

What We Heard Report

The Outreach Ecosystem in Edmonton

May 2023
Affordable Housing & Homelessness
Social Development, Community Services

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SHAPE OUR CITY

Edmonton

TABLE OF CONTENTS

1. Public Engagement Summary	
a. Project Overview	PG 3
a. What We Heard	PG 3
b. What We Did	PG 13
2. Public Engagement Approach	
a. How We Engaged	PG 13
b. Who Was Engaged	PG 14
c. What We Asked	PG 14
3. What Happens Next	PG 15

PUBLIC ENGAGEMENT SUMMARY - PROJECT OVERVIEW

In 2022, City Council directed Administration to write a council report detailing the outreach ecosystem in Edmonton. As part of the process, Administration invited organizations involved in the outreach ecosystem to participate in engagement sessions about their outreach work. In total, 17 of the 20 invited agencies with funded outreach programs took part, as well as three of six mutual aid groups.

PUBLIC ENGAGEMENT SUMMARY - WHAT WE HEARD

The questions asked ranged from clarifying the histories and operational details of each team to broader philosophical questions about coordination across the outreach ecosystem and social service sector. In general, there was widespread support conceptually for more coordination between organizations but little capacity within the existing ecosystem to plan and implement tangible strategies.

This report expands upon the major trends and barriers experienced by Edmonton's outreach programs, and their impact on coordination, as summarized in the Council report. Quotations have been occasionally edited only for clarity and length. Respondents were assured of anonymity to encourage them to speak freely.

Demand Exceeds Capacity

It is well-established that the number of people experiencing homelessness roughly doubled during the COVID-19 pandemic. In terms of unsheltered individuals specifically, there were 426 on the By Name List in March 2020 compared with 754 as of April 28, 2023. Although the number of people in need has remained critically high, the capacity of the homeless system of care is stretched; resources that were funded with emergency COVID-related funding are no longer available, and organizations continue to struggle with staff recruitment and retention.

4 City of Edmonton Affordable Housing & Homelessness, Social Development, Community Services
The Outreach Ecosystem in Edmonton, 2023

One outreach consultant said simply: “There are too many people to serve right now.”

Within this environment of pronounced need, outreach teams struggle to determine how to prioritize their time and resources. The drug poisoning crisis has only exacerbated this struggle. As one frontline worker stated: “A simple wellness check, that before wouldn’t have warranted you responding to first, can no longer be left. It can definitely be an emergency services call. Twenty minutes can make a huge difference in someone’s life.” Crisis management has become an increasingly prominent part of outreach work and can limit a team’s ability to engage in other capacities.

Outreach teams also worry about the reputational impact of their strained capacity. There is concern that funders and the public may lose faith in the overall credibility of outreach programming and turn more and more to enforcement as a strategy. If that were to happen, the root causes of capacity challenges would remain unaddressed.

“Capacity is obviously the biggest thing for us, and it ties in with expectations...We want to get out to everything, we want to get out to everything quickly, but we can’t. How do we communicate that in a way people will understand? We just can’t get there fast enough.”

Beyond the increased number of people needing support, the capacity of the outreach programs is further stretched by the acuity of need they are encountering. One consultant from a team that works with people suffering from Schizophrenia and Bipolar Disorder said that they had to expand their program eligibility to include those with drug-induced psychosis. This significant program expansion was due to a pressing need, but with no additional resources.

Individuals are referred to this particular program only when they are “the sickest they’ve ever been.” The average age that a person would typically be referred to the program used to be 38 years old. It is now closer to 25. “People are getting sicker, younger.” The earlier onset of mental illnesses combined with the potency of today’s street drugs has a corrosive impact on the brain. Standard medication that has been effective for decades

5 City of Edmonton Affordable Housing & Homelessness, Social Development, Community Services
The Outreach Ecosystem in Edmonton, 2023

“isn’t treating the illness anymore. It’s still provided but the efficacy is not there like it used to be.”

“Twenty minutes can make a huge difference in someone’s life.”

The lethality of opioids has rightfully triggered alarm and demanded a societal response, but several outreach consultants also noted the destabilizing effect of crystal methamphetamine use. “Crystal meth is huge for driving mental illness right now...it’s doing a lot of quick, severe damage to people. And it’s challenging for the system to treat.”

Those challenges were summarized by another health-oriented outreach consultant describing work within the inner city:

Many are experiencing psychosis non-stop. It’s very difficult to give care and for them to access care, and a lot of them are barred from everywhere. There are so many behavioural issues that go along with that, even after the client stops using they still have lingering effects. It can take weeks to months for psychosis to go away, or it never does...it’s hard because you have to protect the staff and make sure that clients are not in danger, but at the same time there is definitely a group of people out there right now that just cannot access services really anywhere. That’s one of the reasons we have so many more people camping.

The combination of more need, greater acuity of need, and the drug poisoning epidemic exerts a tremendous amount of pressure on the entire social service system, particularly on outreach programs who are by definition responsible for meeting people where they are at. While agency staff assists people who are accessing services on their own accord, outreach workers must regularly decide who or where to target and prioritize for support. It was clear from the consultations that they feel the weight of those decisions.

Enforcement

Beyond the intensity of need, there are several factors that can complicate the work of an outreach team. One such factor is that outreach programs and enforcement programs tend to frequent the same locations. Phenomena like encampments, public disorder, and open substance use will typically elicit a response from both kinds of teams.

Several consultants emphasized how delicate outreach relationships with participants can be and the necessity of adopting a non-judgmental approach to their behaviours, even those that are risky or criminalized.

6 City of Edmonton Affordable Housing & Homelessness, Social Development, Community Services
The Outreach Ecosystem in Edmonton, 2023

Being non-judgmental is an integral component of outreach work. However, the mandate of enforcement teams doesn't always allow for that kind of nuanced response, and therein is the difference that can sometimes muddy outreach efforts.

We're building relationships with these people. If they think we're being a 'heat score' [i.e. attracting enforcement], that's not good. It looks bad. It breaks those relationships. It breaks that trust that I have worked really hard to build...The problem is, then they go hide. And that's when I find them behind dumpsters and in stairwells, half-dead. And I'm tired of doing that.

Enforcement of encampments was singled out as particularly problematic for how it can disrupt case management. The clearing of a participant's spot "makes it really difficult for all teams to do their jobs. Because then people are moving, and we might have [had an apartment] viewing scheduled one day and they're moved the day before, and that really throws everything off." If too much time passes before a participant is relocated, they may have to start much of the casework all over again.

It should be noted that many outreach consultants expressed that public safety is a priority and that there are, and have been, incidents that rightfully require an enforcement response. In addition, outreach workers operating within multidisciplinary teams that included enforcement officers spoke highly of their colleagues. What is most salient here is ensuring on a systems planning level that the activities of different teams in shared spaces do not create a self-defeating dynamic.

Funding

Twelve of the 23 funded outreach programs that engaged in the consultations are only funded temporarily. Nine of those programs expressed concern about future funding. The implications of funding uncertainty are threefold. One, it makes long-term planning untenable. Several outreach programs mentioned that phenomena like overdoses, encampments, and extreme weather aren't going to imminently disappear and yet temporary responses (i.e. short-term funding) are normalized and contribute to negative reactivity within the entire system.

The second impact involves outreach workers themselves and the continuity of programming. As one program manager described:

7 City of Edmonton Affordable Housing & Homelessness, Social Development, Community Services
The Outreach Ecosystem in Edmonton, 2023



What typically happens, and I've just been through this so many times, is where we don't know what's happening with the funding, we don't know, and people start resigning because they have to live, and have to have an income. And then in the 11th hour, we find we got re-funded, and so then we frantically have to hire again. That's always very frustrating and difficult because all those connections you made have been lost and you have to start all over again.

Several outreach consultants discussed the stress created by job insecurity and how conflicted it makes them feel because they care so deeply for the people they're working with. Others mentioned that there is enough stress within the work already and this added pressure only makes recruitment and retention more challenging. One manager described it as "disrespectful" to staff, who are professionals with unique skill sets working in demanding conditions.

Perhaps the most harrowing impact, however, is felt by the vulnerable community itself. "The community loses things all the time: they lose their stuff, they lose family members to death, they lose everything, and then they found someone that they can connect with and trust and they lose them too. They are the ones that really feel the brunt when we do this." This loss, as it is experienced by a participant, makes it more difficult to trust the next outreach worker.

Burnout

A number of outreach consultants stated that beyond the pay and job insecurity, burnout is a key contributor to staff turnover. Several noted that their organizations had staff on medical leave for stress, which exacerbates stress for short-staffed, over-extended, and fatigued teams.

One consultant noted how the intensity of the work, the low pay, burnout, and chronic staffing issues are cumulative: "Our teams are not an emergency response but are often going out to calls that are very traumatic...because of that, burnout, or just the need for a mental health break, is high... And they're not paid like an emergency service to do this job, so staffing can be a bit of a challenge."

Again, the drug poisoning crisis has played a major role. Despite the hyper-vigilance of many outreach workers experience on a daily basis, the number of deaths from overdoses has added another layer to the trauma

8 City of Edmonton Affordable Housing & Homelessness, Social Development, Community Services
The Outreach Ecosystem in Edmonton, 2023

outreach workers experience — in addition to the daily stress of observing physical and mental health decline, extreme poverty, violence, the legacy trauma of the Residential School system and ongoing racism. One frontline worker summarized it this way: “It’s completely devastating to witness so much death and to be adjacent to so much turbulent human suffering. It’s really hard to witness it all day, and then go home and be a mom and live a normal life.”

Transiency

For targeted and hybrid outreach programs, the ability to follow-up consistently with participants so that they can be connected to resources as they become available is crucial. Unfortunately, outreach participants typically experience far more transiency and are far more difficult to locate at any given moment than those who access services at day and overnight shelters. Enforcement of locations or encampments can create or augment transiency, but it is only one factor. Moving due to safety concerns, or to “couch surf” at someone’s place or to stay for a few days at a hotel, or simply due to the destabilizing effects of mental illness and substance use, as well as incarceration and hospital admittance, all frequently take place. And, as one outreach worker mentioned, “the season change is a barrier.” People migrate depending on the weather.

One program manager said that of all the barriers his team faces, the biggest is “staying connected with people or remaining in contact or communication so that we can get them to viewings with landlords or working through that process to secure housing for them. Lots of people check in with us and then disappear and show up a few months later.” At that point, the process needs to begin all over again.

Outreach Coordination

There are two key questions related to the coordination of Edmonton's myriad of outreach programs: One, how are they tethered to each other? Two, how do the needs of outreach programs correlate to the resources of organizations providing services and programs? The consultations made it clear that there is far more tension about the latter question.

In terms of bridging to services, the most important aspects are understanding how to navigate the system: knowing the resources that

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9 City of Edmonton Affordable Housing & Homelessness, Social Development, Community Services
The Outreach Ecosystem in Edmonton, 2023

are available and how to access them, and personally assisting vulnerable people in the process.

System Navigation

The social service system is not static. Its eligibility metrics and intake processes are constantly changing. Many outreach consultants lamented how much time they have to spend simply staying current on resources and how to access them, even as they recognized that this knowledge is imperative to earning credibility amongst participants and to the success of them bridging people in need to services.

As one outreach consultant stated: “The systems and programs are changing so often that you never know what the service is — if that service still exists, if the referral process is still the same. That communication piece...it is so overwhelming and we’re doing the best we can.” Another consultant had a similar comment: “Nothing is laid out clearly for you. I’m always trying to keep up with ‘what is Alberta Works doing this week? What is AISH doing this week?’ No one’s giving us that information. We have to try to navigate it.”

Most outreach participants need multiple resources, with each resource having its own eligibility and intake processes, and many resources can be largely inaccessible if a person does not have another resource already in place. This complex interwoven landscape was described by one program manager:

I talk about case-planning as building a contingency Jenga tower. You have all these plans for an individual but they need this before they get this and they need that person to help with this. You’re building this Jenga tower based on all these contingencies...so timing is really important. For example, ID, bank account, income before getting a housing worker; or whatever it is, there’s just these different layers and if one piece is pulled because the timing is off, your tower starts to come down and crumble.

The critical problem here for outreach workers is that not only do they not have any control over the timing of these resources, they often don’t have any certainty around timelines themselves. This hurts their credibility with participants, many of whom are already suspicious of the system. That same program manager acknowledged “a lot of our answers

10 City of Edmonton Affordable Housing & Homelessness, Social Development, Community Services
The Outreach Ecosystem in Edmonton, 2023



are 'I don't know; I'm thinking it's going to be; it typically is this, but it could be longer' and that's not really conducive to building trust."

One frontline worker concluded: "The systems just don't collaborate...I have to be so sharp to understand these systems and...really get my hands dirty in all of these things just to make sure one person is safe. I think to myself 'how on earth is anyone doing this without a social worker who's really fighting for them?'"

Accessing Resources

As mentioned above, each resource needs to be accessed through its own unique processes. When outreach consultants spoke about "jumping through the hoops," which they often did, conforming to all of these processes for each resource is what they are referring to.

As an example, one program manager described applying for Income Support through Alberta Supports, which can only be completed online: "Lots of people in encampments don't have phones or computers and there's only so much an outreach worker can do with hot-spotting their phone or their laptop when it's -30 outside....the process takes 30 days and that's if we're able to connect with [the participant] every single time."

One of her frontline workers added: "You do the [income support] application online, you submit the application and then you have to wait for someone to call you to do the assessment over the phone...but there's no specific time that they call you, so you have to play this weird hopscotch where you hope that you can connect with the person and hope they show up at the time and hope that you get the call. It's not easy."

Outreach workers patiently build relationships of trust with participants, awaiting windows of opportunity for a willingness to engage with formalized services. However, the lack of direct or timely access to necessary services, when opportunities do arise, was perhaps the foremost source of frustration articulated during the consultations.

One outreach consultant summarized it this way:

Outreach is only as good as the services available, and that is the biggest gap in our program. We're an intermediary so we need to be able to send people places and the waitlists for everything are

11 City of Edmonton Affordable Housing & Homelessness, Social Development, Community Services
The Outreach Ecosystem in Edmonton, 2023

"I think to myself 'how on earth is anyone doing this without a social worker who's really fighting for them?'"

ridiculous and there's so much bottlenecking...crisis creates opportunities when people want to change and that's really the value of [us] being there in those moments of crisis to support people. Because when you can get to them in that [moment], that's when they're ready for some of that change -- if they see someone's willing to help them. But these waitlists really can interfere with that process. The system is overloaded and outreach can only do so much.

Inter-Program Coordination

Several outreach consultants noted that there is good informal collaboration between many programs that have similar mandates or that are operating within similar locations, but what is lacking are systematized methods of coordination. The most notable gap is a means by which basic information can be shared between distinct programs to decrease service duplication. One program manager stated: "It's not uncommon we'll start working with a client and find out they have a worker with Edmonton Public Library, the Bissell, the Boyle Street, and the Mustard Seed, and we'll find out two of us are working on housing and three of us are working on their ID." The ability to share information would also help to locate participants, reducing the daily impact of transiency on overall case management.

In terms of sharing information, there are two key barriers. The first is logistical: many outreach teams use their own unique software to collect data, either because it best suits the needs of their particular program or because of a connection to their larger organization or funder. Creating a common pathway for all this information to intersect and be distributed would be a considerable undertaking.

The second barrier revolves around the confidentiality of participant data. Programs regulated by the *Health Information Act (HIA)* and within Alberta Justice jurisdictions are under particularly strict constraints. The provincial *Freedom of Information and Protection of Privacy Act (FOIP)* also plays a central role in terms of sharing information. Beyond organizational policies and governmental legislation, many professionals, such as Registered Social Workers, are also bound by the privacy rules of their regulatory bodies.

In reflecting on confidentiality, one outreach consultant commented: "I think people get really scared when you say 'data sharing' because they're

12 City of Edmonton Affordable Housing & Homelessness, Social Development, Community Services
The Outreach Ecosystem in Edmonton, 2023

“Outreach is only as good as the services available”

like ‘oh no, but privacy’ and that becomes such a big conversation and barrier...but the connection-collaboration piece really doesn’t require massive data sharing [and] a lot of the stuff isn’t overly personal.”

The fact that information-sharing is such a basic, long-standing gap within outreach work and social services, and yet little progress has been made to rectify it, speaks to a larger issue. Several outreach consultants noted that social agencies and outreach programs have neither the capacity nor the mandate to solve large-scale issues of inter-organizational coordination. “It just seems like a frustrating narrative – that people aren’t working together, when they are but in limited capacities. They only have so much money and so much time,” said one consultant. A director from another organization echoed that sentiment:

In terms of coordination of efforts, you really need to talk about coordination of funding. And that conversation hasn’t really been happening at all...it’s not the responsibility of the outreach workers [to coordinate services] it’s the responsibility of the leaders in the systems. The funders are who has the accountability to make those targets, those goals, those missions of those funding agreements to be more coordinated. That’s where the gap is.

The sheer number of funders and systems involved in the outreach ecosystem makes macro-level coordination a challenge.

Setting Expectations

On a system planning and funding level, it is essential to understand what outreach programs can and cannot do, and to establish expectations accordingly. The value of outreach teams is that they help keep the most vulnerable safer and alive, motivated and more dignified, and better equipped to navigate an ephemeral system and access scarce resources with extended wait times. They are not a quick fix, but the means to a long-term solution. As one outreach consultant stated: “We will throw four outreach workers to deal with a certain area but they don’t actually have the resources to make the change that people expect them to...or not a realistic time expectation for how long it takes for something to happen.”

PUBLIC ENGAGEMENT SUMMARY **- WHAT WE DID**

All interview notes were reviewed for key recommendations and insights, and checked for accuracy with interview recordings. The data collected from this collection of interviews, together with existing data in Affordable Housing and Homelessness, allowed the first mapping of Edmonton’s outreach ecosystem by type of service, number of Full Time Equivalent (FTE) staff, and funders.

PUBLIC ENGAGEMENT APPROACH **- HOW WE ENGAGED**

The City of Edmonton’s public engagement spectrum defines the public’s level of influence in engagement processes. The role of those engaged during this process was at the ‘Advise’ level.



The consultations were co-facilitated by the Outreach Coordinator and a Senior Public Engagement Advisor, both from the City of Edmonton. Participants were offered in-person or virtual sessions, with all but two choosing the latter. Sessions were 90 minutes. Frontline staff were encouraged to participate alongside program managers and directors, to ensure we captured as fulsome a perspective as possible.

PUBLIC ENGAGEMENT APPROACH - WHO WAS ENGAGED?

Here are all organizations that participated in this engagement:

- 4B Harm Reduction
- AAWEAR (Alberta Alliance Who Educate and Advocate Responsibly)
- Alberta Health Services
- Bear Clan Beaver Hills House
- Bent Arrow Traditional Healing Society
- Bissell Centre
- Boyle Street Community Services
- Canadian Mental Health Association
- Creating Hope Society
- Edmonton Police Service
- Edmonton Public Library
- Edmonton Transit Service
- Hope Mission
- The Mustard Seed
- Radius Health
- REACH Edmonton
- Street Works
- University of Alberta
- Water Warriors
- YEG Ambassadors

PUBLIC ENGAGEMENT APPROACH - WHAT WE ASKED

Every organization was asked for:

- (a) an overview of their program;
- (b) service delivery successes and challenges, and,
- (c) insights to improve outreach ecosystem collaboration.

WHAT HAPPENS NEXT?

This What We Heard Report will be an attachment within Council Report CS01453 that will be presented on June 19, 2023. All stakeholders that participated in this engagement will be notified when the report is publicly posted and sent a link with instructions on watching or participating in this Council decision.