best practices for working with youth found that youth drop-in centres have been a venue pimps used to recruit youth for sex trade work (Collaborative Community Health Research Centre, 2002, p. 176).

Christine Da Rosa reviewed drop-in programs in Hollywood, California. While she found that the services were a gateway for youth to access other services, she also found that youth were drawn to Hollywood by the number of services available, suggesting that these services may "enable the youth to continue to live the way they do"(1999, p. 199).

Although these authors express some concerns about the effects of drop-in programs on youth, they clearly indicate that overall, drop-in programs offered in concert with other services were an effective way to reach out to youth and help them find housing.

8.6   Newcomers: Immigrants and Refugees

The literature on settlement services can point to good practices for helping newcomers find and maintain housing (for example, The Canadian National Settlement Service Standards Framework, Canadian Council For Refugees, 2000). Some evidence-based practice indicates that settlement services may benefit from a drop-in model to encourage newcomers to meet each other as well as people from the host country (SCRSJ Research Briefing, Building Bridges: Local Responses to the Resettlement of Asylum Seekers in Glasgow, U.K.; Ontario Health Promotion E-Bulletin, Newcomer Best Practices Review, Friday, June 24, 2005).

However, this literature review indicates that drop-in programs do not identify settlement services as a core component of their services.   There is no mention of settlement services in the literature related to drop-in or day centres in any jurisdiction. This suggests that research and policy generally views settlement services for newcomers as a separate service sector and not as part of the mandate of drop-in services.

One notable exception is a compelling study done by Access Alliance Multicultural Community Health Centre and a group of partner agencies in Toronto. This study suggests that while drop-in programs are not designed to provide settlement services, new immigrants and refugees (defined as people who have lived in Canada less than five years) are coming to the services. Drop-in workers interviewed for the study estimate that between one percent and twenty percent of drop-in users are new immigrants and refugees, with these numbers varying depending on immigration patterns (Access Alliance Multicultural Health Centre, 2003). Thirty homeless immigrants and refugees were also interviewed. They identified that the needs of immigrants and refugees are not consistently being met by drop-in or shelter services. Drop-ins do not address the needs of immigrants and refugees, such as language training, legal help and help with filling out refugee claimant forms. Staff are often unfamiliar with referral sources for settlement services. The study also found that there is a lack of coordination between shelter, drop-in and settlement, legal, and community health services.

The current program designs, staffing structures and resources as described in the literature do not allow for high quality settlement services according to the standards laid out by the Canadian Council For Refugees (2000).

8.7   People of Colour and People from Immigrant Backgrounds

It is important to distinguish between the settlement needs of newcomers (those who have been in the country less than five years) and the importance of serving the diverse cultural and racial populations that make up the City of Toronto.

The City of Toronto study of individuals using drop-in programs in Toronto identified that of the 434 people included in the study, 29% were members of visible minority groups (2000).   Other studies identify that people of colour are over-represented among the homeless population (Office of the Deputy Prime Minister, 2005; Novac et al, 1996).

This review was not able to locate much literature on the role of drop-in centres in addressing the needs of people of colour or from settled immigrant backgrounds (those who have been here longer than five years). Jones and Pleace do point out that homeless people with a Black or minority ethnic background may experience "double exclusion" from mainstream society (p. 4). They suggest that people may avoid services dominated by White homeless people.

The Access Alliance Multicultural Health Centre study on newcomers points out that drop-in centres often do not provide culturally sensitive programming (i.e. food that respects cultural or religious restrictions and preferences). The study points out that this makes drop-in programs inhospitable for newcomers. However, this lack of cultural sensitivity creates barriers for many people, not just newcomers and has been identified by other authors as well (Access Alliance Multicultural Community Health Centre, 2003; Steele, 1997 in Jones and Pleace, p. 4).

8.8   Elderly

The work of Maureen Crane and Tony Warnes in the United Kingdom has studied the needs of elderly homeless people in the U.K. and developed targeted services to address these needs. These authors suggest that "older single homeless people who have slept rough for many years probably have the most intensive support needs of all (Crane and Warnes, 1997).

A study of elderly homeless found that they often would not use day centres because they dislike the noise and overcrowding and "they fear violence and intimidation by young users who tend to dominate and are demanding" (Warnes and Crane, 2000, p. 19).

The Lancefield Street Centre program model is a comprehensive service for elderly homeless people. The model includes a hostel, assessment centre and drop-in program. It has been shown to be effective at moving elderly and chronically homeless people into permanent housing (Warnes and Crane, Resettling Older Homeless People, n.d.). In addition, four London day centres have designated workers to look specifically at older homeless people. In this model, day centres are part of an outreach strategy for homeless people that then leads to first stage hostels and specialized accommodation (Ibid).

9. Staffing

9.1   The Role of Staff

The good practices literature points to the importance of relationship building among staff and participants in order to support homeless people to find housing, or in order to support formerly homeless who are housed.

Staff are the catalyst for the different functions and good practice service components outlined in this report: trust building and engagement, individual support or case management, facilitation of groups and purposeful social networks, encouragement of empowerment and advocacy for social change. Participant involvement in decision-making or leadership can be encouraged or discouraged by staff. The philosophy and approach of the staff facilitate the creation of a welcoming environment where people can create their own social networks.

9.2   Ratios

The literature does not specify good practice staff to client/member ratios for drop-in settings. However, the literature on outreach services and individual support informs us about the high level of staffing needed to provide support to vulnerable homeless individuals in order to help them find housing. Morse identifies that a ratio of one staff to ten clients is needed for street outreach programs to effectively help vulnerable homeless people find and maintain housing (Morse in Erickson and Page, p.6). While these ratios cannot be applied directly to drop-in services, they indicate that if drop-in programs are intended to help people find and maintain housing through individual support, they will need a relatively low staff to client ratio.

9.3   Skills and Training

Judith Lee advocates that trained social workers should be in drop-in and hostel settings using their group work skills with homeless people (1994). In their control group study comparing the effectiveness of different drop-in models at supporting people to move into permanent housing, Tsemberis et al suggest that the more effective programs employed staff that were trained in psychiatric rehabilitation (Tsemberis, 2003).[3]

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[3] The goals of psychiatric rehabilitation is defined by the website of the Prahran Mission and Boston University Center for Psychiatric Rehabilitation as:

> *To assist persons with severe psychiatric disabilities to increase their functioning so that they are successful and satisfied in the environment of their choice with the least amount of ongoing professional intervention.*

Rehabilitation is effected through skills development and support. The skills to be developed are determined by the client's chosen goals (http://www.prahranmission.org.au/trainres.htm).

Erickson and Page suggest that people with a variety of backgrounds function as mental health outreach workers: physicians, social workers, nurses, nurse practitioners, and para-professionals (1998).

A survey of ACCESS program outreach workers in the United States found that 75% of the programs surveyed did not require a bachelor's degree for outreach workers. This study suggests that worker characteristics were more important than formal educational qualifications (Wasmer, 1998 in Erickson and Page, p. 5).

Erickson and Page identify the following worker characteristics/stances as important to the success of outreach and engagement:

- Good judgment, intuition and street sense (including safety for themselves)
- Non-judgmental attitude
- Team players
- Flexibility
- Realistic expectations
- Commitment
- Recognition that less can be more (at the outset of intervention, there is less intensive treatment)
- Altruism, finding reward in the work
- Sense of humour
- Creativity and resourcefulness
- Cultural competency
- Resilience.

While the literature does not emphasize the importance of formal educational requirements, it does suggest that agencies have a responsibility to provide training and support to workers engaged in this challenging work. Erickson and Page emphasize that workers must receive supervision to address issues such as engagement versus enabling, boundaries and legal issues. Staff also may need support to deal with harassment and discrimination. They list the following topics that should be addressed in training:

- Street safety
- Characteristics of the target population
- Substance abuse/dual diagnosis[4]
- The criminal justice system
- Income benefits and entitlements
- Community resources
- Involuntary hospitalization

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[4] The U.S. literature uses the term dual diagnosis to refer to substance use and mental health diagnoses. In Canada, the term concurrent disorders is used.

- Client rights
- Harm reduction
- Confidentiality
- De-escalation
- Boundaries
- CPR and basic first aid
- Regional laws regarding child and elder abuse
- Engagement strategies
- Cultural competency
- Infection control (p. 17).

They also suggest that all staff should sign a document to indicate that they understand safety guidelines (p. 17).

10. Evaluation and Measuring Outcomes

There has been little evidence-based research or outcome-based evaluation done on drop-in programs (Jones and Pleace, p. 15; Cooper, 2001). Several authors indicate that it is difficult to study the outcomes of outreach or drop-in programs for a number of reasons: success may be different for different people using the programs (Cooper 2001); clients are difficult to track (Erickson, 1998) and change may be very incremental and subtle (Erickson, 1998).

Erickson and Page suggest that outreach and engagement programs need to measure success with a variety of criteria that represent incremental changes and that study periods need to be sufficient to measure changes (1998, p. 15). Their literature review cites a program that measured: number of days per month spent in housing, number of times victimized, level of hygiene, number of contacts with other service providers (Axelroad, 1987 in Erickson and Page, p. 15). Erickson and Page point out that the length of engagement (from the time of first contact to the time a client is engaged in other services) can be up to two years (ICH, 1991 in Erickson and Page, 1998, p. 2) so outcome measurements need to take this into account.

Jones and Pleace suggest that the lack of good practice research examining the effectiveness of different service components may be leading to resources and emphasis being placed on the wrong services. For example, they argue that there is a mistaken belief that homeless and vulnerably housed people need "life skills" (such as cooking, money management) in order to sustain tenancies. Research indicates that the needs of potentially or formerly homeless people are multi-faceted and the emphasis on life skills is misplaced (Dant and Deacon, 1989 in Jones and Pleace, p. 15).

Abi Cooper argues that drop-in centres have been measuring the wrong outcomes. They have been measuring their achievements by the frequency with which people use the service, however she suggests that "people in difficult situations use what's available, whether it's good quality or not."(Cooper, 2001)

However, some programs and initiatives have measured good practices as well as program outcomes. Evaluation methods used by programs and researchers have included: experimental studies to evaluate program or service components and approaches (Tsemberis et al, 2003; Pollio and Spitznagel, 2000); face to face pre and post service interviews with clients; and interviewing formerly homeless people to find out which services assisted them the most (Erickson, 1998; Crane and Warnes, 1999).

The New Horizon Youth Centre in London is a day centre offering a range of services including basic services as well as support to help people find housing, health services and counselling. The Centre also runs a sex workers project, street outreach and group support and training programs. The Centre has developed tools that include self-assessment forms, action planning for clients and work record sheets for workers to update every time an intervention is carried out with a young person that will affect his/her outcomes (London Housing Foundation, Impact Through Outcomes, p. 6).

St. Mungo's Outcomes Star Program uses scales to measures eight main outcome areas: personal responsibility, substance use, mental health, physical health, accommodation, life skills, social networks and meaningful occupation on a scale of one to ten. The evaluation is completed by clients with assistance from their key workers (The London Housing Foundation Impact Program Briefing Paper, p. 9).

It appears that programs where there is strong follow-up or where housing is formally linked to the program were best able to track and monitor the success of clients because the clients continued to reside in housing linked to the drop-in program or were continually monitored by staff working for the project.

The London Housing Foundations' Impact Through Outcomes Program offers training for organizations seeking to use an outcome approach in their work. The project developed a briefing paper that provides an overview of some of the main tools and systems currently available to homeless organizations wishing to adopt an outcomes approach (Program Briefing Paper, Putting an Outcomes Focus Into Practice: Sharing Learning from the Homeless Sector, 2004). The brief emphasizes that agencies need:

- User-friendly tools for staff and clients
- Tools that can measure small levels of change and that are appropriate for the different types of clients seen within each organization
- To recognize the pressure that staff feel as a result of adjusting to the tools and encountering resistance. There must be time for piloting, training and support. (p. 3)

11. Good Practice Program Models

The following examples have been chosen from the research because they have been proven through outcome-based or experimental research. The examples that have been studied in the research point to some common good practice program components:

a) The programs described are integrated models of service that provide some combination of drop-in services, individual support and formal links to housing or shelter provision.
b) They include case management or continuous individual support
c) They have a focus on moving homeless people to permanent housing or helping people maintain housing.
d) They focus on highly vulnerable people who may have been homeless for long periods of time.

This report does not suggest that these initiatives can be applied directly to the Toronto context but rather hopes that they may provide some important good practice guidelines that can be assessed in relation to the local situation.

The projects are not being reviewed for the quality or ethics of their research methodologies but have been selected because they are evidence-based and have a focus on helping people find and maintain housing.

11.1 The St. Mungo's Lancefield Street Centre, United Kingdom

This project focuses on older rough sleepers and offers a complete pathway from the streets to long-term housing. It includes: street outreach; a 24 hour drop-in centre; on-site hostel with 33 beds; and a resettlement program (helping people find and maintain housing) which involves individual client support.

Crane and Warnes conducted a study following 65 women and men who had been homeless intermittently or continually for up to ten years. They followed people for two years after they were first resettled. The following findings were generated:

*   Seven out of ten older homeless people succeeded in tenancies when they received resettlement support.
*   Clients who received contact from housing care and support workers at least once every two weeks in the first three months were twice as likely to have a successful tenancy.
*   Clients who formed a social network and engaged in activities after being resettled were more likely to be housed than those were with few social ties and interests. Tenancy failures were most frequent in the first three months and peaked again after the fifteenth month.
*   Early failures were associated with lack of motivation to settle and self-contained flats in poor condition where they could not cope.
*   Failures at 16 – 24 months were due to disagreements with other tenants and housing providers. (Crane and Warnes, Resettling Older Homeless People)

11.2 The Choices Unlimited Program, New York City

This drop-in program offers many of the standard services offered by drop-in programs including: showers, storage, laundry, telephones, computers and television.   The Centre also offers:

- Assistance with medical, psychiatric and social services
- Development and implementation of individual rehabilitation plans with particular emphasis on housing
- Opportunities to meet and socialize with others.

In addition, the program, like other drop-in centres in New York participated in an informal respite-housing network made up of volunteer, church based shelters.

The researchers studying the project identified that it was different from other drop-in centres in the following ways:

- Staff practiced within a framework of a coherent well-defined philosophy and approach to services.
- All staff were well trained in psychiatric rehabilitation that emphasized client/member choice (see footnote 3 for definition).
- There was continuity in relationships between staff and clients. The same staff member was responsible for conducting outreach on the streets, providing services at the Centre, providing referrals, and accompanying consumers to other needed services.
- There was no predetermined length of stay or requirement to participate in any kind of treatment as a precondition for continued use of the Centre.
- Clients had direct voice and input into decisions affecting program operations.

The researchers conducted a control group study where 168 homeless individuals with severe psychiatric disabilities were randomly assigned either to Choices Unlimited or to other traditional outreach and drop-in centre programs that emphasized a predetermined sequence of services. The researchers hypothesized that a model that allowed consumers to choose their services and the sequence of these services, will lead to better outcomes than the commonly used "continuum of service" model.

The continuum of service model as outlined by the researchers, required homeless people to progress through a series of steps beginning with outreach, which leads to referrals to programs such as drop-in centres, safe havens and programs that provide basic support as well as case management services, which then lead to other services such as psychiatric treatment or substance abuse programs. The authors argue that a linear approach that is intended to make people "housing ready" imposes unrealistic and unnecessary expectations such as abstinence or psychiatric treatment. They also argue that this set of steps is often fragmented and creates barriers to the final goal, which is permanent housing.

The study found the following:

- The use of a "Choices" model that allowed consumers to select the services they wanted to use in any order, eliminating participation in treatment as a pre-condition for other services and giving consumers a voice in the operation of the program, was more successful than the linear continuum of services model.
- Time spent in the street declined for both groups, but the decrease for the experimental group (Choices) which used consumer-driven outreach and drop-in programming, was almost twice that of the control group (continuum of services), and was more effective than the initial steps of the linear continuum of care programs.
- Homeless people who were given the option of housing immediately without requirements for participation in other services were more likely to be in stable housing six months after being placed, than were those who were forced to go through a continuum of care. (Tsemberis et al, p. 313)

This study describes an effective drop-in model that allows people to select from a range of services while being offered support by one consistent staff person. The authors advocate that people should be placed in permanent housing as soon as they indicate their interest, rather than being forced to accept treatment services or be placed in transitional housing. The study did not examine the kinds of supports needed to help people maintain their housing and only followed up on people for six months.

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Appendix A: Key Words Used for Searches

Internet and library system searches included (but were not limited to) the following key words:

Drop-ins, day centres and/
Homeless(ness) and/
Day centres and:

- Evidence based practice
- Good practice
- Best practices
- Australia
- UK
- Canada
- U.S.
- Measurement
- Evaluation
- Outcomes
- Resettlement
- Pathways out of homelessness
- Securing housing
- Social networking
- Social supports
- Finding housing
- Community building
- Community development
- Outreach
- Women
- Native people
- Settlement services
- People of colour