

# Value Pragmatism

## VALUES STATEMENT

We believe that people can make their own decisions. Our job is to ensure people feel respected and safe if they choose to use, and to make visible other paths that they can also choose.



***“It all keeps  
me sane,”***

# The story

Darren describes crack, beer, and pot as a kind of safety blanket. “It all keeps me sane,” he says. He’s been on and off the streets since the age of eight, and using since he was eleven. His doctor has told him that he shouldn’t stop unless supervised because it might kill him. Whilst crack and pot remain an important part of his daily routine, he’s drinking a bit less and getting into fewer fights. He chalks this up to the pacifying effects of age.

As a kid, Darren spent a lot of time trying to get away from the child protection system. He hated school, never learning to read or write. He hates hospitals almost as much, despite bad arthritis that requires ongoing care. Institutions are really not his thing. He does not like structure, instead, filling his days with conversations, laughs, and panhandling. The loose nature of the drop-in centre works for him. There’s coffee, food, and plenty of entertaining people around. There, he can just be himself - focusing on the present: on raising enough money for a shrimp burrito and a beer for lunch.

Indeed, setting future goals isn’t attractive to Darren. He doesn’t have a desire to change things - except, maybe buying a pet iguana - and believes he manages fine with his addiction.

A drop-in centre with pragmatism as the core value would not only respect Darren’s choice to use, but would give him the space to do so, within reasonable and safe limits. His drinking would not need to happen out-of-sight. Instead, he could openly drink, provided he was not putting himself or others in harm’s way.

A pragmatic approach starts with the assumption that people like Darren are rational beings who make rational decisions. People’s decisions are theirs - and it’s not humanistic to push people to where society wants them to be. That doesn’t mean that a drop-in centre based on pragmatism encourages alcohol and drug use. It just means that it doesn’t prohibit or take a punitive approach.

‘Readiness to change’ theory would underpin a pragmatic drop-in centre. This is theory that says people are at different stages of change. Some people, like Darren, aren’t thinking about it. Others are starting to think about it. Still others are planning a detour, and taking some small steps in that direction.

At a drop-in centre oriented towards pragmatism, all these stages are made equally visible and accessible to people. Stories of people functioning with their drug use plaster the wall, alongside stories of people using less. Staff take ordinary and everyday conversations as an opportunity to engage in reflexive moments and ask members questions to help them externalize the challenges they face, and separate their addiction from their identity. For those interested in understanding more about addiction, there are groups based on a range of different philosophies and scientific traditions. There’s groups with addiction as a chronic disease at the core. There’s groups with addiction as a learned behavior at the core. Opportunities to dive into and debate contrasting perspectives about the brain, emotion, and decision-making are commonplace. People are given tools (via Facebook, texts, journals) to track their drug and alcohol use, and discover for themselves the

relationships between their use, moods, sense of control, and sense of self.

Not only would pragmatically oriented drop-ins engage street-involved people with addictions in exploration of the idea of addiction, it would also engage the public. Indeed, breaking down stigma, judgement, and resulting marginalization would be a core value. This would come about by creating shared spaces for conversation; disseminating people's personal stories using social media and physical displays and offering a range of resources on the differing perspectives of addiction.



## Beliefs

### WE BELIEVE THAT...

#### **Work with people where they are at**

Start with where people are at versus where you want people to be.

#### **The basics, first**

Get the basics right. Satisfy people's need for undisturbed, sleep, non-judgmental medical care, and nourishing food.

#### **Make safe**

The harm is inevitable, so lessen its destructive impact. Harm reduction keeps alive the possibility of recovery - because "there is no recovery in a graveyard."

#### **Honouring people's choices**

Everyone has the right to be their own agent. Respect people's decisions, rather than stigmatize, discriminate, or punish.

#### **Offer, but don't impose**

Make visible alternative choices, possibilities and opportunities - but don't make change a precondition to engagement.

# Outcomes

## WE'RE AFTER ...

### **Improved sense of self**

People report seeing themselves in a more positive light. They increasingly feel more 'in control' of their drug and alcohol usage, with the capacity to make decisions.

### **Greater political awareness**

People view themselves less as 'second-class' citizens, and more as having a legitimate voice.

### **Less stigmatized**

People living with an addiction feel less judged by other professionals and service providers. Professionals and service providers report greater understanding of people living with addictions.

### **Less harm**

People are not consuming non-palatable substances or sharing unsafe tools leading to fewer alcohol and drug related health issues and deaths.

### **More proactive health care usage. Fewer emergency visits.**

People are reaching out to use health care more often, as they feel less judged. More monitored usage decreases visits to emergency rooms.

# Metrics

- % of members who have accessed health care before going to emergency
- % of members who report having more control over addictive behaviours
- % of people reducing their usage, and meeting their own self-set goals
- % of people who go to detox, and do not return as regular members

# Practices

## MICRO

### **Daily Dose (feedback)**

How do we help people learn about their drug and alcohol usage patterns? This is where the Daily Dose comes in. Drawing from research on the role of feedback in health behavior, staff known as Redirectors prompt members to record their substance usage alongside their moods, sense of control, and self-concept. Redirectors make use of text messages, Facebook, and in-person journals. They import data into a simple spreadsheet, and show people their data back. According to Carlo DiClemente in his review of the role of feedback in reducing alcohol use, explicit feedback helps people to self-identify the discrepancy between where they are and where they want to be, and amplifies motivation for change (2001). For example, Olivia knows she drinks more when she feels ashamed. But it wasn't until she saw her own pattern and named her emotional triggers, that she began to think more reflexively about her addiction and try other strategies for managing her feelings.

### **Externalization (story editing)**

How do people start to see that they aren't the problem, and that their addictions, depression, or other challenges are not their sum total? Externalization is a useful practice here. Drawing from narrative therapy, staff who are Redirectors deploy specific language in conversations. They give names to people's challenges, rather than conflating those challenges with the person. So rather than say, "It must be hard to be a diabetic," a Redirector might say, "The diabetes seems to have taken hold today." Prefacing terms like depression, anger, or alcoholism with the word "the" can enable people to separate themselves from their problems. For example, through one-on-one conversations, Matt has helped Fred shift from seeing himself as an alcoholic to a person with the alcohol addiction. For Fred, this practice has opened up fresh ways of addressing 'the alcohol addiction.'

## MESO

### **Walking in my shoes (Modeling and Rehearsal)**

How do we enable people to see possible futures? By surrounding people with alternative narratives. 'Walking in my shoes' is the practice of capturing alternative narratives, and making those narratives visible with photos, artifacts, quotes, and written stories. Staff and volunteer Story Collectors use a template to record people's small, and big changes. These don't need to be heroic stories of sobriety - but what it looks like to cut down on usage. Stories are illustrated with the help of other members, and tagged by topic: less crack; relief; sadness. Stories go into an accessible database, and images from stories are added to the walls. Social norm theory tells us that the images which surround us send signals about what is acceptable. If we're surrounded by messages of change, no matter how small or shaky, new cognitive possibilities emerge. For example, Ari wasn't interested in abstinence from alcohol, but wanted to be drunk less. A staff member pointed him to the picture of Tom, who has been having one less drink a day, and saving the money for a nice meal. Ari liked the idea, and wants to try it too.



### =Spotlight practices

Practices that have been developed and practiced more than the others, follow the page numbers to see more.



### **Grounded Recorder (Feedback)**

How do you get policymakers to know what life is like for the most marginalized folks? Grounded Recorder is the practice of walking alongside individuals going to social service appointments, and jotting down how the interactions play out: what barriers emerged? What was helpful? What was the outcome of the appointment? Recorders have access to tools to help them capture the data - including a notebook and an app to help them upload information from their notebook to the bigger database. This database is made available to policymakers and people in power. Right now, it's common for staff to accompany people to appointments, but there isn't a systematic practice of reporting what happened. Policymakers have found the level of rich detail surprising. It can help them to identify the unintended consequences of seemingly small decisions - like how a form is worded.



***Read more about this practice & how we have been doing it! Go to page 68***

### **Broadening Perspectives (Barrier busting)**

How do we get street involved adults and the wider community to better understand and interact with one another? Research shows that stigma and stereotypes are largely the product of non-existent, meaningless, or uncomfortable encounters -- i.e. a homeless person persistently asking for money and not knowing how to respond. The practice of Broadening Perspectives recognizes that staff of Drop-ins have heaps of knowhow to pass on to the broader community. Staff and peers serve as community educators, and actively offer up their experience to store owners and local organizations. Using a menu listing common uncomfortable situations, staff offer stories, role plays, tips, and strategies on hand. For example, staff member Linda recently introduced herself to the new manager at Starbucks. They worked together to come up with a solution for intoxicated folks coming in asking for coffee. Now, when someone asks for a coffee, the manager offers free samples. She is passing on to her staff the message that, "We're all humans so there is no need to treat people on the streets any differently."

# Practice: Grounded Recorder

The Grounded recorder captures the everyday realities of street involved adults, and feeds that data into a database that can be accessed by people in power. Too many folks in decision making roles do not have access to people's stories and experiences. By starting "where people are at" the Grounded recorder provides a richer, more nuanced picture of how policies and programs are playing out. They record the barriers that get in the way of folks moving forward, as well as successful interactions with services and systems.

We see this as a macro practice because it is about trying to influence the broader system. Giving policy makers, service providers and the broader community data they would otherwise not have builds empathy and understanding that can influence better policy decisions.

A policymaker in Ottawa said he was surprised by the significant impact rules and regulations have on people's lives. From reading the Grounded data he learned of the difficulty people face in trying to pay rent. This is simply because the cheques they receive from the federal and provincial governments come in at different times, while landlords want their money in one payment. This policy maker left the session thinking about how a simple change in policy to make government cheque distribution coincide could influence the lived reality of many folks.

Whilst the Grounded recorder role might resemble some of the advocacy roles in the social sector, we see the information collected as being more neutral and impartial. The Grounded recorder is not an advocate, but simply records observations and direct quotes from the interaction. Collected data is entered into a new type of database; one that is real time, over time and based on ethnographic research methods. This database serves as a platform to provide people in power with ongoing insight.

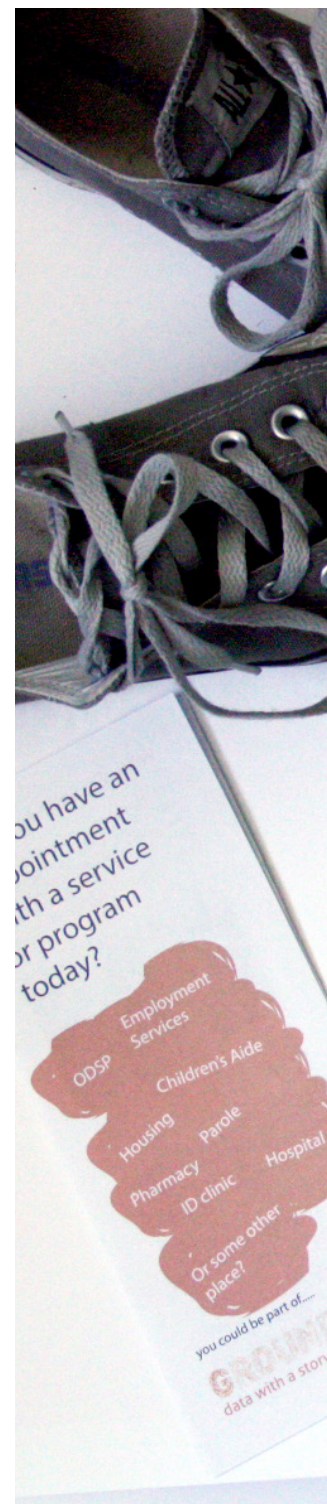
## Outcomes

### Greater political awareness

People view themselves less as 'second-class' citizens, and more as having a legitimate voice.

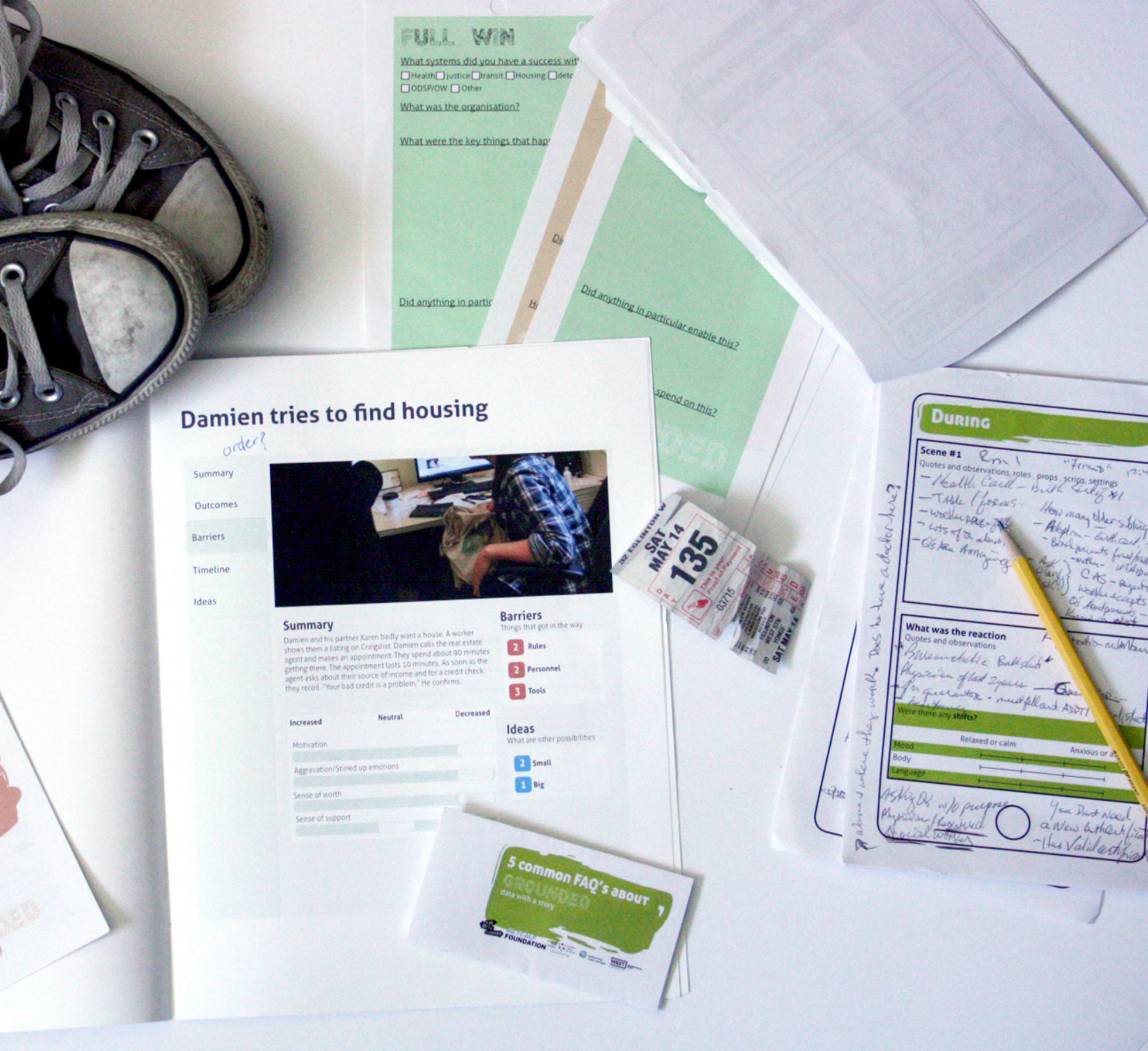
### Less stigmatized

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# SPOTLIGHT-Grounded recorder



### FULL WIN

What systems did you have a success with?

Health  Justice  Transit  Housing  Detention  ODS/OW  Other

What was the organisation?

What were the key things that happened?

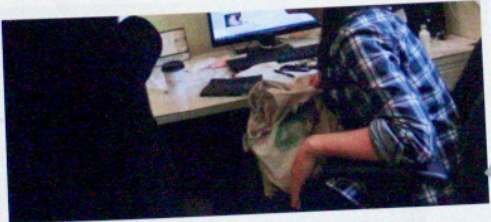
Did anything in particular enable this?

Did anything in particular hinder this?

What did you spend on this?

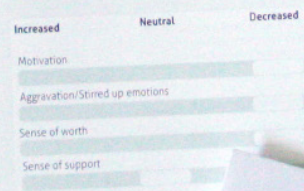
## Damien tries to find housing

- Summary
- Outcomes
- Barriers
- Timeline
- Ideas



**Summary**  
Damien and his partner Karen badly want a house. A worker shows them a listing on Craigslist. Damien calls the real estate agent and makes an appointment. They spend about 90 minutes getting there. The appointment lasts 10 minutes. As soon as the agent asks about their source of income and for a credit check, they recoil. "four bad credit is a problem." He confirms.

- Barriers**  
Things that got in the way
- 2 Rules
  - 2 Personnel
  - 3 Tools



- Ideas**  
What are other possibilities
- 2 Small
  - 1 Big

**5 common FAQ's about GROUNDED**  
data with a story

FOUNDATION

### DURING

**Scene #1** *Em!*

Quotes and observations, roles, props, scripts, settings

- Health Check - *with Leah #1*
- Table (props) - *How many other siblings*
- *wellie pads* - *Allyson - with Leah*
- *Lots of tea, also* - *Birth parents first/second*
- *Oh the annoying* - *other siblings*

*Does he have a doctor here?*

*where & where they work.*

**What was the reaction**  
Quotes and observations

*Physiological Badshut*

*Physician of last resort*

*for quarantine - must fill out ADITT*

Were there any shifts?

Mood: Relaxed or calm / Anxious or stressed

Body: \_\_\_\_\_

Language: \_\_\_\_\_

*Asking Oh w/o purpose*

*Physician / health / social worker*

*You don't need a new birth cert / the valid est*

## HOW

### DO OUTREACH



- Places to go for Grounded include visits to health practitioners, housing services, and social and community services like ID clinics and ODSP offices, etc.
- To find people to 'walk alongside' to appointments, you might try a few different outreach strategies:
  - Use Facebook to put out a call to members
  - Let case managers and peer workers know
  - Ask members with big social networks to help
  - Post a calendar (virtual or physical) for members to record appointments and get reminders.

## WHY

## RECRUIT FOLKS



- Share the value proposition for participation: They get good company! Plus their experiences are fed back to people in power.
- Explain to the person that you will be going along to their appointment as an observer.
- Go through the consent form and ask for their written consent. Find out how they would like their story & data returned to them.
- Confirm when/what time the appointment is and arrange to meet. You can offer to serve as their personal reminder system!

## BEGINNINGS



- Go with the member to the appointment, helping with transit if needed.
- Confirm that the member is comfortable with you sitting in on the appointment. Remind them you can leave at any point.
- If the professional they are meeting with asks who you are, give them a flyer and tell them you are with Grounded. Explain you have full consent of the person you are accompanying to be present

## TAKE NOTES

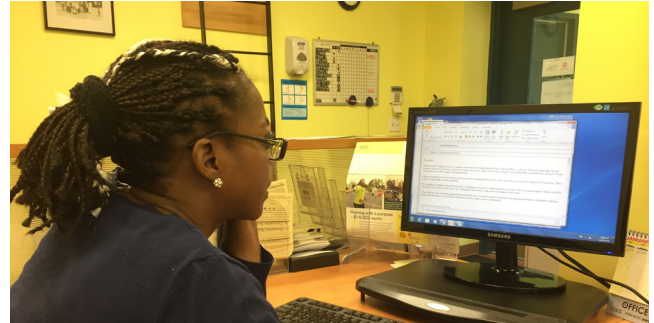


- Use the grounded notebook to record the flow of the appointment: what happens at the start, in the middle, and end. Think about the appointment as scenes in a play: who are the characters, what is the script, and props?
- Some things to jot down include:
  - What led to the appointment?
  - How long did you wait? What was on the walls? What messages were communicated?
  - What was the member's emotional demeanor and body language? How does this change?
  - How exactly did the appointment unfold? What was the language? What tools and materials?
  - What was the outcome? What was helpful and unhelpful? What barriers could be removed?

The Grounded Recorder is not meant to be an advocate, but a passive observer witnessing their interaction with the service.

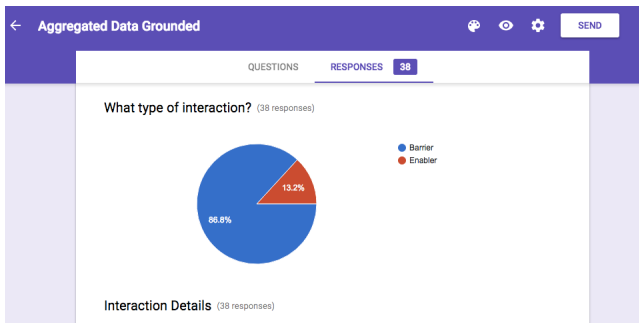
We are drawing on 'service design' techniques to map out a person's journey through the service. We focus both on the details of the experience, and how the person interprets what happens.

## ENTER DATA



- Google makes everything easy! Load up the Grounded google form.
- Follow the prompt questions and enter the information you collected in your prompt book.

### SHOW THE DATA



- The google form automatically combines the data you entered with the other collected data.
- You can print out the charts that visualize the data and show it back to the individual you accompanied. This can help to put their experience in perspective.

Behavior change theory tells us feedback can help us to feel better understood and motivated. People often find it enlightening to compare how their experiences stack up to others. The conversations around the data have the potential to help a person take more control over their situation and advocate for change. This same data can also be packaged to go to policymakers.