

# Homeless Outreach Practises in BC Communities

Volume 1: Summary Report

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Ki-Low-Na Friendship Society Homeless Outreach Program  
Port Alberni CMHA Homeless Outreach Program  
Prince George Native Friendship Centre Homeless Outreach Program  
RainCity Housing Society Homeless Outreach Program

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## EXECUTIVE SUMMARY

### *Introduction and Background*

Outreach models that offer direct access to income assistance and permanent accommodation have been operating in BC since 2005 when the first pilot outreach project was initiated in the city of Vancouver. Reviews of the state of knowledge around homeless outreach services have concluded that homeless outreach services improve housing and health outcomes for homeless persons and that more research is needed to answer the question what factors promote success. The present research aims to fill this knowledge gap with a particular focus on variations in outreach practices among different types of communities.

Human Resources and Skills Development Canada (HRSDC) in collaboration with BC Housing and the BC Ministry of Energy and Mines, Housing Policy Branch commissioned this research by Eberle Planning and Research, Jim Woodward and Associates and Matt Thomson to examine federally and provincially funded outreach models to increase understanding of what makes outreach programs effective in communities of varying sizes and types. The aim was to identify effective practices in homeless outreach services and how they may differ in rural/small town, urban, and suburban communities. Volume 1 is the summary report and Volume 2 contains the six outreach programs profiled.

### *Method*

This research adopted an exploratory, multiple case study approach with two cases each of outreach projects operating in large urban, small urban or rural areas, and suburban communities for a total of six cases.

<b>Community type</b>	<b>Location</b>	<b>Outreach Program</b>	<b>Funder</b>
Large urban area	Vancouver	RainCity Housing Society Homeless Outreach Program	BC Housing Homeless Outreach Program (HOP) and HRSDC Homelessness Partnering Strategy (HPS)
	Kelowna	Ki-Low-Na Friendship Society Homeless Outreach Program	
Small urban area	Port Alberni	Port Alberni CMHA Homeless Outreach Program	BC Housing HOP
	Prince George	Prince George Native Friendship Centre Homeless Outreach Program	BC Housing HOP and Aboriginal Homeless Outreach Program (AHOP)
Suburb	Maple Ridge	Alouette Home Start Society Community Outreach Program	BC Housing HOP and HRSDC HPS
	North and West Vancouver	CMHA North and West Vancouver Homeless Outreach Program	BC Housing HOP

### ***Effective Outreach Practices***

The top three outreach practices identified in this study are:

- treating homeless persons respectfully so they feel valued,
- maintaining links with housing providers, and
- maintaining links with community service agencies.

These three practices are reflective of the outreach model itself. They encapsulate the essential elements of outreach which is a personal engagement with homeless clients, then linking them with community resources to access housing and needed services. The following discussion highlights some aspects of these practices:

***Hiring the right staff:*** Empathetic staff able to develop ongoing relationships of trust with their clients is central to the outreach model. In fact, successful outreach speaks more to the qualities of the outreach worker, their training and support, than specific outreach practices per se. It requires staff who understand the experiences of homeless individuals, and are able to relate to clients by being non-judgmental, being able to express humour, able to listen, are respectful, and promise only what they can deliver.

***Being client centred and flexible:*** Meeting the homeless where they are and focusing on the needs of each unique client are key outreach characteristics or principles. Outreach workers must be flexible and provide the assistance needed whatever that may be. This usually means getting to know each client and developing a case plan that meets their individual needs. A suitable mix of housing, income assistance and support would be tailored to each client to address their issues (short-term or long-term) and help them take steps toward stability.

***Evolving client intake strategies:*** A notable feature of the outreach program in several of the sites studied has been the evolution of engagement from being primarily focused on street outreach to a combination of street outreach and office appointment and referrals. It appears to have been adapted naturally over time as the program has become known within the community, and may enhance staff capacity as less time is spent finding clients.

***Maintaining ongoing relationships:*** All programs established long-term relationships with clients whenever possible. There was generally no such label as “former” clients: programs accept clients multiple times if housing stability is lost. Some programs reported providing services to clients for several years. This might raise issues of capacity over time, if old clients remain within the caseload as new ones are added.

***Empowering the client:*** Empowering the client to move forward, at their own pace in their own way was seen as critical practice. Effective outreach aims to find that middle ground between facilitating or enabling independence versus creating dependency. On a day-to-day level this might mean providing a client with a list of rentals with phone numbers and asking that the client make contact with landlords instead of making calls on the client’s behalf.

**Accessing service networks:** Access to the services and expertise of other agencies (whether through formalized service networks that use an integrated case management approach, or through informal relationships between outreach staff and other service providers) was critical for these outreach programs. Positive relationships/links with housing providers in the community and with other community service agencies was also seen as critical. It didn't seem to matter if these networks were formal or informal.

**Liaising with landlords:** Staff in most programs actively liaised with landlords, enabling them to build relationships that would facilitate their clients' access to housing. It would also provide a basis for a phone call from the landlord in the event of an issue with a tenant, letting them know of the situation, and thereby offer an opportunity for the worker to attempt to mitigate the situation. One agency is managing to house its clients without landlord engagement.

**Providing rent supplements:** Rent supplements appear to provide opportunities for clients to gain access to some better quality housing, although many agencies still struggle to find adequate affordable housing.

**Community engagement and support:** Having staff actively involved with broader the community helps raise awareness of homelessness, promote support for initiatives and develop long-term strategies for addressing homelessness in the community.

### ***Effective Outreach Practices by Community Type***

Interviewees were asked to rate the importance of outreach practices identified in the literature. The following table provides the ratings of outreach practices by community type. It shows there was little variation in interviewees' perspectives on essential outreach practices in communities of various sizes. Outreach programs operating in all community types identified the same three practices as most important:

- treating homeless persons respectfully so they feel valued,
- maintaining links with housing providers, and
- and maintaining links with community service agencies.

Three outreach practices were found to be of slightly less value in small town outreach sites than in suburban and urban sites. They were:

- hiring staff with special knowledge of homeless people and the problems they face
- taking a team approach to staffing i.e. outreach workers share a caseload
- debriefing and/or counselling for staff

Some characteristics of communities affect how outreach operates or present certain challenges. These are discussed by community type.

### Small urban sites

The small urban outreach sites studied have strong informal service networks in place. However, because of their smaller size they tend to have fewer services available, which significantly affects their ability to connect clients with appropriate supports. Additionally, transportation and access issues pose a significant challenge for these communities. This manifests in two ways. Firstly, public transit within the community may be limited, creating barriers for clients in accessing services. Secondly, residents of outlying communities tend to rely on these small centres for services, meaning that clients may have to travel significant distances to access appropriate services and to return home. While in town they may have nowhere to stay, leading to episodic homelessness.

### Ratings of Effective Outreach Practices by Community Type

1= not important, 3= very important

Outreach Practise	Small			
	Urban Average	Suburban Average	Urban Average	All Average
Treating homeless clients respectfully so that they feel valued	3.0	3.0	3.0	3.0
Positive relationships/links with housing providers in the community	3.0	3.0	3.0	3.0
Positive relationships/links with other community service agencies	3.0	3.0	3.0	3.0
Being flexible in the number and types of services offered	2.7	2.9	3.0	2.9
Advocating for client	3.0	2.8	3.0	2.9
Staff training	3.0	2.9	2.9	2.9
Ongoing relationship with client	3.0	2.8	2.8	2.8
Hiring staff with special knowledge of homeless people and the problems they face	2.3	2.9	3.0	2.7
Debriefing and/or counselling for staff	2.4	2.8	3.0	2.7
Supervisor works with politicians/agencies to make community linkages on behalf of team	2.6	2.8	2.6	2.7
Making numerous contacts over an extended period of time	2.6	2.8	2.5	2.6
Providing mediation with employers and/or landlords	2.8	2.4	2.5	2.6
Taking a team approach to staffing i.e. outreach workers share a caseload	2.2	2.7	2.8	2.6
Accompanying client to needed services/appointments	2.4	2.4	2.5	2.4
Assisting client with transportation	2.5	2.3	2.6	2.4
Hiring formerly homeless clients as outreach workers	1.7	1.6	1.9	1.7

### Suburban sites

The suburban outreach sites studied tend to have more services in place than the small centres, as well as more diversity in affordable housing/housing options. The two suburban communities studied differed somewhat in their geographical relationship to the metropolitan centre of Vancouver. North/West Vancouver's close proximity to Vancouver means that it lacks some

services that are found in Vancouver. This presents a challenge to the CMHA North and West Vancouver in providing appropriate levels of service, as they may be seen as close enough to benefit from Vancouver's services, when in reality clients are often reluctant to travel outside the community. As an outer suburb, Maple Ridge's service organizations, however, tend to operate independently of what is available in Vancouver, and indeed the municipality appears to operate more like a small town than suburb in terms of service provision, and has links with other suburban services.

Both communities are influenced by Metro Vancouver's housing market, where the high cost of housing significantly impacts the cost of market and rental housing. However, suburban communities may have little purpose built rental housing to mitigate the expensive regional housing market.

Additionally, although not necessarily a feature of all suburbs, the geography of the suburban communities studied meant they have large wooded areas where homeless people camp, so that finding the homeless makes outreach efforts more challenging.

### **Urban sites**

The two urban outreach programs studied are quite different, however, the two communities Kelowna and Vancouver have a wide range of social services available, many centred in the downtown core. These cities are therefore able to develop large, resilient and effective service networks capable of adopting an integrated case management approach and ensuring that services aren't duplicated (e.g. Kelowna's Partners in Community Collaboration (PICC) ).

Travel remains an issue for clients outside downtown cores where services are focused. The reasons for this barrier to accessibility differ between the two urban case studies. While in Kelowna sprawl contributes to transportation challenges, in Vancouver it was not that services were a problem to access (indeed they were readily available in a few block area of the Downtown Eastside (DTES)) it was that by placing clients in housing outside the DTES, home to the outreach office, travel became costly for both the outreach worker or for the client to come to the office.

### ***Conclusions and Recommendations***

Despite significant differences in the types of communities studied the outreach programs studied operate in a similar fashion using similar practices. The outreach model itself of engagement, direct access to income assistance and housing, and referral to other services, suggests a common approach. The study concludes that there are more similarities than differences in outreach practises and perceptions of effectiveness of these practices across communities of various types.

Outreach is successful at meeting the needs of homeless individuals, but providers experience a number of challenges as identified in these cases. Addressing these challenges would help facilitate more effective outreach practices. The following recommendations are provided.

1. Measures that would address human resource concerns such as caseload size, recruitment and retention, staff coverage and job security would strengthen staff capacity.
2. Consideration might be given to focusing outreach in agencies that are members of existing service networks or can engage with one. Alternately, this could be expanded to agencies indicating a willingness to and the capacity to develop new service networks with other agencies in their community.
3. Multi-service agencies providing services to the homeless may be better placed to facilitate follow-up and provide support.
4. Addressing the limited mental health and addiction service capacity identified in some communities would improve outreach effectiveness. A referral model that depends on the presence of a sufficient and diverse service network means this is critical, as lack of services will affect outreach delivery and success.
5. While not a challenge but a positive aspect of some outreach programs, availability of rent supplements through outreach programs facilitates access to private sector housing, and permits use of higher quality housing which is likely a factor in promoting housing stability.

## HOMELESS OUTREACH PRACTISES IN BC COMMUNITIES

### 1. Introduction

#### *a. Background*

Outreach models that offer direct access to income assistance and permanent accommodation have been operating in BC since 2005 when the first pilot outreach project was initiated in the City of Vancouver. In 2006 the Canadian Mental Health Association (CMHA) in partnership with the provincial Ministry of Employment and Income Assistance expanded upon this outreach model to provide the service in eight core locations around the province. Today about 70 outreach programs are offered in at least 50 locations throughout BC funded by BC Housing through the Homeless Outreach Program (HOP) and Aboriginal Homeless Outreach Program (AHOP) or by Human Resources and Development Canada (HRSDC) through the Homelessness Partnering Strategy (HPS). In addition, outreach is provided by a number of agencies and organizations that may be unconnected to either of these funders. This study is focused on homeless outreach services provided through funding by BC's HOP and AHOP as well as homeless outreach services funded through HRSDC's Homelessness Partnering Strategy.

HOP and AHOP aim to provide people who are homeless or at risk of homelessness direct access to housing. Outreach services provided by non-profit organizations in communities across the province, directly engage people who are homeless or at risk of homelessness by assessing client need, assisting with personal goals, and connecting individuals and families with stable accommodation and appropriate services.

Federally funded outreach programs receive funding through the Homelessness Partnering Strategy (HPS), which supports a wide array of activities that address homelessness, including outreach, through a community-based approach. Services may include assistance in finding and maintaining housing, access to support services such as health and mental health and working with landlords to improve stability. At the time this project was initiated there were over 20 federally funded outreach initiatives. Note that some outreach services receive funding from both sources.

#### *b. Homeless Outreach Effectiveness*

Reviews of the state of knowledge around homeless outreach services have concluded that homeless outreach services "improve housing and health outcomes for homeless persons" (Olivet et al 2010) and that more research is needed to answer the question "what factors promote success" (Erickson and Page 1998). The present research aims to fill this knowledge gap with a particular focus on variations in outreach practices among different types of communities.

Locally, evaluations of the Vancouver and CMHA outreach programs concluded that outreach initiatives delivered through the two initial projects were able to meet overall program

objectives, and offered some observations on the differences between outreach operating in urban and rural contexts.<sup>1</sup> However, the RFP noted that:

Anecdotal evidence suggests that outreach services for homeless people vary from community to community and according to local context and needs. This flexibility across communities complicates efforts to evaluate service delivery and draw conclusions about promising practices in providing outreach services.<sup>2</sup>

### ***c. Purpose and Objectives***

HRSDC in collaboration with BC Housing and the provincial Housing Policy Branch has commissioned this research by Eberle Planning and Research, Jim Woodward and Associates, and Matt Thomson to examine federally and provincially funded outreach models to increase understanding of effective outreach practices in communities of varying sizes and types.

The purpose of this study is to increase the level of understanding of what practices makes homeless outreach programs effective in different types of communities.

The objectives are to:

1. Identify effective practices in homeless outreach services in BC and how they may differ in rural/small town, urban, and suburban communities.
2. Profile the “learnings” for the benefit of those involved in homeless outreach services.
3. Recommend effective outreach practices and identify the types of communities to which these practices are best suited.

### ***d. Method***

This research adopted an exploratory, multiple case study approach with two cases each of outreach projects operating in large urban, small urban or rural, and suburban communities for a total of six cases. A case study is an “empirical enquiry that: investigates a contemporary phenomenon within its real life context, when the boundaries between the phenomenon and context are not clearly evident; and in which multiple sources of evidence are used.”<sup>3</sup> This research study consisted of two components: a) development of individual cases and b) cross case analysis. In each case, we explored effective outreach practices and the factors that contributed to it including local contextual factors. The cross case analysis examined all outreach case studies to establish effective outreach practices, then by community type to determine if there are common practices that promote successful outreach in different types of communities and how contextual factors interact with these practices.

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<sup>1</sup> City Spaces. 2007. *Provincial Homeless Outreach Program Evaluation Report*. Prepared for the Canadian Mental Health Association.

<sup>2</sup> HPS. 2010. *Homeless Outreach Services in BC: Profiling Promising Practices*. Application Package. P. 4.

<sup>3</sup> Robert K Yin. 1989. *Case Study Research. Design and Methods*. Applied Social Research Methods Series. Vol 5.

Community type classification was based on Statistics Canada community size/type classifications:

Large urban areas	Census Metropolitan Area (CMA) - core population of 100,000
Small urban area	Census Agglomeration (CA) - core population of 10,000
Suburb	Municipality that is part of a CMA

Six homeless outreach programs were selected as cases with the assistance of the advisory committee, as follows:

Community type	Location	Outreach Program	Funder
Large urban area	Vancouver	RainCity Housing Society Homeless Outreach Program	BC Housing HOP and HRSDC
	Kelowna	Ki-Low-Na Friendship Society Homeless Outreach Program	
Small urban area	Port Alberni	Port Alberni CMHA Homeless Outreach Program	BC Housing HOP
	Prince George	Prince George Native Friendship Centre Homeless Outreach Program	BC Housing HOP and AHOP
Suburb	Maple Ridge	Alouette Home Start Society Community Outreach Program	BC Housing HOP and HRSDC
	North and West Vancouver	CMHA North and West Vancouver Homeless Outreach Program	BC Housing HOP

The case study sites were selected to represent two of each different type of community, e.g. small urban or rural, large urban area and suburban as well as a representation of BC regions, a variety of target populations including women, youth and Aboriginal people and both federally and provincially-funded programs. They included places with populations ranging from 25,000 persons to 580,000 people in 2006. In addition, only outreach projects that have achieved a certain level of success in terms of stabilizing their clients in housing were included as cases.<sup>4</sup>

The case study research employed multiple sources of evidence, specifically documentary evidence for each homeless outreach program obtained from the participating outreach agency including annual reports, outcome figures where available, service reviews, reports and studies and in person interviews with case study organizations, community stakeholders and former clients. In order to assess the importance of local context, a profile for each community was developed using published sources describing population size and location, economic resource

<sup>4</sup> With the exception of one program, 80% of the programs' clients who were housed, and who had their housing status verified, maintained their tenancy at six months. Source: BC Housing, Homelessness Services, Homeless Outreach Program May 25, 2011.

base, vacancy rates and availability of affordable rental housing, community demographics and homeless figures.

Interview guides were developed to investigate the importance of the different outreach practices that contribute to successful outreach as well as local contextual factors that may influence it. Incorporated in the guides was effective outreach practices identified in the literature. Interviewees were asked to indicate their rating of the importance of each of these outreach practices in the outreach program under consideration. Separate interview guides were developed for each interviewee type. The agency interview guide is included as Appendix A.

The researchers conducted six face-to-face interviews with key informants for each case:

1. Key informants most knowledgeable about their outreach programs including a senior outreach agency staff person and front-line outreach worker.
2. Community stakeholders familiar with the outreach program who can discuss the outreach projects in the context of their community (e.g. a municipal planner and social service agency).
3. Former outreach clients (two per community) to obtain their input on promising practices. Outreach agencies recruited suitable individuals and the researchers carried out the interviews. Participants' names were not recorded to protect their privacy and each participant received a \$20 honorarium to show respect for his or her time and information.

Individual outreach program case profiles were developed based on the data obtained through personal interviews and documents. Draft interview notes were provided to interviewees to confirm their accuracy. The cross case analysis explored differences and similarities among all case study outreach programs in terms of agency type, program delivery, community factors and effective outreach practices. It then examined whether there are unique program or contextual factors affecting small town, large urban and suburban outreach programs and if these cases show that there are differences in effective outreach practices by community type.

An Advisory Committee consisting of representatives of HRSDC, BC Housing and the BC Ministry of Energy and Mines, Housing Policy Branch, provided assistance and advice at key points in the study process. Dr. Penelope Gurstein, UBC School of Community and Regional Planning and Michael Goldberg, Former Research Director, Social Planning and Research Council of BC provided methodological advice at key points in the study process.

### ***e. Report Organization***

Sections 2 through 4 summarize features of the case study outreach programs and their community context. Section 5 provides a discussion of the programs by community type, and Section 6 describes effective outreach practices including approaches common to all the outreach sites studied and by community type. Section 7 presents conclusions and recommendations. The case profiles are presented in Volume 2.

## 2. Outreach Programs

### a. Agencies

Six agencies delivering homeless outreach programs (OP) in BC were selected for this study. The table below provides a brief overview of each agency including the agency's target population, type(s) of housing facilities administered by the agency, and what types of services each agency offers. While most were multi-service agencies providing a range of housing and support services, the mission, type of service and target population differed and some provide a much broader range of services than others. Greater detail on each of these agencies is provided in the individual case studies.

**Table 1: Key characteristics of agencies delivering outreach programs**

Agency	Agency's target population	Agency's housing facilities	Services
<b>Canadian Mental Health Association Port Alberni (CMHA PA)</b>	People with mental illness  Some programs for the community	Crisis and transitional beds, supported housing for people with mental illness and SRO open to everyone, with some support services provided	Crisis support (housing, addictions, mental health) as well as 'mainstream services' (employment, lunch program, advocacy for disability applications)
<b>Prince George Native Friendship Centre (PGNFC)</b>	Urban aboriginal people are main client population  PGNFC serves all individuals regardless of culture, gender, race, age, etc.	Low barrier emergency shelter, alcohol and drug supportive recovery beds, supported living beds	Social, health, education, employment, economic development and cultural programs
<b>Canadian Mental Health Association North and West Vancouver (CMHA NWV)</b>	People with severe and persistent mental illness	4 housing sites: A transitional house for men in recovery, and 3 facilities for people with severe/persistent mental illness	Services and education for people with mental illness, individual and group support, grief counselling; telephone coaching service, 2 employment programs, also hosts education and advocacy, community-based research and advocacy, until recently had a life skills program call Community Navigator

<b>Alouette Housing Start Society, Maple Ridge (AHSS)</b>	Those experiencing homelessness or housing vulnerability	Youth safe house; building a supportive housing project	More limited multi-service focus; however, founding partners include employment services, addictions treatment, Salvation Army, Katzie FN, transition house and youth society
<b>Ki-low-na Friendship Society (KFS)</b>	Urban aboriginal people are main client population  KFS serves broader community in downtown Kelowna	Two transitional housing facilities targeted at youth and families respectively	A range of services (family and children, youth programs, health and wellness, poverty law, employment services, ELSA and cultural programming)
<b>RainCity Housing, Vancouver (RCH)</b>	People with mental illness, addictions or other barriers (hardest to house)	Emergency shelter, transitional and supportive housing	Meal program, life skills, harm reduction and two other outreach teams

### ***b. Client Demographics***

The various programs have similar client compositions. In all cases, the predominant client type was male, ages 30 to 50, and many clients had mental health and/or addictions issues. In the CMHA PA, PGNFC and KFS programs the proportion of Aboriginal clients was higher than the general population, with Aboriginal individuals accounting for 30% of the clients in CMHA PA program, about 50% of clients in the KFS program and representing about half of clients for PGNFC.

However, several outreach workers noted that demographics had shifted over the last two years, with the following trends being seen:

- CMHA PA: more women leaving abusive relationships
- AHSS: an increase in seniors
- CMHA NWV: increase in older individuals (50+) with alcohol addiction; increase in single mothers and their children
- RCH: because of the specialization of services in Vancouver's DTES, this agency focused on higher functioning individuals

Additionally, two of the outreach programs noted that client groups go through cycles. At RCH OP there were times at which there were more single women with children, and at other times a greater number of sex trade workers. Recently, RCH OP has seen more male labourers as clients. At KFS, client load increased with the arrival of transient seasonal labourers. While the RCH OP sees a great number of women, given the predominance of male clients noted above, it appears that women may comprise a smaller share of these programs' clientele.

### **c. Outreach Staff**

All outreach teams are quite small, with between 2 and 4 full-time equivalents except for the CMHA North/West Vancouver which has only one worker; however, the outreach worker at CMHA NWV works closely with the Lookout Shelter, which operates outreach in the area.

#### **Staff Characteristics**

The background and education of outreach workers in these case studies is varied. There is generally some emphasis on a background in mental health work or outreach experience. Additionally, a common staff characteristic is empathy and general understanding of experiences of homeless individuals. In some cases this emerges from lived experience of homelessness, although for many of the workers it arises from either educational or professional experience, and in some cases a combination of both.

#### **Hours**

The core hours for most programs were weekdays during the daytime hours. Most programs provided some flexibility with opportunities for appointments or assistance outside these hours. However only the RCH and PGNFC programs had formal service delivery outside this range. RCH's program ran as late as 7:30pm (depending on daylight) twice a week when conducting street outreach. At PGNFC, the outreach team worked seven days a week, with a Sunday to Thursday, 10am to 3pm shift and a Tuesday to Saturday 3pm to 8pm shift.

#### **Characteristics of a good outreach worker as identified by respondents**

A range of abilities and skills with which to approach client including:

- non-judgmental
- approachable
- respect for where the client is coming from
- sense of humour/funny
- empathetic and able to relate to what it's like being on the street
- straightforward and honest
- flexibility
- able to listen
- trustworthy

#### **Caseload**

Each outreach program has developed its own caseload approach, depending on the needs of staff and clients. At RCH the outreach team shares cases to avoid client dependence on a particular outreach worker. However, many of the other programs used a semi-shared caseload approach, where each outreach worker has their own caseload clients, but could ask another outreach worker to work with a client in the event of a scheduling conflict or if a worker is ill or on vacation. This practice seems to be born out of necessity due to the small staff contingent, rather than a desired approach. Clients tend to prefer a single worker. The CMHA NWV outreach program does not take this semi-shared approach, as there is only one staff member.

#### **Safety**

All agencies had measures in place to ensure the safety of staff. These include working in teams,<sup>5</sup> inviting bylaw officers to accompany individual staff when engaging in street work or in the bush, meeting clients in safe public places, on-the-job training for health and safety, mental health debriefings and mental health time off.

<sup>5</sup> In some cases, such as PGNFC and RCH this is policy, while at CMHA PA staff will work independently unless safety is identified as a concern.



### 3. Goals, Activities and Definitions of Success

#### *a. Impetus*

Visible homelessness was a priority issue in each of the case study communities in the mid 2000s. Several agencies (RCH, CMHA PA and CMHA NWV) had pilot projects, while KFS and PG NFC had some outreach activities prior to receiving funding. Each of the organizations saw an important need in addressing the needs of homeless individuals by developing or expanding services available. All organizations responded to a call for program proposals and were successful. PG NFC had initiated a youth outreach program and was able to adapt what they had learned from that program into their adult outreach services.

#### *b. Goals and Objectives*

While each of the programs had slightly different interpretations of the goals of their outreach work, four common characteristics emerged across all case studies. .

- a. Engage with homeless persons.
- b. Connect clients with income assistance and refer to other appropriate services
- c. Help individuals secure and maintain housing
- d. Connect with individuals in an ongoing way to provide them with support, referrals and community resources

Additionally, several organizations noted that they used the Housing First model in their outreach work.

#### *c. Outreach Description and Activities*

The case study programs are similar in their approach to engaging with clients and connecting clients to appropriate services. Commonly, after engagement, support starts with developing a stable source of income by fast-tracking clients for income assistance. An accessible, secure source of income represents an effective tool for stabilizing individuals and helping clients find and maintain housing over time. Other services are sought according to a client's needs. Wherever possible, short-term accommodation (shelter or other emergency housing) is found, and staff will work with clients to develop long-term accommodation and support systems (e.g. mental health counselling, drug and alcohol treatment, employment services). The worker will then support the client as necessary to maintain housing. This is often client-driven; some clients require ongoing, long-term support, while others require little to no support once housing and employment are found.

Each program has several avenues to explore to provide housing support to clients. These usually include a combination of working with partners in their network to provide housing, referrals to in-house housing, rental supplements for market housing, building relationships with private landlords and access to other social housing (e.g. BC Housing). RCH is unique in its focus, with clients accessing market housing and making use of rental supplements in order to do so. While many of the other programs use rent supplements to assist clients accessing market

housing, it is usually one of several options available to a client, depending on their needs. Additionally, many of the outreach workers noted their willingness to re-house individuals who had made previous use of the program. They noted that for some clients each subsequent housing experience was a step toward stabilization.

In addition to options for housing and income, each program had access to additional services to support and stabilize clients. In many cases these came from formal and informal partner organizations who were able to provide services beyond the scope of what the case study OP agencies could provide. Wherever possible, however, outreach agencies made efforts to refer clients to in-house services. This provided continuity for clients while also allowing an informal system for maintaining relationships with clients and outreach workers and following up. In some communities, certain services were noted as inadequate (e.g. lack of a walk-in clinic in Port Alberni). In the views of some respondents, inadequate services represent a significant barrier to service delivery as it means program efforts to stabilize clients may be less successful.

The following describes the specific practices of the case study programs.

**Client Engagement and Intake:**

Outreach teams generally provide a mix of in-office and street outreach. Originally most programs focused on street outreach, which meant finding clients where they camped and congregated, including in the woods or bush. However, for four programs (RCH, CMHA PA, CMHA NWV and KFS) this shifted over time as the awareness spread and programs established their credibility. While street outreach remains an engagement tool for each of these programs, most clients are referrals and walk-ins. This shift has reduced the time program staff spend doing traditional engagement work; however, it allows workers to spend more time with clients and more clients to receive services than when these programs focused more on street outreach. AHSS and PGNFC’s staff members still spend considerable time engaging in street outreach, which often results in client intake. Programs that conduct less street outreach encourage appointments to meet with outreach staff. However, teams have developed flexibility in their approach to provide a range of options for clients who need to access an outreach worker. These include client intake over the phone (e.g. CMHA PA and the CMHA NWV), a once-a-week drop-in day (e.g. CMHA NWV) and access to a ‘storefront’ where clients may access resources even when outreach workers are unavailable (e.g. KFS, CMHA PA, RCH).

**Clients’ views of the outreach programs**  
Clients consistently found a non-judgmental approach a key characteristic of a successful interaction, and one that helped ensure success in addressing the range of problems that a client may face. However, several noted that outreach workers tend to be very busy, which can sometimes result in shorter meetings. Many clients saw housing as the most important service offered by the program. One noted that an outreach worker plays a vital role in the homeless community, providing the presence of a sober, helpful face.

Case planning begins at intake. This usually involves taking a client history, assessing a client’s needs and designing a set of key services that will stabilize the client, including development of a plan to put those services in place. Not all clients participate in this practice.

**Income Assistance (IA)**

Connecting outreach clients immediately and directly to income assistance is one of the key components of the direct access outreach program model being implemented by these agencies. A Fast Track protocol has been put in place by the BC Housing HOP/AHOP programs to ensure outreach clients have immediate access to income assistance. This works by ensuring that clients accompanied by an outreach worker are fast tracked onto IA. In at least one community, IA reserves weekly “appointments” for outreach program clients.

- *Fast track IA applications:*<sup>6</sup> All
- *Work to secure IA through applications:* All
- *Build ongoing relationships with IA staff:* AHHS
- *Specifically mention advocacy:* CMHA PA, CMHA NWV, KFS

The following services are provided through referral to appropriate community agencies or to in-house services in large multi-service agencies. All six agencies referred clients to some form of addictions, mental health and physical health services. Referral to other services such as lifeskills, employment and training, and legal services depends upon the local availability of services.

### **Housing**

Outreach programs adopt a number of approaches to obtain housing for their clients as displayed in Table 2. All outreach programs make use of rental supplements to assist clients in private market housing units. Each provider is allotted a lump sum to distribute among their clients as needed. Several provide assistance with applications for non-profit housing or BC Housing directly managed stock, although this is usually viewed as long-term housing, requiring interim housing in the private market. Additionally, four of the agencies build relationships with landlords and four operate their own housing units. Table 2 highlights the housing practices of each agency.

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<sup>6</sup> This is a program requirement.

**Table 2: Housing practices**

Housing practices	Small urban		Suburban		Large urban	
	Port Alberni	Prince George	Maple Ridge	North Shore	Kelowna	Vancouver
	CMHA	Native Friendship Centre	Alouette Home Start Society	CMHA	Ki-low-na Friendship Society	RainCity Housing
Use rental subsidies to support clients in housing	Y	Y	Y	Y	Y	Y
Assistance with housing applications to non-profit housing or BC Housing	Y	Y	Y	Y	Y	Y
Agency operates housing units	Y	Y	Y	Y	Y	Y
Prepare housing lists/inventories	N	N	Y	Y	N	N
Build relationships with landlords	Y	Y	Y	Y	Y	N
Mediate with landlords if problem	N	N	Y*	Y	Y*	Y
Drive/accompany client to view apartments	Y	Y	Y*	Y	Y*	N
Re-house client several times	Y	Y	Y	Y	Y	Y

\* Will do if necessary.

### Services

There are a number of approaches that outreach programs use to ensure clients receive appropriate, necessary services. The following describes how a client is connected to each type of service, and the organizations that use this approach. It should be noted that RCH is unique in its focus on working with clients to find market housing through its long-term rental subsidy.<sup>7</sup> A number of RCH clients, for example, are referred from emergency shelters for only housing services. Other support services are provided by shelter staff or through referrals from shelter staff. This focus differentiates them from the other five organizations studied that tend to provide or refer clients to a range of supports, depending on client needs.

### Addictions

- *Referral to detox, treatment, or medical specialist: All*
- *In-house services: KFS*

### Mental Health

- *Referral to treatment, usually through Health Authority: All*
- *In-house services: CMHA PA, CMHA NWV, KFS, RCH*

<sup>7</sup> The RCH Housing outreach program has access to funding for a rent supplement of \$300 for 30 people. Added to the shelter component of Income Assistance, this allows individuals and families to be housed in market units. By the end of one year when the supplement ends for each person, the individual or family is expected to be able to keep stable housing on their own either through employment, a disability pension, or by moving to a rent geared to income building.

### **Physical Health**

- *Hospital emergency (where no walk-in clinic), or to GPs willing to take clients; CMHA PA, AHSS*
- *Referral, usually to a public health unit, operated through the local Health Authority: PGNFC, AHSS, KFS, CMHA PA, RCH*
- *Nurse practitioner on site: CMHC NWV*

### **Life Skills**

- *Referral: CMHA PA (limited) PGNFC, AHSS (limited), KFS, RCH*
- *In-house services: CMHA NWV<sup>8</sup>, KFS*

### **Employment and training**

- *Referral: CMHA PA, PGNFC, KFS, RCH*
- *In-house services: CMHA NWV, KFS*

### **Legal Services**

- *Referral: CMHA PA, CMHA NWV, KFS*
- *In-house services: KFS (poverty law), CMHA PA*

### **Other services**

- *Youth referral: CMHA NWV*
- *Food bank: CMHA NWV*
- *Brain injury referral: KFS to Brain Trust*

### **Follow-Up:**

All HOP/AHOP funded programs are required to follow-up with clients at six months after a client is housed. After this period, follow-up is generally left up to the client and a client can maintain contact with the outreach program as long as necessary either by phone or in person. In some communities, former clients and outreach workers “bump into” each other and contact is maintained that way. RCH ceases follow-up efforts after a client stops receiving a rental supplement. In some cases follow-up will be for an extended period of time (sometimes years). However, a client may choose not to maintain contact with an outreach program because they have stabilized and moved on, or moved on without stabilizing because they are still struggling with addictions and/or mental health issues or have died. Outreach workers will try to follow-up with clients who have stopped contacting them, but will not pressure a client to maintain contact. In organizations that have multiple services, workers may maintain informal relationships with clients who come in for meal programs, employment services, etc.

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<sup>8</sup> CMHA NWV’s in-house life skills (Community Navigator) program was discontinued in early 2011. They are currently working to reinstate the program if funding can be secured.

#### ***d. Definitions of Success***

The case studies suggest that definitions of success vary for clients, the outreach program and at the community level.

##### **For the client:**

Effective harm reduction means that every interaction is an opportunity to provide more stability and functionality to clients' lives. Over the long-term, success means a client is stably housed and with a stable income. However, over the short-term, success can mean facilitating a small improvement in someone's life, including lending a sympathetic ear, access to physical health care or even a warm meal in the hopes that this will lead to more significant interaction but also as a significant immediate improvement in quality of life.

##### **For the program:**

A primary marker of success for these outreach programs is a solid, trusted reputation in their communities. When other agencies or clients refer new clients this is a significant indication of success, as it means the program has established a reputation as an organization that can help individuals in need.

Another key marker of success is linking clients with housing and supporting clients to access income assistance and other services. By providing these supports outreach workers are able to help clients on the road to stabilization. As noted above, housing and supporting clients may need to occur multiple times. However, several program staff noted that this is part of the long-term process of stabilizing clients.

A final marker of success for outreach programs is moving from helping a client find housing to working with them to maintain the housing they are in.

##### **For the community:**

For communities, success is often viewed through a broader lens. Community partners interviewed suggested a common definition of success was the development of a community network of support in which multiple agencies work together to provide services that an individual needs.

Many community partners also noted some important impacts that a successful outreach program would have. These include less visible homelessness in the community, and efforts to address the root causes of homelessness (particularly the lack of affordable housing). A final marker of program success for those who work with Aboriginal clientele is increased sensitivity toward and respect for cultural differences and an improvement in service delivery to Aboriginal people.

Another measure of success noted by some community stakeholders was that the introduction of homeless outreach in a community may have reduced the workload for other services, and enabled staff in these services to focus on their primary mandate.

**e. Outcomes**

Outreach programs funded through HOP/AHOP are required to submit figures showing the number of clients still housed at six months. Of the case study outreach programs that provided figures on housing outcomes, Table 3 shows that most report a high rate of housing stability at six months, as shown below. The remaining agencies did not provide figures.

**Table 3: Housing stability at 6 months**

Agency	Percent of clients housed after 6 months
CMHA Port Alberni	80%
Alouette Home Start Society	89%
RainCity Housing	80-90%
CMHA North and West Vancouver	83%

Source: Agency interviews.

Some agencies provided other outcome measures:

- PGNFC: 40-50% of clients are ready to access independent housing; 95% have IA and 10% have Disability Allowance after 6 months with OP team; 30% stabilize and access necessary support to be employable
- RCH: At six months 75-80% of clients are still receiving IA; all those eligible are receiving the disability allowance; 25-30% have some level of employment.

Several outreach workers said that reporting to a database for data collection purposes was an onerous requirement that took their limited time away from serving clients. . .

## 4. Understanding Community Context

### a. Local Characteristics and Conditions

Table 4 below shows some key demographic and economic characteristics of the case study community. It suggests that the choice of municipalities/outreach programs, while intended to reflect three broad community size/types, actually reflect significant variations even within community type e.g. Port Alberni and Prince George.

In general, the small urban centres share a slower population growth rate, higher vacancy rates and lower average rents than the suburban and urban sites. Port Alberni, the smallest of all sites by population size, lost 9% of its rented dwellings between 2001 and 2006. The suburban sites differ quite dramatically in term of population growth, with the North Shore (an inner suburb) growing very slowly in comparison with Maple Ridge (an outer suburb). They have both lost a significant amount of rental stock, and have lower vacancy rates, which are comparable to the urban sites. The urban centres of Kelowna and Vancouver experienced high population growth rates, have higher rents and low vacancy rates.

Despite the similarities there are also significant differences within the categories in terms of population size, growth rates and in some cases, vacancy rates. The figures show that municipalities that fall within a certain population size category can vary quite significantly.

**Table 4: Selected Characteristics by Community Type**

Characteristic	Small urban centres		Suburban centres		Urban centres	
	Port Alberni	Prince George	North Shore <sup>9</sup>	Maple Ridge	Kelowna CMA	Vancouver (City)
Population 2006	18,000	83,000	169,858	69,000	162,275	578,041
Population growth rate 2001-06	-1.1%	2.1%	1.1%	9.2%	10.8%	5.9%
Unemployment rate 2009	7.2%	10-12%*	7.1(CMA)%	7.1 (CMA)%	8.7-12%*	7.1% (CMA)
Decline in rented dwelling units (2006)	220 or 9%	160 or 2%	1470 or 7%	270 or 5%	N/A	1220
Average rent, Oct 2010	\$568	\$666	\$973-1,462	\$750	\$822	\$1059
Vacancy rate Oct 2010	5.4%	7.5%	0.6-1.6%	3.2%	3.4%	1.3%

\*Two development regions.

<sup>9</sup> City of North Vancouver, District of North Vancouver and West Vancouver.

### ***b. Community Linkages***

Each outreach program has developed its own community network or relies on an existing network to ensure that the housing, income and support needs of clients are met. The type of networks in place (formal or informal) differ from community to community. However, there are some common points of contact that many of the outreach teams make use of, including:

- Key provincial ministries, particularly Ministry of Social Development (for Income Assistance) and Ministry of Children and Family Development
- Local health authorities, particularly Mental Health and Addictions Teams and where available, physical health care
- Other service organizations including women's services, family services, community advocates and food banks, as well as community services in areas listed above
- Local homeless policy and advocacy networks
- RCMP or other police forces.

Formal relationships and protocols were in place in these communities to facilitate income assistance applications as specified for the HOP/AHOP program. While most outreach programs rely on an informal system of relationships for other services, mechanisms have been developed to ensure that services are not duplicated. At KFS and AHSS formal mechanisms for inter-agency cooperation have developed through the Partners in Community Collaboration and Community Network, respectively. Both networks make use of an integrated case management approach<sup>10</sup> to address homeless, and are designed to connect clients with appropriate services available in the community and to monitor clients' progress.

In addition to formal networks, outreach workers connected with a number of other types of organizations including local politicians (local, provincial elected representatives), school boards, bylaw officers, landlords, local businesses, and the faith community.

### ***c. Local Awareness and Impacts***

These case studies show that outreach programs are well known amongst local stakeholder groups (service sector, and others involved in addressing homelessness). However, in one community interview participants felt that more work is needed to raise awareness and gain community support of the program. In several other communities, participants noted that while awareness of homelessness among the wider community had grown, there was still more work to be done. Despite growing awareness of homelessness in case study communities, outreach programs themselves are not widely known by broader community residents. However, it should be noted that is the result not of a single program or effort, but of the collaborative community networks and responses in which outreach programs are active partners and leaders.

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<sup>10</sup> Tate et al. define integrated case management as "a team approach taken to co-ordinate various services . . . through a cohesive and sensible plan. All members of the team work together to provide assessment, planning, monitoring and evaluation. The team should include all service providers who have a role in implementing the plan" as well as clients. (Tate et al. 1999, available at: <http://www.mcf.gov.bc.ca/icm/pdfs/participants.pdf>)  
Eberle Planning and Research, Jim Woodward and Assoc. and Matt Thomson Nov 2011

Table 5 summarizes the noticeable impacts of their programs as reported by respondents. Some reported reduced visible homelessness, increased community awareness of homelessness and importantly, reduced workload for other service providers.

**Table 5 - Local impacts** (as expressed by interviewees in open ended interviews)

Local impacts	Small urban		Suburban		Large urban	
	Port Alberni	Prince George	Maple Ridge	North Shore	Kelowna	Vancouver
	CMHA	Native Friendship Centre	Alouette Home Start Society	CMHA	Ki-low-na Friendship Society	RainCity Housing
Visible homelessness is decreased	DK	DK	N	Y	Y	Y
Greater inter-organization cooperation and networks	DK	Y	Y	Y	Y	N
Increased awareness of homeless and housing issue in community	Y	Minimal increase	Y	Y, but still challenge	Y	DK
Reduced workload for other service workers	Y	DK	Y	Y		DK
Increased availability of shelters/housing	Y	N	N	DK	Y	DK
Policy and local government response	Y	Y	Y	Y	Y	DK

N.B. Not all respondents commented on each impact.

## 5. Influence of Community Type on Outreach Programs

### a. Outreach Programs

An early evaluation in 2007 of the Provincial Homeless Outreach Program<sup>11</sup> noted some important differences between programs according to the size of a community in which they operate. They were:

1. In inner cities and urban areas the outreach model is typically more urgent and intensive compared to rural sites. This is due to greater number of clients and increased complexity of client issues in larger communities.
2. Outreach clients in rural and small communities are more likely to be relatively homeless, living in inadequate housing rather than living rough.
3. Outreach Workers in rural and small communities tend to have smaller caseloads and higher numbers of interventions with more focus on housing support.

These early findings, particularly points 2 and 3 above, do not necessarily hold true for the case study outreach programs examined in this research. This may be due to the particular cases studied. For instance, one large urban site focused on higher functioning individuals, a result of the specialization possible in a large urban area, where other outreach teams operate. Consequently their services were not more urgent and intensive.

Outreach agencies in small communities studied here did not report serving “relatively homeless” clients or those at risk of homelessness, although once housed, it was typically in poor quality market housing and may involve several attempts at re-housing. The nature of the outreach work in both the Port Alberni and Prince George sites means that the teams engage more with absolute<sup>12</sup> homeless either on the street, in a shelter or in a camp. Occasionally they would re-house clients, but mainly they saw the absolute homeless. Small town outreach workers tended to focus on new clients once existing clients were housed, although support was provided if needed to all clients once housed. While this research didn’t ask about caseload size, there was no indication that small urban outreach services focused more on housing support.

#### Small town sites

Port Alberni and Prince George have strong informal service networks in place. However, because of their smaller size they tend to have fewer services available, which significantly affects their ability to connect clients with appropriate supports. Additionally, transportation and access issues pose a significant challenge for these communities. This manifests in two ways. Firstly, public transit within the community may be limited, creating barriers in accessing services. Secondly, outlying communities tend to rely on Port Alberni and Prince George for

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<sup>11</sup> City Spaces Consulting. 2007. *Provincial Homeless Outreach Program Evaluation Report*. Prepared for the CMHA.

<sup>12</sup> Absolute Homeless – Those who have no home of their own. These include the sheltered homeless staying in emergency shelters, transition houses or youth safe houses, and those who sleep “rough” in places such as in parkades, on the beach, in squats and in doorways.

services, meaning that clients may have to travel significant distances to access appropriate services and to return home.

These two communities act as service centres within their larger regions. Some outreach clients travel to these centres to access services and then may experience homelessness while in Prince George or Port Alberni.

### **Suburban sites**

Maple Ridge (AHSS) and North/West Vancouver (CMHC NWV) tend to have more services in place than the small centres, as well as more diversity in affordable housing/housing options. The two suburban communities studied differed somewhat in their geographical relationships to the metropolitan centre of Vancouver. North/West Vancouver's close proximity to Vancouver means that it lacks some services that are found in Vancouver. This presents a challenge to the CMHC NWV in providing appropriate levels of service, as they may be seen as close enough to benefit from Vancouver's services, when in reality clients are often reluctant to travel outside the community. As an outer suburb, Maple Ridge's service organizations, however, tend to operate independently of what is available in Vancouver, and indeed the municipality appears to operate more like a small town than suburb in terms of service provision. In addition, the Alouette Home Start Society Outreach program did have connections with other suburban municipalities in the Fraser Valley.

Both communities, however, are influenced by Metro Vancouver's housing market. The high cost of housing in Metro Vancouver significantly impacts the cost of market and rental housing. Furthermore, where Vancouver's housing stock is relatively diverse, suburban communities may have little purpose built rental housing to effectively mitigate the expensive regional housing market.

Additionally, both suburban communities have large wooded areas where homeless people camp, meaning that finding the homeless makes outreach efforts more challenging.

Finally, for both suburban communities, awareness of homelessness also represents an ongoing challenge, but, according to key informants, it is improving in both Maple Ridge and North/West Vancouver.

### **Urban sites**

Because of the RCH focus on a particular target population and the range of other homeless services in Vancouver's Downtown Eastside, the nature of their service delivery is quite different than the urban outreach program in Kelowna. Both Kelowna and Vancouver have a wide range of social services available, many centred in the

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#### **Building a Service Network: Partners in Community Collaboration (Kelowna)**

Partners in Community Collaboration (PICC) is composed of 25 organizations or government agencies that work with homeless and at-risk populations who meet once weekly for an hour. PICC follows a formal client engagement process in which: (a) workers engage clients, (b) workers and clients discuss the client's needs and potential resources in the community, (c) the worker brings forward the client's needs to the PICC meeting with a case management plan and (d) case management of "PICC'd" clients occurs throughout the week. This process was developed to "remove barriers impacting health, increase continuum of care for clients and decrease the number of disenfranchised and homeless individuals in Kelowna." The partnership is instrumental in connecting clients to appropriate services, developing relationships between agencies and building capacity and accountability within the community.

downtown core. According to interviewees, these cities are therefore able to develop large, resilient and effective service networks capable of adopting an integrated case management approach and ensuring that services aren't duplicated (e.g. Kelowna's PICC, see sidebar).

However, travel remains an issue for clients outside downtown cores where services are focused. The reasons for this barrier to accessibility differ between the two urban case studies. While in Kelowna sprawl contributes to transportation challenges, in Vancouver it was not that services were a problem to access (indeed they were readily available in a few block area of the DTES) it was that by placing clients in housing outside the DTES, home to the outreach office, travel became costly for both the outreach worker (if the OW had to meet with the client near or in their home) or for the client to come to the office.

Additionally, both urban centres face significant housing affordability barriers. In Kelowna's tourist-oriented market, diverse and affordable housing is lacking. In Vancouver, despite efforts to ensure affordable housing is in place, the high cost of adequate housing nonetheless represents a significant barrier to accessing and maintaining housing for many clients.

### ***b. Challenges to Effective Outreach***

Analysis of the case studies also revealed a number of challenges, some of which may be related to specific community characteristics such as size, and other challenges that are unrelated to community type. These challenges include a lack of support services, workload and staffing issues, and program reporting requirements.

#### **Lack of Services**

Because the outreach model depends on referral to other agencies for all service provision, the range and availability of services is central to successful outreach. All outreach programs cited a lack of adequate service capacity as a major challenge in successful program delivery. These included a lack of treatment for addictions and mental health issues, as well as limited seasonally-funded shelters. This can be dependent on community size. In rural areas this often meant that certain types of services were not available locally, or significantly under-resourced.

In North/West Vancouver the lack of services included a lack of physical and mental health services, as well as services for individuals with concurrent disorders. Key informants felt this was due to the concentration of services in Vancouver. In Kelowna, interview participants noted senior government cutbacks on services impacting their work (e.g. legal service cutbacks), while in Vancouver it was noted that the need for improving services in other areas of the city might alleviate some of the pressure on services in the Downtown Eastside. While the reason for lack of resources differs somewhat across communities, the need for additional capacity in mental health and addictions services is common to all six sites.

#### **Workload and Staffing**

Across outreach programs, workload and staffing issues were viewed as challenges to program success. Many outreach program interviewees noted that the significant workloads and the number of clients in the outreach programs can be a burden on the wellbeing of staff, and that in general there is a need for more staff coverage in all of the programs. Additionally, some

communities had difficulty recruiting and training outreach staff to positions that must be part time, due to available funding and the need to work in teams of two.

**Reporting Requirements**

Many program staff viewed reporting requirements as onerous, and considered it as taking away time the outreach worker could spend providing service to clients. This is a not uncommon reaction by social service providers to data collection requirements. No information was gathered on the specific nature of the data entry requirements or practices so no recommendation is provided.

## 6. Effective Outreach Characteristics and Practices

### *a. Overall*

Effective homeless outreach characteristics and practices have been identified across case study sites based on the insights gathered through these case studies. The information was gathered in two ways: through open-ended questions asking staff, community stakeholder and clients their views on effective practices, and a rating of effective practices identified in the literature by those same respondents.

A focused review of the literature at the outset of this project identified the 16 outreach practices in the table below as effective practices.<sup>13</sup> Interviewees were asked their views on the importance of these practices and these are presented in Table 6. The figures reflect an average of all interviewee responses and the relative importance of each for all programs. The findings confirm the importance of virtually all of these practises.

The top three characteristics and practices concern outreach worker demeanour/personality and links with housing providers and community service agencies. These three factors are reflective of the outreach model itself. They encapsulate the essential practice of outreach which is a personal engagement with homeless clients, then linking them with community resources to find housing and needed services.

Most practices listed were viewed as important or very important (an average rating between 2.5 and 3), with the exception of “hiring formerly homeless clients as outreach workers”. In contrast, “hiring staff with special knowledge of homeless people and the problems they face” was viewed as a better approach. Practices that provided more overt or direct assistance to clients, such as “accompanying client to needed services/appointments” and “assisting client with transportation” also were also perceived as less important. The reasons for this may include wanting to foster client independence and a lack of outreach worker time/resources. “Taking a team approach to staffing” was rated less positively, likely because this is viewed as more of an expedient given the realities of caseloads and resources, as opposed to a desirable practice.

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<sup>13</sup> See Works Referenced.

Table 6: Effective Outreach Practice Ratings

Outreach Practise	Average Rating 1= not important, 3= very important
Treating homeless clients respectfully so that they feel valued	3
Positive relationships/links with housing providers in the community	3
Positive relationships/links with other community service agencies	3
Being flexible in the number and types of services offered	2.9
Advocating for client	2.9
Staff training	2.9
Ongoing relationship with client	2.8
Hiring staff with special knowledge of homeless people and the problems they face	2.7
Debriefing and/or counselling for staff	2.7
Supervisor works with politicians/agencies to make community linkages on behalf of team	2.7
Making numerous contacts over an extended period of time	2.6
Providing mediation with employers and/or landlords	2.6
Taking a team approach to staffing i.e. outreach workers share a caseload	2.6
Accompanying client to needed services/appointments	2.4
Assisting client with transportation	2.4
Hiring formerly homeless clients as outreach workers	1.7

A disaggregation of the findings by interviewee type revealed that former outreach clients themselves had different views about some practices. For example, former clients were less positive about “taking a team approach to staffing” (1.9 compared to 2.8 and 2.6 for agency and community stakeholders). It may be that clients prefer to deal with one worker on an ongoing basis who knows them and they feel comfortable with rather than having to work with multiple staff.

The following discussion highlights some aspects of these practices:

#### **Hiring the right staff**

Empathetic staff able to develop ongoing relationships of trust with their clients was seen as critical to the outreach model. In fact, successful outreach speaks more to the qualities of the outreach worker hired, their training and support, than specific outreach practices per se according to the respondents. Staff who understand the experiences of homeless individuals, and are able to relate to clients by not being judgmental, being able to express humour, able to listen, show respect, and promise only what they can deliver was seen as key. While different OP programs had different educational or work experience requirements for staff, interviewees viewed respectful and non-judgmental relationships with clients as critical to successful outreach.

#### **Being client centred and flexible**

Meeting the homeless where they are and focusing on the needs of each unique client are key outreach characteristics or principles. Outreach workers must be flexible and provide the assistance needed whatever that may be. This usually means getting to know each client and

developing a case plan that meets their individual needs. A suitable mix of housing, income assistance and support would be tailored to each client to address their issues (short-term or long-term) and help them take steps toward stability.

### **Evolving client intake strategies**

A notable feature of the outreach program in several of the sites studied has been the evolution of engagement from being primarily focused on street outreach to a combination of street outreach and office appointment and referrals. It appears to have been adapted naturally over time as the program has become known within the community, and may enhance staff capacity as less time is spent finding clients.

### **Maintaining ongoing relationships**

All programs established long-term relationships with clients whenever possible. There was generally no such label as “former” clients: programs accept clients multiple times if housing stability is lost. Some programs reported providing services to clients for several years. This might raise issues of capacity over time, if old clients remain within the caseload as new ones are added.

### **Empowering the client**

Empowering the client to move forward, at their own pace in their own way was seen as critical. Effective outreach aims to find that middle ground between facilitating or enabling independence versus creating dependency. On a day-to-day level this might mean providing a client with a list of rentals with phone numbers and asking that the client make contact with landlords instead of making calls on the client’s behalf.

### **Accessing service networks**

Access to the services and expertise of other agencies (whether through formalized service networks that use an integrated case management approach, or through informal relationships between outreach staff and other service providers) was felt to be critical for a successful outreach program. Positive relationships/links with housing providers in the community and with other community service agencies was also seen as critical. It didn’t seem to matter if these networks were formal or informal.

### **Liasing with landlords**

Eberle Planning and Research, Jim Woodward and Assoc

### **Service Networks**

**Informal relationships** with other service organizations often occur in small to medium communities (e.g. Community Response Unit in Prince George; Nurse practitioner and advocate in North/West Vancouver). These relationships ensure that services are not duplicated and facilitate referrals.

**Formal networks** in suburban/urban networks, with an integrated case management approach (e.g. PICC Kelowna; Community Network in Maple Ridge) allow service agencies to ensure that their clients are receiving timely access to appropriate services.

**Specialized response** with access to referral organizations allow RCH to focus its services, but at the same time ensure that they can connect clients who do not meet their target population to appropriate services at other agencies in the DTES.

Staff in most programs actively liaised with landlords, enabling them to build relationships that would facilitate their clients' access to housing. It would also provide a basis for a phone call from the landlord in the event of an issue with a tenant, letting them know of the situation, and thereby offer an opportunity for the worker to attempt to mitigate the situation. RCH on the other hand is managing to house its clients without landlord engagement, perhaps evidence of the role of the supplementary funds they receive.

### **Rent supplements**

Respondents collectively emphasized the role of rent supplements in providing opportunities for clients to gain access to some better quality housing, although many agencies still struggle to find adequate affordable housing.

**Broad community engagement and support:** Having staff actively involved with broader community engagement was seen to help raise awareness of homelessness, promote support for initiatives and develop long-term strategies for addressing homelessness in the community. In Kelowna, this took the form of a stakeholder network called Partners for a Healthy Downtown. On the North Shore and in Prince George, this broader engagement occurred through local government policy/planning support.

### ***b. By Community Type***

Table 7 below shows the ratings of outreach practices by community type, revealing few differences. Respondents in all community types recognized that treating clients respectfully and positive relationships with housing providers and community services were essential practices.

Three outreach practices were found to be of slightly less value in small town OP sites than in suburban and urban sites. They were:

- Hiring staff with special knowledge of homeless people and the problems they face
- Taking a team approach to staffing i.e. outreach workers share a caseload
- Debriefing and/or counselling for staff

While interviewees were not asked to explain their rating, it may be that with a smaller population base to draw from, small town respondents felt it was less likely that they would be able to hire workers with special knowledge, and that it is in fact the personality and empathetic qualities that are more important.

**Table 7: Ratings of Effective Outreach Practices by Community Type**

Outreach Practise	Small Urban Average	Suburban Average	Urban Average	All Case Study Average
Treating homeless clients respectfully so that they feel valued	3.0	3.0	3.0	3.0
Positive relationships/links with housing providers in the community	3.0	3.0	3.0	3.0
Positive relationships/links with other community service agencies	3.0	3.0	3.0	3.0
Being flexible in the number and types of services offered	2.7	2.9	3.0	2.9
Advocating for client	3.0	2.8	3.0	2.9
Staff training	3.0	2.9	2.9	2.9
Ongoing relationship with client	3.0	2.8	2.8	2.8
Hiring staff with special knowledge of homeless people and the problems they face	2.3	2.9	3.0	2.7
Debriefing and/or counselling for staff	2.4	2.8	3.0	2.7
Supervisor works with politicians/agencies to make community linkages on behalf of team	2.6	2.8	2.6	2.7
Making numerous contacts over an extended period of time	2.6	2.8	2.5	2.6
Providing mediation with employers and/or landlords	2.8	2.4	2.5	2.6
Taking a team approach to staffing i.e. outreach workers share a caseload	2.2	2.7	2.8	2.6
Accompanying client to needed services/appointments	2.4	2.4	2.5	2.4
Assisting client with transportation	2.5	2.3	2.6	2.4
Hiring formerly homeless clients as outreach workers	1.7	1.6	1.9	1.7

## 7. Conclusions and Recommendations

### a. Conclusions

Previous research has demonstrated the effectiveness of outreach as a strategy for connecting with homeless people who are living rough, and assisting them to move off the streets and into stable housing. Other research in Metro Vancouver has demonstrated the pathways out of homelessness.<sup>14</sup> This research has addressed whether different outreach practices are used in different types of communities, and the influence of community size/type and other conditions on the delivery of homeless outreach services.

The role and importance of outreach is recognized in the literature, and it is a highly valued resource in the communities in which it operates as confirmed by this case study. Small staff teams of outreach workers, along with a continuum of housing and support, are able to make a significant difference in the lives of homeless people they serve and in their communities. This often means success with housing stability, but also many smaller steps towards individual stabilization that may not be measured in outcome statistics.

Despite significant differences in the types of communities studied, in terms of size, geography, demographics and other conditions, the case study outreach programs operate in a similar fashion using similar practices. The outreach model itself of engagement, direct access to income assistance and housing, and referral to other services suggests a common approach.

The study concludes that there are more similarities than differences in outreach *practises* and *perceptions of effectiveness of these practices* across communities of various types. This is not unexpected given that in most cases, operators are responding to a common program model and framework.

Important features are:

**Staff with suitable qualities and characteristics** represent the single most important resource in outreach. Having appropriate staff who can treat clients respectfully so that they feel valued is one of the building blocks for a successful outreach program. Passionate and empathetic staff who can create non-judgmental interactions with clients, and are able to build trusting relationships with homeless individuals are key. The corresponding effective outreach practice is then hiring and retaining staff with these qualities.

**Strong service collaboration** is fundamental to a successful outreach program. Existence of strong service networks (formal or informal) both with housing and service providers played an

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<sup>14</sup> CitySpaces Consulting Ltd. 2011. *Pathways Out of Homelessness Regional Study* Prepared for Metro Vancouver and BC Housing.

important role in the success of connecting clients with housing, income and appropriate services in these cases.

**Rent Supplements** The provision of rent supplements to bring what clients can afford to pay in line with the local rental rates is an effective practice around housing affordability. While not all clients access rent supplements, supplements can broaden the housing choices available to clients. Building relationships with landlords helps to ensure access to those private market units that in some cases, landlords might be unwilling to rent to income assistance clients. The availability of rent supplements together with engagement with landlords appear important given the emphasis on accessing the private rental market. However, the RCH case demonstrates that the latter is not necessary. Rent supplements offer a way to improve the quality of housing available to clients through the program.

Some differences in outreach practices have evolved to respond to local characteristics or conditions, for example, the breadth and depth of service providers, the terrain, and transportation. However, these are not particular to communities of a certain size.

**Services available** Large urban areas may have different responses to deal with size and presence of many services. For example, in Kelowna it was integrated service planning, in Vancouver, serving one particular client group. In larger centres with more than one OP program it may be possible for each program to take on a different set of client populations, thereby delivering focused and efficient services geared towards that client group.

To the extent that smaller communities have a more restricted range or supply of services, this is a factor in outreach program success, given the models' reliance on referrals to community services. Again this feature is not restricted to communities of a particular size, both small town and suburban sites experience this. It is even a factor in Vancouver outside the DTES. There are no simple ways to address this situation in communities small or large.

**Forested areas** Significant wooded areas can pose a challenge to the outreach teams' ability to engage with homeless individuals living in the bush. Again, this was evident in the small town and suburban cases. In Maple Ridge for example, workers must be prepared to enter the bush with proper footwear and clothing, and must arrange to travel in pairs, or with another community partner to ensure safety.

**Transportation and accessibility** both for clients and workers remains a key challenge in all of the communities, though for different reasons. It manifests in different ways depending on size/type of community.

**Multi-service agencies.** Depending on the type of agency delivering the program, workers may engage and/or follow-up with clients differently. Those multi-service organizations that have a number of in-house community or service programs suitable for homeless clients may see clients when they access other in-house programs (e.g. employment) and follow-up informally. Those organizations with fewer services or services targeted for other populations, are unlikely to "bump into" their clients this way, and may need to conduct follow-up more formally through telephone contact.

There was no clear evidence of a link between outreach practices and economic conditions, population size, nor even vacancy rate. It remains difficult to draw connections between a community's economic condition and operation of the outreach program. Economic downturn was cited as a major factor impacting clients in only one community, Port Alberni. This despite unemployment rates being above the BC average in several regions around two other communities studied, Kelowna and Prince George.

Similarly, while information on the size of a community represents important information, it is not necessarily the most important factor in determining approaches to homeless outreach. There are many other factors that influence homelessness and responses beyond a community's size. A community's geographic location, its relationship with surrounding communities (e.g. whether it acts as a service centre for a broader region, is a suburb of a larger community or is an isolated centre), amount of green space and transportation infrastructure can all affect responses to homelessness.

Even in places with higher relative vacancy rates, outreach workers experience difficulty finding adequate and *affordable* accommodation, as the vacancy rate for those units may be low. Workers manage to find accommodation, usually in the private rental market, often involving shared situations.

### ***b. Recommendations***

Outreach is successful at meeting the needs of homeless individuals, but providers' experience a number of challenges as identified in these cases. Addressing these challenges would help facilitate more effective outreach practices. It is therefore recommended that:

1. Measures that would address human resource concerns such as such as caseload size, recruitment and retention, staff coverage and job security would strengthen staff capacity.
2. Consideration might be given to focusing outreach in agencies that are members of existing service networks or can engage with one. Alternately, this could be expanded to agencies indicating a willingness to and the capacity to develop new service networks with other agencies in their community.
3. Multi-service agencies providing services to the homeless may be better placed to facilitate follow-up and provide support.
4. Addressing the limited mental health and addiction service capacity identified in some communities would improve outreach effectiveness. A referral model that depends on the presence of a sufficient and diverse service network means this is critical, as lack of services will affect outreach delivery and success.
5. While not a challenge but a positive aspect of some outreach programs, availability of rent supplements through outreach programs facilitates access to higher quality housing in the private sector which is likely a factor in promoting housing stability.

## **8. Case Studies**

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## **Appendices**

## A - AGENCY INTERVIEW GUIDE - Homeless Outreach Practices in BC Communities

### 1. Contact information

Name of agency \_\_\_\_\_

Contact information for person completing the interview.

Name of person	Position	Organization

Do we have your permission to include your contact information in our report, in case a reader wishes more information? If no, is there another person in your organization who could be designated as the contact person? (*One per agency - for readers to contact for more info.*)

## Background questions

### ASKED ONLY OF Program Manager/Supervisor/Executive Director

#### 2. Background on organization - (*Review on internet, then confirm in interview.*)

- a. In what year was your organization established?
- b. What is your organization's mission/mandate?
- c. What services are provided by your organization
- d. What is your target population?

#### 3. Background on the outreach program

- a. When did your agency start providing outreach services for people who are homeless or at risk of homelessness?
- b. Why did your organization decide to start a homeless outreach program?
- c. Have you any program material or reports about the program that you can share with us?

#### 4. Goals and objectives of the outreach program

- a. What are the goals and objectives of your outreach program?

*(For provincially funded programs -can use following as prompts.)*

- To engage with homeless people
- To assist homeless individuals who are not on income assistance to access financial assistance
- To assist homeless individuals to secure and maintain housing
- To connect homeless individuals with health and life skills services as appropriate

- To profile client groups and to determine the effectiveness of different approaches

5. Outreach Clients

- a. Please describe your actual client population (age, gender, family type, Aboriginal identity, addiction or mental health concerns, chronic medical concerns).
- b. How many clients did you serve with this program in 2010 (or 2009)? (*in a one year period*)

6. Outreach Staff

- a. How many outreach staff do you have? *Expressed in full time equivalents FTE*
- b. What are their qualifications/training?
- c. Did any of your outreach staff experience homelessness themselves before working in outreach?
- d. How do you organize your staffing? Do your outreach workers work in teams? Do they share a caseload?
- e. Why did you decide to take this approach to staffing (*i.e. individual versus two or more person team*)?

7. Outreach Program Outcomes

- a. Share of clients that are still housed after 6 months of placement in housing?
- b. Share of clients receiving income assistance after 6 months of first receiving income assistance?
- c. Share of clients receiving disability assistance after 6 months of first receiving disability assistance?
- d. Share receiving rental assistance after 6 months of first receiving rental assistance? (*i.e. Provincial Rental Assistance Program (RAP)*)
- e. Share of clients that are employed after 6 months after contact?
- f. Other outcomes, such as training, etc?
- g. Do you have any comments on outcomes?

## Interview Questions

**START INTERVIEW HERE WITH OUTREACH WORKER, continue with supervisor**

### Outreach program (Questions 8, 9, and 10 for front-line worker only)

8. Please describe your Homeless Outreach Program in a couple of sentences (*i.e. what, when, where, how*)

9. How do you find clients?

10. How do you engage with clients? (*i.e. setting appointments, client initiated etc*)

11. How much time is spent with a client typically?

- a. Number of times/week?
- b. Duration? For how long?
- c. Time of day (e.g. evenings/weekends)

12. Can you please describe how you help clients with the following?

- a. Housing
- b. Income assistance
- c. Addictions
- d. Mental health care
- e. Physical health care
- f. Life skills
- g. Employment and training
- h. Legal services
- i. Other services

13. Do outreach workers provide support to clients after they are housed?

- a. What type of support?
- b. For how long after they are housed (e.g. how many weeks? months? open-ended?)
- c. What happens after outreach workers are no longer able to serve these clients (e.g. is there a process to link clients to other services?)?

14. Do you keep in touch with former clients to monitor their success? How? For how long?

### Community linkages

15. Do you have relationships with other homeless serving organizations in the community. If yes, can you briefly describe? (*i.e. what kind of org, formal/informal relationship, purpose*)

16. Do you have relationships with other community service agencies? ( *i.e. detox, treatment, health care, mental health, life skills, legal, employment*) If yes, can you describe? (*What kind of org, formal/informal relationship, purpose*)?

17. Do you have relationships with landlords to help to find housing? If yes can you describe?

18. Is information about clients shared with other homeless serving organizations? (*i.e. to avoid duplication of services, to transmit relevant information, and/or to collaborate on service delivery*)
19. Do you think that other stakeholders in the community support this homeless outreach program?
20. Do you have anything else you would like to add about the delivery of your Outreach program?

**Promising practices**

*A promising practice is defined as an activity that appears to be effective and has the potential for replication.*

21. How is success defined for this outreach program?
22. Using that definition, to what extent or in what ways do you think this program has achieved its goals?
23. In your experience of adapting the program to your community, what are the 3 most promising practices used by your agency to deliver outreach services?
24. Can you tell us about any outreach practices you tried that haven't worked and why?
25. What challenges do you face?
26. If you could change your approach or practices, what would you change?
27. Regarding follow-up with client, why do you think some clients refuse follow-up or are unable to be found?

28. The following is a list of some outreach activities that the literature suggests is effective. Based on your experience with this program, please rate the importance of each of the following practices.

On a scale of 1 to 3 (1 = not important, 2= moderate importance and 3 = very important).

<b>Activity or Practice</b>	<b>Importance</b> 1 = not important 3 = very important
Making numerous contacts over an extended period of time	
Treating homeless clients respectfully so that they feel valued	
Ongoing relationship with client	
Being flexible in the number and types of services offered	
Advocating for client	
Accompanying client to needed services/appointments	
Assisting client with transportation	
Providing mediation with employers and/or landlords	
Taking a team approach to staffing i.e. outreach workers share a caseload	
Hiring formerly homeless clients as outreach workers	
Hiring staff with special knowledge of homeless people and the problems they face	
Staff training	
Debriefing and/or counseling for staff	
Supervisor works with politicians/agencies to make community linkages on behalf of team	
Positive relationships/links with housing providers in the community	
Positive relationships/links with other community service agencies	
Other, please specify	
Other, please specify	

29. In your view, what are the factors in the community that contribute to successful outreach?

30. Considering the community size and type that you work in (urban, suburban, small town/rural) are there special challenges to providing outreach services?

If yes, have you tried to address these issues? Please describe.

If not, what do you think is needed to address these problems?

31. Based on your experience with this program, please rate the importance of each of the following factors for successful outreach.

(1 - not important, 2- somewhat important and 3 - very important).

Factor	Importance 1 = not important 3 = very important
Availability of housing that is affordable in community	
Availability of/connections with other support services in community	
Adequate, ongoing funding for program operation	
Other, please specify	

32. Is there anything you'd like to add?

**Conclusion**

- Thank you for participating in this interview.
- We will send you the interview notes for you to review to ensure accuracy.