

# Proceedings from the Durham College / The Regional Municipality of Durham, Social Services Department forum “The Impact of Social Services: A lifespan Perspective”

WEDNESDAY NOVEMBER 14, 2012

LAKERIDGE HEALTH EDUCATION AND RESEARCH NETWORK CENTRE



Social Sciences and  
Humanities Research  
Council of Canada

Canada

Conseil de recherches  
en sciences humaines  
du Canada

# Acknowledgements

This event was made possible through the collaboration and commitment of Durham College faculty and staff, staff from The Regional Municipality of Durham, Social Services Department, and through a grant by the Social Sciences and Humanities Research Council of Canada. It is important to acknowledge the staff, faculty, and students that made this event possible and whose ongoing contributions are outlining pathways towards new academic-community partnerships:

**From the School of Health and Community Services at Durham College:**

- Dana Chorney, professor, Collaborative Bachelor of Science in Nursing program
- Daniel Blomme, professor, Graduate Certificate in Addictions and Mental Health program
- Debbie Morrison, professor, Practical Nursing program
- Deborah Schuh, professor, Personal Support Worker program
- Janice Beechey, professor, Early Childhood Education program
- Kenneth Lomp, professor, Graduate Certificate in Addictions and Mental Health program
- Lori Roblin, professor, Child and Youth Worker program
- Mary Helen Leddy, professor, Developmental Services Worker program
- Randy Uyenaka, principal investigator, professor, Social Services Worker program

**From the Office of Research Services and Innovation at Durham College:**

- Debbie McKee Demczyk, director, Research Services
- Jane Hilton, project manager, Special Grants and Projects
- Megan Parker, financial coordinator

As well as students Amanda Connell, Dustin MacDonald, Shannon Jackson, Melody Alderton Ballik, Desirie Luna, Cassandra Llarenas, Siobhan Hall, and Genique Baker for their transcription of the breakout session discussions.

**From The Regional Municipality of Durham, Social Services Department:**

- Alex Mak, financial analyst, Business Affairs and Financial Management
- Caralee Winsor, clerk-typist, Income and Employment Support Division
- Darren Levine, manager, Research and Innovation, Commissioner’s Office
- David Hickey, manager, Business Affairs and Financial Management
- David Thomas, policy analyst, Income and Employment Support Division
- Donna Butler, manager, Family Services Division
- Diana Chappell, manager, Housing Services Division
- Guy Longo, multimedia, Commissioner’s Office
- Jennifer Finlayson, manager, Communications
- Jennifer Santos, manager, Communications
- Jonathan Dixon, policy advisor, Commissioner’s Office
- Kaye Banfield, assistant property manager, Housing Services Division
- Lisa McIntosh, program manager, Children’s Services Division
- Mary Menzies, director, Housing Services Division
- Stacy Grant, coordinator, Communications
- Susan Locke, manager, Long Term Care and Services for Seniors Division
- Tracey Tyner-Cavanagh, policy advisor, Commissioner’s Office

It is also important to recognize the staff, faculty, and students from the Media, Art, and Design program at Durham College for the audio and video recordings of this event.

# Contents

<b>Program</b>	<b>4</b>
<b>Background</b>	<b>5</b>
<b>Keynote Presentation</b>	<b>6</b>
<b>Break-Out Sessions</b>	<b>7</b>
<b>Outcomes and Strategic Pathways</b>	<b>11</b>
<b>Participating Organizations</b>	<b>12</b>
<b>Bibliography</b>	<b>12</b>

Program

8:30 to 9 a.m.	Registration
9:00 to 9:30 a.m.	Welcome by Dr. Darren Levine, event emcee and Manager, Research and Innovation, Social Services Department, The Regional Municipality of Durham
	Opening remarks by Don Lovisa, President, Durham College
	Remarks by Randy Uyenaka, Professor, Durham College School of Health and Community Services
	Remarks by Dr. Hugh Drouin, Commissioner, Social Services Department, The Regional Municipality of Durham
9:30 to 10:30 a.m.	Keynote presentation, The Need for Our Services: A Bio-Psycho-Social Context, by Dr. Gabor Mate, Canadian physician, public speaker and bestselling author
10:30 to 10:45 a.m.	Break
10:45 a.m. to noon	Continuation of keynote presentation by Dr. Mate
Noon to 1 p.m.	Lunch
1 to 2:30 p.m.	Breakout Sessions
2:30 to 2:45 p.m.	Break
2:45 to 3:15 p.m.	Dr. Mate panel discussion and remarks

Background

A Partnership

Durham College and The Regional Municipality of Durham, Social Services Department share a common interest in applied research as a means of addressing challenges in a pragmatic way to improve quality of life for the residents of Durham Region. In May 2011, staff from Durham College’s Office of Research Services and Innovation and the School of Health and Community Services met with staff from the Social Services Department’s Innovation and Research Unit to discuss opportunities to collaborate on initiatives that would support common goals and address local social and economic issues. From that meeting, a commitment was made to work together.

Durham College’s School of Health and Community Services includes almost 900 students in the five community service and nursing programs at Durham College, ten to fifteen percent of whom will bridge into university programs and graduate studies. For over 40 years, Durham College has been serving the local community, the region and the province of Ontario by providing quality, market-responsive education and life-long learning experiences. With the support of the Office of Research Services and Innovation, applied research is becoming an increasingly important aspect of experiential learning. The mission of the college is “The student experience comes first” and exceptional professors with considerable industry/business expertise have motivated students to succeed in a challenging, supportive, learning environment. Durham College welcomes more than 30,000 students to campus each year including over 9,000 full-time post-secondary students as well as part-time, second career and continuing education students, apprentices, and online learners.

The Regional Municipality of Durham, Social Services Department provides service to more than 25,000 residents of Durham Region each month. Their mandate is to meet the needs of Durham’s residents, so everyone can achieve their full potential and enjoy a high quality of life. All of the programs and services offered follow the department’s vision – “Strong People...Caring Communities...Our Future!” The Social Services Department is comprised of six divisions; Children’s Services, Family Services, Housing Services, Income and Employment Support, Long-Term Care and Services for Seniors, and Business Affairs and Financial Management. When combined, the divisions of the Social Services Department make investments in the future of Durham Region, a future built upon economic viability and a high quality of life for residents. The Social Services Department, a recent award recipient and founding member of Excellence Canada, has placed an increased focus on innovation and research by establishing an Innovation and Research Unit and a Cross-Divisional Innovation and Research Team. Within the department, evidence-based and outcome focused service delivery, applied research, and program evaluation and innovation have been identified as areas of priority.

Common Interests

Over the last decade, public organizations and community groups that have traditionally measured their performance by collecting data on elements such as client demographics, number and type of services offered, financial data, and the like, have begun turning attention away from such activities and toward outcomes (Plantz, Greenway, & Hendricks, 2006). In the world of social services, outcomes can be defined as “...the effects of a program or service on a participant or participants during or after their involvement in that program or service” (ARACY, 2010). Outcomes generally relate to a participant’s improved knowledge, skills, attitudes, or behaviours (Plantz, 2010).

Outcomes measurement has become increasingly important in the public sector as funds continue to be constrained and agencies compete for scarce resources (Madan, 2007). Governments at all levels and taxpayers are demanding increased accountability. Community organizations themselves want to better understand the impact of their services on constituent groups (ARACY, 2010). Outcomes measurement is important because it supports the meaningful evaluation of a program or service. The focus of the organization shifts from how a program operates to the value it offers to its clients (Plantz et al, 2006). It allows the organization to enhance strategic planning, improve services, compete more effectively for funding, and enhance public relations.

For the past eight years, the Social Services Department has been placing increasing emphasis on quality and excellence in the services offered to residents of Durham Region. A central component of these quality improvement processes has been measurement and evaluation in the areas of stakeholder satisfaction and engagement (e.g., clients, staff, suppliers and partners) and administrative and service delivery practices. The department strives to achieve improved well-being and quality of life for those in receipt of services, and in turn, contribute to the local economy and the communities in which we live.

As part of its emphasis on quality measurement and continuous improvement, the Social Services Department has identified the importance of enhancing current output measurement processes (e.g., numbers of clients served) with the development of new outcome measurement practices (e.g., attempting to document the impact of the services delivered). Outcome measurement will allow the department to investigate the impact of its services to clients, the community, and the local economy.

With a focus on innovation and research, the Social Services Department is striving to bring together research and practice, emphasizing the importance of using science to inform practice, and practice to inform science. This Scientist–Practitioner Model (Hayes, Barlow, & Nelson-Gray, 1999), is comprised of three interrelated areas of focus; the consumption of new research findings, outcomes measurement and evaluation, and the production and dissemination of new data to the applied and scientific communities. The new data that emerges will be shared with stakeholders and utilized to inform and shape service delivery practices and policy, and will guide further research programs.

Forum Design

To support the development and application of the Scientist-Practitioner model, The Regional Municipality of Durham, Social Services Department partnered with Durham College’s Office of Research Services and Innovation and School of Health and Community Services to develop an innovation forum event.

In the Fall of 2011, staff from Durham College applied for a public outreach grant from the Social Sciences and Humanities Research Council of Canada (SSHRC). The Regional Municipality of Durham, Social Services Department was identified as a partner in this grant application. The purpose of SSHRC public outreach grants is to support the development of academic and community partnerships to exchange knowledge and identify and pursue areas of research with shared value to the partners involved. In the Spring of 2012, Durham College and The Regional Municipality of Durham formally announced that this application was successful.

The goal of this event was to bring together staff of the Social Services Department, faculty and students of Durham College’s School of Health and Community Services, and representatives from community organizations in Durham Region, to collaboratively develop a new research agenda. This agenda would focus on the measurement of outcomes associated with the delivery of social services as well as the development of methods by which to utilize the outcomes of these research directions to enhance service delivery, and guide program planning, policy, and future research.

The innovation forum was envisioned as a space for knowledge exchange, mobilization, and dissemination amongst academic faculty, service providers, and students in our community. Through facilitated small group sessions, the innovation forum would enable dialogue and discourse between academic faculty and service providers. Emphasis would be placed on the collaborative development of new innovative research methods and designs, and the formation of academic and service provider research teams.

To facilitate planning for the event, an organizing committee was formed comprised of members of the Social Services Department and Durham College. Durham College contributed meeting space and teleconference services as well as promotion and dissemination services of the Communication and Marketing department and faculty time. The Regional Municipality of Durham demonstrated their commitment with staff participating in the development and organizing of the forum, the provision of communication and media services, and a contribution for a nutritional break during the forum.

Regular meetings took place until the date of the innovation forum. The Lakeridge Health Education and Research Network (LHEARN) Centre was selected as the venue and November 14, 2012 was established as the date. The keynote speaker, Dr. Gabor Mate, was confirmed and invitations were sent to participants.

Keynote Presentation

The Need For Our Services: A Bio-Psycho-Social Context

Dr. Gabor Mate  
Physician, Author, Public Speaker

In this informative and interactive presentation, Dr. Mate outlined a framework for thinking about the impact of social services. Biological, psychological, and social factors that affect our well-being were discussed and the importance of social services in the promotion of health, wellness, and quality of life across our communities was highlighted.

Dr. Gabor Mate is a Canadian physician, public speaker and best-selling author whose works have been published internationally in 20 languages. His most recent book is the award-winning “In the Realm of Hungry Ghosts: Close Encounters with Addiction.

For 12 years Dr. Mate worked in Vancouver’s Downtown Eastside with patients challenged by hard-core drug addiction, mental illness, and HIV including at Vancouver’s Supervised Injection Site.

With over 20 years of family practice and palliative care experience and extensive knowledge of the latest findings of leading edge research, Dr. Mate is a sought-after expert on mind/body health, parenting, childhood development, illness and the treatment of addictions.

A renowned thinker and speaker, Dr. Mate regularly addresses health professionals, educators, and lay audiences throughout North America. At the core of this work is an understanding of the broader context in which human disease and disorders arise and the intricate mind/body unity that is at the root of illness, and of health. For more information, please visit <http://drgabormate.com/>.

Break-Out Sessions

Following the keynote address by Dr. Gabor Mate, participants took part in small break out sessions. Five concurrent sessions were held to explore the provision of social services across the lifespan. Sessions were held to discuss early learning and children’s services, family services, income and employment supports, housing and homelessness, and services for seniors.

Each session was co-facilitated by a staff member from The Regional Municipality of Durham, Social Services Department, and a faculty member from the School of Health and Community Services at Durham College. Social service providers from across Durham Region and academic faculty from Durham College, along with students from Durham College and the University of Ontario Institute of Technology (UOIT), took part in these sessions.

Each session explored three key areas of focus;

- What does success mean?
- What are you currently using to measure success?
- What other tools or instruments could be used to measure impact?

Participant responses were transcribed by students from Durham College and UOIT. Students from Durham College’s Media Art and Design Program also captured participant discussions on video.

Please note that the views expressed represent only those of the participants and do not necessarily reflect those of Durham College or The Regional Municipality of Durham, Social Services Department.

Break-Out Session: Early Learning and Children’s Services

*Notes compiled by anonymous student, Durham College School of Health and Community Services*  
*Co-facilitated by Lisa McIntosh, The Regional Municipality of Durham, Children’s Services Division and Lori Roblin and Janice Beechey, Durham College, School of Health and Community Services*

WHAT DOES SUCCESS MEAN FOR YOUR AGENCY/DEPARTMENT?

Success is measured by the outcome of the individual agency. What one agency might consider success for one demographic might not be considered success for another agency considering another area of the population. For example, a service agency focusing on the teen parent might have a different view of success compared to the agency focused primarily on the child. Moreover, every agency must consider the individual differences amongst their clients. What would be considered success in one case may not be considered success in another. In many cases, success should be measured based on the progress of the client from his or her individual baselines, not from a universal baseline applied to every case. It is important to consider progress and success on a case-by-case basis, but often such success is difficult to report quantitatively. Many clients show demonstrable progress, but they may not meet a pre-determined standardized goal. Moreover, it can be difficult to translate the personal experience of success with a client to a funding agency that requires measurable proof of that success. Many service agencies reported discrepancies with their definitions of success and those of the Ministry, stating that differences may exist between funders’ and service providers’ expectations.

WHAT ARE YOU CURRENTLY USING TO MEASURE SUCCESS?

Service agencies emphasized the importance of taking the lead from the client and ensuring that the agency is meeting the client’s goals. Service agencies also stressed the importance of agencies not only having their own definitions of success, but also ensuring they were meeting the clients’ expectations and needs, emphasizing the importance of client-centered care. It is also important to develop a trusting client-service relationship. Sometimes questionnaires designed to evaluate the service from the client’s perspective fail to elicit honest answers because they are cold questions administered before client and service establish a trusting relationship.

While services are client-centred and value such feedback, quantitative measures are critical for reporting information to obtain funding. A key measure of success is not being over the target budget set at the beginning of the year. One agency, for example, reported the number of children served, the number of children in the three to five age range, the number of service plans developed and renewed, the number of referrals, direct and indirect hours of service, and the number of families served. These numbers are reported quarterly and annually, and the service is Ministry funded. Qualitative information is reported informally to the program supervisor, but it is difficult to quantify successes such as the social connections and relationships a client establishes. Agencies emphasized that while funding is based on numerical targets, it fails to consider the quality of the program. Therefore, agencies require a more holistic way of reporting back to funders, and must blend the system to acknowledge success from both qualitative and quantitative perspectives. A balance between the two types of data could maximize impact by addressing several players involved in funding. Action Assessment Records, for example, were discussed as an opportunity to collect qualitative data in addition to quantitative. Agencies agreed that personal stories can make a difference in terms of how much funding an agency receives. Working as a community to collect those “star stories” can balance quantitative data with qualitative, better achieving a more holistic approach to reporting data.

In addition to the intervention services the community offers, service agencies suggested that more creative, proactive measures be taken to prevent clients from needing these services to begin with. The emphasis should shift from “intervention” or “reaction” to “prevention,” but it is difficult to get societal support for funding projects of a “preventative” nature. Agencies further suggested creative ways of “stretching” funds to carry out research-like projects, as they are not formally funded for research, to better evaluate their programs. For example, one suggestion described a research practicum program for projects that the agency simply cannot afford to fund. In these situations, an agency can recruit students who are interested in the project, and screen students to ensure an appropriate fit for the project. The agency is under no obligation to hire a student.

Agencies also noted how Early Development Instrument results can be used to track children from senior kindergarten to grade three. By assessing the level of children’s skills, professionals will know which areas show deficiencies and where to focus assistance in that child’s development. For example, a child could have good language skills but poor communication skills.

**WHAT OTHER TOOLS OR INSTRUMENTS DO YOU USE TO MEASURE IMPACT?**

Logic Models can be used to help the agency think ahead of the types of questions they should be asking their clients and themselves. For example, “What would success mean for your program, your department? What do we need to see in the client to claim success?” It can be overwhelming to capture every aspect of the family, but sometimes it is only possible to obtain certain information, and in those situations the agency should work with the available information. Services also stressed the importance of creative ways to obtain qualitative data (for example, asking a child what a sentence means to her), while acknowledging the significance of data research to track the differences agencies are making and being able to defend that progress. Finally, services stressed the importance of working with other agencies, coordinating, being aware of and using available data and resources to the best of their ability. Knowing what other agencies are doing allows the community to better coordinate its efforts.

**Break-Out Session: Family Services**

*Notes compiled by Siobhan Hall and Genique Baker, students, Durham College School of Health and Community Services*  
*Co-facilitated by Donna Butler, The Regional Municipality of Durham, Family Services Division and Mary Helen Leddy and Ken Lomp, Durham College, School of Health and Community Services*

**WHAT DOES SUCCESS MEAN FOR YOUR AGENCY/DEPARTMENT?**

For many agencies, success means not being needed as support for individuals because the individuals would be able to support themselves. However, since social issues will always remain, the work in the family services field according to the participants in this group should be focused on reducing, managing and coping. Participants explained what success meant to their agency in more specific terms, depending on the population they work with and the type of service they provide.

Some indicated that success would be having girls and women living in an equitable society and helping them connect to support in the community. Others brought up the idea that success would be families supporting their children that are in need in some way. Safety, permanence and well-being of children living with their families was another specific definition of success to others. Assisting families, children and adults to maintain and achieve the specific quality of life was agreed upon by everyone. Another agency focuses on succeeding by ensuring that women, youth and children in abusive situations can have the tools needed to live safely and re-integrate or re-establish themselves into society. Success to another was seeing a caregiver demonstrate the ability to deal with behavioural concerns and using the positive tools given to them by the agency to build on their strengths as parents. Finally, there was a discussion about the fact that success as a whole for society would be to make counselling a mainstream idea so that there is no longer a stigma for people who use counselling as a service. Participants believe that this can be done through building an acceptance of mental health issues and disabilities, while introducing counselling as a service that everyone can benefit from using.

**WHAT ARE YOU CURRENTLY USING TO MEASURE SUCCESS?**

When asking what methods are currently being used to measure success, a common question arose: Who are we measuring success for? There appears to be differing answers depending on whether the measures are taken for the funders, the agency, the caregivers, or the client. Some agencies measure success by how many people they serve, regardless of whether individual issues were addressed, or whether changes are made. A common view is that agencies are feeding the system rather than the client. The system supplies the funding and without the funding no measures can be made.

Measurement is needed for funding; due to a lack of funding, frustration arises because many feel they are not trained on taking measurements. Participants agreed that measurements have become more time consuming than necessary, and take away from what they are actually here to do, which is to help the client. Agencies differ in size, workers, pressures and budgets, yet the requirements to funders are the same.

In the eyes of agencies and funders, success can be measured by staff turnover and staff training. Services used to be about inclusiveness, and then accountability came in creating a “silo” effect. When accountability is the focus, other things can suffer. Measuring success is on an individual basis when it should be measured as a community.

All participants agreed that when measuring success, the focus needs to be redirected to the client and not on the need to increase funding. Are clients empowered? Are we giving them what they want? Are they going away feeling stronger, more attached and connected? Success should be measured by the objectives and goals set by the clients and families and whether they are met.

The use of questionnaires was discussed as a way to measure success. These results are often not reliable as information collected initially is inaccurate due to the lack of a relationship between the client and provider. Without the presence of this working relationship, clients are not disclosing information in early questionnaires. Some use questionnaires to see how many services clients follow-up on, as well as personal outcome measures.

**WHAT OTHER TOOLS OR INSTRUMENTS DO YOU USE TO MEASURE IMPACT?**

In one agency, “My Outcomes” is completed by clients, focusing on what clients want to see happen. Another agency sends out surveys to community partners to evaluate their services. Problems arise when return rates are low. Participants indicated that some surveys are too long. Further, surveys will get different responses on success from front line workers, managers, etc. Who should be filling them out?

Focus groups are used by some agencies to evaluate from the outside looking in, including individuals from outside agencies to ensure honest and non-biased responses are received. Problems arise because organizers can control who is in the focus group. A common fear is that poorly organized focus groups could result in misleading information that may not most effectively convey the outcomes achieved by organizations.

One representative spoke about an anti-bullying program in school (12-14 weeks). Impact was measured quantitatively by measuring absenteeism after completion, in addition to individual feedback and family feedback. The individuals who take part in this program are often involved with other programs. The question arises then, which program worked?

“Geo-mapping” is a tool being used by some agencies to show where people are, where services are needed, what schools are around, etc. An “Ethics Report” is currently being developed by one agency in regard to non-research based feedback. This can be applicable to all agencies if the report is shared in a collaborative manner.

**Break-Out Session: Income and Employment Supports**

*Notes compiled by Amanda Connell and Dustin MacDonald, students, Durham College School of Health and Community Services*  
*Co-facilitated by David Thomas, The Regional Municipality of Durham, Income and Employment Support Division and Randy Uyenaka, Durham College, School of Health and Community Services*

**WHAT DOES SUCCESS MEAN FOR YOUR AGENCY/DEPARTMENT?**

To achieve success, it is important that leadership within income and employment support programs put staff first. Staff burn-out is a problem and it was noted that agencies need to invest in staff health and wellness. Once staff needs are met, it was felt that staff will be in a position to provide optimum levels of support to clients.

Success means that there is forward momentum amongst those receiving services. This means that the client may have only held a job in the past for one day, however, the next job they get they hold for three days, and the next one for one month, and so on. Success requires that staff follow up with clients after they exit the program to ensure they are still on track and achieving their personal goals. If we are successful, clients will be able to sustain longer-term employment because they have learned all of the necessary skills.

For many agencies an indicator of success is employment for each client in receipt of service. However, it was noted that success includes meeting clients’ needs throughout the process leading up to employment. For example, this may include ensuring that clients have all the basic necessities, and getting the client connected to community resources and supports.

Success also requires understanding generational cycles. For example, success involves not only supporting a family that is currently on social assistance, but also determining how to prevent future generations from requiring financial assistance.

**WHAT ARE YOU CURRENTLY USING TO MEASURE SUCCESS?**

Examples of how agencies measure success include:

- Caseload counts
- Cost-benefit analysis
- Measuring transitions
- Evaluations on client success
- Demographic information
- Working with the health system to help with diagnostics
- Increase in efficiency
- Client surveys – satisfaction

Participants noted difficulties associated with measuring the smaller, but important achievements of clients throughout their involvement with programs. For example, an agency may report that twenty-three clients achieved “employment”, however, they may not have a means of measuring those clients’ acquisition of the prerequisite knowledge, skills, and necessities (e.g., food, clothes, shelter) that contributed to the achievement of employment outcomes.

It was also noted that it is important to consider each client’s individual needs and goals. As a result, what works for one client may not work for another, and an individualized approach to measuring success for each client may be required.

**WHAT OTHER TOOLS OR INSTRUMENTS DO YOU USE TO MEASURE IMPACT?**

Agencies noted the value of visits to clients’ homes, and providing opportunities for clients to tell their stories. This can help to understand the circumstances that may have contributed to the client’s need for assistance and the types of shorter-term and longer-term supports that might be required.

It was noted that there is a lot of data being collected and that software exists and is being used to examine trends in the use of income and employment support programs. At the same time, it was also noted that because there is a large amount of data, it can be difficult to analyze and use all of it. It is also difficult to analyze ‘soft’ data (e.g. a client’s achievement of personal goals).

Opportunities for future consideration were recommended. This included the development of customized analyses of data sets and individualized client assessment and measurement tools. A need for a balance between qualitative and quantitative measurement is needed. A reliance on only quantitative data may miss important details about client success. Pressures from funding cuts may reduce the amount of time available for each client and limit opportunities to hear clients’ stories and provide client-centred service.



**Break-Out Session: Housing and Homelessness Services**

*Notes compiled by Desirie Luna and Cassandra Llarenas, students, DC-UOIT Collaborative BScN program  
Co-facilitated by Mary Menzies, The Regional Municipality of Durham, Housing Services Division and Dana Chorney and Debbie Morrison, Durham College, School of Health and Community Services*

**WHAT DOES SUCCESS MEAN FOR YOUR AGENCY/DEPARTMENT?**

Success in the housing and homelessness aspect of social services can be indicated by many things, including reports to a board of directors, reports to funders, and clients’ perceptions. Success that is reported to the board includes displaying a greater sense of establishment. This may mean that clients have established some goals, established and maintained community attachments, or they have established support systems and do not return to that agency/department. It can even be simply displayed through an established trust between the agency/department and the client. Another form of reported success can be a level of clients’ independence from the agency/department. This can be seen in a client’s economic stability or a client’s ability to navigate the agency/department system. The final form of reported success discussed in this focus group was client well-being. This can be reported as a client being less stressed, a client worrying less about basic needs and/or a client appreciating support being offered. The final example of reported success discussed in this focus group included harm reduction and the boomerang effect, in which the client returns to the community because he feels safer within it. These are all examples of what would be reported as an indicator of success to the board, but success can be measured in a different manner in the perspective of the funders.

In terms of reports to funders, those who are investing in the cause of housing and homelessness need to view their contributions as an investment into the cause as opposed to an expenditure. This point allows the funders to truly be involved with the cause, which allows them to see greater success in its progress. In this manner, the funder is able to view the cause as an opportunity for success, rather than a manner of expending their money. Second, funders will be investing in long-term solutions. It was emphasized that this is a measure of success required by the funders because it ensures that the funders are looking to invest in a solution as opposed to a band-aid. Investing in long-term solutions allows funders to understand that the solution that they are investing in will take time and cannot be expected immediately. Both of these points are required by the funders because they allow them to get more involved with the goal of their program. It offers them an opportunity to truly understand what they are offering to those participating in that program.

The final aspect of the meaning of success is the manner in which the clients perceive success. In the housing and homelessness break-out session, this was discussed in two parts: adults and youth. In both adults and youth, success could mean a variety of things. Some of the things discussed that were indicative of success in the eyes of the adult client included not having to move; having contact with people not in their same situation, people of stable homes; no longer being the taker, progression to being the giver; and a feeling of safety. When discussing success in the eyes of youth, participants emphasized the same points as with the adults, but there were also points specifically made in regards to youth. Points discussed in regards to youths’ perceived success included their ability to notice potential for opportunity and their ability to further their education through the use of the supports offered in their programs.

**WHAT ARE YOU CURRENTLY DOING TO MEASURE SUCCESS?**

In the housing and homelessness session, participants discussed both quantitative and qualitative measures. Some quantitative measures of measuring success included polls, surveys, the number of cases accessing services, and the number of clients who have established housing. The issue discussed around quantitative measures pertained to polls and surveys. There was concern with the difficulties in distributing surveys to all those involved as many participants were homeless. The qualitative measures discussed included asking clients about their experience, client honesty, ability to practice personal networking and collaboration, quality of life, and hopefulness versus hopelessness. Client honesty is measured by seeing how many clients use their agency as an empathetic witness in their personal problems, showing the trust that has developed between the client and the agency and truly shows the success that the program has had with that individuals’ personal life. Qualitative measures seemed to be favoured because it ensured more coverage of their target population considering many homeless individuals are hard to find as a result of having no permanent address. Qualitative measures allow the agency to measure their success during each face-to-face interaction with a client, which does not require an address or telephone number for contact.

**WHAT OTHER INSTRUMENTS AND TOOLS DO YOU USE TO MEASURE IMPACT?**

Other tools used to measure the impact of programs in housing and homelessness that were mentioned in the break-out session included the Ontario Deprivation Index. A significant point that continued to surface was the need for a universal index to establish qualifications for service. If an index were to be established, allowing individuals to access the service would be a much easier task and there would be statistics and values to show funders where the funding is needed.

**Break-Out Session: Services for Seniors**

*Notes compiled by Shannon Jackson and Melody Alderton Ballik, students, Durham College School of Health and Community Services  
Co-facilitated by Susan Locke, The Regional Municipality of Durham, Long Term Care and Services for Seniors Division and Deborah Schuh, Durham College, School of Health and Community Services.*

**WHAT DOES SUCCESS MEAN TO YOUR AGENCY?**

Success means high participation rates in day programs and activities, as well as programming that positively affect clients’ life and health.

To the long term care facilities, success tends to be health-related, for example, a reduction in the number of falls, infections, and visits to the hospital. While this is important, long term care facilities also believe that success means having a positive and therapeutic relationship between staff and clients. Success means maintaining a good quality of life for the clients. This means creating attachments between the clients and other clients, as well as the clients and the staff. If everyone feels included and not isolated, a better quality of life is achieved. To long term care facilities, success also means that the residents have the love and support they need in the end stages of their life. This can come from the staff, other residents, and the resident’s family.

Participants representing diversity and immigration stated that success means senior citizens with a different cultural background feel a sense of community and belonging.

**HOW DO YOU MEASURE SUCCESS?**

Success is often measured based on attendance in day programs and activities. The higher the attendance, the more successful the program is deemed. This success comes from the citizens enjoying the program or activity and telling friends or neighbours about it, therefore getting more people involved. Another measurement of success is the positive feedback that the staff receives from the participants. While attendance is a quantitative way to measure success, positive feedback is qualitative. By listening to the feedback of the participants, programs can be tailored to better suit the needs of the participants, therefore increasing the success of the program. One agency measures success by regularly surveying the participants.

The Social Services Department quantitatively measures success. However, it was stated that a balance is needed between quantitative measurements and qualitative measurements, such as the stories of the people who use the service. One participant stated “numbers without a story isn’t powerful, and stories without numbers isn’t convincing.” This reinforces the fact that an important way to measure success is by listening to the feedback provided by the people who use the service.

Long term care facilities also measure success in a quantitative way, such as the number of falls, or rates of incontinence. Again, while this is important, it was stated that success needs to be measured more holistically. Surveys are also given to residents, but it was stated that it is the stories and feedback from the residents that give a better picture of the success of the service being provided.

One program has recently taken part in outcome-based conversations. It was stated that evaluations based on activities and expenditure are still conducted, but the funder of this program is shifting to a more outcome-based evaluation model. This agency also measures success by the rates of volunteerism. It is believed that the more one wants to volunteer for the community, the more one feels a sense of belonging within the community.

Participants also indicated that success is measured by the amount of funding that is received. It is important therefore, to be able to prove that a service is valuable in order to secure funding. However, it is often difficult to prove the success of a service based on numbers. For example, one agency sends reports to funders in the form of spreadsheets containing only boxes to check yes or no with no place to include stories. It is important that funders are able to hear the stories. That way, the numbers become more meaningful.

**WHAT INSTRUMENTS/TOOLS IS YOUR AGENCY USING TO MEASURE SUCCESS?**

One agency measures success by attendance rates, participant surveys and questionnaires, and feedback from the participants.

Long term care facilities measure success using resident surveys.

Another program measures success using a community report card. This report card measures the sense of belonging that a senior citizen feels in the community.

**Outcomes and Strategic Pathways**

More than 100 participants took part in this exciting event. This included 70 social service providers from across Durham Region, 23 Faculty / Researchers from Durham College and UOIT, and 26 students from Durham College and UOIT. This event provided an opportunity for dialogue between Durham College, The Regional Municipality of Durham Social Services Department, and community social service providers and academic partners.

Break out session discussions were reviewed by project team members and emerging themes identified. Key themes included:

- A need to supplement output measurement with outcome measurement
- A need to supplement quantitative program reporting with qualitative reporting
- A need to define what is meant by “success”
  - At the individual level
  - At the program level
  - At the organizational level
- A need to demonstrate success by documenting impact

As a result of this feedback, Durham College’s Office of Research Services and Innovation, and School of Health and Community Services, and The Regional Municipality of Durham, Social Services Department are working together to develop a research and innovation agenda that will focus on research and practice relating to outcome measurement. More specifically, particular areas of interest include measuring the impact of social services on residents, the local community and the economy. Activities will assist with the creation of methods to enhance service delivery and guide program planning, policy, and research. Durham College, and The Regional Municipality of Durham, Social Services Department will be engaging broader community and academic partners in this process.

**For more information, please contact:**

<b>DEBBIE MCKEE DEMCZYK</b> Director, Research Services Durham College	<b>RANDY UYENAKA</b> Professor, School of Health and Community Services Durham College	<b>DARREN LEVINE</b> Manager, Research and Innovation The Regional Municipality of Durham, Social Services Department
Debbie.mckeedemczyk@durhamcollege.ca	randy.uyenaka@durhamcollege.ca	darren.levine@durham.ca



# Participating Organizations

The planning group wishes to express our gratitude to the following organizations that participated in the forum:

Brock Community Health Centre	John Howard Society Durham
Clarington East Food Bank	Kinark Child and Family Services
Cornerstone Community Association	Lakeridge Health
Distress Centre Durham	Meta Employment Services
Durham Catholic District School Board	North Durham Homelessness Prevention
Durham Children’s Aid Society	Northern Lights Vocational Services
Durham Community Legal Clinic	Ontario Community Development Centre
Durham District School Board	Oshawa Express
Durham Mental Health Services	Oshawa Senior Centre
Durham Region Employment Network	Resources for Exceptional Children & Youth
Durham YMCA	Transitional Support Initiative
Durham Youth Housing	UOIT
Feed the Need in Durham	Women’s Multicultural Resource and Counselling Centre of Durham
Girls Incorporated of Durham	

# Bibliography

Australian Research Alliance for Children and Youth. (2010). Measuring the Outcomes of Community Organizations. Retrieved from ARACY website <http://www.aracy.org.au/>

Bruce G. (2001). The muddle of outcome measurement. Nonprofit World; (19)6, 35-37.

Callaly, T., Hyland, M., ;Coombs, T., &Trauer, T. (2006). Routine outcome measurement in public mental health: results of a clinician survey. Australian Health Review, (30)2, 164-173.

Econometric Research Ltd. (2011). The Economic Impact of Social Assistance in Hamilton. Retrieved from The Homeless Hub website <http://www.homelesshub.ca>

Hayes, S., Barlow, D., & Nelson-Gray, R. (1999). The Scientist Practitioner: Research and Accountability in the Age of Managed Care. Boston: Allyn & Bacon.

Madan, R. (2007). Demystifying Outcome Measurement in Community Development. Cambridge, MA. Retrieved from Joint Center for Housing Students of Harvard University website <http://www.jchs.harvard.edu/>

Plantz. M., Greenway, M. T., & Hendricks, M. (2006).Outcome measurement: Showing results in the nonprofit sector, Outcome Measurement Resource Network. Retrieved from National United Way website <http://national.unitedway.org>

Post, P. (Ed). (2005). Developing outcome measures to evaluate health care for the homeless services. National Health Care for the Homeless Council. Nashville: TN.

Walter, M. (2008). The evidence-based organization. Trustee, (61)4, 34-35.



