



**DRAFT 4: Count Us In! Charter & Template
Submitted to Ontario Women's Health Network June 2008**

1. Background

Count Us In!: Inclusion and Homeless Women in Downtown East Toronto (2006) investigated how health and social services in Toronto can be made more inclusive, and in turn, promote the health and well-being of marginalized groups. The project was coordinated by the Ontario Women's Health Network (OWHN), carried out under the direction of an Advisory Committee made up of health and social services practitioners and analysts¹. The Asset Mapping Research Project of the Toronto Christian Resource Centre (AMRP) led the field research. The project was funded by the Wellesley Institute. The project team believed that the results would have wide implications for similar situations in Ontario and across Canada.

Homeless and underhoused women who live in Downtown East Toronto led the research and were actively engaged in all stages of the project, from collecting and analysing the data to developing the final recommendations. The Inclusion Researchers (IRs) facilitated 11 focus groups with 58 women who were homeless or underhoused. The IRs collected feedback on the health and social services that women use to determine how policies and services could be improved. *Count Us In!* aimed to influence how governments and service providers plan, deliver and fund services for women who are marginalized. As one participant said, this was an opportunity for the service providers to "step back and take a good look at what is needed."

Count Us In!: Inclusion and Homeless Women in Downtown East Toronto summarized what the women said. It described many of the barriers they face, and highlighted their solutions for making services more inclusive. Key recommendations include:

- Training health and social service providers to listen to and respect the people they serve.
- Making information and resources readily available and accessible to women of diverse backgrounds.

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- Creating safe spaces where discrimination is challenged and actively resisted.
- Setting up more detox centres and harm reduction programs for women.
- Opening more shelters for women and families.
- Making health and social services accountable to the people they serve.
- Changing policies that are detrimental to women's health and introducing policies that will give women more options – for example, build safe and affordable housing, provide more transitional supports for people who are moving from shelters to long-term housing, raise social assistance rates, and reverse the clawback on the National Child Benefit Supplement.

Count Us In!: Inclusion and Homeless Women in Downtown East Toronto highlighted the importance of marginalized women being actively involved in every part of the process, to ensure that their voices are heard, that they are "at the table," and that the appropriate actions are taken to meet their needs.

The analysis of the data by the IR's led to a significant development. They decided that it was important to create a statement about the nature of an inclusive health and social service agency. This led to the creation of a charter:

Charter for Offering Services to Women

As women, we believe that services must be offered in the following way to create the feeling and reality of belonging, by addressing inequity and social injustice, and helping each of us reach our full potential:

1. Respect our rights and freedoms as women.
2. Support our needs as women.
3. Show us respect and treat us with dignity.
4. Recognize our rightful place as equals, with all of our human, political, social and economic rights.
5. Create safe spaces where discrimination is challenged and actively resisted.



6. Take the time needed to hear and understand us.
7. Strive to offer us helpful and timely assistance.
8. Involve us in your decisions as you plan and implement programs.
9. Ensure that your organization's staff and the materials you distribute recognize and reflect the diversity of the communities you serve.
10. Make your organization a place where each of us feels safe, welcome and free to be who we are.

Count Us In! Charter, the second phase of this work, was made possible by OWHN which approached the Public Health Agency of Canada to provide financial support. This project created a template for agencies to follow to incorporate the Charter for Offering Services to Women into their policies and practices. Fay and Associates (F&A) were contracted to develop the template, working with the AMRP. The project team included Fay Martin, a Consultant from F&A, and the AMRP represented by Adonica Huggins, Project Co-ordinator, and Farida Athumani and Marcia Jarman, two IRs who had been involved in the original Count Us In! as well as subsequent women's health project research and facilitation. The project team organized, facilitated and recorded the meetings with the agency, sharing roles as circumstances warranted.

This project did not focus on service to women in particular, but we think that for the Charter to be optimally positioned, it needs to be woman-specific. The rationale is that international development bodies have found that services that meet the needs of women and children meet the needs of men as well, whereas services that meet the needs of men do not necessarily meet the needs of women. However, this project started where we could with the intention to build from there.

This report describes the process and presents the template.

2. Consolidated and Revised Version of the Charter

Initially, it was thought that items in the original Charter might be consolidated. F&A developed a draft consolidation of the items, moving from 10 into 7 items, each matched with statements of goal and suggestions of possible markers. A draft Line of Questioning for the pilot agencies, hypothesized to be one large social service agency and one smaller health delivery agency, was also developed. These drafts were circulated to OWHN and the AMRP and discussed at a meeting on January 30, 2008.



The group concluded that they preferred the original phrasing of the Charter items because it retained a gender orientation and feminist perspective, even though the decision had been taken to include agencies in the project that provided service to men as well as women. They wanted the original voices of women to be more evident in the document. They also preferred the document include generic rather than specific markers so that participating agencies would not feel defensive or misunderstood. Most importantly, the markers would be named and owned by the agencies.

F&A developed a second draft in the same brief tabular form. For each of the original 10 Charter Items, an illustrative woman's quote preceded the Item and was followed by a first-person statement of goal (what this Item would look / feel like if achieved fully) and three levels of markers (practice, policy, reporting). This draft was approved and formed the foundation of the work with participating agencies.

The working draft follows:

COUNT US IN! CHARTER PHASE 2

draft 2: Feb 7/08

"As women, we believe that services must be offered in the following way to create the feeling and reality of belonging, by addressing inequity and social injustice, and helping each of us reach our full potential."

VOICES OF WOMEN	CHARTER ITEM	GOALS	POSSIBLE MARKERS
"Women should be able to say what they want, when they want, without fear of persecution or prejudice."	"1. Respect our rights and freedoms as women." <i>Key words = rights & freedoms</i>	My rights and freedoms are respected by the agencies whose services I use.	<ul style="list-style-type: none"> - agency has a policy of ongoing consumer consultation - agency regularly consults with consumers - agency regularly reports to consumers on changes in its expectations of itself
"Hygiene, having daily showers, volunteer work, learning about one's culture, self-image and access to feminine products (e.g..tampons) at shelters...promote good health as women."	"2. Support our needs as women." <i>Key word = needs.</i>	I can get the help I need.	<ul style="list-style-type: none"> - there is a mechanism in the community to identify and address service needs - the mechanism regularly asks women the extent to which their needs are met - the mechanism creates new services and modifies existing services to continuously improve fit with expressed need
"You are looked down upon... not treated with any dignity. Your concerns are not well heard because of ...where you are from."	"3. Show us respect and treat us with dignity." <i>Key words = respect & dignity</i>	I am made to feel welcome for who I am.	<ul style="list-style-type: none"> - agency has a policy of creating the feeling and reality of belonging - agency identifies and rewards practices that contribute to feeling and reality of belonging - agency regularly monitors and



			reports on consumers' sense of belonging
"I am known by the people around, and this gives me a sense of belonging...I feel recognized."	"4. Recognize our rightful place as equals, with all of our human, political, social and economic rights." <i>Key word = equals</i>	I am treated as others are.	<ul style="list-style-type: none"> - agency has a policy of equal treatment of service consumers - agency identifies and rewards practices that support equal treatment - service consumers are regularly asked if they feel they are treated with equality
"Not being Caucasian affects me. I can't get a job easily...Because of my black hair and olive skin, I am considered 'other.'"	"5. Create safe spaces where discrimination is challenged and actively resisted." <i>Key word= discrimination</i>	I can initiate processes to investigate and change circumstances or actions that make me feel unsafe or unequal or excluded.	<ul style="list-style-type: none"> - agency has a policy of monitoring discrimination - agency has a mechanism for receiving and investigating incidents of discrimination - agency regularly reports on use of mechanism and resulting action
"Take the time to talk to a person. I have been sent home so many times and they think that because I have mental health issues, there is nothing wrong with me."	"6. Take the time needed to hear and understand us." <i>Key word= time</i>	I am encouraged to say what I want to say. The helper understands what I mean by what I say.	<ul style="list-style-type: none"> - agency has a policy to allow adequate time for consumer contact - agency regularly monitors whether consumers feel they get adequate time - agency regularly reports on efforts to identify and address insufficient time
"When I had gone in earlier that day I was feeling suicidal, and they just sent me away without even listening."	"7. Strive to offer us helpful and timely assistance." <i>Key words = helpful & timely</i>	I am offered help as soon as I need it. The help will be useful to me. I am helped to identify and address obstacles to using help.	<ul style="list-style-type: none"> - agency has a no-wait or maximum-wait policy - agency has a mechanism for balancing timeliness and usefulness of help offered - agency regularly monitors consumer satisfaction with help offered and reports to consumers on remedial action taken or planned
"They treat you like you aren't human, they have no feelings. They should be on the other side of the fence and put themselves in our shoes."	"8. Involve us in your decisions as you plan and implement programs." <i>Key word = programs</i>	I am regularly asked my opinion about programs I use and programs in development that I may use.	<ul style="list-style-type: none"> - agency has a policy on regular consumer consultation - agency holds regular consultations about existing and planned programs - agency regularly reports to consumers on program decisions
"Make women more aware of the services that are available to them."	"9. Ensure that your organization's staff and the materials you distribute recognize and reflect the diversity of the communities you serve."	I feel that the resource materials are familiar with who I am. I feel staff is enough like me to understand my life circumstances.	<ul style="list-style-type: none"> - agency has a policy of monitoring fit between staff / resource materials and consumers - agency regularly asks consumers about fit between them and staff / resource materials



	<i>Key words= staff & materials</i>		- agency regularly reports to consumers on remedial action taken or planned
"Here in downtown you are hunting or hunted."	"10. Make your organization a place where each of us feels safe, welcome and free to be who we are." <i>Key word = safe & welcome</i>	I am regularly asked for input about the quality of human interaction I experience at the agency.	- agency has a policy of regular consumer consultation about quality of interaction - agency regularly asks consumers about quality of Interaction - agency regularly reports on consumer satisfaction and remedial action taken or planned

Recruiting participating agencies

In order to develop a template that would be generalizable based on a small practice sample, the participating agencies should be different from each other. Optimally we wanted both the social service and health service fields to be included and differences in size, mandate, funding and organizational type (e.g. not-for-profit, government funded, exclusive service delivery mandate). While working with the Charter for Offering Services to Women, we did not exclude those who also offered services to men.

AMRP recruited participating agencies. The steps included were:

(a) Activating community networks: AMRP put the project on the agenda of the Downtown East Community Development Collective (DECDC), of which they were a participating member. DECDC is a community organization committed to identifying, promoting, and developing economic opportunities in the community of Downtown East Toronto for homeless and marginally housed people who face the greatest barriers to attaining employment, training, educational and volunteer opportunities. AMRP explained the history of the Charter, the intent, scope and time-table of this follow-up project and asked for interested agencies / individuals to contact her. (see Appendix A: follow-up e-mail).

(b) Using social capital: AMRP took every opportunity that presented itself in the course of day-to-day work in the community to actively press for agency engagement. They initiated contact with individuals who worked in organizations that would be appropriate participants, and worked with them to engage the organization, offering information and problem-solving to move the process forward.

(c) Supporting documents: the Executive Summary of *Count Us In!: Inclusion and Homeless Women in Downtown East Toronto* and the Phase 2 Charter were shared as agencies moved toward opting into the project.



The largest stated impediment to participation at the recruitment phase was the time frame. The project requested intensive participation through several meetings within a short time frame with representatives from all levels of the agency, including employees, volunteers and service users and, where appropriate and possible, all work areas.

Recruiting commenced in early April and the project needed to be completed by the end of June; while there is never an easy time for an agency to commit this amount of resources, spring is a particularly busy time. Also, the project called for the agencies to plan initiatives which, to utilize the momentum of the planning process and to take advantage of on-going support from the project team, might optimally be implemented before the end of June.

Two agencies were recruited: the Sherbourne Health Centre (SHC), a newly established and rapidly growing independent health centre, and The Salvation Army 614 Community Ministries (614), a social agency that has been in operation for several years. Management staff at Downtown Toronto Social Services (DSS), the office serving the Downtown East Toronto area, tried to negotiate for the entire Toronto Social Services (TSS) to participate, but was unable to access the level of decision-maker necessary for the entire system to commit to participating within the time frame available. We are currently exploring ways in which either DSS or TSS might be involved in future.

Sealing the deal:

AMRP organized a teleconference between the agency group (often in one room) and the project team (in several locations) to ensure the agency understood the historical and functional framework of the project, to negotiate who would be included in their team, and to determine the time frame. These teleconferences took place in early May.

614 Community Ministry is one of a number of Christian faith communities working intentionally among, with and by the poor and marginalized, primarily in urban neighbourhoods, under the auspice of the Salvation Army. The name refers to scripture -- Isaiah 61:4 -- that articulates this ministry. The Salvation Army has been active in Regent Park since 1904. The church closed in 1988 but the community ministry continued to operate and in 2001 became the first 614. Two years ago, it was administratively integrated with a church on site.

614 sees itself more as a community than an agency, although it provides a variety of social services including: the Café, which is a meeting and eating place and the reception area for other services; a Food Bank; Dreaming in Colour, a twelve week employment preparation program; various types of counseling programs, and hosts various meetings (e.g., AA). It engages a core of about 200 members of the community at any one time, although the programs are open to anyone and the Food Bank in particular is used by more than the regular members of the community. 614 integrates service users into the work of the community through volunteer work which sometimes leads to paid staff positions. Key staff positions are

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filled by ministers, augmented by professional staff. Lay members of the congregation are also actively engaged in service delivery. 614 has about 15 staff.

The initial meeting of 614 was attended by three levels of senior staff. The Supervisor / Corps Officer described herself as essentially the Executive Director. The Community Ministries Manager supervised all program staff and Volunteers. The Program Facilitator, who provided direct service and supervised staff and volunteers for the Dreaming in Colour program, became the person who was most continuously and centrally involved in developing and delivering the Count Us In! Charter project at 614.

Sherbourne Health Centre (SHC) was created in 2003 to focus in particular on the health needs of the homeless and underhoused, new Canadians, and the Lesbian Gay Bisexual Transgendered (LGBT) population in the community. It provides primary health care, augmented by alternate health care (e.g., chiropractic, chiropody) and outreach – in particular the Rotary of Toronto Club Health Bus which provides medical care and advice at scheduled stops, including routes whose timing and location serve particular populations (e.g., an early morning women-only route designed to serve sex workers); mental health services; and a variety of services to the LGBT population, including Supporting Our Youth, a youth outreach component. In the spring of 2007, the opening of a new building allowed the addition of the Infirmary, a 20-bed facility which provides medical and social support for acute care patients who have been discharged from hospital and have nowhere appropriate to go for home care and recovery. The organization is in a time of active growth, with a rapidly expanding staff that was nearing 100 at the time of the project.

The CEO of SHC originally indicated the organization's interest in participating in the project, and gave her authorization to include the agency, but was already scheduled to be away when the project commenced. This caused some confusion at the outset as management was initially represented by the Manager of the Mental Health and Newcomer/Immigrant Services, who didn't think that her program could participate in the project. The Infirmary was actively interested and was represented by the Case Manager - Infirmary, and a volunteer member of the Infirmary Advisory Committee who had used the service. The Diabetes Education Program was represented by one or both staff, the Dietician and the Nurse, the latter of whom had been in her position only a few days. Much of the business of the teleconference was to negotiate what staff should be involved going forward and to set meeting dates that accommodated their schedules.

The Case Manager - Infirmary became the person who was most continuously and centrally involved in the project. The Diabetes Education Program was also continuously engaged. Senior management represented by the Program Director, Primary Care, was continuously supportive and remained informed, although not always able to attend meetings.



Developing the plan

Each agency committed to a one-hour in-person meeting between as many as possible of the agency team and the project team each week for two weeks following the initial teleconference. The purpose of the first in-person meeting was to get the agency started on the change process. The process in the meeting was:

- for the agency to select Charter Items to focus on (preferably problematic areas with potential for change, i.e., bad but not too bad);
- to come to some consensus on where the organization currently functions re: its chosen Charter Items (this is intended to identify markers that are informally used which would be good candidates for formal markers, with added rigor);
- to determine 'homework' to be done in preparation for the next meeting (generally to locate as many potential markers as possible for each selected Charter Item, from a variety of positional perspectives – Charter Item/area to be assessed from all perspectives represented in agency team – a brainstorming approach).

The purpose of the second in-person meeting was to help the agency to come to consensus on how to track the change process, generally by:

- selecting at least one marker of change for each Charter Item (must be visible -'transparent' - , measurable, realistically doable);
- designing a protocol for rigorous application of markers chosen (who does what when);
- assigning collection and recording of base-line markers;
- setting data collection timetable – how often will each marker be measured, and for what period of time?;
- setting a time in the future to measure (and celebrate) change.

Subsequent meetings, or less formal consultations, were offered to give external assistance to the agency team in solving problems as the plan unfolded. A feed-back meeting took place where the initial data collection event took place within the project time frame, and various contact was arranged to support work that took place after the time frame.

Because not all members of the agency team were able to attend each meeting, the project team wrote and circulated a précis of the meeting as soon as possible after each event circulated to all team members. This was helpful in keeping the agency team 'on the same page' as the



work progressed. It may also have been helpful to have the thought process, which was very lateral and multi-faceted, reflected back as a snapshot of the agency talking to itself about itself in self-assessment and change mode.

614 Community Ministry pre-selected Charter Items 1 ("Respect our rights and freedoms as women."), 3 ("Show us respect and treat us with dignity.") and 7 ("Strive to offer us helpful and timely assistance."). The second meeting was attended by the Community Ministries Manager, the Program Facilitator, and an Intake Worker, a staff person in the Food Bank who had previously been a service user and volunteer. Much of the discussion struggled with multiple accountability: the organization is a ministry accountable to the church, but at the same time expects itself to be responsive to the geographic community. There is an established clientele which forms the core of 614's community, and an informal 'career path' available to those for whom this is desirable and appropriate; other 'regulars' use the support of the organization to move on and out of the community. Those who become volunteers then deliver service. To embrace the Charter, 614 would need to support and monitor the quality of this service. While they believed they did so, they had no mechanism for measuring the extent to which they achieved this goal.

The specific under discussion with respect to Charter Item 7 was the procedure for accessing the Food Bank. The practice is to have applicants attend a scheduled half-hour meeting; the question was whether this was helpful, was it a good use of time, and was it perceived as respectful – and whether or how could the agency monitor client satisfaction among this sector of service users.

The second meeting included senior management and a larger spectrum of staff from other program areas (Dreaming in Colour and Finance Administration). Gradually consensus evolved that the organization wanted to establish a practice of regularly consulting with and reporting back to their service users (i.e., adopting the third level of suggested markers for each of the selected Charter Items). It was affirmed that the agency is first and foremost a community and as such, has natural limitations to the number of people it can incorporate. Their goal is to serve their own community well, and the mechanism should therefore be something that the 'regulars' would embrace.

The agency team later asked for assistance in developing a data collection instrument. The group quickly developed a plan to hold a 'members' meeting at the Café that would naturally include the 'regulars' and had as good a possibility as any of including people who used the Food Bank. The program team was asked to develop possible questions and the AMRP Program Co-ordinator met with the 614 Program Facilitator to review, discuss and select questions from among the 27 proposed by both the project team and 614.

The members' meeting took place in mid June, facilitated by the Community Ministries Manager, who was assisted by the Program Facilitator. It was held following the regular free lunch and



Food Bank hours. The IRs from the project team partook in the meal, and observed and took notes at the meeting. 614 hoped to attract 30 service users. The group that opted to stay for the discussion were 'regulars', including the Intake Worker who was part of the agency team, three volunteers and four service users. No solely Food Bank users stayed for the discussion. The facilitators took the group through 10 questions which were also available as a written questionnaire. They were as follows:

- What services, that you use, do you find the most helpful?
- What other services would you like to see here?
- What makes it easy for you to come to 614 and use the services here?
- What makes it difficult for you to come and use the services here?
- What can we do to ease that difficulty?
- What words would you use to describe 614?
- Do you feel welcomed? Safe? Respected?
- Do you feel you can freely express your concerns to the staff here?
- How would you like to express your comments, ideas & concerns in the future?
- Do you have any other comments?

The staff who facilitated the 'village square' meeting met with the project team after the event to give feed back. They were very pleased with their participation in the project. Although they had not yet met with the Supervisor to confirm plans, they anticipated that 614 would make the following changes:

- a members' meeting would be held quarterly, and those that attended would serve a function similar to an 'Advisory Group';
- they would work toward attracting a larger group of service users to the members' meeting, tracking representation from the various sectors of the community that use their services;
- the agenda would be a general scan to identify 'good' and 'bad' elements of service, followed by a report back on action taken on issues raised at the previous 'village square' meeting;
- a number of suggestions made at the meeting would be considered for implementation (e.g., changes in hours of service, increased training in conflict resolution for volunteers, clearer articulation of rules of conduct and consequences, changes in work procedures in particular programs, etc).

The staff found the project very easy to work with, good and helpful, well worth the investment in time and energy. The Program Facilitator felt it was very useful for them to establish clearer checks and balances in how they held themselves accountable to their service population. She felt invigorated by being reminded of what good ideas service users have about service delivery, refreshed by their input and display of strengths. The Community Ministries Manager said that the organization prides itself on being in touch with its community and strives to continuously do its best, but acknowledged that it is possible that they become 'unintentionally arrogant' about the way things are done; the planned regular consumer meetings should help to keep them on



track. He also felt that “though they can’t be all things to all people”, creating the occasion for staff to stop and give careful consideration to how the organization was doing its work was a useful punctuation in the day-to-day press of work, giving the ideas and insight of service users the time and respect they deserved.

Sherbourne Health Centre: The Infirmary indicated interest in Charter Item 8 (“Involve us in your decisions as you plan and implement programs.”) because the program had been active only a little over a year, and staff had the impression that it was not serving as many women as anticipated – even though it was operating to capacity. There was extensive discussion about whether women were in fact under-represented, and if so, whether addressing this fell within agency mandate or only reflective of systemic issues. The group concluded they wanted to try to explore this further, even though the methodological challenges to doing so were significant, in that they were trying to consult with ‘missing clients’. They explored a number of routes to getting the desired information from service users or potential users, as well as referral agents. F&A provided first drafts for data collection instruments for the various populations under consideration.

As consensus gathered on this plan, the question of resources arose: the human resources necessary to collect the data was not available from among staff. AMRP suggested SHC consider training their already-waiting volunteers, some of whom were service users, to do the work, a further application of the Inclusion Research methodology that underpinned the original Count Us In! work. The suggestion was enthusiastically accepted, and AMRP offered to do the training which was also very well received.

The SHC plan for the Infirmary is to initiate a consumer consultation process by:

- surveying women who currently use or in the past have used the Infirmary, including women on the Infirmary Advisory Committee;
- surveying women identified by service providers who have been referred to the Infirmary but not followed through on the referral (if ethical issues can be satisfactorily addressed);
- surveying referral agents from strategically selected organizations, via a brief e-mail questionnaire, with follow up by phone and in person as required;
- AMRP training three SHC volunteers to conduct the surveys in August.

Data collection cannot take place until September because of staffing and scheduling issues over the summer.

The Diabetes Education Program offered a particularly interesting opportunity to embrace the Charter as they were literally launching their program. They selected Charter Item 9 (“Ensure that your organization’s staff and the materials you distribute recognize and reflect the diversity of the communities you serve.”) as they realized that because their program material was currently in draft form, they could readily adopt a practice of asking for input from the clients



they were seeing as they developed the program. It subsequently appeared that the first materials may be beyond that stage, but the idea of getting consumer input routinely going forward was warmly embraced. There is some suggestion that this policy might be considered for application to other programs in the organization as well. It was felt that asking potential users for input into materials and programming was a good way to introduce a new program, as well as to fine-tune it to the specifics of the population (e.g., the Nurse and Dietician were going to be promoting 'go for a walk' rather than 'go to the gym' as a way for low income people to get exercise, and initiating a walking program in a local park).

SHC staff were very pleased with their participation in this project. The importance of working closely with service users is being integrated into the Diabetes Education Program early in the implementation of the program as a consequence of participating in the project. Staff were excited at how this clarified and in a way simplified the daunting task of initiating a program and 'getting it right'. Senior administration in the form of the Program Director, Primary Care, attributed to the Charter project the introduction of the idea of routinely getting consumer input, and was grateful for the project's help with developing ideas and tools for doing so within existing resources. The Infirmary was very excited at the prospect of adding to the training they were beginning with volunteers, including consumers, who would participate in conceptualizing and conducting data collection and analysis. AMRP is looking forward to developing and delivering aspects of the Inclusion Research training to their SHC peers.

Toronto Downtown Social Services: The Manager who tried unsuccessfully to negotiate for her Toronto Downtown Social Services (DSS) office to participate said she was motivated by wanting to respond to the many voices reflected in Count Us In! Inclusion and Homeless Women in Downtown East Toronto that were critical of what she recognizes as her agency, although it was un-named in the report.

We are exploring with the Manager whether it is possible to introduce mechanisms at the local practice level that don't require the permission of the larger bureaucracy, and that might gently move the service delivery culture towards a more collaborative and accountable stance. Might individual workers, given the opportunity, choose to partner with service consumers in some way that made both service user and service provider feel more positively about the interchange? The concept of 'street level bureaucracy' holds that policy is implemented in the human exchange between the service deliverer and the service receiver and is therefore a legitimate and potent locus for implementing social change. This agency which issues social assistance to recipients in Downtown Toronto that qualify may provide some useful information about how to move a very large organization with an exclusive mandate (i.e., service users have no choice about where to access the service) toward greater consumer accountability.



Next steps: Learnings that inform the development of a template for other agencies

1. Start with the motivated:

The tone of the discourse of both 614 and SHC was that they thought they did fairly good work but that they felt it could be improved. They were open to, even excited about, the prospect of direct engagement with service users to guide the fine-tuning. The third agency, DSS, was also motivated to improve their service delivery, in recognition of consumer criticism. A felt need to improve is likely a necessary characteristic for agencies to engage in a self-evaluating change process.

In each case, the organization chose from within its spectrum of service a particular program/s that they believed was ready to move forward. In both agencies, the initiatives in one service area were being considered for expansion to other parts of the organization.

The eventual goal, of which this project is a modest first step, is for the Charter for Offering Services to Women to become a mainstream expectation among agencies and organizations in a particular geographic or mandate sector. We envision a Charter Item, prominently posted and broadly recognized as a marker of organizational intent to be responsible to its service users, becoming as familiar as other accrediting insignia. It seems reasonable that this goal would be achieved in incremental steps, led by those services and agencies that are already more or less committed to self-evaluation, continuous improvement and accountability to their stake-holders.

2. Look for inclusive buy-in:

Insisting that the agency team comprise representatives from all levels of the organization, including volunteers and service users, made it more difficult for agencies to agree to participate. The logistics are challenging. The short-term drain on resources is significant. However, the broad representation also ensured that planning was efficient and that the work could go forward quickly, which saves resources in the long run. It appears that work planned in this manner is more likely to be consistent with the culture of the organization, strategically placed, and positioned as a pilot project, thereby making the learning easily transmitted and absorbed throughout the larger organization.

It may be that organizations that have a history of or a theoretical orientation toward vertical work-groups are more likely to participate in a project of this nature: this may be another characteristic of 'early adopter' agencies. Both the participating agencies had existing vertical staff/volunteer planning and work bodies. Both had an articulated goal of integrating service users into their structure in some way. 614 had an established 'career path' by which service users could become volunteers who delivered service, and eventually paid staff. SHC uses a multi-discipline team approach throughout the organization and was beginning to integrate



service users into that structure by including them in the Infirmary Advisory Committee as part of their governance structure.

3. Any Charter Item can be the starting point for any agency.

While the Charter is woman-centric, it had been made clear in the recruiting process that other than solely women-serving agencies were invited to participate. SHC took a gender perspective around the Infirmary, but the other participants of the project did not.

Both agencies focused on ways to increase consultation with service users. Consultation is implied as essential in meeting Charter Items – every Charter Item has consultation with service users somewhere in the suggested markers. This reflects the philosophical orientation of the original project, *Count Us In!: Inclusion and Homeless Women in Downtown East Toronto*, which postulated inclusion, 'the feeling and reality of belonging', as fundamental to respectful and effective work with marginalized women.

We thought that the participating agencies might use the Charter chart as a guide for evaluating themselves as operating at the level of practice, policy, or reportage on each Charter Item. They didn't seem to do so. Rather they opted for generally opening up the channels of communication with service users as a fundamentally 'good' thing to do, and applied it to a number of specifics in both agencies. There was discussion of the relationship between policy and practice, that one does not necessarily determine the other. Reportage can be accomplished in many ways (e.g., by having service users on Advisory Committees, by having an open-door policy), but this in itself is not a guarantee that the Charter Items are accomplished. Both agencies appeared to embrace the full definition of inclusion, as contained in the *Count Us In!* report, which spells out how both the feeling and the reality of belonging is achieved and protected.

4. The specifics are important.

The elements in the Charter chart most referred to, as the agency team moved toward a choice of focus, were the more specific and empirical 'goals' and 'possible markers'. This language seemed more useful to the team as it assessed current and desired practice. Details were of paramount importance. Representatives from each level of the organization brought different specifics to the discussions, which enriched and informed them, and moved the group toward consensus. Movement was most evident when discussions were precise, pragmatic and practical.

5. Progress is incremental.

The purpose of a Charter for Offering Services to Women is to have an agreed-upon standard against which to measure the performance of service providers. The existence of a Charter



asserts that service users have rights and can challenge situations that fail to respect those rights. As Canadians, we are familiar with Charter Challenges as a way of determining whether an individual's rights have been transgressed and thereby clarifying and transforming the law.

This Charter operates through moral suasion rather than law. It operates on the assumption that individuals and organizations that provide service to the disadvantaged among us will choose to provide good service over bad service, given the choice. For this to happen, there needs to be some 'objective' agreement on what constitutes good service. This Charter begins to do that. It is a living document, intended to be debated, applied to specific situations, and clarified through experience. The two agencies who volunteered to participate in the initial foray into actively applying the Charter have demonstrated how it can be used to guide an organization, or some part of an organization, into self-evaluating its service.

There is preliminary discussion about reporting back to the community on the Count Us In! Charter project by making a presentation to the DECD through which the participants were recruited. This will take place in late fall, so that the report can include implementation information.

6. The overarching goal remains woman-centric.

We re-affirm that the ultimate goal is for all agencies that serve women to have in operation processes that allow them to embrace in word and deed the Charter for Offering Services to Women. That is, they 'talk the talk and walk the walk' of treating women with dignity and respect by holding themselves accountable to measurable indicators of the extent to which they accomplish this ideal goal.



7. Enacting a Charter for Offering Service to Women:

