

Push & Pull

Why practice and what it could look like?

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HOW THIS DOCUMENT WORKS

This document is a first attempt to bring together values, theories, and practices. Everything you read is a draft meant to be debated and revised.

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Introduction

THIS WORK STARTED WITH A STARK REALITY, AND AN HONEST QUESTION.

Too many street-involved adults were prematurely dying. In the 20 months preceding the project, 43 lives were lost to extreme poverty; to virulent addiction; to cold; to exhaustion. What could we do to enable more street-involved adults to not only survive but thrive?

Our approach is to embed ourselves in the contexts where people are experiencing the pain.

That's how we found ourselves at the corner of Queen and Bathurst and inside The Meeting Place, a drop-in centre for people facing extreme poverty, virulent addiction, cold, and exhaustion. People with names, and with histories, and with futures. People like Olivia, Warren, Fred, and Alice.

Our starting point rightly raised red flags. Why focus on the place with the fewest resources and the biggest challenges, when these spaces are merely symptoms of a contorted economic system and failed past policies?

Indeed by starting here, on these muddy grounds, were we somehow suggesting individuals were culpable for their situations? Were we letting the bigger forces off the hook?

No.

Individuals shape and are shaped by bigger forces – by political values, by policy decisions, by economic patterns, by religious institutions, by familial dynamics, by service interactions, by peer norms, by

personal belief systems, and beneath it all, by language and narratives.

Take Olivia.

As a residential school survivor, Olivia's trajectory was marked by racist political values, by regressive housing policies, by a powerful church, by a torn-apart family. And yet, Olivia's trajectory was still hers. Only she could choose when to shift directions.

After thirty years on and off the streets, in and out of prison, getting high and drunk, Olivia reached her limit. She took a step towards sobriety, and services took steps to support her. She re-engaged in a longtime passion: furniture making. She starting seeing herself as someone with a possible future, not just a traumatic past. However, while her own narrative was changing, her peer group stayed the same. Drinking is their comfort zone. So Olivia found herself pulled back and forth. And that is where she is today, as of writing time.

MICRO, MESO, MACRO

How do we enable people like Olivia to want a future? To be in a culture that reinforces a future narrative, and to have her aspirations met with actual structural opportunities?

Declining affordability and rising homelessness in North American cities like Toronto, San Francisco, Portland, and Vancouver rightly lead to calls for more structural solutions: more drop-ins, more shelters, more housing, more mental health facilities. And yet building more institutions is not the same as rebuilding lives. It's what happens within those drop-ins, shelters, housing units, and facilities that help or hinder change.

Olivia's pathbreaking actions - engaging with detox and furniture building - have a lot to teach us about what brings about, motivates, and sustains forward momentum. Olivia's everyday actions - spending hours with friends and reengaging with drinking - also have a lot to teach us about what confuses and contradicts that forward momentum.

A whole bunch of factors close to Olivia have aligned for change. Watching friends prematurely pass away made Olivia pause. Open conversations with an Indigenous Elder after weekly spirit circles offered Olivia new insights into coping. Constructive feedback from a fellow artist helped Olivia feel a touch of mastery. These small instances - from taking an introspective moment to acknowledging an emotion, to accepting feedback - contributed to Olivia's growing self-belief. And what we know from the literature is that self-belief is one of the best predictors of wellbeing across different parts of our lives (Bandura, 1997).

A whole bunch of factors farther away from Olivia

have also coalesced for change. There was a detox bed available in an Indigenous run facility. During Olivia's stay, a housing worker came to visit. Thanks to resources allocated in the latest Supported Housing Strategy, the housing worker had space in his caseload to work with Olivia. He located a transitional housing unit, paid for as part of a public-private partnership, where the language of investment replaced the language of charity.

And yet, a whole bunch of factors surrounding Olivia are complicating change. Housed, but bored, Olivia gravitates towards her friends at the drop-in centre. The centre is saturated with memories and meanings. When you walk-in, to the right, there's the bench Olivia usually sits on, and the table where her crew swigs wine or whiskey or Listerine. The furniture is institutional and pragmatic. It's neither shabby, nor homey. The walls are colorful, with painted canoes bearing witness to an earlier time. To the back of the space stand the pool table and the dominos table. Around the perimeter are offices, many stuffed with garbage bags of stuff. This is what is normal. Being at home, alone, not drinking during the day, that's abnormal.

We can give this layering of factors some words - micro, meso, and macro practices - to reflect how all levels are enmeshed. Like one of those Russian nesting dolls, **micro practices** (Olivia's conversations and interactions) are embedded within **meso practices** (the rules, norms, symbols, language of Olivia's environment), which are encased by **macro practices** (resource allocations, workloads, accountabilities, rhetoric, etc.) Here we are drawing on the work of Urie Bronfenbrenner, whose bio-ecological model of human behavior highlights the relationship between

an individual's context, community, and wider society (1979).

Olivia isn't the exception, but neither is she the norm.

Over the past six months, we've had the privilege of getting to know over 60 individuals. Around 15 of these folks have taken steps to move in another direction. Not surprisingly, all have found themselves going forwards and backwards.

For most, micro-practices are absent, inconsistent, or worse, self-destructive. Self-belief goes up and down. Competency and control waxes and wanes. At the same time, meso-practices are a recurring challenge point. The spaces people spend time in seem to prescribe a certain course of action. For example, drinking is usually what happens on the front steps of the drop-in. It's weird not to. And then, there's those daunting macro practices. The rising cost of living. Too few landlords willing to rent to people with bad credit. Case managers with accountabilities focused on the acquisition of housing, and not enough else.

Over these same six months, we've also had the opportunity to experiment with micro, meso, and macro practices. We've explored the type of conversations that strengthen people's self-efficacy, agency, and choice. We've tweaked

the physical environment to find out how to give space for alternative peer cultures. And we've tested with policymakers what just might move the dial on their perceptions of street-involved adults and the macro practices to which they contribute.

Whilst we've barely cracked the surface, we are starting to learn something about the levers for change – and what may not be.



NOT ANOTHER PROGRAM

Up until now, we've always made new flagship programs, services, and networks.

From embedding ourselves in an extreme context and collecting stories, we've landed on one bright and shiny new model. In Australia, we made a network of families helping families. In Vancouver, we made an adult learning platform for adults with cognitive disabilities. Our hunch was that a visible and highly branded solution would serve as an

exemplifier – others would replicate the interactions (micro-practices), and this would begin to change the environment (meso-practices) and shift resources (macro-practices).

With time, this hunch may still play out. But what's clear is that it takes a long-term commitment to ensure one exemplifier solution has a ripple effect. And you've got to chase enough scarce resources to keep the solution alive.

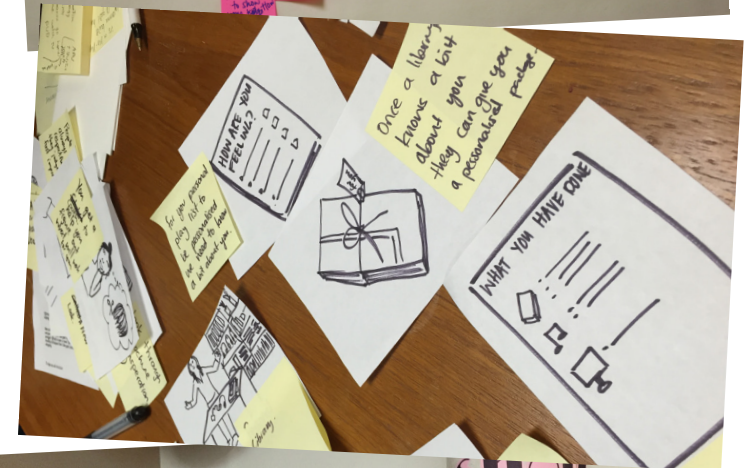


Back in January, we published 27 ideas we called Bento Boxes. Rather than make a single flagship solution, we described 5 sets of solutions around 5 segments of street-involved adults. Given the complexity of street-involved adults' lives, we understood that no one intervention would cut it. Someone like Olivia, who was newly and precariously housed, would benefit from new peer networks; opportunities to turn her furniture making into a micro business without losing her benefits; a certified landlord with some conflict resolution skills, etc.

After two weeks of sharing these ideas with the likes of Olivia, we were seeing little enthusiasm and gaining little traction. It only takes walking across the street from The Meeting Place to Queen West Health Centre to see why. The wall is plastered with brochures. Over 50. For everything from GED programs to dental clinics to HIV support groups to breakfast clubs for diabetics to sex education classes to anger management.

We realized that adding a set of brochures to a crowded landscape would do little to get at the crux of things – the fact that only 15 of 60 people we'd met had the tools for change; the way existing spaces communicated norms and facilitated particular peer cultures; how policymakers and the public distribute resources to street-involved adults.

It was time to pivot. If a single new solution or even a set of new solutions wasn't the best way to influence micro, meso and macro practices, then what might be?



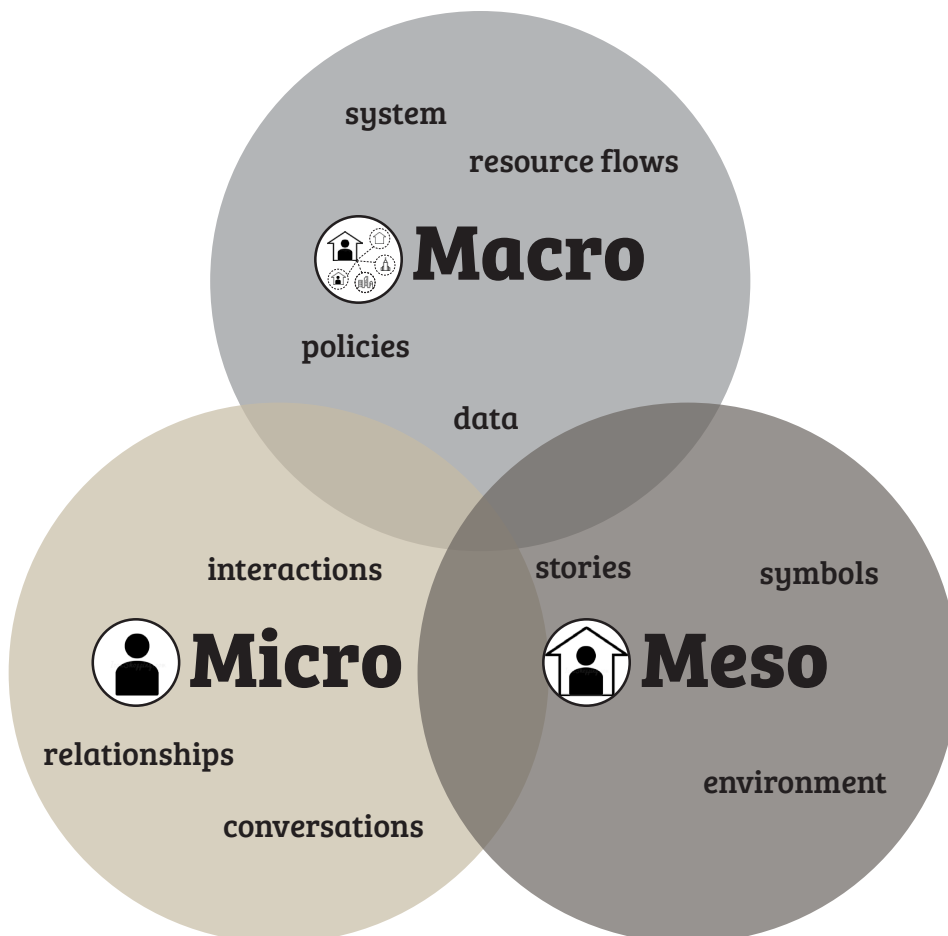
FINDING INSPIRATION

We looked for lateral inspiration, and found it from the tobacco control movement. Whilst addressing tobacco use is not at all part of this project, the success the tobacco control movement has had in influencing policy, practice, and people's lives is instructive. Over a thirty year period smoking rates in North America declined by nearly 30%.

At the macro-level, data and evidence were used in

courts and legislatures to make it harder and more expensive to buy tobacco. This was data about ease of access; about addictiveness and harmfulness; about health care costs. Crucially this data didn't just come from advocates, but from researchers, scientists, and from the tobacco industry itself.

At the meso-level, schools, government buildings and restaurants created new routines about where



LEVEL

LEVERS

you could and could not smoke, and set-up physically distinct spaces. Fairly quickly, norms around smoking shifted. Where it was once normal to see people light-up next to you, now it is abnormal.

At the micro-level, doctors, pharmacists and health care providers started asking patients about their smoking. Cessation coaching just became part of the role of a health care provider. You didn't have

to visit a certain kind of doctor, nor did you need to enroll in a special program to gain access to nicotine replacement.

Translate this example back to street-involved adults, and it suggests that instead of making a new flagship program, we could try influencing the data policymakers see; the spaces within which street-involved adults congregate; and the conversations between staff and people.

Micro-practice

The conversations and interactions that people like Olivia engage in every day to shape their sense of efficacy, agency, and choice. The assumption is that people are their own experts. They can learn how to listen and locate their own internal resources.

What if the staff, professionals, and peer workers Olivia interfaces with were better equipped to draw this to the surface?

- Integrate into job titles & role descriptions
- Create supportive tools
- Lead peers
- Frontline coaching
- Add to performance management
- Blend into credentialing process

Meso-practice

The way physical spaces, symbols, and stories communicate expectations & peer norms, and give rise to particular courses of action.

What if the settings in which Olivia spent time also introduced her to some distinct routines & norms - or brokered Olivia to alternative spaces?

- Physical setup of space
- Use of images and symbols
- Stories & content elevated
- Collaborations with cultural institutions, learning spaces, etc.

Macro-practice

The organizational policies, resource flows, and encounters the public and people in power have with street-involved adults.

What if the public and people in power could have different encounters with people like Olivia, and better understand the implications of existing resource flows and policies?

- Data policymakers use
- Metrics organizations use
- Narratives spread via media, online, etc.
- Roles for policymakers and public – other than as volunteers, donors, decision-makers

PRACTICE FOR WHAT PURPOSE?

Past precedent tells us there are levers for influencing data, environments, and conversations – but to what ends? What are we changing micro, meso, and macro practices towards? And who gets to decide?

Success for the tobacco control movement was clear: less people smoking and less harm caused by tobacco.

Success for drop-in centers is less clear. What's been most striking during our residency is how many distinct values we've seen at play. After six months, we are no closer to consensus.

	Care mindset	Safety Mindset	Capacity building mindset
Ensure survival	Is the mission to service people's basic needs for food, shelter and care?	Is the mission to keep people off the streets and out of trouble?	Is the mission to enable people to find and access resources on their own?
Build community	Is the mission to host a warm and welcoming community?	Is the mission to offer a safe space for those who choose to use? > <i>To read more, go to the Pragmatism Value</i>	Is the mission to generate and legitimize roles other than being homeless, addict, offender? > <i>To read more, go to the Contribution Value</i>
Enable Change	Is the mission to facilitate healing and holistic health? > <i>To read more, go to the Healing Value</i>	Is the mission to increase readiness to change?	Is the mission to stimulate people's minds, widen their networks, and encourage exit from safety net services? > <i>To read more, go to the Learning Value</i>

For Fred, a long-time member of the drop-in, maintaining an identity other than 'homeless alcoholic' is critically important. Success is standing apart from the drop-in community. For Alice, another long-time member, success is just the opposite. Being part of the drop-in community is most important, even when that detracts from other goals like sobriety. Alice and Fred hold contrasting values – individual autonomy versus collective belonging.

Can a single space accommodate all value sets? Is it possible for a drop-in to both inculcate belonging and to actively encourage exit? Is it possible for a drop-in to both address immediate needs and to build capacity?

We've observed how questions over mission can express themselves even in the most ordinary conversations. Workers are in constant demand, with a constant stream of people in need of help.



Person: Where can I go tonight? Can you call about a bed?

Worker: Yes...Just give me a moment.

[20 minutes passes]

Person: Have you called for me? You know I don't have all day.

Worker: Oh, I'm sorry, I got busy. The number is on the wall over by my phone. Just give me a few minutes and I will call for you.

[15 minutes passes. Person is waiting and becoming visibly perturbed].

With a care orientation, the worker conceptualizes help in terms of solving a problem 'for' the person. This is reinforced by a gatekeeping culture within the social service system where professional referrals carry more weight than individual initiative. With a capacity building orientation, the worker might conceptualize help in terms of addressing the challenge 'with' the person. Perhaps she would suggest they call together.

Without an explicit value set, spaces risk falling to the lowest common denominator. The only expectation becomes that people will not hurt themselves or others. Such poverty of expectations interlocks with a poverty of aspiration – where past & present mindedness blocks future imagination. Indeed, anthropologist Arjun Appadurai argues that the



lack of a capacity to aspire can contribute to the persistence of material poverty (2004). We've witnessed this poverty of aspiration at every level – amongst street-involved adults, the services in which they are enmeshed, and amongst the policymakers charged with coming up with solutions.

And yet, it can be hard to aspire in the face of such urgent human need. When Alice collapses from a binge and ends up in the ICU for the second time in a month, expecting or aspiring for anything more than survival seems far fetched. People living with addictions and mental health challenges fluctuate hourly, daily, weekly, yearly. Do we match this unpredictability with ethical fluidity? Or do we match this unpredictability with ethical firmness? Can you demonstrate compassion when Alice falls off the wagon, whilst creating an environment where getting back on is the

firm expectation and social norm?

We think so. But, then, it is not up to us to set expectations and norms. We have come to realize that bottom-up design approaches can be disingenuous. The idea that design teams like ours can listen to conflicting perspectives and arrive at some elegant, middle ground solution is dangerously naïve.

We are not neutral facilitators. We entered the drop-in center with a value set predicated on flourishing – on growing people's capacities, not simply reducing harm. For us, less of a bad thing doesn't equal more of a good thing. Safety and care are necessary but insufficient for flourishing lives. When safety and care become the core mission, we believe developmental outcomes can get lost. Outcomes like increasing control, competence, possibility, etc.

Perhaps our biggest oversight was not giving voice to these different value sets earlier, and making the assumption that our value set was shared. Indeed our starting point question, **'how do we enable street-involved adults to not only survive but thrive?'** should have been more openly contested. Instead, disagreement lurked beneath the surface.

This document tries to remedy that.

We want to make values visible and therefore contestable. Whilst we cannot decide which values gain preeminence, what we can do is prototype how values link to everyday practices. Rather than keep values on paper as fuzzy words, we can experiment with how values and intents are enacted in messy, real world contexts. When 'care' is your core value you might help someone find housing by doing a search and sending some emails. When 'capacity' is your core value you might help someone find housing by sitting next to them, modeling how to search, and coaching them through an email. Even when it takes longer. That's because 'getting housing' would not be the only success metric.

Over the pages that follow, we flesh out four values and identify practices that reflect these values. We are not starting from scratch, but rather, building on elements of what is already happening. Many of these practices have been prototyped by Lindiwe Tapera, one of the frontline workers at The Meeting Place. Over a six week period, we worked alongside Lindiwe to tweak practices within her existing role. These are practices situated at a micro, meso, and macro level. They are small acts - from asking curious questions to adding new physical materials to the space to bringing-in surprising community resources like astronomers and

concert violinists.

At the same time as prototyping values-led practices with frontline workers, we have been prototyping practice-led intelligence with people in power. Our hunch is that Olivia's interactions with housing workers, health professionals, landlords, and other service providers can offer fresh insights into policy barriers and enablers. By aggregating this micro-level data and putting it into a searchable database called Grounded, we hope to close the gap between top-down decision-making and bottom-up realities. Such data can help add a layer of nuance to policy development, showing that it's not just more housing and more services needed, but how that housing and those services are structured. So far, we've introduced Grounded to 80 policymakers at a federal and provincial level. About a third have expressed desire to use Grounded.

> Watch a video of us testing Grounded here:

<https://inouttoronto.wordpress.com/grounded-data-with-a-story/>

OR

<https://goo.gl/w26U1t>



VALUES + THEORIES = INTENTIONAL PRACTICE

Practices are not only shaped by our values, but by theories about what a particular course of action might yield. These may be theories based on our past experience, or on scientific frameworks and peer-reviewed research. We've been drawing on research from a mix of disciplines, including psychology, sociology, anthropology, cultural studies, behavioral economics, and public health. This research is about what interactions shift people's sense of self and future; open up aspirational windows; and enhance health & wellbeing. If you happen to follow InWithForward's other work, we call interactions that prompt behavior change, mechanisms. We focus on seven mechanisms as the building blocks of evidence-based change practice.

For example, 'story editing' refers to interactions that are about reframing personal narratives. Instead of telling your story to a case worker and the case worker logging your story as case notes, you retain ownership. You might write up your own story or re-tell it, with the help of reflexive questions. Reflexive questioning is a type of interviewing, drawn from narrative therapy, that helps people generate "new patterns of cognition and behavior on their own" (Tomm, 1987).

We would argue that coupling this body of literature with an articulated value set leads to intentional practice. That is practice where the what, why, and how are in alignment. Take a seemingly simple micro-practice like initiating a conversation. Were a worker like Lindiwe to incorporate some reflexive questions when talking to Olivia, she would be enacting a value set centered on healing (versus problem-solving) and drawing on a solid theoretical foundation.

(1) Modeling and Rehearsal

Enabling people to see and practice what new behaviors look and feel like in their own contexts.

(2) Story editing

Helping people to own their stories and recognize their own past solutions.

(3) Bridging Relationships

Introducing people to others who share common interests or experiences, but also have access to diverse resources and perspectives.

(4) Feedback

Visually showing people the progress they are making, and incentivizing their own milestones.

(5) Contribution and reciprocity


Giving people outlets for their skills and active roles beyond that of client, patient, or beneficiary.

(6) Taster Experiences


Exposing people to what options are out there - not via information - but via experiential learning.

(7) Barrier Busting


Getting rid of the practical reasons people can't engage in change - be it the timing, transit, technology, etc.




Self-efficacy theory says that people's self-belief is influenced by the people around them. Seeing people similar to oneself 'succeed' increases the observer's belief that they can too. But, seeing people similar to oneself fail can lower motivation and self-belief (Bandura, 1994).




Coordinated Management of Meaning Theory says human communication is a two-way process in which meanings are generated and changed through back-and-forth dialogue (Cronen et al, 1982).




Social capital theory describes the role of social networks and norms of reciprocity. Bonding social capital refers to ties between socially similar individuals, while bridging social capital refers to ties between socially different people. Such ties help get people ahead because they unlock assets in the networks that would have been unavailable to them without the connection (Fitzpatrick, 2007).



General systems theory highlights the importance of feedback on how we regulate our behavior. Research on the role of personalized feedback on alcohol & smoking use shows its effectiveness in the initiation and continuation of healthier behaviors (DiClemente, 2001).



Role salience theory explains people's attitudes, emotions, participation in multiple roles across their lifespan (Matzeder, 1995).



Critical emancipatory theory says adult education can increase social, political, and personal awareness and engagement (Tisdall, 2000).

AN INVITATION

We want to keep bringing to life intentional practice. We hope some of you, dear readers, do too.

This document isn't our final product. Our goal isn't to launch a talk fest, but to bring together thinking with doing. So we're inviting curious adults, peer workers, frontline staff, coordinators, and managers to build on what they read here. Over July and August, we will support 5 individuals to take forward a value and corresponding practice in their own contexts. We will provide coaching, free resources, ongoing feedback, and a grant for relief time. In other words, we will finance applied professional development. This won't look like a training workshop, but rather, on-the-job support.

We'll introduce you to the concept of prototyping, and walk alongside you to elevate the intentionality of what you already do or would like to do.

Intrigued? Look over this document. At the end of it, there is an expression of interest (the bid). Fill it out – it won't take long. You'll tell us about a value that resonates; identify a practice you'd like to try; and briefly describe the context within which you work. We'll get back in touch and chat with you (and, if needed, your manager) about how it could unfold.

Along the way, we'll keep updating this document to reflect what we're learning



BUT, BUT, BUT

No doubt this document will generate a flurry of questions. Great. We want debate and discussion to ensue. This document is also likely to spark some concern. Here are some of the concerns we've heard so far:

We do this. What's new?

Yes, elements of the practices you see here come from observed interactions. Our creative process uses abductive logic. That means we start on-the-ground with what we see already happening. To that, we add theory and lateral inspiration. We find that great practice is remarkably subtle. It's about who does what (the roles), where (the settings), with what tools (the props), and what words (the scripts). We aim to drill down to the details and extract the nuance of impactful practice. It's this granularity we believe is new.

We tried that before. Why are you reinventing the wheel?

We're certainly building on strong past precedence and conceptual frameworks like harm reduction, social inclusion and community development. In 2007, the Toronto Drop-in Network published their Good Practices Toolkit. This comprehensive publication includes policies, procedures, and suggested practices for drop-in centres. We aim to go a level deeper and link conceptual frameworks to the specific interactions that make up a practice. For example, the Toolkit says 'day trips' are a good practice, but does not detail out how to implement a day trip so that it has the ingredients for behavior change – bridging relationships, story editing, feedback. Nor does it link activities to particular values, and explore which values are complementary and which are contradictory.

It's not about practice. It's about resources.

We often hear the claim, "If only the sector had more resources, then things would be different." Indeed, there is a perception that it's the lack of money that perpetuates lousy outcomes. We don't think it is that simple. Impactful practice can help to generate more resources. And the right kind of resources can serve to sustain impactful practice. Resources are more than money – but people's time, skills, talents, and networks.

Do you have a neoliberal agenda?

We're committed to making our social services work better. That means asking tough questions about how our formal social services inadvertently perpetuate the very ills they were designed to alleviate. But that doesn't mean retrenching the welfare state. It means re-balancing formal and informal supports.

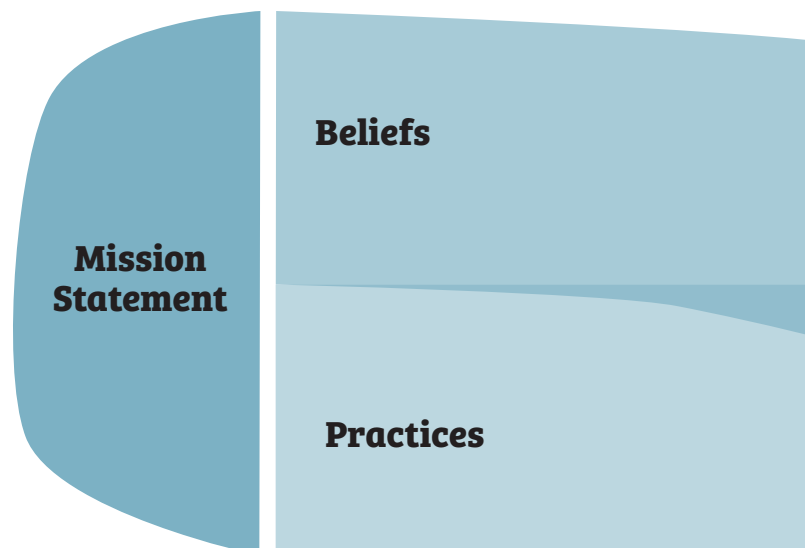
How to read the values

From our six month immersion in a drop-in, we have seen 4 different value sets at play: healing, learning, pragmatism and contribution. This is not an exhaustive list; there are other values present too: belonging, care, efficiency, non-interventionism, nihilism. This is also not an exclusive list; few of these values exist in isolation. By breaking down and exploring these four values individually, we can begin to unpick where they are complementary and where they are contradictory.

Values are a kind-of window. The orientation, size, tint, and thickness of the window influences how we hear, see, and interpret the world. From each window, we view the mission and activities of the drop-in differently. When the window is pragmatism, the mission has to do with curating a nonjudgmental space. The activities are those that keep people safe, even if they choose to use. When the window is healing, the mission has to do with reconnecting mind, body, and spirit. The activities are those that enable people to move away from using, and bring them in touch with themselves and an identity beyond drugs and alcohol.

Even the same every day practice can change forms from one window to the next. Take a practice like preparing a meal with a street-involved adult. From a pragmatic point of view, you view food as necessary for survival. Whatever is available is good enough. Besides, there are more important challenges to address. Yet from a healing point of view, you view food as part of re-engaging body with mind. You put focus on finding nutritionally rich foods, and offering meaningful choice. Eating well is one of the more important challenges to address.

This is the very essence of intentionality. The same practice is executed differently when there are different underpinning beliefs and desired outcomes. Over the pages that follow you will see the 4 values in more detail. Each value starts with a story of somebody we've met over the past six months, and a fictionalized account of how that value might play out within a drop-in centre context. We spell out the beliefs and outcomes behind the featured value. Then we get concrete, outlining the roles, practices, tools, and metrics which can operationalize each value. We have implemented and iterated many of these roles, practices, and tools – and illustrate what it can look like with photos and drawings.



A WORD ABOUT OUR WORDS:

Mission statement

Think of this as the statement of a purpose for a drop-in centre where the selected value is at the core. What does a drop-in centre strive to achieve when [insert value] is fully expressed? Using the mission statement, we might set the language, symbols, and images of the centre.

Beliefs

Beliefs are what you hold to be true, when you've adopted a particular value stance. Beliefs are like the window framing. They are what give the value some shape and structure. You can use beliefs as a kind of litmus test for your practices.

Practices

Practices are what you actually say and do. According to Social Practice Theory, a practice has at least three parts: (1) the sequence of things you do; (2) the

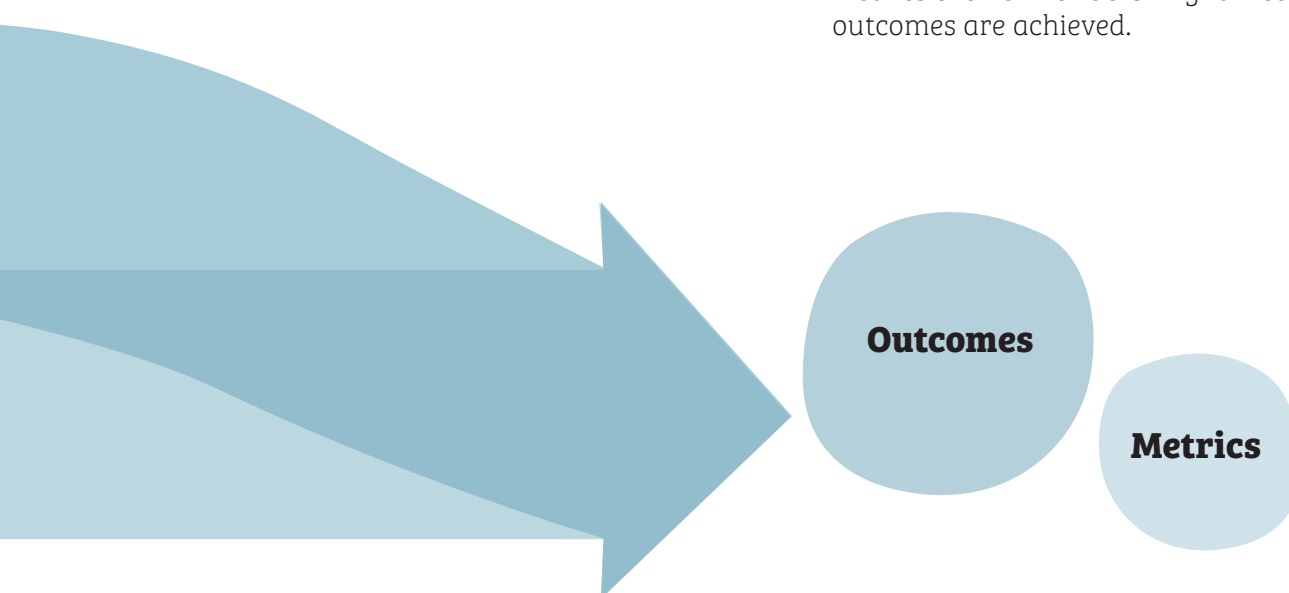
meaning associated with each thing you do; (3) the skills required to perform it. We try to specify all three parts.

Levels

Practices unfold at different levels. A micro-practice unfolds between ourselves and the people directly around us. A conversation with a loved one is a micro-practice. A meso-practice is one which shapes the broader environment around us. The language and routines of a staff meeting is a meso-practice. A macro-practice is something we do to influence perceptions, beliefs, and decisions with which we are not in direct contact. Writing about our experiences with street-involved adults and spreading a new kind of story to the public or decision-makers might be a macro practice.

Outcomes & Metrics

Outcomes are what success looks like when the practices unfold as intended, and the value set is living. Metrics are how funders might measure whether outcomes are achieved.



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