

FULL-LENGTH ARTICLES

Combining the World Café and the Deliberative Democratic Evaluation: A Win-Win Strategy

Kristelle Alunni-Menichini¹ , Karine Bertrand², Astrid Brousselle³¹ Psychiatry, McGill University, ² Medicine faculty and health sciences, University of Sherbrooke, ³ School of Public Administration, University of Victoria

Keywords: World Café, Deliberative democratic evaluation, Addiction, Homelessness, Collaboration

<https://doi.org/10.35844/001c.66191>

Journal of Participatory Research Methods

Vol. 4, Issue 1, 2023

The current emergency response for substance users experiencing homelessness is not adapted to their needs. This has led to the revolving door phenomenon and to issues of collaboration between involved organizations. This study aims to demonstrate the relevance from the participants' perspective of: 1) the World Café; 2) the deliberative democratic evaluation; and 3) combining these two methods as part of a qualitative study aimed at improving emergency response to substance users experiencing homelessness in Montreal. Thirty-four people participated in an intersectoral World Café guided by the principles of deliberative democratic evaluation. Twenty-three participants responded to a questionnaire regarding their satisfaction, effects of their participation, and adherence to the principles of deliberative democratic evaluation (inclusion, dialogue, and deliberation). We performed descriptive statistics and a thematic content analysis. Ultimately, the respondents were satisfied with the activity and several said they gained new knowledge and improved their network. Roughly half of the participants shared that their participation influenced their representations and their future practices. Our findings suggest that combining deliberative democratic evaluation and World Café is relevant to providing rich qualitative data, gaining systemic insight, and having an impact on our communities (e.g., improving intersectoral collaboration, professional' attitudes and practices).

Introduction

Homelessness is a major societal concern given its prevalence and personal, health, social, and economic consequences in major Western cities (Homeless World Cup Foundation, 2019; Laird, 2007; Latimer et al., 2017; Latimer & Bordeleau, 2019). Persons experiencing homelessness tend to use emergency response services when they need to contact the health network and when they are in crisis or under the influence of psychoactive substances (Abramson et al., 2021; Charette et al., 2011; Doran et al., 2018; Durant & Fahimi, 2012; M. Moore et al., 2019). Homelessness, substance use, and mental health problems are frequently associated, which can lead to many perceived inappropriate behaviors and other consequences for those who experience them, such as agitation, incivilities, risk-taking behaviors, aggressiveness, and suicidal ideation (Baggett et al., 2013; Kidd et al., 2017; Noël et al., 2016; Nolan et al., 2014; Richer et al., 2013). Homeless persons' increased visibility in public settings may lead to more frequent calls to emergency services (Parazelli et al., 2013). This situation may also be explained by the extent and complexity of their needs and of the barriers hindering their access to care (Argintaru et al., 2013; Chambers et al., 2013; Doran, Vashi, et al., 2013; G. Moore et al., 2011).

Current emergency response is often stigmatizing and insufficiently adapted to the needs of homeless persons, including answering their basic needs or responding when they are under the influence of psychoactive substances. As a result, the responsibility of caring for these people shifts from one ill-equipped organization to another, especially between the emergency services themselves such as police, paramedics, and hospital services. This has led to the phenomenon of revolving doors and the emergence of collaboration issues (Chang et al., 2014; Choi et al., 2011; Doran et al., 2014; Doran, Ragins, et al., 2013; Doran, Vashi, et al., 2013; Farmer, 2012; Maharaj et al., 2013; Raven et al., 2010).

Our study thus aimed to contribute to the improvement of the emergency responses to substance users experiencing homelessness. Given that the needs differ from one context to another, it was essential to focus on concrete needs and recommendations that would be specific to our local context. We therefore opted for a need analysis to intersect the perspectives of multiple stakeholders, especially persons who have experienced homelessness and addiction, emergency response actors (i.e., police and professionals from hospital emergencies), and other actors who are involved in some way in this response (professionals from specialized services and community-based organizations; people from the political and research communities).

We considered deliberative democratic evaluation a particularly interesting avenue in this regard. This collaborative method aims for the inclusion of all the people concerned by an issue and for a consensus when different perspectives are presented (Duplin, 2007; House & Howe, 1999, 2002). Nonetheless, it is still little used despite the growing popularity of participative methods in qualitative research, and few papers propose concrete ways to apply it (House & Howe, 1999; Hreinsdottir & Davidsdottir, 2012; Ryan, 2004; Ryan & Johnson, 2000). The goal of this article is to demonstrate the relevance of combining deliberative democratic evaluation with a concrete way to apply it, the World Café, for addressing complex issues, through an example in the field of addictions.

Deliberative Democratic Evaluation

Democratic evaluations are participative evaluations that are positioned to serve the community by promoting education and empowerment (Howe & Ashcraft, 2005; MacDonald, 1974; Ryan, 2004), which makes them a good fit with qualitative research. They are used as an instrument of negotiation, social justice, and empowerment. To do this, democratic evaluations aim to involve all interest groups, rebalance the relationships of power in decision-making, and produce information that is useful and used (House & Howe, 1999; MacDonald & Kushner, 2004; Théberge, 2011). Deliberative democratic evaluation also meets these objectives, but with an emphasis on: including the more vulnerable and marginalized persons in the decision-making; co-constructing knowledge by distributing objective and credible information; and formulating valid, practicable recommendations (House & Howe, 1999).

Conducting this evaluation requires adherence to three basic principles: inclusion, dialogue, and deliberation (House & Howe, 2002; Howe & Ashcraft, 2005; Ryan, 2004; Théberge, 2011). Inclusion encourages consideration of the most relevant viewpoints, that is, those of the people concerned by a given issue, program, or policy (House & Howe, 1999, 2002, 2003; Hreinsdottir & Davidsdottir, 2012). This means that all stakeholders must be included. In the field of addictions, active substance users should thus be included, which is consistent with the recent move to integrate users within research (Damon et al., 2017; S. Greene et al., 2009; Neale et al., 2017; Shippee et al., 2015). Dialogue is the exchange process where objective information is provided and experiential knowledge is shared (Boyko et al., 2012; House & Howe, 1999, 2002). There is thus a co-construction of knowledge and the development of a common understanding (Boyko et al., 2012; House & Howe, 2002; Hreinsdottir & Davidsdottir, 2012). Deliberation consists in thoroughly examining and debating different conceptions, such as values and social representations (Duplin, 2007), in order to make collective decisions and formulate recommendations (House & Howe, 2002; Howe & Ashcraft, 2005; Théberge, 2011). According to several authors, it is not the ultimate goal that matters, but rather the effects of the deliberation on the participants (e.g. respect and openness) (Chambers et al., 2013; Duplin, 2007).

Evaluators and researchers are important players in this evaluation (Contandriopoulos & Brousselle, 2012; House & Howe, 1999; Ryan, 2004). They must structure the activities to favor adherence to the three principles and to produce valid conclusions (House & Howe, 1999, 2002; Ryan, 2004). They must anticipate potential power imbalances and implement mechanisms to reduce them both upstream (e.g. choice of methods) and during the activities (e.g. reframe the overflow of emotions, encourage the more discreet persons to express themselves) (Hreinsdottir & Davidsdottir, 2012; Théberge, 2011). It is thus recommended that evaluators and researchers be neutral and independent during the collection and analysis of data (Contandriopoulos & Brousselle, 2012; MacDonald & Kushner, 2004; Ryan, 2004). Otherwise, this type of evaluation fits well with pragmatism and transformative-emancipatory values as an epistemological position: choosing methods that are best for meeting research goals, creating useful knowledge and democratizing it, seeking ways to diminish the effects of oppression and discrimination, and integrating the research into an iterative and continuous learning process with social justice values (Biddle & Schafft, 2015; Long et al., 2018).

Although it is primarily used in education, this evaluation is easily transposable to other contexts, especially those with top-down management, generalized concerns, and potential participants who are curious and open to other viewpoints (Contandriopoulos & Brousselle, 2012; Hreinsdottir & Davidsdottir, 2012; MacDonald & Kushner, 2004; Ryan, 2004). For its implementation, the authors recommend using an innovative combination of methods and qualitative designs, taking the local context into account (House, 2001; Hreinsdottir & Davidsdottir, 2012; Ryan, 2004).

The World Café

The World Café is a dialogical, creative, and collaborative method. It aims to create a network of exchanges between people with different viewpoints on a given theme (MacFarlane et al., 2017; The World Café, 2008). Its use is growing in research (Schiele et al., 2022), especially in qualitative, health, and education fields (e.g., Alunni-Menichini et al., 2020; Banfield et al., 2021; Decker-Lange et al., 2021; MacFarlane et al., 2017; Restall et al., 2016).

Its implementation is flexible and can be adapted to various contexts and several recommendations are proposed. Good preparation is suggested, such as identifying in advance the theme (e.g. issues of interest), objective(s), potential participants, and parameters of the activity (e.g. three rounds of discussion periods). A pleasant atmosphere should be created, where all participants are encouraged to share and combine their ideas through dialogue, written communications, or drawings. Organizers are encouraged to give participants the opportunity to change tables (i.e., rotations) and meet new people to cross-pollinate knowledge. At the end of the round, a host remains at the table and summarizes the previous discussions at the next round. Thus, participants can enhance and add nuance to the comments previously reported by others. Finally, it is recommended to end the activity by identifying the themes that form patterns (Brown, 2010; MacFarlane et al., 2017; The World Café, 2008). These exchanges can be recorded and a thematic analysis can be done afterward (Alunni-Menichini et al., 2020; Khong et al., 2017).

Combining the World Café and the Deliberative Democratic Evaluation: The Example of Our Project

Our study was designed to fulfill two needs: 1) identify avenues for concrete solutions to improve the emergency response to substance users experiencing homelessness in Montreal; and 2) identify strategies to help emergency response stakeholders improve collaboration (Farmer, 2012; Parazelli et al., 2013; Théberge, 2011).

We opted for an innovative evaluative study combining the needs analysis (Altschuld & Watkins, 2014; Watkins et al., 2012) and the deliberative democratic evaluation (House & Howe, 1999, 2002) with a qualitative design (Miles & Huberman, 2003). The deliberative democratic evaluation allowed us to focus on: 1) the local context (House, 2001; Hreinsdottir & Davidsdottir, 2012; Ryan, 2004); 2) the inclusion of all emergency-response stakeholders, including substance users experiencing homelessness, while striving to reduce the inequalities of power (House & Howe, 1999, 2002); and 3) the effects of the evaluation (Duplin, 2007). For the purposes of our study, the World Café seemed interesting as a data collection activity. First, it was recommended in the needs analysis (Altschuld & Watkins, 2014; Watkins et al., 2012). Secondly, it has the potential to follow the principles of deliberative democratic evaluation (House & Howe, 1999, 2002). Finally, the World Café seemed a relevant way to collect rich qualitative data: data resulting from a crossing of the perspective of people who usually have little opportunity to exchange with this dynamic

and collaborative process. As this was the first attempt at combining the World Café and deliberative democratic evaluation in qualitative research, we wanted to demonstrate the relevance of this combination of participants' perspectives.

Methods

World Café Participants

We received authorization from an ethics committee to conduct this study. Every participant was recruited through expert sampling, i.e. administrators of the organizations involved and the members of our committee of experts (Baker, 1996). Thirty-four people participated in the World Café, excluding the note-takers and organizers. There were ten police officers, two of whom specialized in mental health or homelessness; five professionals from addiction- or homeless-related services in health and social services system, including specialized outreach teams; one professional from a psychiatric hospital; six community-based stakeholders in the field of addiction, mental health or homelessness, two of whom had previously experienced homelessness; three representatives of the homeless persons who also had experiences of homelessness and addiction; three political actors at the municipal and provincial level; and six research community members with expertise in addiction, mental health, or homelessness.

The activity began with the participants signing a consent form, as requested by our ethics committee (100%; $n=34/34$) and handing in the sociodemographic questionnaire (97%; $n=33/34$). Of the professionals who responded to the questionnaire (97%; $n=30/31$), most were women (63%), had a university degree (78%), and had worked in their organization for at least five years (63%). Most professionals (77%, $n=23/30$) interacted regularly to frequently (more than five times per month) with persons experiencing homelessness. However, interactions with emergency response professionals seemed to vary depending on the type of stakeholder (see [Table 1](#)).

The three people who had previously experienced homelessness responded to a questionnaire concerning substance use, the ASSIST V3.0, in addition to the sociodemographic questionnaire. In summary, they were three men whose average age was 53 years, with education levels varying from high school to university and with a history of poly-drug use. In the three previous months, they had all lived in an apartment and had continued to use three of the following substances: tobacco, cannabis, cocaine, sedatives, and/or alcohol. Two were in a methadone treatment program. Only one mentioned having had health, legal, or financial problems related to his cocaine use in the previous three months.

Finally, due to challenges associated with the ethics-related application and recruitment, health and social service professionals were less well represented at the World Café. Individual interviews were conducted to ensure adherence to the principle of inclusion. Individual interviews were also conducted with the substance users experiencing homelessness to obtain their viewpoint in a context free from power-related issues. However, the results of these interviews are not presented in this article.

Table 1. Characteristics of the Professionals who Participated in the World Café

Field of expertise	Type of organization	Number of participants (<i>n</i> = 30)	Number of monthly interactions with:										
			Persons experiencing homelessness (%)			Police officers (%)		Hospital emergency professionals (%)		Specialized services professionals (%)		Community caseworkers (%)	
			1 to 5	5 to 20	20 and more	0 to 5	5 and more	0 to 5	5 and more	0 to 5	5 and more	0 to 5	5 and more
Security	Police	8	0	12	88			75	25	50	50	25	75
Homelessness	Mobile homeless referral and intervention teams	3 ^{A,B}	0	0	100	33	67	0	100			0	100
	Community-based organizations	4 ^C	0	25	75	100	0	50	50	50	50		
Addiction	Addiction center	1	0	100	0	100	0	1	0	0	100	100	0
	Community-based organizations	3	0	0	100	100	0	33	67	33	67		
Mental health	Psychiatric hospital	1	0	100	0	0	100			0	100	0	100
	Psychosocial emergency	1 ^A	100	0	0			100	0	100	0	100	0
Politics	City and Ministry	3	33	33	33	67	33	67	33	33	67	33	67
Research	Universities	6 ^D	75	25	0	75	25	100	0	50	50	50	50

A) Includes one person from the police; B) Includes one person from an addiction center; C) Includes one intern (less than one year of experience pairing with a community-based stakeholder); D) Two out of six respondents indicated “not applicable” for these questions.

Table 2. Strategies Implemented to Comply With the Principles of Inclusion, Dialogue, and Deliberation

Principles	Strategies used
Inclusion	<ul style="list-style-type: none"> • Identification of all the stakeholders of emergency response during a meeting with our committee of experts. • Sampling aimed at theoretical representativeness, in other words, that all the stakeholders in a program or in an issue are represented, in this case key emergency-response actors (Laperrière, 1997; Miles & Huberman, 2003). • Individual interviews with stakeholders who were less well represented at the World Café and persons experiencing homelessness to ensure good representation of their point of view and of their reality (see also Dialogue).
Dialogue	<ul style="list-style-type: none"> • Description of the activity, its objectives, as well as the World Café guidelines at the beginning of the day (The World Café, 2008). • Access to objective information from four brief conferences concerning the relevant data from the literature and from studies conducted in Montreal. The hosts could also add empirical data during the discussions. • Discussion tables structured with people from various networks. Colors were assigned to each of the groups of stakeholders. During the rotations, they were asked to sit with people whose colors were different from theirs. • Pay attention to and reduce the inequalities of power that could be present around the table. <ul style="list-style-type: none"> ◦ <i>Hosts and note takers from the research team with experience in heading focus groups and who were neutral toward the issue, a venue in a neutral setting (university), and the atmosphere of a "Café" (i.e., snacks and coffee).</i> ◦ <i>Pairing between people having experienced homelessness and a community-based stakeholder with whom a relationship of trust had been established.</i> ◦ <i>People having experienced homelessness had three privilege cards that allowed them to take the floor any time.</i> ◦ <i>Individual interviews with persons experiencing homelessness to make sure that the results matched those from the World Café, while delving deeper into the emerging themes.</i>
Deliberation	<ul style="list-style-type: none"> • Participants' role and guidelines to follow presented at the start of the day (see also Dialogue). • Possibility of deliberating at the discussion tables or during the exchange period. • Time dedicated to deliberation (five minutes), that is, a synthesis of the three elements to retain in the exchange, at each round. • Presentation of the syntheses in large groups by the hosts, followed by an exchange period.

World Café Process

To promote adherence to the three principles of deliberative democratic evaluation, our team identified and implemented several strategies upstream, during, and after the World Café (see [Table 2](#) and the World Café Participants section). For example, we recommend that community workers accompany the representatives of persons experiencing homelessness and addiction to promote inclusion. We added conferences to provide objective information and promote the principle of dialogue. Furthermore, we encouraged participants to prioritize three themes at the end of each round to promote the principle of deliberation.

The World Café lasted one day. There were six theme-based tables concerning the dimensions of our needs analysis (see [Table 3](#); Alunni-Menichini et al., 2020). A “neutral” host and a “neutral” note taker from the research community were assigned to each table. Upon their arrival, the participants were invited to join the table of their choice, having been asked to sit with stakeholders in different categories from their own (assignment of one color per category of actors).

The World Café process is illustrated in [Figure 1](#). The day began with a brief presentation of the objective of the day, the process, and the guidelines (e.g. be respectful, listen to others, be open, summarize one’s thoughts) (The World Café, 2008) by the facilitator of the day. For the purpose of the needs evaluation, the activity was divided into two sessions (Watkins et al., 2012): 1) current emergency response; and 2) ideal emergency response.

Table 3. Theme by Discussion Table

Dimensions	Table	Theme
Themes based on dimensions of the conceptual framework of access to health care according to Lévesque, Harris, & Russell (2013)	1	Actual response
	2	Acceptability
	3	Capacity of emergency response services to offer a full, adapted response to substance users experiencing homelessness.
	4	Capacity of emergency response services to refer substance users experiencing homelessness
	5	Abilities of persons experiencing homelessness
Collaboration	6	Collaboration between the stakeholders

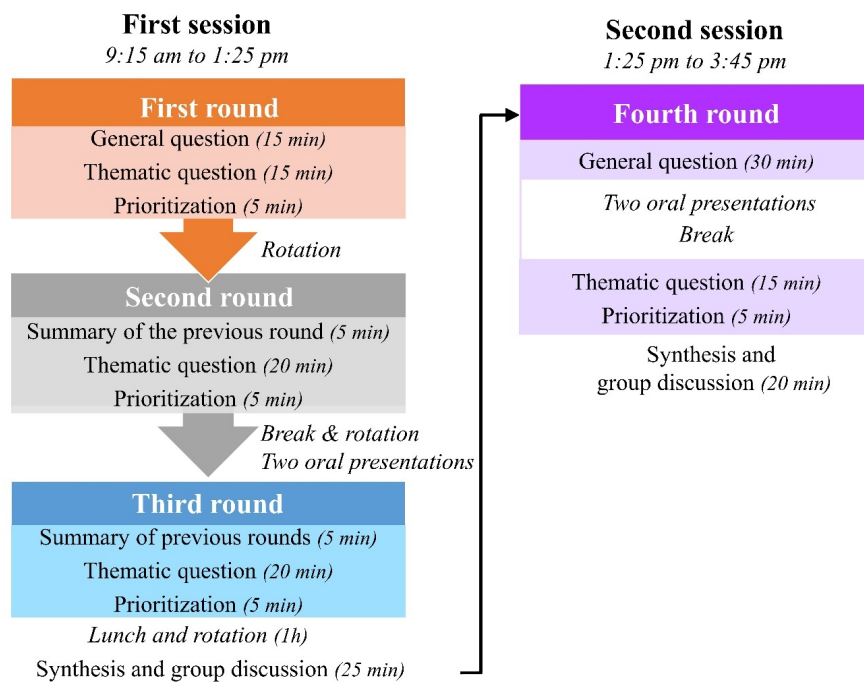


Figure 1. World Café Process

At the beginning of the first session, all participants were encouraged to respond to a general question. Next came three rounds of discussion concerning issues specific to the thematic tables. Before the rounds ended, the participants were asked to prioritize three elements to retain and write them on a board (see [Figure 1](#)). Each round was followed by a rotation and began with a summary by the host, to encourage more in-depth discussions. The second session began with a general question also but, for feasibility reasons, it included only one round on the thematic questions. At the end of each session, a synthesis of the elements prioritized by each of the tables was presented by the hosts to all the participants, who were then invited to comment on the results. Throughout the day, participants were invited to write their ideas on the boards during the rounds or the breaks (The World Café, 2008). Although the participants could not join all the thematic tables, the syntheses and the boards gave them access to all the content. Furthermore, four brief conferences

were given during the day (see [Figure 1](#)). In our opinion, the small-group discussions and large-group activities made the knowledge acquisition and pollination possible.

Each exchange was recorded and a thematic content analysis was made. The results of this thematic content analysis, combined with that of individual interviews, are presented in another article (Alunni-Menichini et al., 2020) as it is not the focus of this methodological article. In summary, the data collected was the result of a discussion and a debate of ideas, and they provided a systemic perspective on a complex issue.

Participants' perspectives of the World Café: Data collection and analysis tool

The participants filled out a satisfaction questionnaire immediately after the World Café to evaluate: 1) satisfaction levels (*reception, venue, atmosphere, first session, and second session*) using a Likert scale from 1 (very dissatisfied) to 5 (very satisfied); 2) knowledge acquisition using one dichotomous question (*Did you acquire new knowledge?*) and three open-ended questions (*Which ones, how will these acquisitions influence your practice, and how will these acquisitions influence your relationships with the other stakeholders ?*); 3) networking with other key actors using a Likert scale from 1 (strongly disagree) to 5 (strongly agree); and 4) adherence to the principles of deliberative democratic evaluation according to Corus and Ozanne's (2012) criteria with five questions (*In your opinion, to what extent did this World Café: include all emergency response stakeholders, ensure unconstrained and uncoerced discussions, allow sufficient time for the presentation of objective information, allow sufficient time for deliberation, and respond to your needs and expectations?*) based on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). When choosing these questions, we considered the possible effects of a deliberative democratic evaluation according to Corus & Ozanne (2012), the ingredients that facilitate collaboration (Bentayed, 2010; Guerrero et al., 2014; INESSS et al., 2016), as well as the evaluation of positional clarification events hosted by the Montreal cross-training program in mental health and addiction (Perreault et al., 2020). Positional clarification events were chosen because their characteristics resemble those of our World Café (e.g. intersectoral exchanges concerning a particular issue to improve networking). Finally, there was an "Other Comments" section. We performed descriptive statistics and a thematic content analysis. All the participants' comments presented in this article are translations from French.

Results of the Satisfaction Questionnaire

Twenty-three participants (68%, $n=23/34$) completed and returned the satisfaction questionnaire. This low response rate may be explained in part by the time it was administered—that is, at the end of the World Café. The following results are the evaluation of: 1) the participants' general satisfaction;

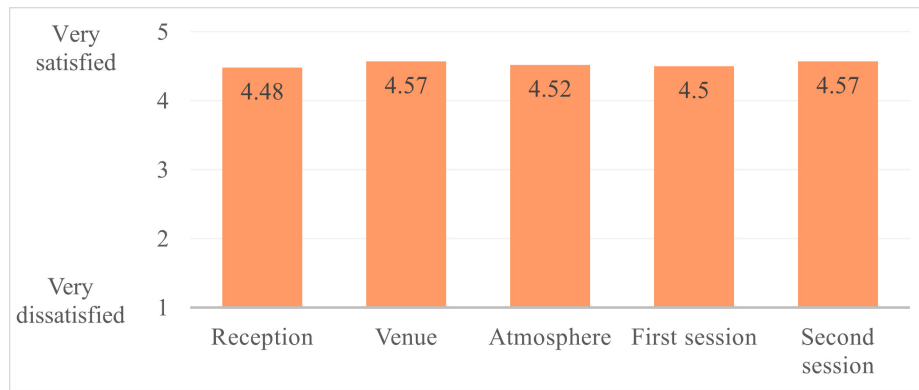


Figure 2. Satisfaction with the Day According to the Participants

2) the effects of our World Café in terms of knowledge acquisition, transformation, and networking; and 3) adherence to the principles of deliberative democratic evaluation, from the participants' perspective.

General Satisfaction

The respondents were "satisfied" to "very satisfied" with the activity (see [Figure 2](#)), in terms of reception ($x=4.48/5$, $n=23/23$), venue ($x=4.57/5$, $n=23/23$), atmosphere ($x=4.52/5$, $n=23/23$), and the two sessions ($x=4.50$, $n=22/23$ and $x=4.57/5$, $n=21/23$, respectively). Seven of the 23 respondents (30%) commented on their general appreciation of the day ($n=9$ comments) in the "Other Comments" section. All the comments were positive. For example: *"Well done; it was my first World Café and I found it extremely relevant and interesting to be able to hear the stakeholders' different points of view"* (P14). One suggestion was made: *"It would have been interesting to spend more time on the solutions, on what to implement [second session]"* (P9).

Effects of the World Café from the participants' perspective

Knowledge acquisition

Nineteen participants (80%) indicated having acquired new knowledge and twenty-one (91%) wrote comments in this regard ($n=23$ comments). Eight participants (36%) mentioned gaining a better knowledge of the resources, the people who work there, and the mechanisms for accessing certain services, for example: *"that there are other actors involved in the community network for homeless persons who are in crisis and use substances"* (P19). Eight participants (36%) wrote that they had better knowledge of the other actors' realities, their roles, and the limitations of their work, for instance: *"several aspects of the actors' various jobs were unknown to me"* (P14). One specified needing further clarification. Three participants (14%) indicated having a better knowledge of the current situation and of the issue. Two participants (9%) mentioned noticing common views and objectives with other stakeholders: *"We agree on the problem and on the solution"* (P2). One person (4%) learned more about substance users and another one (4%), about the legislative procedures.

Transformation: Influence of the acquisitions in practice, representations, and relationships with others

Thirteen participants (57%) commented on the immediate or potential influence of their acquisitions on their practice and their relationships with other stakeholders (n=16 comments). Most of the comments (84%, n=16/19) concerned the elements that could help improve collaboration between the key actors. Seven participants (30%) mentioned a change in how they perceived the other stakeholders and wanting to approach them in a more open, flexible, and consistent manner. For example: *“I think that it will slightly change the way I address police officers in the future”* (P5). Four participants (17%) said they wanted to decompartmentalize the services by improving communications between the services, improving the intersectoral work, or filling out more information-sharing forms. Three participants (13%) indicated being able to better refer persons experiencing homelessness according to their needs, *“Use of my new knowledge of the other resources to better guide people with respect to their needs.”* (P16).

Finally, three participants mentioned other effects of this activity: *“participating in improving the system as a peer supporter and in providing more quality care”* (P7), wanting to transfer the new knowledge to his or her environment, and to develop new research projects.

Networking

According to the eighteen participants who responded to this question (78%), the World Café helped develop relationships with other stakeholders ($x=4.06/5$). Five participants (22%) wrote comments along these lines: *“[it] enabled me to widen my network”* (P9) and *“exchange of contact information”* (P20).

Compliance with the principles of deliberative democratic evaluation

Most of the respondents indicated that they agreed or strongly agreed that the activity adhered to the principles of deliberative democratic evaluation. As shown in [Figure 3](#), this activity included all the stakeholders ($x=4.14/5$, $n=22/23$), was free of constraint and coercion ($x=4.77/5$, $n=22/23$), allowed sufficient time for the presentation of objective information ($x=4.27/5$, $n=22/23$) and for deliberation ($x=4.24/5$, $n=21/23$), and met their needs and their expectations ($x=4.36/5$, $n=22/23$).

The principle with the highest agreement score was an absence of constraint and coercion ($x=4.77/5$). One participant wrote this comment about this principle: *“The responses to the various questions were given without judgment and with an understanding of the lives of persons with addictions and experiencing homelessness”* (P14).

The principle with the lowest agreement score was the inclusion of all the stakeholders ($x=4.14/5$). Consistently with these results, three participants (13%) indicated that some actors were missing: decision-makers and health professionals, such as physicians, nurses, and paramedical technicians. One participant considered the presence of decision-makers to be essential in a

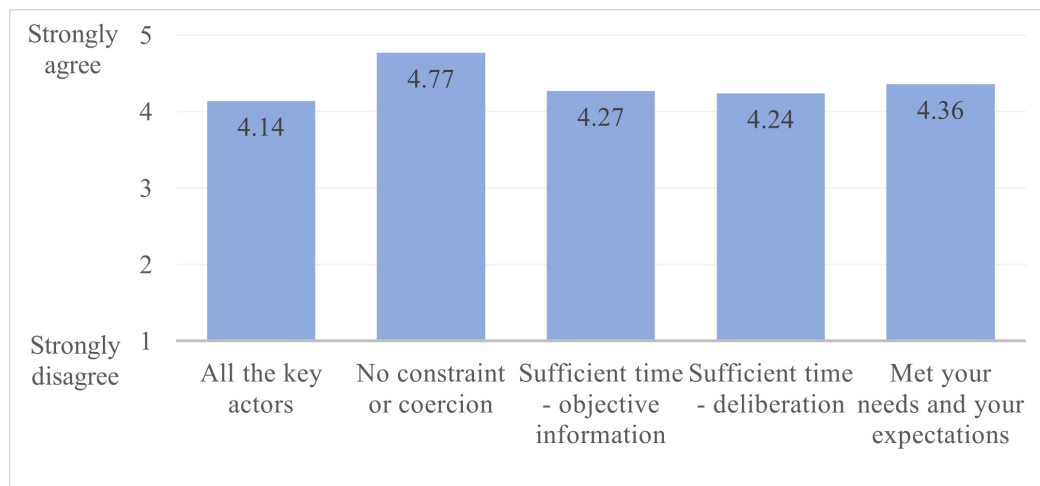


Figure 3. Compliance With the Principles of Deliberative Democratic Evaluation From the Participants' Perspective (Corus and Ozanne, 2012)

change process: *“Decision-makers must be involved; nothing will change without them.”* Two participants (9%) wrote positive comments: *“The stakeholders were well chosen”* (P14) and *“Being able to discuss with service users was very enriching”* (P8).

Discussion

We were interested in the contribution of the World Café and, more specifically, as part of a deliberative democratic evaluation. We will thus discuss the results of the satisfaction questionnaires, the benefits of this combination for both the deliberative democratic evaluation and the World Café, its relevance to qualitative and participatory research as well as the challenges and limitations of its implementation.

Thirty-four participants involved in different areas of emergency response gathered during our World Café. The twenty-three participants who responded to the satisfaction questionnaire were “satisfied” to “very satisfied” with the activity. Most of the respondents indicated having acquired new knowledge, notably concerning the resources, the other stakeholders’ realities, and the current situation. Slightly more than half indicated that this new knowledge influenced their representations and their future practices and professional relationships. These results are consistent with those from Terry et al. (2015) and Hafford-Letchfield et al. (2021). More specifically, participants indicated: having changed the way they will perceive and approach the other actors in the future, wanting to decompartmentalize the services through joint activities like the World Café or information-sharing forms, and being able to better refer the people according to their needs. Most of the respondents said that this activity also helped improve networking, as is the case in similar activities (Hafford-Letchfield et al., 2021; Perreault et al., 2020). The World Café thus combines several ingredients considered by several authors to help improve intersectoral and interorganizational collaboration (Bentayad, 2010; Guerrero et al., 2014; Perreault et al., 2020).

Moreover, the World Café integrated well with the deliberative democratic evaluation because, according to most of the participants, it enabled adherence to the required values and principles (Corus & Ozanne, 2012; Duplin, 2007; House & Howe, 2002; Théberge, 2011). The participants also emphasized the constraint- and coercion-free atmosphere of the World Café. We believe the strategies implemented to reduce the power imbalances and the sufficient time allotted for discussion contributed to this result (Contandriopoulos & Brousselle, 2012; Hafford-Letchfield et al., 2021; Hreinsdottir & Davidsdottir, 2012; MacDonald & Kushner, 2004). Nonetheless, there were either too few or none of certain types of actors whom the participants considered important (e.g. decision makers).

So, the World Café is a concrete, accessible application for researchers and evaluators interested in using deliberative democratic evaluation; it is short in duration and has the capacity to comply with the principles of inclusion, dialogue, and deliberation. Moreover, deliberative democratic evaluation helps enrich the World Café by ensuring that the viewpoints of all the stakeholders are integrated in the decision-making process, including those who are still insufficiently consulted (House & Howe, 2003; Hreinsdottir & Davidsdottir, 2012; Terry et al., 2015). This is the case for active substance users, who are still not sufficiently integrated in research or evaluation processes (Lazarus et al., 2014; Neale et al., 2017). In our opinion, deliberative democratic evaluation facilitates their integration by encouraging evaluators to think about inclusion of all the stakeholders in a program or an issue, anticipate potential power inequalities, and reflect on the strategies that should be implemented to reduce them (Corus & Ozanne, 2012; House & Howe, 1999, 2002). This is, in our perspective, an important consideration in any participatory research that includes vulnerable and socially excluded people. Furthermore, the deliberative democratic evaluation contributed to better structuring the World Café and facilitating its implementation. For example, we allocated five minutes at the end of the rounds to deliberate and prioritize the three most important reported ideas, which ultimately also facilitated the development of the syntheses and the data analysis.

Finally, the combination of deliberative democratic evaluation and the World Café is interesting, and it can be easily used in qualitative research, since they are dialogical methods. It promotes the intersection of different perspectives, a debate of ideas and the development of consensus among various groups of key actors gathered during a single activity. It allows co-construction of knowledge and a learning transformation (Brown, 2010; Hafford-Letchfield et al., 2021; Mezirow, 2000; Terry et al., 2015), because it combines pollination of the experiential knowledge of the World Café (Brown, 2010) with access to objective information from the deliberative democratic evaluation (House & Howe, 2002). It also helps provide a systemic view of an issue, not only part of it like too many studies tend to do (Alunni-Menichini et al., 2020; Hafford-Letchfield et al., 2021). For these reasons, it has the potential to provide rich qualitative data, data that is different from the other data

collection methods. This is particularly relevant when complex issues are at play and for which the involvement of several groups of stakeholders is required—for example, with co-occurring disorders (Perreault et al., 2020). Considering that health problems are increasingly complex (e.g., entangled with physical, mental, relational, or legal problems) and in the presence of adverse conditions (e.g., health and social inequities, stigma, or violence), these types of methods must be conducted more often, in consistence with syndemic and systemic approaches (Center for Behavioral Health Statistics and Quality, 2016; Hein & Small, 2006; Rouleau, 2020; Singer et al., 2017). In addition, it allows researchers to conduct dynamic research close to the communities and even have an impact on them, as participatory studies aim to do. The results that come from this combination are, in our opinion, unique and cannot be replicated in a usual data collection activity as suggested by Schiele et al. (2022). Moreover, other researchers have identified other interesting uses of the World Café, such as its combination with a Delphi method (Jolly et al., 2021) or in other formats, such as virtual mode (Banfield et al., 2021), which opens several promising avenues.

Although this combination is interesting, some challenges and limits persist. Including all the stakeholders was a major challenge. We found it difficult to identify the key actors beforehand, undertake complex ethical processes, and find a time slot that was convenient for all potential participants (J. C. Greene, 2000). We believe that the complexity of our issue made it more difficult to identify the stakeholders and that a pre-evaluation (for example, through a survey), could be beneficial (House & Howe, 1999). In both our project and the literature, having a sample aimed at a theoretical representativeness proved to be a promising strategy for adhering to this principle (House & Howe, 1999; Howe & Ashcraft, 2005). A selection bias is nonetheless possible because we used expert sampling for the recruitment, the participants were volunteers, and a small number of people represented an entire group. To reduce this bias, we diversified each of the sub-groups of participants, by organization (or sector), and by expertise. A bias in group representativeness was also possible due to the different number of participants in each stakeholder group in the World Café: some might have been better represented than others. This also applies to user representation and the challenges associated with their recruitment: recruiting users with whom no relationship had previously been made and ensuring that possible power issues were reduced, considering that few strategies were available in the literature for this type of approach. To minimize it, we implemented various strategies as shown in [Table 2](#), and encouraged diversity within each discussion table. In addition, the planning and implementation of a World Café in terms of time, logistics (e.g. a neutral venue), and budget (e.g. coffee and snacks) are non-negligible, although this method is more accessible than other examples of deliberative democratic evaluation (House & Howe, 1999; Howe & Ashcraft, 2005). Finally, some challenges and limits were also meeting during the analysis. There is a lot of material to analyze (i.e., boards, recordings of tables and synthesis), so we have focused on the syntheses, i.e.,

the result of the consensus and the contents to be retained according to the participants. It was not possible to contrast perspectives across stakeholder groups, however, this was consistent with our goal of developing a common understanding and consensus. It was also difficult to integrate the qualitative data of the World Café to other qualitative data (i.e., individual interviews), because they did not have the same analytical perspective and objective. We used qualitative analysis software to integrate the thematic content analysis of different data collections during interpretation.

Lessons Learned

The combination of deliberative democratic evaluation and World Café was a good choice to bring together people from different backgrounds and reach our objective (i.e., needs evaluation with a qualitative design). In addition, it has had some impact on our communities, here on our participants: it improves participants' knowledge and attitudes as well as the intersectoral collaboration. These effects are interesting in a context where there are complex problems, where there is often a need to exchange and few possibilities to do so, which is often the case in large urban centers (Doran et al., 2018; Feral-Pierssens et al., 2016; G. Moore et al., 2011).

While it is important to consider the location, food, coffee, and financial compensation, it is possible to organize a World Café at a relatively low cost. The budget of the current study was limited; we had snacks and coffee for everyone, but no lunch. Our team offered financial compensation for homeless participants, but not for professionals.

The integration of substance users experiencing homelessness into our World Café was pivotal because they are key actors concerned by the emergency response and several actors appreciated their integration. However, the recruitment of substance users experiencing homelessness was challenging. To improve their recruitment, we could have spent more time in the field. Regarding their integration into the activity, the strategies implemented by our team seem to have facilitated their integration (see [Table 2](#)). Pairing with a trusted person and the presence of “neutral” hosts seem good options when vulnerable people are integrated in a World Café. Nonetheless, further studies are needed to develop best practices for recruiting and integrating service users into collaborative activities such as World Café.

In the current study, we also modified the traditional World Café. We had thematic tables and we added, among other things, a prioritization at the end of each round and a synthesis by the hosts at the end of each session (see [Figure 1](#)). The prioritization at the end of each round seems to have facilitated consensus building, writing summaries (end of each round), and synthesis (end of each session). The addition of two syntheses seems to have facilitated knowledge transfer since it was limited during the activity (people did not speak during the group discussion, nor read boards during the breaks). These syntheses also help data analysis and results validation, since they provide access to prioritized results of the entire day in a short time (two minutes by tables) and allow participants to mention their disagreements about these results.

As a lesson and recommendation, future organizers should not be afraid to adapt the activity to their context and participants' needs in order to achieve their goals. Among the possible adaptations, there is the activity duration, the number and duration of each round (more than four rounds is not recommended), questions for all tables or thematic tables, strategies for mixing participants with different backgrounds and for integrating service users. In our opinion, the essential elements are to be well prepared (e.g. schedule), identify a person who will lead the activity and manage the time, have trained hosts if it is part of the research, explain the World Café guidelines to the participants (World Café Community Foundation, 2015), and have at least one rotation. To facilitate the collection of data, recording tables and adding a synthesis of the exchanges at the end of each round are recommended. Finally, these methods are particularly interesting in contexts that are favorable to the use of research results, for example with people who are motivated to change their visions and practices (Contandriopoulos & Brousselle, 2012).

Conclusion

The World Café is a collaborative method that is concrete, accessible, and of short duration for researchers and evaluators in the qualitative and participatory fields. Together, the World Café and deliberative democratic evaluation enable all key actors to meet, comply with the participants' values, and have a systemic view of an issue. This is particularly interesting in complex health problems, such as addiction and its numerous comorbidities. Our findings suggest that it can potentially improve intersectoral collaboration and practices, through results like reducing stigma. Our activity responds to a glaring need for different actors to meet and speak about a common concern in a neutral and pleasant environment when complex issues are in play. It is therefore an innovative combination that provides a new way of doing qualitative research, that is, through both the collection of rich qualitative data and the impact on communities.

This study also highlights the importance of including service users in the research and decision-making processes (House & Howe, 2003) and, even more so, vulnerable populations (e.g., active substance users) who are still rarely included in the research processes (Lazarus et al., 2014; Neale et al., 2017). Although these persons are vulnerable, it is possible to implement strategies to facilitate their integration, even in interdisciplinary activities. However, it remains important to more thoroughly document the strategies that could be used by research teams wishing to better integrate service users.

Finally, there is opportunity to go further in the study of these methods to favor success in the qualitative and participatory fields as well as to identify indicators for evaluating these methods.

Submitted: January 28, 2022 EST, Accepted: September 27, 2022 EST



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CCBY-4.0). View this license's legal deed at <http://creativecommons.org/licenses/by/4.0> and legal code at <http://creativecommons.org/licenses/by/4.0/legalcode> for more information.

References

- Abramson, T. M., Sanko, S., & Eckstein, M. (2021). Emergency medical services utilization by homeless patients. *Prehospital Emergency Care*, 25(3), 333–340. <https://doi.org/10.1080/10903127.2020.1777234>
- Altschuld, J. W., & Watkins, R. (2014). A primer on needs assessment: More than 40 years of research and practice. *New Directions for Evaluation*, 2014(144), 5–18. <https://doi.org/10.1002/ev.20099>
- Alunni-Menichini, K., Bertrand, K., Roy, L., & Brousselle, A. (2020). Current emergency response in Montreal: How does it fit in the services offered to homeless people who use substances? *International Journal of Drug Policy*, 82, 102758. <https://doi.org/10.1016/j.drugpo.2020.102758>
- Argintaru, N., Chambers, C., Gogosis, E., Farrell, S., Palepu, A., Klodawsky, F., & Hwang, S. W. (2013). A cross-sectional observational study of unmet health needs among homeless and vulnerably housed adults in three Canadian cities. *BMC Public Health*, 13(1), 1–9. <https://doi.org/10.1186/1471-2458-13-577>
- Baggett, T. P., Hwang, S. W., O'Connell, J. J., Porneala, B. C., Stringfellow, E. J., Orav, E. J., Singer, D. E., & Rigotti, N. A. (2013). Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period. *JAMA Internal Medicine*, 173(3), 189–195. <https://doi.org/10.1001/jamainternmed.2013.1604>
- Baker, T. (1996). Sélection des éléments de la population. In *Initiation pratique à la méthodologie des sciences humaines* (p. 381). CEC.
- Banfield, M., Gulliver, A., & Morse, A. R. (2021). Virtual World Café Method for Identifying Mental Health Research Priorities: Methodological Case Study. *International Journal of Environmental Research and Public Health*, 19(1), 291. <https://doi.org/10.3390/ijerph19010291>
- Bentayed, N. (2010). Une évaluation réaliste de la collaboration interorganisationnelle. *19ème colloque annuel de la SQÉP, Québec, Canada*.
- Biddle, C., & Schafft, K. A. (2015). Axiology and anomaly in the practice of mixed methods work: Pragmatism, valuation, and the transformative paradigm. *Journal of Mixed Methods Research*, 9(4), 320–334. <https://doi.org/10.1177/1558689814533157>
- Boyko, J. A., Lavis, J. N., Abelson, J., Dobbins, M., & Carter, N. (2012). Deliberative dialogues as a mechanism for knowledge translation and exchange in health systems decision-making. *Social Science & Medicine*, 75(11), 1938–1945. <https://doi.org/10.1016/j.socscimed.2012.06.016>
- Brown, J. (2010). *The World Café: Shaping Our Futures through Conversations That Matter*. ReadHowYouWant.com.
- Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health* (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Substance Abuse and Mental Health Services Administration. <http://www.samhsa.gov/data/>
- Chambers, C., Chiu, S., Katic, M., Kiss, A., Redelmeier, D. A., Levinson, W., & Hwang, S. W. (2013). High utilizers of emergency health services in a population-based cohort of homeless adults. *American Journal of Public Health*, 103(S2), S302–S310. <https://doi.org/10.2105/ajph.2013.301397>
- Chang, G., Weiss, A. P., Orav, E. J., & Rauch, S. L. (2014). Predictors of frequent emergency department use among patients with psychiatric illness. *General Hospital Psychiatry*, 36(6), 716–720. <https://doi.org/10.1016/j.genhosppsych.2014.09.010>
- Charette, Y., Crocker, A. G., & Billette, I. (2011). The judicious judicial dispositions juggle: Characteristics of police interventions involving people with a mental illness. *Canadian Journal of Psychiatry*, 56(11), 677–685. <https://doi.org/10.1177/070674371105601106>

- Choi, M., Kim, H., Qian, H., & Palepu, A. (2011). Readmission rates of patients discharged against medical advice: A matched cohort study. *PLoS One*, 6(9), e24459. <https://doi.org/10.1371/journal.pone.0024459>
- Contandriopoulos, D., & Brousselle, A. (2012). Evaluation models and evaluation use. *Evaluation*, 18(1), 61–77. <https://doi.org/10.1177/1356389011430371>
- Corus, C., & Ozanne, J. L. (2012). Stakeholder engagement: Building participatory and deliberative spaces in subsistence markets. *Journal of Business Research*, 65(12), 1728–1735. <https://doi.org/10.1016/j.jbusres.2012.02.014>
- Damon, W., Callon, C., Wiebe, L., Small, W., Kerr, T., & McNeil, R. (2017). Community-based participatory research in a heavily researched inner city neighbourhood: Perspectives of people who use drugs on their experiences as peer researchers. *Social Science & Medicine*, 176, 85–92. <https://doi.org/10.1016/j.socscimed.2017.01.027>
- Decker-Lange, C., Lange, K., Dhaliwal, S., & Walmsley, A. (2021). Exploring entrepreneurship education effectiveness at British universities—an application of the World Café method. *Entrepreneurship Education and Pedagogy*, 5(1), 113–136. <https://doi.org/10.1177/2515127420935391>
- Doran, K. M., Curry, L. A., Vashi, A. A., Platis, S., Rowe, M., Gang, M., & Vaca, F. E. (2014). “Rewarding and Challenging at the Same Time”: Emergency Medicine Residents’ Experiences Caring for Patients Who Are Homeless. *Academic Emergency Medicine*, 21(6), 673–679. <https://doi.org/10.1111/acem.12388>
- Doran, K. M., Ragins, K. T., Iacomacci, A. L., Cunningham, A., Jubanyik, K. J., & Jenq, G. Y. (2013). The revolving hospital door: Hospital readmissions among patients who are homeless. *Medical Care*, 51(9), 767–773. <https://doi.org/10.1097/mlr.0b013e31829fafbb>
- Doran, K. M., Rahai, N., McCormack, R. P., Milian, J., Shelley, D., Rotrosen, J., & Gelberg, L. (2018). Substance use and homelessness among emergency department patients. *Drug and Alcohol Dependence*, 188, 328–333. <https://doi.org/10.1016/j.drugalcdep.2018.04.021>
- Doran, K. M., Vashi, A. A., Platis, S., Curry, L. A., Rowe, M., Gang, M., & Vaca, F. E. (2013). Navigating the boundaries of emergency department care: addressing the medical and social needs of patients who are homeless. *American Journal of Public Health*, 103(S2), S355–S360. <https://doi.org/10.2105/ajph.2013.301540>
- Duplin, R. (2007). *Démocratie délibérative: une vérification empirique des principes théoriques* [Doctoral dissertation]. Université du Québec à Montréal.
- Durant, E., & Fahimi, J. (2012). Factors associated with ambulance use among patients with low-acuity conditions. *Prehospital Emergency Care*, 16(3), 329–337. <https://doi.org/10.3109/10903127.2012.670688>
- Farmer, O. (2012). Nouveau projet clinique et de logement pour itinérants. *Santé mentale au Québec*, 37(1), 1–7. <https://doi.org/10.7202/1012640ar>
- Feral-Pierssens, A.-L., Aubry, A., Truchot, J., Raynal, P.-A., Boiffier, M., Hutin, A., Leleu, A., Debruyne, G., Joly, L.-M., Juvin, P., Riou, B., Freund, Y., & the SECOURS Investigators. (2016). Emergency care for homeless patients: a French multicenter cohort study. *American Journal of Public Health*, 106(5), 893–898. <https://doi.org/10.2105/ajph.2015.303038>
- Greene, J. C. (2000). Challenges in practicing deliberative democratic evaluation. *New Directions for Evaluation*, 2000(85), 13–26. <https://doi.org/10.1002/ev.1158>

- Greene, S., Ahluwalia, A., Watson, J., Tucker, R., Rourke, S. B., Koornstra, J., Sobota, M., Monette, L., & Byers, S. (2009). Between skepticism and empowerment: the experiences of peer research assistants in HIV/AIDS, housing and homelessness community-based research. *International Journal of Social Research Methodology*, 12(4), 361–373. <https://doi.org/10.1080/13645570802553780>
- Guerrero, E. G., Henwood, B., & Wenzel, S. L. (2014). Service integration to reduce homelessness in Los Angeles County: Multiple stakeholder perspectives. *Human Service Organizations Management, Leadership & Governance*, 38(1), 44–54. <https://doi.org/10.1080/03643107.2013.853009>
- Hafford-Letchfield, T., Pezzella, A., Connell, S., Urek, M., Jurček, A., Higgins, A., Keogh, B., Van de Vaart, N., Rabelink, I., Robotham, G., Bus, E., Buitenkamp, C., & Lewis-Brooke, S. (2021). Learning to deliver LGBT+ aged care: exploring and documenting best practices in professional and vocational education through the World Café method. *Ageing & Society*, 43(1), 105–126. <https://doi.org/10.1017/s0144686x21000441>
- Hein, C., & Small, D. (2006). Combating diabetes, obesity, periodontal disease and interrelated inflammatory conditions with a syndemic approach. *Grand Rounds in Oral-Systemic Medicine*, 2, 36–47.
- Homeless World Cup Foundation. (2019). Global Homelessness Statistics. *Homeless World Cup*. <https://homelessworldcup.org/homelessness-statistics/>
- House, E. R. (2001). Responsive evaluation (and its influence on deliberative democratic evaluation). *New Directions for Evaluation*, 2001(92), 23–30. <https://doi.org/10.1002/ev.32>
- House, E. R., & Howe, K. R. (1999). *Values in Evaluation and Social Research*. SAGE Publications, Inc. <https://doi.org/10.4135/9781452243252>
- House, E. R., & Howe, K. R. (2002). Deliberative Democratic Evaluation in Practice. *Evaluation Models*, 49, 409–421. https://doi.org/10.1007/0-306-47559-6_22
- House, E. R., & Howe, K. R. (2003). Deliberative Democratic Evaluation. In *International Handbook of Educational Evaluation* (pp. 79–100). Kluwer Academic Publishers.
- Howe, K. R., & Ashcraft, C. (2005). Deliberative democratic evaluation: Successes and limitations of an evaluation of school choice. *Teachers College Record*, 107(10), 2275–2298. <https://doi.org/10.1111/j.1467-9620.2005.00592.x>
- Hreinsdottir, A. M., & Davidsdottir, S. (2012). Deliberative democratic evaluation in preschools. *Scandinavian Journal of Educational Research*, 56(5), 519–537. <https://doi.org/10.1080/00313831.2011.599426>
- INESSS, O'Neill, S. C., Lapalme, M., & Camiré, M. (2016). *Modèles de dispensation des soins et services aux personnes présentant des troubles concomitants de santé mentale et de dépendance*. Institut national d'excellence en santé et en services sociaux. <http://collections.banq.qc.ca/ark:/52327/2566011>
- Jolly, A., Caulfield, L. S., Sojka, B., Iafrati, S., Rees, J., & Massie, R. (2021). Café Delphi: Hybridising 'World cafe' and 'Delphi techniques' for successful remote academic collaboration. *Social Sciences & Humanities Open*, 3(1), 100095. <https://doi.org/10.1016/j.ssaho.2020.100095>
- Khong, L., Bulsara, C., Hill, K. D., & Hill, A.-M. (2017). How older adults would like falls prevention information delivered: fresh insights from a World Café forum. *Ageing and Society*, 37(6), 1179–1196. <https://doi.org/10.1017/s0144686x16000192>
- Kidd, S. A., Gaetz, S., & O'Grady, B. (2017). The 2015 National Canadian homeless youth survey: mental health and addiction findings. *Canadian Journal of Psychiatry*, 62(7), 493–500. <https://doi.org/10.1177/0706743717702076>

- Laird, G. (2007). *Shelter: homelessness in a growth economy: Canada's 21st century paradox: a report for the Sheldon Chumir Foundation for Ethics in Leadership*. Sheldon Chumir Foundation for Ethics in Leadership.
- Laperrière, A. (1997). Les critères de scientificité des méthodes qualitatives. In Poupart, Deslauriers, Groulx, Laperrière, Mayer, & Pires (Eds.), *La recherche qualitative: Enjeux épistémologiques et méthodologiques*. G.
- Latimer, E., & Bordeleau, F. (2019). *Dénombrement des personnes en situation d'itinérance au Québec le 24 avril 2018*. Ministère de la Santé et des Services sociaux. <https://www.deslibris.ca/ID/10100683>
- Latimer, E., Rabouin, D., Cao, Z., Ly, A., Powell, G., Aubry, T., Distasio, J., Hwang, S. W., Somers, J. M., Stergiopoulos, V., Veldhuizen, S., Moodie, E. E. M., Lesage, A., & Goering, P. N. (2017). Costs of services for homeless people with mental illness in 5 Canadian cities: a large prospective follow-up study. *Canadian Medical Association Open Access Journal*, 5(3), E576–E585. <https://doi.org/10.9778/cmajo.20170018>
- Lazarus, L., Shaw, A., LeBlanc, S., Martin, A., Marshall, Z., Weersink, K., Lin, D., Mandryk, K., Tyndall, M. W., & the PROUD Community Advisory Committee. (2014). Establishing a community-based participatory research partnership among people who use drugs in Ottawa: the PROUD cohort study. *Harm Reduction Journal*, 11(1), 1–8. <https://doi.org/10.1186/1477-7517-11-26>
- Long, K. M., McDermott, F., & Meadows, G. N. (2018). Being pragmatic about healthcare complexity: our experiences applying complexity theory and pragmatism to health services research. *BMC Medicine*, 16(1), 1–9. <https://doi.org/10.1186/s12916-018-1087-6>
- MacDonald, B. (1974). Evaluation and the control of education. In *Innovation, Evaluation, Research, and the Problem of Control (SAFARI)*. Centre for Applied Research in Education.
- MacDonald, B., & Kushner, S. (2004). Democratic evaluation. In Sandra Mathison (Ed.), *Encyclopedia of evaluation*. SAGE Publications.
- MacFarlane, A., Galvin, R., O'Sullivan, M., McInerney, C., Meagher, E., Burke, D., & LeMaster, J. W. (2017). Participatory methods for research prioritization in primary care: an analysis of the World Café approach in Ireland and the USA. *Family Practice*, 34(3), 278–284. <https://doi.org/10.1093/fampra/cmz104>
- Maharaj, R., O'Brien, L., Gillies, D., & Andrew, S. (2013). Police referrals to a psychiatric hospital: Experiences of nurses caring for police-referred admissions. *International Journal of Mental Health Nursing*, 22(4), 313–321. <https://doi.org/10.1111/j.1447-0349.2012.00881.x>
- Mezirow, J. (2000). Learning to think like an adult: Core Concepts of Transformation Theory. In *Learning as Transformation. Critical Perspectives on a Theory in Progress* (pp. 3–33). Jossey-Bass Publishers.
- Miles, M. B., & Huberman, A. M. (2003). *Analyse des données qualitatives*. De Boeck Supérieur.
- Moore, G., Manias, E., & Gerdtz, M. F. (2011). Complex health service needs for people who are homeless. *Australian Health Review*, 35(4), 480–485. <https://doi.org/10.1071/ah10967>
- Moore, M., Conrick, K. M., Reddy, A., Allen, A., & Jaffe, C. (2019). From their perspective: The connection between life stressors and health care service use patterns of homeless frequent users of the emergency department. *Health & Social Work*, 44(2), 113–122. <https://doi.org/10.1093/hsw/hlz010>
- Neale, J., Bouteloup, A., Getty, M., Hogan, C., Lennon, P., Mc Cusker, M., & Strang, J. (2017). Why we should conduct research in collaboration with people who use alcohol and other drugs. *Addiction*, 112(12), 2084–2085. <https://doi.org/10.1111/add.14015>

- Noël, F., Moniruzzaman, A., Somers, J., Frankish, J., Strehlau, V., Schütz, C., & Krausz, M. (2016). A longitudinal study of suicidal ideation among homeless, mentally ill individuals. *Social Psychiatry and Psychiatric Epidemiology*, 51(1), 107–114. <https://doi.org/10.1007/s00127-015-1142-y>
- Nolan, S., DeBeck, K., Nguyen, P., Kerr, T., & Wood, E. (2014). Binge drug use among street-involved youth in a Canadian setting. *Addiction Research & Theory*, 22(6), 535–540. <https://doi.org/10.3109/16066359.2014.926896>
- Parazelli, M., Bellot, C., Gagné, J., Morin, R., & Gagnon, É. (2013). *Les enjeux du partage de l'espace public avec les personnes itinérantes et sa gestion à Montréal et à Québec: perspectives comparatives et pistes d'actions: rapport de recherche: programme Actions concertées* (p. 78). Fonds de recherche société et culture Québec.
- Perreault, M., Milton, D., Alunni-Menichini, K., Archambault, L., Perreault, N., & Bertrand, K. (2020). Montreal Cross-Training Program: The contribution of positional clarification activities to help bridge fragmented prevention and treatment services for co-occurring disorders. *Health & Social Care in the Community*, 28(3), 1090–1098. <https://doi.org/10.1111/hsc.12942>
- Raven, M. C., Carrier, E. R., Lee, J., Billings, J. C., Marr, M., & Gourevitch, M. N. (2010). Substance use treatment barriers for patients with frequent hospital admissions. *Journal of Substance Abuse Treatment*, 38(1), 22–30. <https://doi.org/10.1016/j.jsat.2009.05.009>
- Restall, G. J., Carnochan, T. N., Roger, K. S., Sullivan, T. M., Etcheverry, E. J., & Roddy, P. (2016). Collaborative priority setting for human immunodeficiency virus rehabilitation research: A case report. *Canadian Journal of Occupational Therapy*, 83(1), 7–13. <https://doi.org/10.1177/0008417415577423>
- Richer, I., Bertrand, K., Vandermeersch, J., & Roy, É. (2013). A prospective cohort study of non-fatal accidental overdose among street youth: The link with suicidal ideation. *Drug and Alcohol Review*, 32(4), 398–404. <https://doi.org/10.1111/dar.12003>
- Rouleau, K. D. (2020, November 11). *Le concept de syndémie*. Centre d'expertise et de collaboration en troubles concomitants (CECTC), Montréal, Québec, Canada.
- Ryan, K. E. (2004). Serving public interests in educational accountability: Alternative approaches to democratic evaluation. *American Journal of Evaluation*, 25(4), 443–460.
- Ryan, K. E., & Johnson, T. D. (2000). Democratizing evaluation: Meanings and methods from practice. *New Directions for Evaluation*, 2000(85), 39–50. <https://doi.org/10.1002/ev.1160>
- Schiele, H., Krummaker, S., Hoffmann, P., & Kowalski, R. (2022). The “research world café” as method of scientific enquiry: Combining rigor with relevance and speed. *Journal of Business Research*, 140, 280–296. <https://doi.org/10.1016/j.jbusres.2021.10.075>
- Shippee, N. D., Domecq Garces, J. P., Prutsky Lopez, G. J., Wang, Z., Elraiyah, T. A., Nabhan, M., Brito, J. P., Boehmer, K., Hasan, R., Firwana, B., Erwin, P. J., Montori, V. M., & Murad, M. H. (2015). Patient and service user engagement in research: a systematic review and synthesized framework. *Health Expectations*, 18(5), 1151–1166. <https://doi.org/10.1111/hex.12090>
- Singer, M., Bulled, N., Ostrach, B., & Mendenhall, E. (2017). Syndemics and the biosocial conception of health. *The Lancet*, 389(10072), 941–950. [https://doi.org/10.1016/s0140-6736\(17\)30003-x](https://doi.org/10.1016/s0140-6736(17)30003-x)
- Terry, J., Raithby, M., Cutter, J., & Murphy, F. (2015). A menu for learning: a World Café approach for user involvement and inter-professional learning on mental health. *Social Work Education*, 34(4), 437–458. <https://doi.org/10.1080/02615479.2015.1031651>
- The World Café. (2008). *Café to Go: A Quick Reference Guide for Putting Conversations to Work*. Georgia Department of Early Care and Learning. https://www.decal.ga.gov/documents/attachments/Cafe_ToGo.pdf

- Théberge, F. (2011). L'évaluation démocratique délibérative. In *Les approches théoriques en évaluation*. Bibliothèque et Archives nationales du Québec.
- Watkins, R., Meiers, M., & Visser, Y. (2012). *A guide to assessing needs: Essential tools for collecting information, making decisions, and achieving development results*. The World Bank. <https://doi.org/10.1596/978-0-8213-8868-6>
- World Café Community Foundation. (2015). *A Quick Reference Guide for Hosting World Café*. The World Café. <http://www.theworldcafe.com/wp-content/uploads/2015/07/Cafe-To-Go-Revised.pdf>