



**community food centres**  
**CANADA** good food is just the beginning

**The Stop's Community Advocacy Program:**  
**Impacts and Insights**

The Stop Community Food Centre  
Community Food Centres Canada  
APRIL 2013

*The Stop's Community Advocacy Program is funded by  
the Atkinson Charitable Foundation.*

*We would like to extend a special thank you to Vanessa Rosa,  
representing the Atkinson Foundation, and Kelly Gallagher-Mackay  
from People for Education for providing us with their knowledge and  
support throughout this research process.*

## Table of Contents

Executive Summary	.....	p. 3
Introduction	.....	p. 5
<i>Program Details</i>	.....	P. 5
<i>Theoretical Underpinnings</i>	.....	p. 6
Research Process	.....	p. 7
<i>Literature Review</i>	.....	p. 7
<i>Service User Interviews</i>	.....	p. 7
<i>Advocate Interviews</i>	.....	p. 8
<i>File Review</i>	.....	p. 8
<i>Analysis</i>	.....	p. 9
Instrumental Supports	.....	p. 9
<i>Nature of Instrumental Support</i>	.....	p. 10
<i>Instrumental Outcomes</i>	.....	p. 11
<i>Challenges Tracking Outcomes</i>	.....	p. 12
Social Supports	.....	p. 12
Experiential Knowledge	.....	p. 14
Barriers & Engagement	.....	p. 15
Benefits for Advocates	.....	p. 16
<i>Knowledge &amp; Skills</i>	.....	p. 16
<i>Structural Awareness</i>	.....	p. 17
<i>Sense of Accomplishment</i>	.....	p. 17
<i>Community &amp; Friends</i>	.....	p. 18
<i>Confidence &amp; Empowerment</i>	.....	p. 18
Conclusion	.....	p. 19
References	.....	p. 21

## Executive Summary

The Stop's Community Advocacy Program is rooted in the belief that advocacy services are most helpful and meaningful when they are provided by and to people who share common experiences, especially those of poverty and marginalization. With the support of the Atkinson Charitable Foundation, The Stop Community Food Centre and Community Food Centres Canada (CFCC) have been engaged in evaluative research into The Stop's Community Advocacy Program over the past year.

The program involves two main components: Community Action Training and the Community Advocacy Office. The Community Action Training focuses on linking local challenges experienced on an individual basis to wider systemic and structural problems. It also serves as the required base training for those who go on to work as Community Advocates in the Community Advocacy Office. The Advocacy Office is a physical location in The Stop's Drop-In space where community members can go for support on issues that they are facing in their lives. There are also two satellite locations where Advocacy services are provided at Wychwood Open Door and Pelham Park Gardens. The Community Advocacy Program aims to offer valuable work experience to Community Advocates, who are from the community and have lived experience with poverty, in an environment that prioritizes their lived experience. For visitors to the Advocacy Office, the program is focused on providing instrumental and social supports such as referrals, help navigating the system and even accompaniment in a respectful and dignified manner.

We took a mixed methods approach, combining a literature review on themes relating to the program's theory of change with primary data collection, interviews with 52 Advocacy Office service users and 15 Community Advocates and a review of 124 active client files.

Our research confirmed that Community Advocates provide a variety of important instrumental supports to community members in response to a myriad of issues. 87% of service users surveyed reported that their visit to the Advocacy Office helped them to resolve the issue they were facing. The most common issues brought to the office related to basic needs (e.g. housing, clothing, transportation), income supports (e.g. Ontario Works, Ontario Disability Support Program), legal matters (e.g. accessing legal aid, immigration concerns) and health (e.g. medical and mental health services).

The research revealed a number of impressive outcomes that resulted from the instrumental supports provided in the Advocacy Office, such as accessing Ontario Disability benefits, being referred to a medical specialist and tapping into special programs for children with learning disabilities. In one particularly memorable case, Advocates supported a community member with a developmental disability to find better housing and live

independently in the community, as well as access funding for glasses and CNIB services as he is legally blind, among numerous other supports.

Unfortunately, due to a number of individual and systemic barriers, not all issues brought the Advocacy Office can be successfully addressed. Whenever possible, common barriers are used to inform the system-wide advocacy and engagement work that is undertaken at The Stop, which Advocates and visitors to the Advocacy Office are actively encouraged to get involved in. It is considered an essential aspect of the Community Advocacy Program to enable community members to realize that they are not alone in the issues that they face on a daily basis and that it is in their power to become active agents of change on the issues that matter to them.

In addition to instrumental supports, service user interviews also emphasized the importance of the social supports that the Advocacy Office provides and the reduction in stigma that they feel, in large part because of the welcoming atmosphere and respectful and dignified service provided.

Another prominent theme that was highlighted by service users was the value of the experiential knowledge that Advocates bring to their work and their embeddedness within the community. Community members associated these two factors with positive differences in the way that service is provided in the Advocacy Office compared to other social service that they have used. A common reflection was that Advocates really understand the issues that community members face and use this first-hand knowledge to provide more effective support. Shared experience also results in a greater level of trust and acceptance in the support provided.

Interviews with Advocates also yielded evidence of a number of positive benefits for themselves personally as a result of their involvement in the program. Common benefits mentioned included new knowledge and skills gained, greater feelings of accomplishment and purpose in being able to contribute meaningfully to the community, a stronger sense of community, new friendships, and increased confidence to achieve a variety of personal goals and to advocate on behalf of others and themselves.

This research has demonstrated that The Stop's Community Advocacy Program is a valuable asset to the Davenport West neighbourhood and beyond. We believe that this program is replicable in different contexts and has great potential to be adopted in communities across Canada.

## Introduction

The Stop's Community Advocacy Program is rooted in the belief that advocacy services are most helpful and meaningful when they are provided by and to people who share common experiences, especially those of poverty and marginalization. The Advocacy Program is offered as a part of the broader umbrella of community action work undertaken at The Stop, which also includes the Bread and Bricks Social Justice Club, community meetings and political awareness and action campaigns. Together, The Stop's community action work is aimed at empowering community members to challenge chronic income and food insecurity by facilitating stronger community support networks, raising political consciousness and taking effective action.

With the support of the Atkinson Charitable Foundation, The Stop and Community Food Centres Canada (CFCC) have been engaged in evaluative research into The Stop's Community Advocacy Program over the past year. The primary objectives of the research were:

- 1) to explore the impact of the program on both service users and Community Advocates;
- 2) to evaluate the degree to which the program adheres to best practices of mutual-aid and peer-support models and reduction of barriers as identified in the literature;
- 3) to identify key factors of the program's success; and
- 4) to experiment with various evaluation and research methods.

## *Program Details*

The Community Advocacy Program involves two main components: Community Action Training and the Community Advocacy Office. Community Action Training (CAT) is offered once a year to interested community members. This training focuses on linking local challenges experienced on an individual basis to wider systemic and structural problems. It also serves as the required base training for those individuals who go on to work as Advocates in the Community Advocacy Office. Advocates use the knowledge they gather from the training to provide support, referrals, and other services to community members who visit the Advocacy Office.

The Community Advocacy Office is a physical location in The Stop's drop-in space where community members can go for support on issues that they are facing in their lives. There are also two satellite locations where Advocacy services are provided at Wychwood Open Door and Pelham Park Gardens. The Community Advocacy Program aims to offer valuable work experience to Community Advocates in an environment that prioritizes their lived experience. For visitors to the Advocacy Office, the program is focused on providing instrumental and social supports in a respectful and dignified manner.

## *Theoretical Underpinnings*

The Community Advocacy Program is highly influenced by the concept of mutual aid, or the idea that by working on common issues with those who share common struggles, we achieve more than we could alone (Steinberg, 2010). It also adheres to a peer-support model, which involves social and instrumental support that is offered by peers who self-identify as having shared characteristics and is aimed at bringing about a desired personal or social change (Solomon, 2004). In the case of the Advocacy Program, shared characteristics include membership in the geographic community of the Davenport West neighbourhood and the social community that exists at The Stop, as well as lived experience of poverty, mental illness, homelessness, and immigration and refugee concerns.

There are a number of ideas encompassed within the peer-support model that serve as guiding principles of the Community Advocacy Program. These include: respect, shared responsibility, 'advocacy *with*' (as opposed to 'advocacy *for*'), empowerment towards self-advocacy, a focus on social and systemic issues and change, and the elimination of social isolation through community building (Mead, Hilton and Curtis, 2001).

Another critical focus of the program is the reduction of barriers to participation for both Advocates and those seeking advocacy services. Barriers to participation for low-income populations including inadequate financial resources, lack of time, poor health, restrictive user fees, exclusion from the design and delivery of programs and stigma. Strategies outlined in the literature for addressing these barriers include providing free or subsidized participation; rooting out and eliminating organizational judgement and paternalism; fostering a structural understanding of poverty; and investing greater control in program participants over facets of program design and delivery (Love, Makwarimba, Raphael, Reutter, Stewart & Veenstra, 2008).

In practice, these strategies are incorporated into the Community Advocacy Program in a number of ways. With regards to the Advocates, The Stop provides monthly honoraria in recognition of the time and energy invested by Advocates; makes scheduling flexible; and encourages participant control over elements of the program. For visitors to the Advocacy Office, we encourage inclusion through the creation of a physically and functionally accessible space, do not require service fees or appointments and prioritize a respectful and welcoming environment. Advocates provide referrals to services that are both geographically and culturally appropriate. Most importantly, poverty is treated as a societal and structural problem, rather than an individual failing.

## Research Process

One objective of undertaking this research project was to experiment with various evaluation and research methods. We therefore took a mixed methods approach, which combined a review of external literature with primary data collection and used both quantitative and qualitative methodologies. This allowed us to strengthen our conclusions by using multiple sources of information, while exploring which types of evaluation tools would be most useful for evaluating this and similar types of programs in the future.

### *Literature Review*

We began the research process by reviewing selected literature on topics related to the theory of change underlying the Community Advocacy Program, including social exclusion, poverty-based stigmatisation and peer-support models. This literature review served to ground our own evaluation in credible, peer-reviewed research, while assuring us of both the need for and originality of our line of investigation.

In broad terms, the literature that we encountered on social exclusion and poverty-based stigmatization focused largely on the nature of these problems but not on specific initiatives that address them. With respect to peer-support models, a large part of the literature that we encountered was written within the context of mental health consumer-survivor movements. We did not encounter literature specifically detailing peer-support programs aimed at individuals with shared experiences of poverty and marginalization. Still, the general principles and lessons are transferable to peer-support provided within any social group. This literature also focused in large part on the theoretical underpinnings of peer-support, such as the prioritization of ethical and moral principles in the design of an initiative. It included little descriptive or evaluative discussion of the actual implementation of interventions. We hope that this research will help to close this gap by presenting on-the-ground insights relating to the implementation and outcomes of the Community Advocacy Program.

### *Service User Interviews*

The second evaluation method we used was in-person, verbal interviews with 52 community members who had previously used the services of the Advocacy Office. We chose this method over a written questionnaire because of considerations about the literacy levels of participants. Additionally, a one-time survey was selected instead of a longitudinal study that would involve following-up with service users over time because we were concerned that they would find that intrusive. We also recognize that follow-up is self-selected, as only those whose problems are not resolved in a single visit tend to return to the Advocacy Office.

In an effort to capitalize on an existing process and framework, the survey was offered as a sub-section of The Stop's Annual Program Survey which is conducted with 150 young adult and adult participants from across programs. As mentioned above, 52 out of the 150 respondents who took part in the Annual Program Survey met the additional criterion of having previously used Advocacy Office services.

Survey questions related to the nature of the issues that first visit brought the community member to the Advocacy Office; the most important difference that the Advocates' support had made; what they found most helpful about the service provided; notable differences between support provided in the Advocacy Office and other social services; and the level of importance that community members place on the experiential knowledge that Advocates bring to their work.

### *Advocate Interviews*

The third method used was in-person interviews conducted with Community Advocates. In total, 15 Advocate interviews took place. Advocates were asked to answer three questions that prompted them to reflect back on their time as an Advocate and to recall:

- 1) a moment that made them feel proud to be an Advocate;
- 2) a disappointing experience when they were unable to successfully support somebody despite their best efforts; and
- 3) the ways in which being an Advocate had impacted them personally.

### *File Review*

The final phase of our research consisted of a review of active client files in the Advocacy Office. Nine Advocates participated in the file review process, which was facilitated by The Stop's Community Advocacy Coordinator and CFCC's Research and Evaluation Manager. We felt this method best represented the Advocates' strength in verbal reporting. It is also well-suited to the type of peer-driven advocacy model used by The Stop, as Advocates are members of the communities they serve and, as such, are more likely to have contact with service users outside of a 'professional' context and therefore have a greater collective knowledge of the long-term outcomes of service provided than what is present in the files.

A two-phase process was taken. In the first phase, Advocates worked in pairs to review files for key details, including the year that the service user first accessed the Advocacy Office, the number of times they used the Advocacy services, the types of support provided and the issues they were facing. The second phase consisted of a more detailed discussion of certain files by all participating Advocates, allowing them to share information and prompt each other to remember specific cases and their outcomes. In total, 124 files

were reviewed in the first phase out of a total of 708 case files that exist for the Advocacy Office. They were selected based on the criteria that they had completed intake forms and records of activity in 2012. 72 of these (58%) were able to be subjected to the secondary analysis in the time allotted.

### *Analysis*

The primary data was also analyzed quantitatively and used to produce an array of statistics. Both the primary data and the secondary literature were analyzed for repeated thematic categories, which serve as the organizing framework for the remainder of the report: instrumental supports, social supports, valuing experiential knowledge, barriers and engagement, and benefits for Advocates.

### **Instrumental Supports**

Our research confirms that Community Advocates provide a variety of instrumental supports to community members in response to a myriad of issues and they are highly effective in doing so. 87% of service users surveyed reported that their visit to the Advocacy Office helped them to resolve the issue they were facing.

The file review yielded illustrative results about the nature of instrumental support provided in the Advocacy Office:

- *Year of first visit:* The files reviewed went back as many as five years to 2008 while the majority of cases were more recent, with 62% of files indicating 2012 as the year of first visit.
- *Number of visits:* 50% of the files contained one recorded visit to the Advocacy Office; 30.6% had 2 to 5 visits on record; 8.8% had 5 to 10 visits on record; and 9.6 % had more than 10 visits on record. Advocates indicated that the actual number of visits is significantly higher than what is recorded in the file. Visits range from a quick pop-in to ask for a phone number, general advice, or a photocopy (which are often not recorded), to an interaction lasting longer than an hour and dealing with major issues, often more than one at a time.
- *Types of support provided:* The files indicated an average of 2 to 3 different types of supports provided to each service user over time by Advocates. 60.4% of the service users represented in the files had been provided with general advice; 60.4% had received referrals to other agencies and supports; a phone call had been made on behalf of 51.6%, letters written on behalf of 29% and faxes sent on behalf of 16.9%; 7.2% had received accompaniment; 4.8% had been assisted in filling out a form; and another 4.8% had been provided with photocopies.

- *Issues:* Community members visited the Advocacy Office seeking support for multiple issues – 3 or 4 on average – either during one single visit or over multiple visits.
  - *Basic Needs:* 66% of those whose files were reviewed have been supported with basic needs issues, including housing and homelessness, furniture, utilities, clothing, glasses and transportation.
  - *Income Supports:* 49% were supported with income support issues including applying for or accessing Ontario Works or Ontario Disability Support Program benefits, seniors' benefits and family and child benefits, along with tax-related issues.
  - *Legal:* 38% were supported with legal issues including accessing a community legal clinic and legal aid, criminal matters and immigration concerns.
  - *Health:* 35% were supported with health-related issues including accessing medical, mental health, addictions and dental services or dealing with bed bug infestations.
  - *Family:* 9% were supported with family issues including separation, child custody and support, domestic violence, parenting and the Children's Aid Society.
  - *Employment and Education:* 8% were supported with employment and education issues including accessing volunteer opportunities and matters relating to workers' compensation and rights.
  - *Newcomer:* 5% were supported with newcomer issues including accessing ESL supports, settlement services and issues relating to non-status rights.

### *Nature of Instrumental Support*

Interviews revealed that service users feel Advocates give clear direction, which dramatically reduces the amount of time that community members spend “spinning their wheels.” One participant explained the direct way in which problems are addressed in the Advocacy Office through the following anecdote: *“Ontario Works held my cheques for three weeks. I got results from the assistance of the Advocates. Within three hours, the money was deposited into my account.”*

Another participant told us: *“Here, they're helpful. I've been to other places and they've not been as helpful as this place and that gets discouraging. Or they'll send me here and there. But here, they try to do as much as they can. ... And they make sure it's all fair. They treat everyone the same.”*

Lily, a former Advocate, described the sense of responsibility that she felt for getting to the root of each problem she was faced with in the Advocacy Office:

*“As an immigrant here, as a mother that lived on welfare for a while, as a person that goes through the court system because of family support, I’m tired of listening to people telling me to go here and there. Nobody really helps you. People just keep sending you here and there and wasting your energy. So I really don’t want to do it when people come to us. I want to be able to say; ‘Look. Here. That’s what I can do for you. I’ll do it.’ I think other Advocates feel the same. That’s why they take work home, like they will sometimes take somebody and follow their case, even out of their hours, to try to solve it. ... As you have lived through that, you know how it hurts, so if you can help somebody out of that, you want to do it. A friend of mine years ago used to say; ‘When you have to fight for yourself, you end up being an Advocate for others.’”*

### *Instrumental Outcomes*

The file review revealed a number of impressive outcomes that resulted from the instrumental supports provided in the Advocacy Office. In some cases there was one clear outcome relating to a single issue brought forth by a community member, such as being successfully assisted through the process of fighting eviction, accessing Ontario Disability benefits or receiving a bed after being referred to a bed program. In other cases, several outcomes resulted from more prolonged case management-type supports provided to community members over multiple visits, and even months or years. Here are some case studies revealed through the file review process that resulted in multiple outcomes:

- Advocates helped one family with children in the community to access the Child Tax Benefit, secure specialized appointments for children with learning disabilities, move from a small apartment to a town house suitable for their larger family size and access ODSP after an initial denial.
- For a married couple in the community who had been living in a shelter where bed bugs were a significant issue, Advocates found an apartment and helped secure new furniture.
- Another individual received help in obtaining a release from prison, liaising with police, accessing a lawyer, and was provided with support around anger management issues, anxiety, taxes, housing repairs, and access to other social services.
- In one case involving a significant level of ongoing support, Advocates accompanied a community member to appointments, helped to resolve a bed bug infestation, liaised with Toronto Community Housing staff regarding unit repairs and other issues, identified volunteer opportunities and provided a referral to a medical specialist. Advocates continue to assist this person with an effort to obtain a building transfer.

- In another particularly memorable case, Advocates supported a community member with a developmental disability to find better housing and live independently in the community. They also helped him to access funding for glasses and connect to CNIB services, which have significantly improved his quality of life, as he is legally blind. Other support involved finding a volunteer placement, life skill building, referrals to other community supports, assistance receiving funding for orthotics and help with an ODSP application.

### *Challenges Tracking Outcomes*

The file review also revealed some challenges in measuring the outcomes of the Community Advocacy Program. In some ways, the design and philosophy of the program itself frustrates the tracking of success. Due to the flexible scheduling provided for Advocates, it is unusual for the same Advocate to work a regular shift, or more than one day in a row. As a result, community members often interact with several different Advocates, which impedes the ability of Advocates to develop long-term relationships with community members and to easily recall their individual cases when asked. Additionally, the episodic nature of community members' contact with the Advocacy Office, coupled with The Stop's desire not to ask intrusive questions, present barriers to following up formally with community members about the outcomes of the supports provided.

The file review painted a vivid picture of the complexity of the issues brought forth in the Advocacy Office, demanding a vast array of knowledge among Advocates. This was never clearer than during the second phase of the file review, where the Advocates displayed an impressive understanding of both individual problems and the systemic root of these problems. It is particularly important to understand the impact of wider systemic issues on the ability of Advocates to achieve successful outcomes with a community member. An unsuccessful outcome is often neither the result of the actions of individual community members or Advocates, nor the program more broadly, but rather of barriers that result from a social service system that is mired in red tape and an inequitable society that punishes those who are most in need. Despite this, the Advocates have developed enviable skill in navigating pathways around and through these barriers.

Ultimately, it is necessary to measure the Advocacy Program's success in broader terms that take into consideration incremental and unexpected outcomes achieved and the satisfaction levels of individual users.

### **Social Supports**

In addition to instrumental supports, service user interviews also highlighted the importance of the social supports that Advocates provide. One visitor to the Advocacy Office

told us: *"You see them and they know you, smile and keep your issues confidential."* Another person commented: *"[It's] nice when they know you by name."*

The Stop's Advocacy Office places an important emphasis on reducing stigma by providing a welcoming atmosphere and respectful and dignified service. This is positively reflected in the comments of service users. Common themes that emerged about service users' experiences were of feeling welcomed, trusted and relaxed, as well as an appreciation of the non-judgemental, easy-going, and validating nature of the service provided. Support provided by the Advocates was described as accessible, professional, and direct. One participant told us: *"They didn't make me feel degraded."* Another explained, *"They were speaking to me, not at me."* And a third commented on how you are *"not treated as a number, but as a human being with kindness."*

These findings are particularly important given that social support is a key determinant of health (Love et al., 2008). Also, people living on lower incomes tend to experience greater social isolation and exclusion and feel less of a sense of community belonging than higher-income people (Stewart, Makwarimba, Reutter, Veenstra, Raphael, & Love (2009); Reutter, Stewart, Veenstra, Love, Raphael & Makwarimba (2009). Participants in a study by Stewart et al. (2009) who were above the Low-Income Cut-Off (LICO) reported a sense of belonging in their neighbourhood that was more than twice as high as those below the LICO.

The above studies have shown that community agencies such as The Stop and a program like the Community Advocacy Program can play an important role in the sense of community that somebody living on a low-income experiences. While people from higher income brackets more commonly identified their community of belonging as schools, workplaces and family, community for low-income people was often found in community agencies and among others in similar situations to their own. Moreover, Raphael (2009) links poverty to negative interactions with government and social service systems that are characterized by stigma, shame and degradation; whereas, interactions between people living in poverty and community agencies and organizations are reported to be more positive overall. This is particularly important because feelings of unworthiness created by stigma have proven negative mental health consequences, such as depression and low self-esteem (Love et al., 2008).

The ways in which low-income people respond to stigma varies and may include individual responses such as withdrawal, self-isolation, and internalization of stereotypes; as well as more structural responses such as confronting discrimination, and engaging in systemic change and mutual aid, through the provision of emotional, practical and informational support to other low-income people. The Stop's Community Advocacy Program is an excellent example of an organization that promotes the latter responses.

## Experiential Knowledge

A prominent theme that was highlighted by service users was the value of the experiential knowledge that Advocates bring to their work and their embeddedness within the community. Community members associated these two factors with positive differences in the way that service is provided in the Advocacy Office compared to other social service that they have used.

A common reflection was that Advocates really understand the issues that community members face and use this first-hand knowledge to provide more effective support. One person told us: *“They know how it is to survive on \$757.”* Another person explained: *“It’s always better if they’ve been through it and they know what they’re doing. It’s more about going the extra mile.”* And a third person commented: *“Some [Advocates] are on ODSP and OW, so they know how it is. They use their lived experience to support.”*

Another repeated theme was that the shared experiences and community between Advocates and visitors to the Office builds trust and openness and results in an overarching quality of acceptance and non-discrimination in the support provided. One service user explained: *“You can be more open with them, rather than someone who just came out of school, just studied it, didn’t live it.”*

We also heard: *“When you’re getting help from someone and they’re not on a perch above you, they actually give a damn. And if they’ve had struggles they’ve faced themselves, you feel equal. There’s not the same disparity. More of a balance.”*

Another service user told us: *“They are easier to talk [to]. They think of being discriminated against. They accept everyone as they are.”* And from a fourth person we heard: *“They act more like friends, and not like authority. You may see a social services worker once, but you see the Community Advocates around the community.”*

In addition to its application in the day-to-day service provided by Advocates, experiential knowledge is also used to help shape various aspects of program design of The Stop’s Community Advocacy Program. Historically, people with lived experience of poverty have been excluded from the dominant public debate around anti-poverty public policy and societal responses and the majority of resources go to initiatives *for* the poor, rather than to those controlled *by* the poor (Beresford, & Croft, 1995). However, theory and practice suggest that the involvement of the poor in these debates and in the design of initiatives, will lead to the identification of more practical solutions to poverty, improve the accountability of program creation to the people for whom it is created and result in more effective and targeted outreach within the social service delivery system (Mead et al., 2001).

## Barriers & Engagement

Unfortunately, due to a number of individual and systemic barriers, not all issues brought to the Advocacy Office can be successfully addressed. One Advocate lamented that *“at times, despite your best efforts, you are unable to help somebody.”* Individual barriers on the part of some service users include mental health issues, ongoing problematic substance use, an inability to build trust, learned helplessness, high life stress and language barriers. The Stop and its Community Advocates view these barriers through a structural lens, rather than as a result of individual deficiencies.

An individual barrier on the part of Advocates expressed by one related to a lack of capacity: *“You know there were many times when I felt disappointed that my skills couldn’t allow me to do any further service for them.”* This is an inevitable limitation within a peer-support program where formal training lasts for 10 weeks and the rest is derived from previous experience and that gained on the job. Advocates are not lawyers or social workers, nor is it their job to do the work of the justice system or the social service system. Instead, they are skilled connectors and work hard to ensure that community members have access to these kinds of essential supports and that service providers are held accountable.

Often Advocates are also faced with structural issues that are beyond the immediate control of either the Advocate or community member; for example, chronically unreliable transportation, mobility issues, barriers to accessing ODSP, and a social service system that is increasingly underfunded and mired in bureaucracy. Since the Advocacy Office has been running, for example, the Special Diet Allowance and the Community Start-Up Benefit have been cut by the government – both of which were important benefits for people living on low-incomes in Ontario. One Advocate described how the red tape that pervades the social service system had negatively affected one particular community member who had accessed the Advocacy services in a highly agitated state:

*“He was upset mainly because he would send his papers in, sometimes he’d phone places. He wouldn’t get the person he was trying to get a hold of. And then they’d put him on to somebody else who knows not the situation hand then he’d have to start all over again and unravel it and everything.”*

Another Advocate expressed her own frustration about the systemic barriers that she regularly encounters:

*“The more you are working in environments like this, the more you see how the system is so broken and so corrupt and getting more broken. It’s not improving, it’s getting worse. That’s frustrating. Where someone ... is not really in a good place where they can feel confident advocating for themselves, but then, even when someone really wants good, the system is this brick wall against them. It’s really frustrating.”*

When possible, the systemic barriers that are most commonly faced by visitors to the Advocacy Office are used to inform the system-wide advocacy work that is undertaken at The Stop. Advocates and visitors to the Advocacy Office, along with all other participants in The Stop's programs, are actively encouraged to get involved in this engagement work in whatever way they wish. A variety of levels of engagement are made available to participants depending on the ability, comfort and interest level of each person.

Wider systemic advocacy work was highlighted in the literature as an important feature of any peer-support program. It is considered an essential aspect of the Community Advocacy Program to enable community members to realize that they are not alone in the issues that they face on a daily basis and that it is in their power to become active agents of change on the issues that matter to them.

## **Benefits for Advocates**

A theory which is instrumental to the underlying philosophy of the Community Advocacy Program is the helper-therapy principle, which emphasizes the benefits of providing peer-support services that are experienced by the service providers themselves (Mead et al., 2001). Interviews with Advocates yielded evidence of a number of positive outcomes resulting from their involvement in the program.

### *Knowledge & Skills*

One benefit that was highlighted repeatedly was new knowledge and skills gained by Advocates (e.g. communications, conflict resolution) that they can apply in their work in the Advocacy Office and elsewhere. One Advocate Daniel explained: *"The training here is incredible. There are many, many options. I just did a training on personality disorders yesterday. The Stop arranged for it. So staying up to date is a good thing here, and it costs me nothing, which is wonderful."*

Susan shared: *"Because I'm on ODSP and a lot of the people who come in are on ODSP, a lot of the information that I have learned that I give to the people who come in ... housing, anything of that nature, I can share with my friends because I have that knowledge. So just gaining knowledge of what's available and what's around. And not only helping people who come here, but helping people in other situations."*

A related benefit is the employment experience gained in the Advocate role. Emma shared: *"The greatest thing about being here in the Advocacy Office is that I get to practice my skills. You know they say that if you don't use it, you lose it. And because I graduated from college some time ago and have been on a never ending search for employment, seems like. .... I'm feeling like I'm getting the hands-on [experience] and a foot in the door and it helps. ... Hopefully one day it's going to lead to full-time employment."*

## Structural Awareness

Advocates also told us how they have become more knowledgeable of the underlying causes and structural barriers associated with poverty, which has changed their own understanding and perspectives on the issues. Daniel shared:

*“More and more [being an Advocate has] confirmed my belief that there are many more decent people that I meet in the day than people that aren’t. And that means a lot to me. I’ve worked with people my entire life. And I’ve met a lot of people, but I’ve realized so many people didn’t have the breaks I’ve had or at least weren’t afforded the opportunities. And if they were, maybe they couldn’t avail themselves of the opportunities due to whatever condition or situation they were in. And it doesn’t mean that they’re any less of a person or deserve any less quality in their lives. And that’s something that I’ve learned here. And if that’s given me a little more patience and understanding, then that’s what it is and it’s a good thing.”*

Vicky told us: *“It’s made me acutely aware, no matter what difficulties I have with things like housing and landlords and such, that there’s always somebody who’s got it even rougher. So I’m really not in a position to complain.”*

And Opal contributed: *“There’s a lot more that I’ve learned about intergenerational poverty.”*

## Sense of Accomplishment

Advocates also discussed the sense of accomplishment and purpose they feel in being able to contribute to the community in a meaningful way. Lily shared:

*“Being an Advocate of The Stop has changed my life in the sense that I feel I am now in a world where I belong to. Coming to Canada, I was a foreigner, and then I became a mother, a single mother. Then I went very poor, and then besides being a foreigner, a woman that is older – that came here already almost at forty – I became poor. And then it was like double nothing. I felt like nobody, really. And working at The Stop as an Advocate is part of a process, it’s not only being at The Stop, but it’s part of a process where I belong to something. I feel I can help people that go through the same things I have been through, and still go through because I’m still poor. I’m still a mother. I’m still a fifty year old woman. I’m still a foreigner. But I can help people and I can be with them and I can look for social justice.”*

Others discussed the increased motivation that they felt in being able to get out of the home and do something productive. Nancy shared what she likes best about being an Advocate: *“feeling that I’m giving back and I’m doing something productive rather than just whining and complaining and yelling at my TV, or the newspaper, or things like that. ... We can only do so much – like voting ... okay, you put your X, but they never keep their promise anyway. We actually go hands-on and do something, feel a bit more empowered.”*

## Community & Friends

Advocates also talked about feeling a stronger sense of community and new friendships forged as a result of their participation as an Advocate. Angele told us: *“It’s shaped my character so I’m more community oriented. ... What I like most about it is to be a part of the community and make a difference in the community. It’s the greatest feeling when you actually see people’s things come out for the better. ... It’s a natural high. I didn’t know that existed.”*

Sharon told us: *“I’m happy cause I’ve met other Advocates who have dealt with the same issues [as me].”*

Maureen explained: *“I think in my case it has opened the community to me. I have a handful of friends who I didn’t have before in the community or part of this program ... And I think I’ve got a lot of moral support ... and I just think it’s done very good for me personally.”*

And Marjorie shared: *“I’ve found friends and we will go out and socialize. It keeps me less stressed and I think I’ve become a happier person rather than just being home and feeling sorry for myself. I come out and I see other smiling faces. I feel good about myself.”*

## Confidence & Empowerment

Increased confidence was another common theme we heard, in general and more specifically in relation to feeling more confident to go on and achieve a variety of things. Margaret told us:

*“I felt more confident after becoming an Advocate to take a position as a community services coordinator, which I held for about two years in a different organization. I transferred most of the skills that I acquired from being an Advocate to playing that role. It also enabled me to go ahead to further my education. I went ahead and I got a diploma in counseling because that’s one of the things we do with community members when we make referrals, trying to get to the bottom of their issues. So that led me to pursue my education.”*

Advocates also linked increased confidence to becoming a more vocal advocate. Sharon explained: *“I’ve learned how to be more forceful with agencies that before I wasn’t forceful with.”*

Nadia shared:

*“I’m way louder. I’m a totally different person, I think. I was this passive [person]. I still have that in me, my tendency to not speak up and I’m still able to advocate more for other people than I can do for myself. ... But if I have to do it for someone else, I will go through hell and back to make sure that it’s done. ... It’s a good change, a very good change. Even my kids are being way more radical, even to me! It’s really*

*hard because you tell them: 'You should speak your mind and you should let your voices be heard, and you have your right to self-determination and stuff.' But it kind of bites you in the butt as a parent, because then they're like: 'Well I'm using my right to self-determination and I'm not doing this.'"*

Opal described how she has become a more effective agent of change for others and for herself:

*"I've become not only more experienced as a support for people, but I have honed my skills. ... And some of the things that we need to do in order to change hearts and minds, and continue to be agents of change, and to just stem the tide of people being so apathetic. And in my own life, I've become more assertive, and become more of an advocate for myself, because I've always been an advocate for others, but never able to do that for myself. And I think that's one of the things I'm most proud of because when I go home in my solitude, I'm not so disappointed with myself, because I didn't stand up for self. I'm no longer a doormat and I'm learning how to speak in a way that is more tactful and to not be so outspoken as to upset people, but to get my point across, and to become more delicate."*

Vicky explained: *"Being involved in something like Advocacy gives you a power base that you wouldn't have otherwise. That's been very edifying, very encouraging."*

## **Conclusion**

This evaluative research project has allowed us to draw a number of significant conclusions about The Stop's Community Advocacy Program. First, the program is an important asset to the Davenport West neighbourhood and beyond. It provides valuable instrumental and social supports to individuals facing a variety of issues resulting from poverty and marginalization.

The instrumental supports have resulted in impressive outcomes for members of The Stop community. For example, numerous people living with physical and mental disabilities have been supported through the process of accessing crucial disability benefits; affordable and supportive housing has been found; and new medical and mental health services accessed. In cases where issues are not able to be fully resolved due to a variety of individual and systemic barriers, there are often partial benefits received and connections made to a variety of other supports and resources in the community. Furthermore, the sense of community fostered in the Advocacy Office and the way in which poverty-based stigmatization is reduced have important positive health ramifications, from both a mental health and social determinants of health perspective.

There are many benefits experienced for Advocates as well. The Advocate Mary provided a rich picture of a variety of benefits that she has received:

*“I pay my bills more quickly and I know more people and I feel better about myself: all three things. And it’s a very nice community of people to be involved with – the Advocates. And you learn. We take the [Community Action Training] course and we’re taught and there’s a lot of information there, but the learning is ongoing. And learning is always good! I love it, I really do. I mean I look forward to coming into the Office and being paid is very nice, you know? I’m on a fixed income. But being able to help people is even better.”*

Our second conclusion is that while evaluation and capturing the outcomes of the Community Advocacy Program is difficult, it is still important and worthwhile to do. Despite the many rich outcomes captured through this project, many others will go unnoted due to the design of the program (e.g. flexible scheduling and non-intrusive philosophy) and the transient nature of the population. That said, we can always do better with evaluation and it is important to continuously improve systems to best capture the outcomes of the support provided and learn where we can do better. A few concrete suggestions provided by Advocates in a reflection discussion at the end of the file review process were: to ensure that all Advocates are provided with training in tracking from early on; to keep case notes as brief and concise as possible; to strengthen communication between Advocates about files as cases become more complex; to have a separate tracking system for quick one-off interventions where a file is not opened in order to still ensure that the number of different interventions (e.g. phone calls, photocopies made) are captured; and to make it a habit to suggest that community members come back to the Advocacy Office and let the Advocates know how things worked out, the results of which could then be documented in their file.

Thirdly, measuring the success of the Community Advocacy Program is not as straightforward as examining whether or not an issue was resolved or a referral provided successful. Oftentimes, community members will come into the Advocacy Office seeking support for multiple issues and some are resolved while others are not able to be due to either individual and systemic barriers. Therefore, evaluation systems used in a program like Community Advocacy need to measure incremental successes as well as unexpected outcomes.

Finally, and most importantly, we conclude that the Community Advocacy Program is a model that could and should be replicated in other organizational settings and communities. It adheres to many of the principles and best practices laid out in literature on mutual aid, peer-support models and reducing barriers and is a unique application of these theories in the context of low-income and marginalized communities.

One Advocate gave her opinion: *“I would say that not just every city, but every town, even the smallest ones, not just here in Canada, but everywhere, should have something like the [Community Advocacy Program]. ... There needs to be more of it! Everywhere!”* We agree.

## References

Beresford, P., & Croft, S. (1995). It's our problem too! Challenging the exclusion of poor people from poverty discourse. *Critical Social Policy*, 15:44-45, 75-95.

Love, R., Makwarimba, E., Raphael, D., Reutter L., Stewart. M. & Veenstra, G. (2008). Left out: Perspectives on social exclusion and inclusion across income groups. *Health Sociology Review*, 17: 78-94.

Mead, S., Hilton, D. & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*. [www.mhrecovery.org/var/library/file/18-peersupport.pdf](http://www.mhrecovery.org/var/library/file/18-peersupport.pdf)

Raphael, D. (2009). Poverty, human development, and health in Canada: Research, practice, and advocacy dilemmas. *CJNR*, 41:2, 7-18.

Reutter, L., Stewart, M., Veenstra, G., Love, R., Raphael, D. & Makwarimba, E. (2009). Who do they think we are anyway?: Perceptions of and responses to poverty stigma. *Qualitative Health Research*, 19:3, 297-311.

Solomon, P. (2004). Peer support/ peer provided services: Underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, 27:4, 392-401.

Steinberg, D.M. (2010). Mutual aid: A contribution to best-practice social work. *Social Work With Groups*, 33:1, 53-68.

Stewart, M., Makwarimba, E., Reutter, L., Veenstra, G., Raphael, D. & Love, R. (2009). Poverty, sense of belonging and experiences of social isolation." *Journal of Poverty*, 13:2, 173-195.