



The Women's Lunch Place Outreach Advocacy Initiative (OAI): Evaluation of Implementation and Short-Term Guest Outcomes, May 2023

The Institute for Economic and Racial Equity (IERE)

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narratives. Grounded in a social justice tradition, our research informs strategic action for racial and economic justice to achieve an inclusive, equitable society.

We thank the many individuals who generously shared their time and expertise contributing to this work and report. These include the dedicated Women's Lunch Place (WLP) leadership, staff, administrators, and volunteers as well as WLP partners. We are especially grateful for the guests at Women's Lunch Place who talked with us.

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SUMMARY

Just as the Covid-19 pandemic took hold of the U.S. (March, 2020, the Women's Lunch Place (WLP) began rolling out a new initiative, the Outreach and Advocacy Initiative (OAI). The OAI seeks to better engage houseless and unstably housed guests most reluctant to engage in services. Implementation of the OAI went ahead despite the onset of COVID-19, with elements of the initiative adjusted given the need for the shelter space to be closed and services provided outdoors. When the shelter space was able to re-open with limited capacity (April 2021), the OAI implementation continued adjusting to the changed environment.

The OAI proposal was based on the following core elements: 1) more assertive outreach to those more reluctant to engage in services and enabling easier access to services, 2) tighter coordination between frontline Direct Care and Advocacy staff, 3) developing data collection and electronic communication systems to capture timely information, 4) implementing a peer mentoring program, 5) an evaluation conducted by an external research team, and 6) creating a OAI manual on the model after completing the first three years of this new initiative. This report summarizes the initial experiences and outcomes for guests, staff, partners and funders with the new OAI model of care. Results underscore the important role of WLP as day shelter for houseless women and indicate that:

- With compassionate and assertive outreach at its core, as well as removing barriers to service engagement, the new OAI reaches most-vulnerable guests sooner than under the former model, engaging them in much needed services at an earlier stage.
- Stronger and more timely coordination between Direct Care and Advocacy staff provides a seamless service approach that provides better services for the OAI guests.
- Establishing realistic indicators of progress enables better communication with the guests among staff, partners, and funders.
- Consistent staff trainings and supports provide for better educated staff and problem-solving opportunities for guests with very complex needs.
- Partners consistently describe WLP as setting the “gold standard” with their non-judgmental and caring service approach.
- Guests describe WLP as a very supportive environment with caring staff helping them achieve their goals.
- Services most used by this cohort of OAI guests include housing related services, financial and material supports, and counseling/emotional support.
- Housing outcomes for the first OAI cohort are strong: more than half of the OAI guests are housed or close to housed less than three years after implementation.
- Due to the pandemic, not all of OAI could be implemented. For example, the plan for a guest mentor program had to be put on hold during the initial phase of implementation.

INTRODUCTION

Prior to the Women's Lunch Place Outreach and Advocacy Initiative, Joan would frequently hang around outside of WLP, rarely coming in, and continuously self-dialoguing. When WLP began to connect with her, she wouldn't accept services or eat at the shelter. In the past, Joan had complex medical, family, and personal experiences of trauma which took a heavy toll on her health while causing her to have a complex relationship with trust and care building with WLP staff. Over several years, and particularly during OAI, staff would sit with each guest during meals and appointments – spending time to connect and lay the foundation for trust. This consistency in outreach with Joan allowed WLP staff to work with her on mental and physical health matters, provide legal support for her immigration status, and begin efforts to reconnect her with family. Despite many ongoing challenges, Joan is in a better place than they were a year ago, two years ago, or even five years ago; and OAI has become integral to future success.

Homelessness¹ in the U.S. has increased dramatically since the early 1980s. This is especially true in high-cost housing areas such as Greater Boston where few in the middle- or lower-income ranges, or those on public benefits, can afford market rate housing. (NLIHC, Out of Reach, 2022). In the annual Boston Homelessness Census in January 2022, reported not living in a place they can call their home.

Homelessness can be especially hard for women. Many among them fall through the cracks of a disjointed service approach, and their needs aren't often accounted for or met in reports about successful service interventions². Responding to the needs of those especially vulnerable and more likely to avoid local or state support services, Women's Lunch Place created a new approach within their day shelter environment to engage those most reluctant to seek services. In this report, we highlight the lessons learned from this new Outreach and Advocacy Initiative (OAI) developed by Women's Lunch Place.

¹ While "houselessness" has been introduced as a better fitting term to describe the experience of living without a place you can call your own, we opted for this report to use the more widely used and understood term "homelessness".

² Christine A. Walsh , Jennifer Hewson , Karen Paul , Cari Gulbrandsen , and Dorothy Dooley (2015). Falling Through the Cracks: Exploring the Subsidized Housing Needs of Low-Income Preseniors From the Perspectives of Housing Providers. <https://journals.sagepub.com/doi/pdf/10.1177/2158244015607353>

BACKGROUND

Women's Lunch Place (WLP) has been a safe space and judgement-free zone during the day for homeless and unstably housed women-identifying individuals since 1982, providing nutritious meals and access to services. Through their low barrier approach, WLP has served some of the most vulnerable populations in the City of Boston, including women who have experienced domestic abuse, mental health-related illnesses, unemployment, and housing insecurity.

Centering connecting with guests around providing nutritious meals cooked on site, access to services may not be the first point of contact with guests, unless they request it. Instead, there is a focus on offering the guests warm meals, a safe space to rest, showers, connection with other guests, and the opportunity to access a variety of services. Senior leadership defines this model as "generosity of care." While this approach was emphasized for the OAI cohort, this work is also a part of WLP's long-term, trauma-informed approach to care.

“...by codifying what we do in our OAI and demonstrating the positive outcomes for guests, we can have a role in improving the overall quality of life in the City of Boston and affecting much needed systems change.” - Senior staff

Today, WLP is far more than the unique refuge it set out to be. Women enter WLP and are greeted by a large, open and colorful room, friendly staff, and warm food. There are no intake lines, no requirements or questions asked, and few rules. Guests are encouraged to meet with an advocate to be connected to various social services, housing assistance, legal services, and healthcare through Boston Healthcare for the Homeless Program. The women have access to showers, laundry, period products, and a library. They have access to services that aim to restore the human dignity that is often lost among those living on the streets.

WLP's model is based on the reciprocal trust established between the guests and staff. Trust, as a fundamental piece of an emotionally and physically safe environment, is built over time. The staff of WLP are careful not to rush this process and encourage the guests to lead at their own pace. As trust develops, it gives guests the space and safety to share their personal

goals and wishes. Each guest receives tailored services that are informed by these self-reported goals. As a result, WLP is able to provide the services that guests need and want instead of a standard array of services that may or may not be relevant to, or desired by, the guest. Staff members also lean into their own lived experiences to connect with guests and run valuable programs. For example, two well-liked WLP staff members, both former smokers, ran a smoking cessation program.

The Need for the Outreach Advocacy Initiative (OAI)

Recognizing that some of the women with extremely complex needs were not having their needs met and could benefit from more intensive individualized attention, WLP envisioned and implemented the Outreach Advocacy Initiative (OAI) to test how Boston's most vulnerable women presenting with complex service needs could be better served. For the target population of the OAI, it could seem like an impossible and scary task to enter WLP and accept social services. For some guests, leaving the perceived safety of the main WLP dining room to go to the third floor and speak with an advocate could be overwhelming. Others may be skeptical of the goodwill and willingness of WLP's advocates which could lead them to reject material, financial, or medical assistance. As a result, initial service provisions that operated on a sign-up basis and required individuals to request help and to trust others did not efficiently serve all WLP guests.

The Outreach Advocacy Initiative (OAI) was implemented to fill a gap in the established service delivery system. The goal of the OAI is to **identify the most effective ways to meaningfully engage women who have deeply complex and varied needs, document promising practices, and create a new model of care.**

Through the OAI, WLP sought to develop and codify a model of service that engages the women who are most hesitant to seek out and receive help. Some of the guests enrolled in the OAI had gone for a long time without having the support to improve their mental and physical health or the belief in themselves that it is possible to do so. This report is as much a story of the most vulnerable women in Boston as it is a story of a service provider on a mission to ensure that nobody is structurally denied or lacking access to social services and the ability to lead a dignified life.

THE OUTREACH AND ADVOCACY INITIATIVE

Unhoused women who live on the streets or women in unstable housing often experience complex trauma. In addition, their unique personal histories and experiences navigating a service system that does not provide intentional and individualized care can lead to women giving up on improving their lives or prevent them from seeking out future assistance. Based on our interviews with WLP staff and their partner organizations, many shelters and organizations are not structured to provide personalized care on the guest's timeline.

"We work with people who get excluded from existing service systems because their life skills are too eroded and they are difficult to work with."

"What I've noticed/heard in talks with homeless people is that they don't think they deserve placement. They think that they don't deserve it, and that's a huge barrier to try and understand that everyone deserves a key to a door that opens a room or an apartment that's your own." - Senior staff

WLP's Outreach Advocacy Initiative (OAI) surfaced from the question: *How might we address the complex needs of the hardest to reach guests who need the most help?* Funded by the Oak Foundation and engaging Brandeis' Institute for Economic and Racial Equity as the evaluation partner, OAI grew organically as a response to the need to provide a strengths-based, client-centered intervention for the guests who were struggling with chronic homelessness and housing instability.

The ultimate goals of the OAI include:

1. Disaggregate the core components of WLP's OAI approach into a replicable practice model;
2. Demonstrate the potential efficacy of the organization's outreach work;
3. Increase the number of women served through OAI;
4. Create and solidify partnerships with key stakeholders to increase the likelihood of seamless referrals to and from a larger continuum of care;
5. Document and share best practices and findings to affect policy change.

The OAI was built upon the established foundation of service approaches and practices at WLP, creating a core set of strategies to achieve the goals of the OAI. A Senior Staff member described OAI as, “a million little policy adjustments.” To carry out the goals of the OAI, the following core approaches were implemented:

1. Relationship based approach
2. Compassionate assertive outreach
3. One Team approach
4. Rethinking the physical space
5. Partnerships

Relationship-based approach

A foundational component of the OAI was to bring WLP’s advocacy services to guests who were the least likely to engage in services. Staff at WLP had experienced breakthroughs with some of the most service-resistant women over time by forming bonds with them. These relationships were often built over years as a result of many small gestures and acts of kindness that never came with pressure for the guest to accept them. Often, the gestures would not be received by the guest and the staff member would try again when the guest seemed ready. This relationship-based approach was being carried out by Advocacy and Direct Care staff on an individual basis and was not a coordinated or recognized approach. The staff members were simply doing what they deemed necessary to help the guests.

As a result of these successes, OAI sought to change WLP’s formerly custodial approach to a more relational one. Staff members increasingly practiced what WLP called, “intentionally forming authentic bonds with guests to build trust which allows staff to interpret guests’ behavior differently. This relationship-based approach led to increased engagement with the most hesitant guests. Through forming bonds, services and experiences that once may have been daunting could be internalized as manageable. The uneasy guests needed a reason to trust staff members and the services they tried to provide. Additionally, through building relationships and trust, guests didn’t have to feel as if they were going through their difficulties alone and, in turn, they accepted more of WLP’s assistance.

“She occasionally will check in like once or twice a month and give me an update or, like, send me a text message. But this is someone that I had been working with for a number of years on and off. And then I think it was maybe six or eight months before the pandemic hit, we started working again extensively on, you know, securing basic benefits with the state and appealing a social security decision.” - Advocate

Compassionate assertive outreach

Compassionate assertive outreach is about intentionally creating welcoming pathways for women to engage with WLP. Compared to WLP’s former model of a more reactive engagement approach, WLP thinks of assertive outreach as the intentional act of trying to connect with guests who are hesitant or reluctant to engage. The new approach is also built on the recognition that many of the guests with complex needs were drawn into WLP as the result of a relationship that developed organically with one staff member. Instead of waiting for guests to approach WLP or for a staff member to take the initiative, compassionate assertive outreach refers to the explicit intent to engage reluctant guests. Methods for active engagement vary by guest. One method is for staff members try to find a “hook” to engage potential guests. A hook can be almost anything ranging from a hot coffee, personal care items, to a shower. Once a guest willingly accepts a new form of assistance, the staff member intentionally opens the door to another service. This more service-forward approach is considered to be compassionate because the services offered match the guests’ self-determined goals and are offered at a pace that is comfortable for each guest. Compassionate assertive outreach and a relationship-based approach work together to maintain the trust of the guests and to understand the guests’ needs.

“...it's time and patience time and patience and finding some little hook, something that you know, motivates them.” Staff member

One Team approach

OAI prompted two major changes with the staff at WLP. In contrast to the more siloed service approach prior to the OAI, one of the first major changes was the adoption of the One Team approach, which refers to a model of coordinated care among the Advocacy and Direct Care staff. The goal was to increase communication and cooperation between the two groups. This has been achieved through weekly all-team meetings and events for staff. More frequent, structured communication has led to more collaborative and holistic assistance for all guests. This change has been self-sustaining after staff members felt more integrated and better equipped to do their jobs since realizing the benefits of improved, organization-wide communication.

“Radical engagement starts at the front door and extends through the nutritious meals we serve and the advocates.” - Senior leadership

The second staff change was a top-down change from senior leadership. Facing challenges retaining staff, WLP started investing more in the training, treatment, and compensation of their staff. Increasing the budget for quarterly, robust trainings on motivational interviewing, trauma-informed care, harm reduction, and crisis-intervention helped build a foundation for staff. Increased staff compensation and social events have improved

morale and a sense of appreciation. These changes had a large impact on the staff and changed what it means to work for WLP.

Rethinking the physical space

Prior to COVID-19, the women ate and socialized on the first floor at WLP. However, if a guest wanted to meet with an Advocacy staff, they had to go upstairs to the third floor. This physical separation created an unintentional barrier to accessing advocacy services. When COVID-19 first struck, WLP moved their services outside and when the space reopened for guests, meals as well as Advocacy and Direct Care services were provided at tables next to each other.

WLP believes the increased number of visits to the advocates observed after this change were a direct result of the services being more visible and easier to access. The separation of the advocacy services from the rest of WLP was a hurdle preventing some guests from meeting with an advocate. In general, the physical location of services can either increase visibility and accessibility leading to increased use or, if services are separated, the extra

effort to access them may present a significant barrier and constrain use. The increased engagement led WLP to permanently move their triage services to where the guests spend the majority of their time.

Partnerships

Core to the OAI was to increase communication and collaboration with social service providers (see list of strategic partners in Appendix B). In an interview with the evaluators, a staff member mentioned that it was typical for OAI guests to “fall through the cracks in the system” or unintentionally not be helped due to an overburdened system without multiple people or organizations keeping track of individuals in the service system. Many of the women targeted by the OAI encounter long waits to receive public benefits to which they are entitled. In interviews with other service providers in Boston, a common theme was the need for a more integrated network of services and increased communication among providers. WLP believes that strengthened ties between service providers would improve the quality of care offered to Boston’s vulnerable population through deeper integration of services and more robust partnerships.

Due to WLP’s work with its partners through the OAI, service providers have experienced increased communication, improved resource-sharing, and an improved ability to care for more of the vulnerable women in Boston. Providers have been able to come together to discuss guests and foster a more coordinated system of care in which guests are more likely to be connected to the necessary resources and more efficiently connect them to all the relevant, available resources. In the long-term, these efforts will likely decrease the barrier to accessing care and increase the use of essential services in Boston.

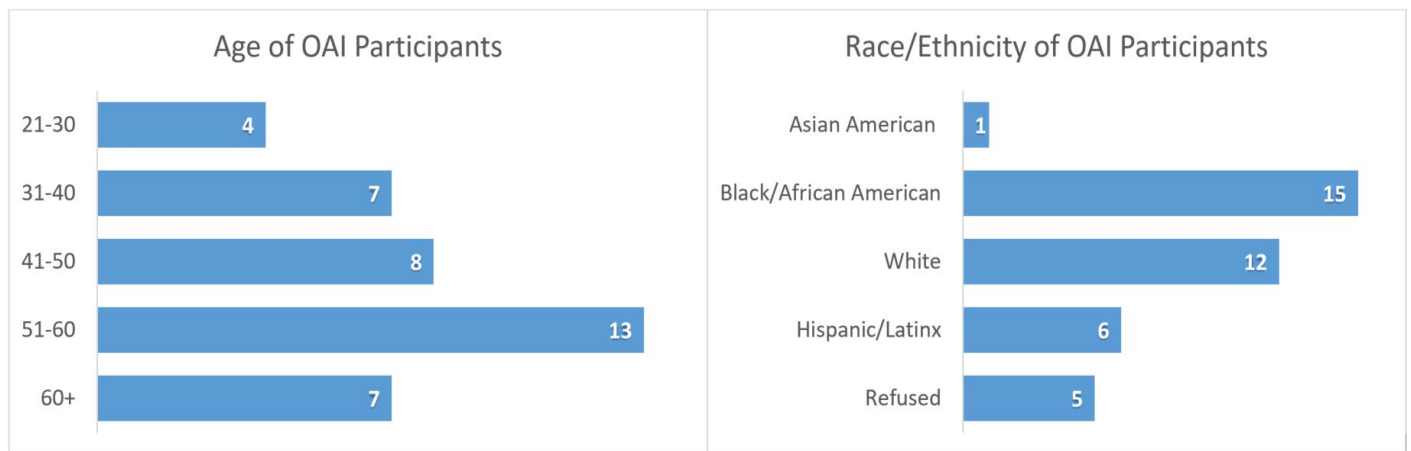
“You know they're really good at research and finding things and anticipating because they already have a lot of the things ready, services ready to go, so they can hit the ground running when somebody comes in and has a particular need, but also I think they are really, really welcoming and kind.” - Partner organization

OAI GUESTS

OAI guests were flagged by Direct Care staff for enrollment into the new service model followed by an assessment and triage of advocacy staff. Factors for flagging included, but are not limited to, obvious mental health challenges and/or substance abuse, or guests isolating and not engaging with other guests or staff. Guests were also flagged by partners at local shelters, the Department of Mental Health, or other service providers in Boston.

By the end of September 2021, 18 months into the OAI, WLP had enrolled 39 guests who the IERE evaluation team followed through the end of 2022 to document their service use and associated outcomes. Most of these guests were between 51 and 60 years old, and most of them identified as Black/African American or White (See Figure 1.)

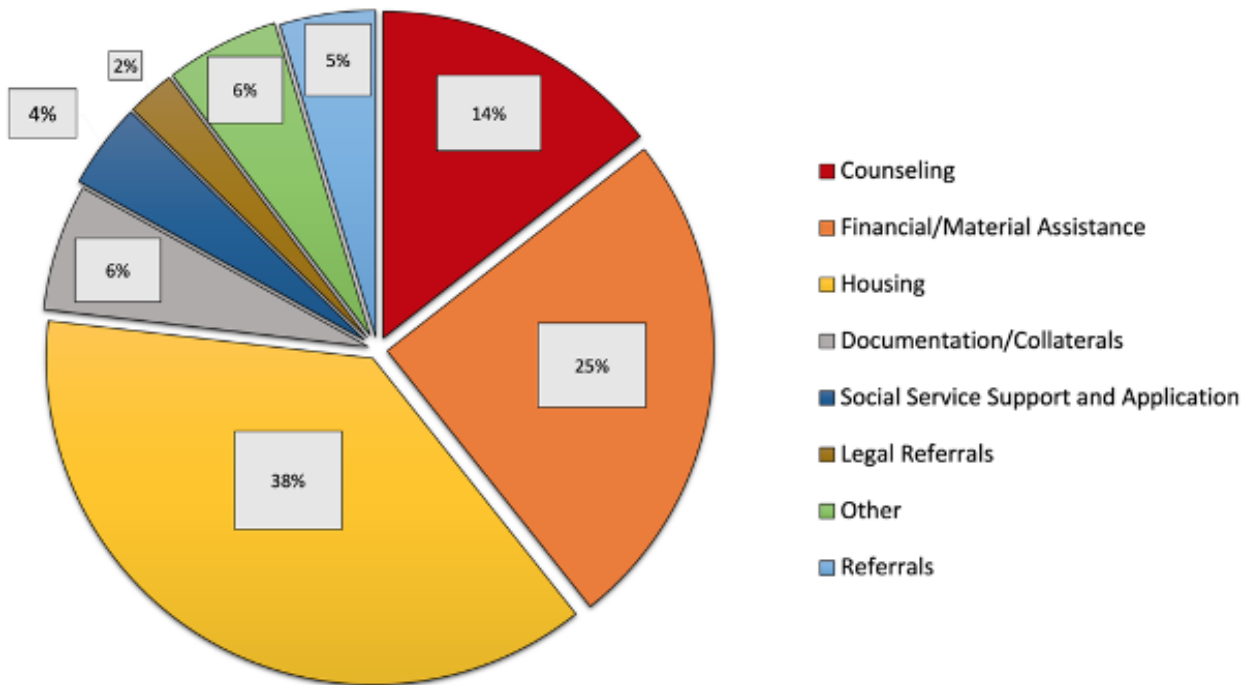
Figure 1: Basic Demographics of OAI Guests



Services used and progress observed

By the end of December 2022, 32 OAI guests remained in the initiative. These guests had close to 3,000 documented interactions with WLP staff, representing a significant amount of time, energy, and resources devoted to the cohort. The evaluation team documented the types of services used by the guests, and tracked associated outcomes as well. The types of services most often accessed by this OAI cohort were housing, financial/material assistance, and counseling (see Figure 2).

Figure 2: Total Service Use By Group



Among the OAI cohort, there is a wide range of services used. Guest needs vary based on many factors and over time. Figure 3 below shows guests' individual service usage, the type of service used, and whether or not the guest achieved stable housing.

Figure 3: Guests Housed and Services Used

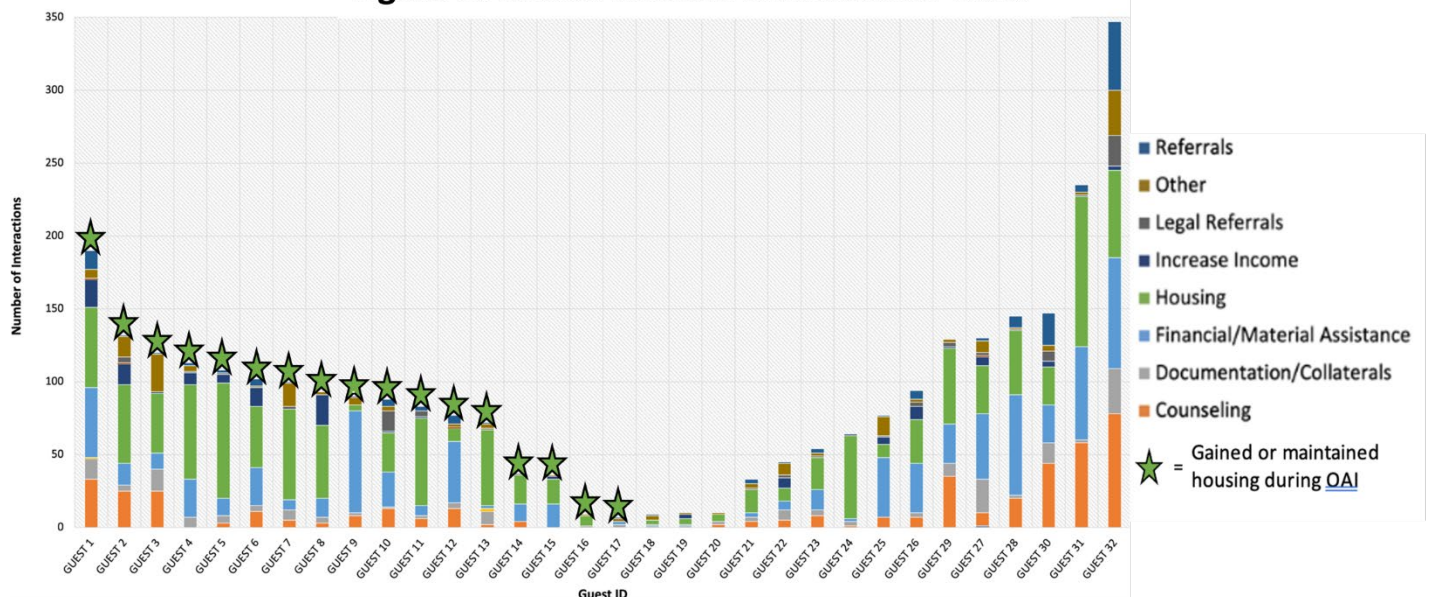
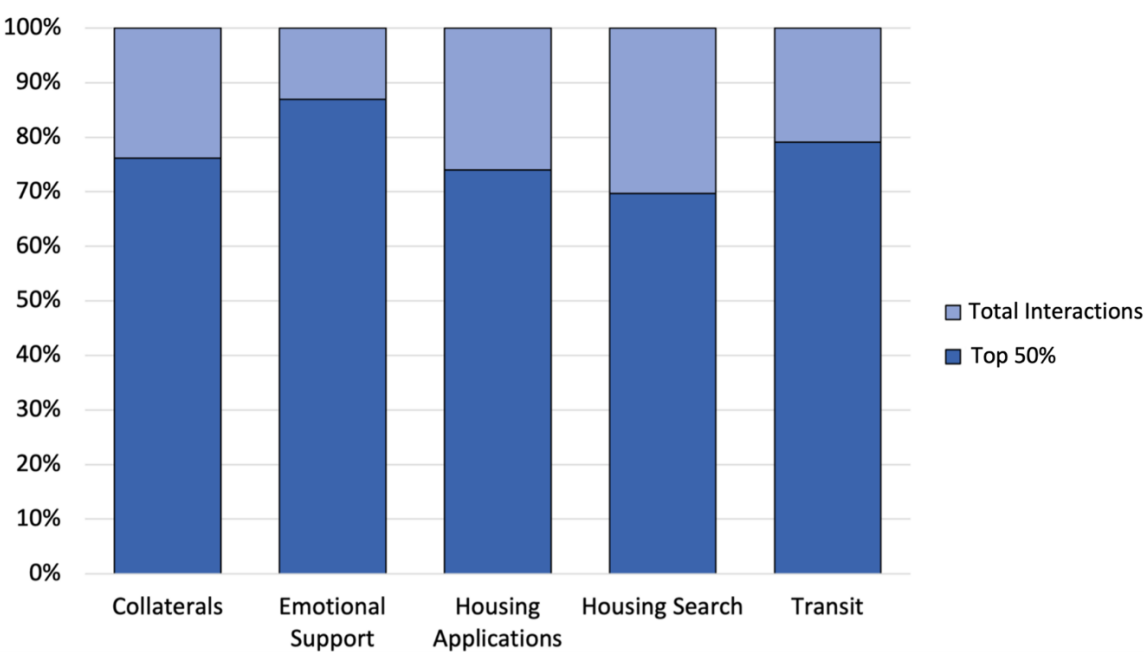


Figure 3: This chart shows the number of interactions an OAI guest had over the course of the program, the category of those interactions, and whether or not the guests secured stable housing. Some of the guests listed here were unhoused for 5-10 years prior to their time in OAI, and still over half of the OAI cohort had some type of housing by the end of the program.

Nearly half of the OAI cohort in the evaluation achieved stable housing throughout the OAI. With the support of WLP, women who had been houseless for nearly a decade or struggling with extensive mental health and substance abuse were able to secure housing. Notably, Figure 3 also reflects that high service usage does not necessarily correlate with housing stabilization – there was no obvious trend to indicate which services are essential to stabilization.

Figure 4: Top 50% of Service User Interactions out of Total OAI Interactions

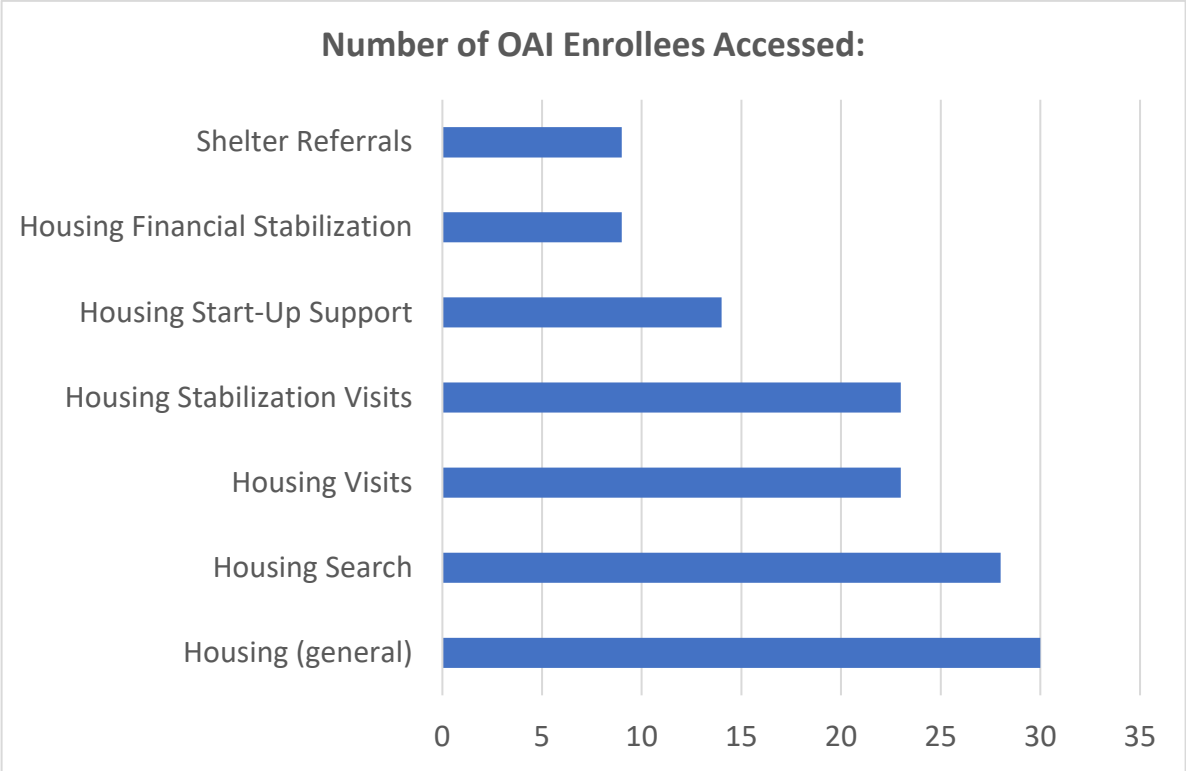


The services guests used most during the OAI were: support with collaterals, emotional support, housing search and application, and transportation. The extent of the use of each of these services varied greatly within the OAI cohort, with some using very few services overall and others relying more heavily upon the services made available to them. For example, the top 50 percent of OAI service users used 76 percent of all documented service, ranging from 70 percent to 87 percent among the different service categories, as detailed in Figure 4.

The most often sought out services by guests using multiple services included emotional support and transportation. While these data don't permit a more granular understanding of the content of the services, these trends help illuminate important differences among OAI guests in their use of services offered by WLP.

The goal for OAI, and a core value of WLP, is to address homelessness. Below we show the different types of housing related services that this cohort accessed, including referrals to shelter, housing search and visits of available units, and supports during the move and after. (See Figure 5 below.)

Figure 5: Services Focused on Housing



We acknowledge that another important data point reflecting OAI guest outcomes is service use in healthcare. However, due to privacy requirements, these data collected by Boston Healthcare for the Homeless Program are not readily available for inclusion in this report.

REALISTIC INDICATORS OF PROGRESS: THE STABILITY CONTINUUM

The Stability Continuum provides a guideline to measure guests' progress. Every woman in the OAI arrives as a unique individual with their own history, personality, and willingness to engage. Recognizing that progress is not a one-size-fits all model, a set of realistic indicators of progress is challenging to define and progress may look different for each guest.

One member of WLP's advocacy team indicated that since the low barrier to services at WLP is fundamental to their model, this can deter staff from asking guests about their past. Staff does not want to make guests uncomfortable or challenge any amount of trust that has been established. This can make it difficult to establish a baseline to track progress or thoroughly understand a guest to help them. Considering this potential knowledge gap, substantial progress may stem from a guest trusting a staff member enough to open up about their history and share personal experiences. Depending upon the guest's comfort upon arrival, progress may be returning to WLP, contacting WLP, or sitting next to a staff member.

"Every day I would make it my mission to take out the trash at exactly the same time and sure enough, she would be sitting out there. Every day I would say the same thing and every day she would do the same thing. I would say, 'You can come in and get some coffee.'

'She would respond, 'I'm good' and got up and walked away.


After two to three weeks, I thought to myself that something has got to give. I would say, 'Hey, do you want to give me your name? How about I get you a cup of coffee and you can sit out here and drink it. You don't have to come inside.' One day, she looked at me and looked like she was thinking and finally, she said, 'I'll take you up on it. No one is going force me to do anything right?' I was like, 'You don't have to do anything you don't want. Come in, take a shower, and we can give you some warm clothes.'" - Staff member

It's important to note that many vulnerable and unhoused women are experiencing complex mental health challenges. Mental health conditions present numerous, sometimes insurmountable barriers to stabilization. As a result, guest progress can take many forms, including consistent or meaningful contact, attending doctor appointments, or maintaining personal hygiene. WLP has worked with many guests who were initially hesitant to engage in services, have innumerable micro-progressions over a span of many years and eventually obtain housing.

For most of the OAI, guests progress is non-linear. While WLP's staff expects that many will achieve long-term stability, they provide support for the bumps on the path towards it. This judgement-free approach allows the guests to make mistakes and be human while still allowing WLP to be a partner in their lifelong progress.

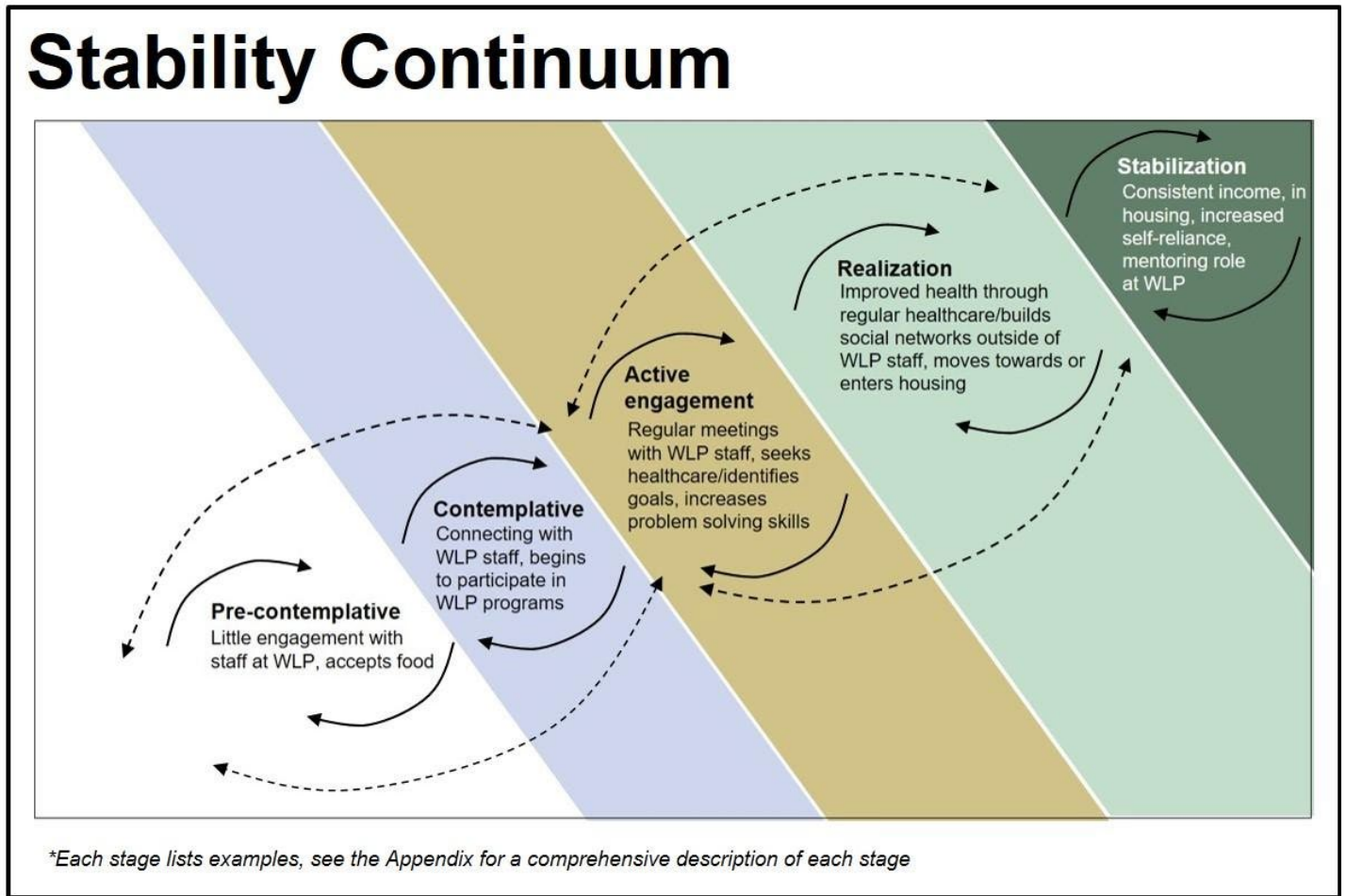
Derived from existing research and experience with guests enrolled in the OAI, the Stability Continuum (see Figure 6) was developed to provide a way to show guests' progress toward their own goals, acknowledging that the end goal does not need to be, nor will it always be, self-sufficiency, especially for those with behavioral health challenges. The tool was created to help evaluate the progress of the women enrolled in the OAI. It's crucial to recognize the steps were not intended to capture "progress" along a linear spectrum since each guest spends varying amounts of time in each stage.

The Stability Continuum is used by staff to help guests set goals and monitor changes. Guests are not rushed to achieve their goals or make time-sensitive progress on them. Staff have mentioned being appreciative of the new assessment tools. The tools help to show change and proactively identify the need for services. Furthermore, they have become a formalized way to record a snapshot of a guest's condition at different levels of engagement.



"The matrix is helpful to get a complete and through understanding of where the client's needs are." -Staff

Figure 6: Stability Continuum



When guests do establish objectives, staff engages with the WLP team and their partners to help guests feel supported and to know that their goals are achievable. Goals can be anything, such as addressing outstanding utility bills, securing housing, or showering regularly.

WLP AS VIEWED BY THEIR PARTNERS³

“[WLP] developed the recipe on how to include community members in their everyday work and how to empower the greater community and helping those that are most vulnerable.” - Partner organization

partner noted that WLP is “in it for the long game.” Partners also noted that they wished there were more safe spaces for women during the day, but while there are not, they hope to continue working with WLP to build better plans to keep women safe.

A senior staff member of WLP said, “When landlords take a WLP guest, they’re not just getting a person disconnected from services, they’re getting a person and WLP.” This ongoing support, and WLP’s reputation, makes it easier for guests to secure housing because landlords can be more likely to accept placement of a person who is referred by WLP.

WLP partners are critical to referring guests to additional services and for guests to learn about the services that WLP offers.

WLP is well known in Boston for being a resource-rich, safe space which is deeply committed to assisting Boston’s vulnerable women. They are able to be a provider of services and a bridge to services because of the respect and admiration of their work by other members of the service community in Boston.

In interviews with some of WLP’s service related partners, it was clear that WLP is deeply respected for their dedication to a patient-centric and non-judgmental approach to care. A housing

“...to me they are the kind of gold standard of engagement opportunities. They provide a safe, welcoming, warm space with really great food in a way that is non-judgmental. It’s just so welcoming, and open and their staff are really great at just following the lead of the client....” - Partner organization

³ Please note that the service partners and the WLP guests did not know of the OAI specifically so their statements reflect the overall WLP approach.

Healthcare partners

Boston Healthcare for the Homeless (BHCHP), a core partner for the OAI, offers daily clinical services at WLP, easily accessible for all that gather in the WLP space. This new partnership has been termed “a real game changer for guests” as guests can be seen onsite as opposed to having to set up an appointment elsewhere to receive services.

In an interview with Boston Healthcare for the Homeless, an individual from the organization mentioned how they are able to care for so many women as a result of WLP’s kind and non-judgmental environment. In many spaces, women may feel too guarded to access healthcare. It is thought that due to the comfortable environment of WLP, women have the space to contemplate approaching the healthcare providers. They are able to access healthcare when they choose and are not pressured. One of our interview partners shared that it is likely that this had led to improved physical and mental healthcare outcomes.

Housing partners

Relationships between staff members and social service providers benefits WLP’s guests and all vulnerable women in Boston. Housing partners commented on WLP as a great partner to help the OAI guests to access housing units when they are ready. However, as one partner shared, it is the management of affordable housing that determines who in the end is eligible for the affordable units after a lengthy review process. WLP staff has increasingly connected with housing partners to secure temporary or permanent housing, using their social capital to verify their guests are a good fit for housing placements.

“...sometimes it takes people years to feel safe. So yes, an environment like Women's Lunch Place is kind of mandatory, or it's an essential for women.” - Partner organization

WLP AS VIEWED BY THEIR GUESTS

WLP's guests reported that WLP provides services in a dignified and respectful manner. In addition to the positive response to WLP's tone in service delivery, guests indicated that WLP offers services which make the women feel proud and supported. These services include haircuts from salons, manicures, emergency clothing when needed, and financial assistance replacing lost or stolen essential items. Guests are able to do laundry once a week, and if an emergency load of laundry is needed due to rain or another unforeseeable situation, WLP allows it. Guests consider the showers at WLP to be an important tool to maintain dignity and personal hygiene. WLP also provides a small library and access to computers.

"WLP provides a great place if you want to breathe, feel free, something a little different from other places, it's welcoming, you feel safe." - Guest

In interviews with OAI guests, we learned that multiple guests reported developing meaningful relationships with their case managers. These close connections formed through assistance with rent, obtaining personal identification documents, financial assistance, and housing applications.

"I would still come here if I have a place of my own, for the community, everything I ever need I can find here." - Guest

Guests interviewed for this evaluation spoke consistently highly of the services and the supports they receive from the Advocacy and Direct Care staff at WLP.⁴ In these interviews, guests discussed how they connected with WLP overall, how they experience WLP, and how they feel WLP is different from other service providers they have encountered.

The connections that guests have built with staff was the center point of discussion. Guests pointed to positive attitudes and supports they felt throughout. Some pointed to staff they

⁴ Due to COVID-19, engagement of OAI guests in this evaluation was challenging and more limited than in similar evaluation projects. The evaluation team spoke with 6 guests.

most connected with. However, it was mostly the staff as a team that stood out for them. Guests felt welcomed from their first point of contact with WLP.

Other guests stressed the importance of WLP providing a safe place from the street.

The sense of community that WLP provides was important to all guests, at the time of their stay and as an important community in the future. In addition, guests have recommended WLP to homeless women from the shelter they were staying at overnight.

"I felt welcomed when I came in. I was shown around... All staff are so positive and energetic." - Guest

"I actually have brought a number of people, ladies from Pine Street, I made a lot of friends here which I need. I can't be alone all the time." - Guest

LESSONS LEARNED

Developed over several years and implemented throughout the COVID-19 Pandemic, WLP utilized OAI to provide services to women who would have previously fallen through the cracks. The combination of OAI and COVID-19 resulted in larger organizational shifts at WLP, and the organization as a whole has been strengthened by the OAI model. Several significant lessons have come from the OAI, including the importance of being accessible through co-locating services, having assertive outreach, and robustly resourcing staff.

Being Accessible

A point of perspective shift for WLP came when the team decided to bring their advocacy and outreach tables down from the third floor and outside to where the meal and healthcare services were being provided. Highlighted in interviews, once COVID-19 hit, staff were bringing the service tables out of the building and down to the ground level outside. The staff inadvertently started acting upon the OAI assertive outreach goals without realizing it or intending to. Staff began supporting clients in taking care of themselves through PPE provisions, increased food outreach, and making sure the guests knew what services were available. Barriers to access were decreased further when engagement began outside the front door, rather than tucked away in the building's third floor. The staff described this as, "bringing the inside of the shelter outside."

Assertive Outreach

After the tables had been moved outside and the pandemic had progressed to the point of allowing operation with safety measures in place, the shelter was able to reopen in limited capacity. At that time, WLP staff and leadership were able to implement the OAI model. WLP built upon their model of creating a non-judgmental, welcoming, and assertive outreach. Called "assertive generosity" by the staff, this prioritized each guest's voice while also asserting boundaries, continuously offering service and support, and using motivational interviewing. All of these efforts supported guests in maximizing their potential while also preserving guests' dignity and autonomy.

Robustly Resourcing and Supporting Staff

A concerted effort by WLP administrative staff to improve working conditions for staff has garnered positive results, increasing staff wages, providing better and more frequent staff training, and shifting internal policies to better respond to the challenges of working with a high-acuity population. In turn, fair wages and more supportive benefits for staff have led to increased staff commitment and retention. More training has offered staff more tools and transferable skills to inform the care they provide. Changing internal policies has better equipped WLP staff to deal with both day-to-day challenges of the work, as well as to better manage client crises and staff burnout. While not every element of OAI was implemented due to COVID-19, WLP administration has created a responsive workplace structure to support staff in meeting programmatic next steps or client challenges.

The evaluation indicates that at the end of the first three years of the OAI, changes in service delivery have begun to benefit all WLP guests. Similarly, staff, supporters, and the broader general public are gaining from the unique and effective OAI model. This model has been so effective that WLP staff has recognized that OAI practices have been integrated into the general operations of WLP. **“WLP has become OAI.”** The public health benefits of the OAI have driven the development of OAI into all facets of WLP’s operation, informing the day shelter’s internal and external practices, guest facilitation and connection, and staff resourcing and professional development.

CONCLUSIONS AND RECOMMENDATIONS

The OAI at WLP provides a new approach expanding standards of supporting vulnerable women at WLP and beyond. Despite the implementation coinciding with the onset of the societal restrictions due the pandemic, WLP set out on the ambitious goal to implement and test this new approach, thereby strengthening the services that they provide at their day shelter for houseless and poor women in Boston. There are a number of recommendations that grew out of the OAI implementation phase.

1. Continue to build out this new model of service delivery, strengthen the established shared understanding of indicators of success, regularly review these indicators and document them through data collection.

Continue the support of frontline and advocacy staff, provide regular opportunities for communication to share, and use realistic indicators of success for the women in the OAI.

2. With the pandemic at its end, begin to build out the proposed peer support model approach and train peer leaders on trauma-informed care.

The peer support model, a proposed core element proposed for the OAI implementation, could not be implemented due to the pandemic. Revisit the plans for this component, implement it and begin testing its impact.

3. Continue to build a robust database and establish a shared understanding of critical data elements that need to be entered for all guests.

Data collection is a critical element to document this new service approach. Consistency in data entry can be upheld by regular checks to establish a shared understanding of what should be entered in what way. In addition, the use of the data entered serves as an incentive to staff to see the results of their work. This includes data presentations to the larger community outside WLP as well reviewing the data for internal purposes, for example, a closer look at the heavy users of services. In addition, to document observed cost reductions for health care related services due to the OAI, linkages with administrative health usage data are required.

4. Make sure everyone in the organization has been informed about the new approach from the start and create space for continuous or periodic staff input and feedback.

When the OAI model was first conceptualized and implemented, not all staff and volunteers were aware of each element or of the plans to shift the service approach for vulnerable WLP guests. If all WLP staff and volunteers are informed and onboard, the OIA will be stronger.

5. Explore promoting social connections among guests and with guests' families.
Research shows that supportive social connections are an important element of success for women who have experienced homelessness (for example, see Miracle Money Proof of Concept 2021 Program Evaluation).
6. Continue to support staff with appropriate salaries and clinical supervision.
WLP has built a strong team of service providers through supports like living wages and regular clinical supervision. The tight relationship between staff members observed in the focus groups and shelter visit benefits the guests in the OAI.
7. Continue to engage external evaluation partners.
Engaging external evaluators as learning partners helps to illuminate the process and outcomes of new initiatives implemented by WLP as well as lessons from and benefits of ongoing service approaches.
8. Promote the successful model locally and nationally.
We encourage WLP to promote this new model locally and nationally to impact changes in services delivery. As WLP's partners noted in the interviews, "There is much to learn from WLP and their approach to serving houseless women."

APPENDIX A

Evaluation approach

In this developmental process evaluation, the research team employed a mix of qualitative and quantitative data collection methods, and reviewed OAI and WLP documents. The research team began the evaluation by meeting with the WLP leadership team to understand the goals of the OAI, why a separate program embedded within WLP was needed, the steps WLP was taking to accomplish the goals of OAI, and WLP's environment. After the OAI was defined in a series of meetings with all stakeholders, we conducted an evaluation to address the questions below.

Core evaluation goals/Research questions

1. What is the OAI?
 - What are its critical components to support poor and homeless women who are reluctant to engage in services?
2. How is the OAI implemented?
 - What are the criteria for enrollment into OAI and how have they been established?
 - What are critical partnerships for the successful implementation of the OAI?
3. What milestones do the women enrolled in the OAI realize?
 - How is movement along the path to service engagement documented?
 - To what extent are OAI enrolled women able to improve their health, housing, and income?
 - How does WLP staff assess OAI enrolled women's progress?
 - How do OAI enrolled women reflect on their experience?

IRB approval

In order to conduct interviews for the OAI evaluation that include meetings with WLP guests, the application for approval by the Brandeis Institutional Review Board's Human Research Protection Program (IRB) for these evaluation activities was necessary. The IERE research team received IRB approval January 14, 2021 (Protocol #21097R-E).

Literature review

To inform the evaluation, the evaluation team conducted a literature review of the existing scholarship. Search terms included, homeless women in general and older homeless women specifically, shelter for homeless women and their experiences at these shelters, day shelters, trauma-informed care, and successful transition to housing for homeless women.

Document review

The evaluation team reviewed a range of documents related to the OAI, such as the proposal and progress reports to the Oak Foundation, WLP data presentations, information on the Boston network of service providers servicing homeless women, and materials shared on the WLP website.

Stakeholder interviews focused on WLP and OAI

The participatory process evaluation engaged the WLP community and external partners, allowing for stakeholders to be involved in the process of this three-year project. The IERE research team conducted focus groups with OAI stakeholders including: WLP Executive Leadership, Senior Staff, Frontline Workers, Volunteers, and WLP Guests. The purpose of the first round of focus groups was for the IERE team to understand WLP approaches before and after OAI implementation from different stakeholder perspectives. The evaluators gathered a multi-stakeholder view of WLP's services and used the findings to develop a baseline for implementation of the OAI. The focus group interview protocols included questions about staff, volunteer, and guests' experiences, assessment of WLP overall, and more detailed questions on the OAI.

More than a year after implementation, the evaluation team engaged with WLP staff at all levels in logic model conversations with the goal to establish a theory of change contained in these models. These rich conversations led to a shared understanding of the overarching goals for WLP overall and specifically for the OAI.

Finally, in the third and final year after the initial round of qualitative data collection, the researchers conducted follow-up interviews and focus groups to reflect on the OAI model

experience and next steps. In addition, interviews with OAI partners added perspectives on partnerships.

Qualitative data

All qualitative data collected and documents reviewed were compiled in a qualitative database using ATLAS.ti where the information was coded along major themes. Data memos were shared with WLP throughout the evaluation.

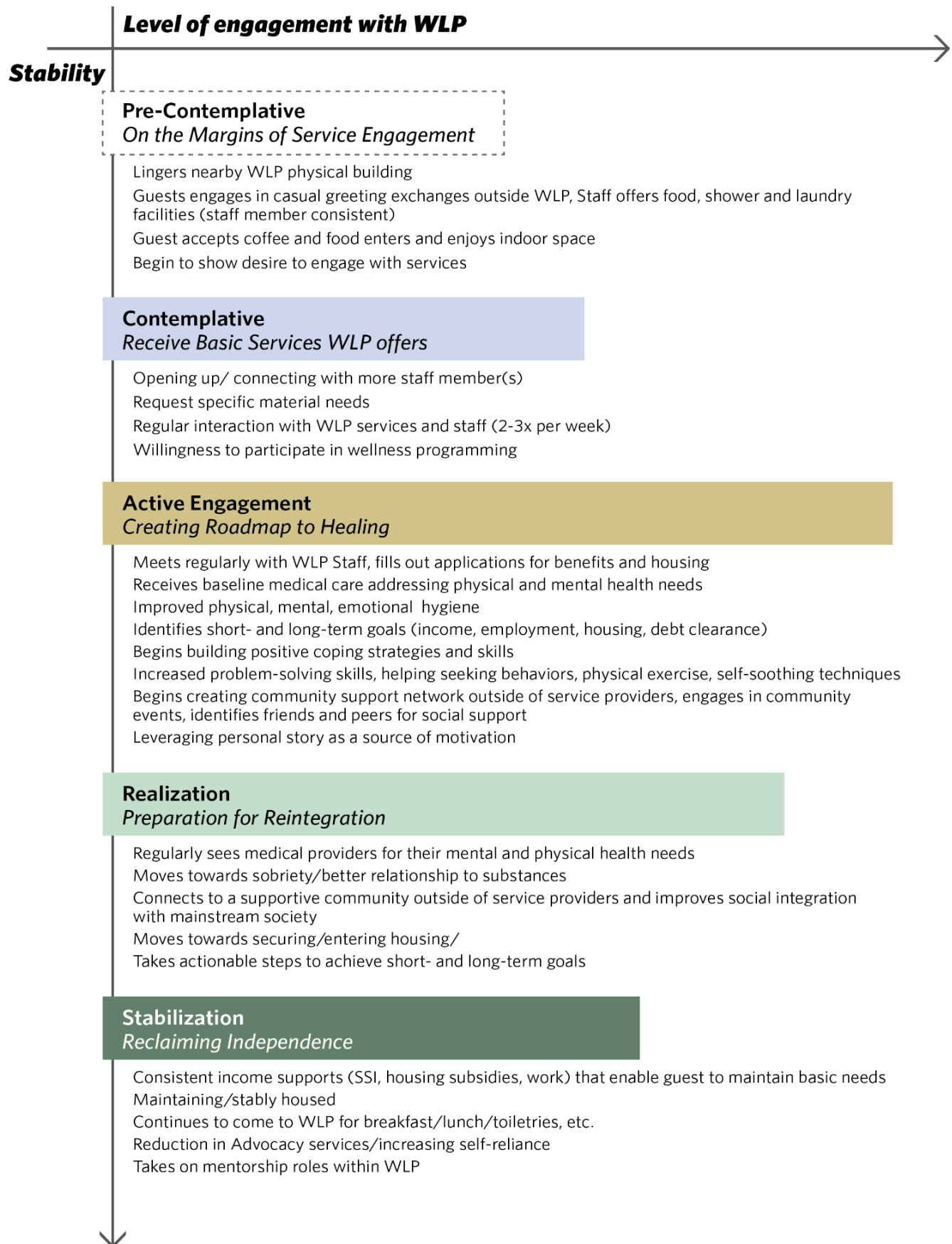
Quantitative data

Data collection and communication via electronic records is a critical component of the new OAI approach. WLP shared quarterly data on demographics of OAI guests and their service use with the evaluation team. The researchers analyzed and shared results in ongoing meetings with WLP leadership.

Stability Continuum

In partnership with WLP, the Stability Continuum was informed by a thorough literature review of the existing scholarship. More details on the various stages of the Stability Continuum are shown on the next page of this Appendix.

Stability Continuum explained



APPENDIX B

List of strategic partners

- Asian Task Force Against Domestic Violence
- Boston Health Care for the Homeless Program
- Boston Public Health Commission
- Boston University Law School
- City of Boston Department of Neighborhood Development
- Community Servings
- Greater Boston Food Bank
- Holland + Knight
- HomeStart
- Lens Crafters
- Lovin' Spoonfuls
- MA Department of Mental Health
- MA Executive Office of Health & Human Services
- Massachusetts Immigration and Refugee Advocacy Coalition
- Metro Housing/Boston
- Northeastern University
- Pine Street Inn
- Rian Immigrant Center
- St. Francis House