



BRIDGING THE GAP

Shelter Case Management in British Columbia

This report was written by Shawn Bayes, Executive Director of the Elizabeth Fry Society of Greater Vancouver on behalf of the Elizabeth Fry Society, Lookout Emergency Aid Society, and OPTIONS: Surrey Community Services Society.

The B. C. Case Management Tool and the related training curricula were developed for BC Housing by Shawn Bayes .

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EXECUTIVE SUMMARY

Introduction

The Elizabeth Fry Society of Greater Vancouver (E Fry), Lookout Emergency Aid Society, and OPTIONS: Surrey Community Services Society submitted a successful proposal in response to an Expressions of Interest (EOI) by BC Housing to develop a case planning tool and staff training curriculum for their Emergency Shelter Program. Based upon guidelines in BC Housing's *Emergency Shelter Program, Program Framework* (2008), the tool is to be used with homeless clients in emergency shelters throughout B.C. Shawn Bayes, the Executive Director of E Fry, served as Principal for the working group, and in that capacity authored the report.

Together the three organizations provide over 20 percent of B.C.'s shelter beds and were committed to developing a case management tool that addressed the needs of both service providers and clients, inclusive of B.C.'s unique populations and geographic regions. To this end, five community consultation meetings were organized within the five provincial health regions in February 2009. In total, 37 individuals representing 37 shelters and 23 organizations across B.C. accepted the invitation to participate in the consultation process, that is, more than one-half of all contracted shelters and organizations.

B.C. Shelter Providers: Consultations and Context

Given their history and development, B.C. shelters fall within a continuum of organizational development and maturity. Some shelters have a high degree of expertise in working with homeless individuals and managing the environment within their shelters. Others have considerable needs related to both organizational capacity and service provision.

All shelter providers manage their operations in the face of unrelenting, growing demand for service. All must simultaneously manage difficult clients, challenging environments, and, in significant numbers, organizational growth and development.

Providers strongly expressed concern that the proposed Case Management Tool not place significantly increased demands upon their employees, and that the process of change begin with and address their real context, capacities, and needs. Specific considerations included:

- inadequate understanding of the terms of BC Housing Emergency Shelter Program contracts;
- limited and inconsistent understanding of the *Shelter Framework*;
- structural impediments that limit individuals accessing Gateway Services within shelters;
- a need for further skills development and core training to enable staff to effectively implement the Case Management Tool, including training needs listed as mandatory or recommended within the *Program Framework*; and
- a need to develop significant management/supervisory skills to effectively perform due diligence and duty to care.

The community consultations made clear that—in order to be able to implement the case management and training process outlined in the *Program Framework* and the *Case Management Tool Expression of Interest*—shelter providers require a process of change management. The consultations highlighted an existing gap. On the one hand are service providers who are already over-stretched and challenged to meet current and growing demands (some of them struggling and requiring considerable development to do so). On the other hand are the requirements of the *Program Framework* and the new case management tool, which, at a minimum, will place additional training and documentation demands upon providers.

To bridge this gap, service providers require recognition of the context in which they are working and practical steps to enable all to arrive at the common goal: use of the new B.C. Emergency Shelter Case Management Tool and, more broadly, implementation of BC Housing's *Program Framework*.

An additional note must be sounded. While the experience of homelessness results in a loss of community, routines, possessions, privacy, and security for all individuals, some require special attention. Specific needs for case management are identified for homeless

Aboriginals, women, children, and transsexuals/transgender people. Sources suggest that the current shelter paradigm may not be meeting their requirements. Providers need to be aware of the most pressing issues and tailor shelter practice and case management to address the needs of these clients.

Change Management

Five key recommendations preface implementation of the Case Management Tool and recommended staff training curriculum. The recommendations provide service providers with a change management framework to support organizational growth and enhance client planning.

- Develop a self-audit checklist to enable service providers to review their compliance with the *Program Framework*;
- Support the development of an electronic, Web-based peer support network, and peer review of implementation of the *Program Framework*;
- Provide required training through both ongoing and periodic forums or other training opportunities;
- Design the training curriculum for the Case Management Tool to include topics and skills areas required within the *Program Framework* that providers are struggling to program, and that are vital to effective implementation of the tool; and
- Support the development of a Website of resources to support training requirements.

The Case Management Tool

Case Management is a method of providing service that assesses a client's complex needs and designs an individualized package of services and actions to meet them.

The Case Management Tool provides a process or framework for emergency shelter staff to assist clients to identify their needs and define the goals they choose to work towards to stabilize their lives and shape a path out of homelessness.

The tool is structured into levels, stages, and components. Firstly, the structure reflects the two different levels of service provided in the BC Housing Emergency Shelter Program: Essential and Gateway Services. Depending on whether shelters provide Essential or Gateway-level services (which include Essential Services), clients will receive a varying intensity of response.

Each level of service then consists of a series of stages, which many shelters already routinely provide. The stages include: Screening; Intake; Initial Assessment; Client Service Plan (Essential-Service Shelters); Client Case Plan (Gateway Service Shelters); Case Plan Evaluation/Review, Discharge; and Follow-up.

The common stages guide and structure clients' participation from the point of entry to the time of departure, and beyond, where follow-up is possible. The tool outlines minimum or baseline service expectations for this process, and creates a standardized framework for Gateway Service delivery.

Finally, vital factors or areas of client's lives are designated as components of service. The key components are designated as: safety, health and hygiene, financial support/identification, housing, and capacity building. These components are the building blocks of each client's assessment and service or case plan (see: Case Management Model & Components – Appendix E).

Allowing service providers to enlarge upon or restrict the number of components or issues clients deal with is key to the tool's flexibility and to allowing individualization of each client's case plan. The tool's flexible design also recognizes differences in services provided and capacities amongst service providers.

The entire case management process is designed to enable consistency and standardization, along with customization and individualization, an efficient and effective approach to case management throughout B.C.

As requested in the community consultations and addressed in the *Program Framework*, the tool is designed to record outcomes measures, to enable identification and reporting of indicators of client progress and program performance.

There are four suggested outcomes measures:

1. Program Effectiveness: client participation in case planning;
2. Program Effectiveness: client referral to community resources;
3. Client Progress: client achievement of goals set out in case plans; and
4. Client and Program Safety: client achievement of safety goals.

Sample Case Management Tool

Shelters currently providing case management services within the Program Framework have developed forms to do so. Others may develop their own or prefer to use a suggested format. To that end, sample case management forms are provided in Appendix A. Shelters with existing procedures and forms may find the sample forms of interest to assist in compliance with BC Housing guidelines.

Summary of Recommendations

Recommendations begin by addressing the process of change required to bridge the gap between what is and what is required. The first five recommendations consist of the five key change management recommendations that preface implementation of the new tool and staff training curriculum.

1. Develop a self-audit checklist to enable service providers to review their compliance with the *Program Framework*.
2. Support the development of an electronic, Web-based peer support network and peer review of implementation of the *Program Framework*.
3. Provide required training through both ongoing and periodic forums or other training opportunities.
4. Support the development of a Website of resources to support training requirements.
5. Redefine the terms *stable housing*, and/or *at risk of homelessness* and *hidden homeless* to eliminate existing lack of clarity (see pages 17-18 of the report).
6. Design the training curriculum for the case management tool to include topics and skill areas required or recommended within the *Program Framework* that providers are struggling with and that are vital to effective case management (See Appendix G).
7. Design outcomes measures reporting program effectiveness and client progress that are practical and reflect the reality of shelters, community resources, and clients. The four suggested outcomes measures are:

- Program Effectiveness: the number of clients who participate in case planning within seven days of arrival in the shelter;
 - Program Effectiveness: the number of clients referred to at least three community services within the chosen time frame;
 - Client Progress: the number of clients who set and work towards goals in at least three components of service, as laid out in the case plan, within the chosen time frame; and
 - Program Effectiveness and Client Progress - Safety: the number of clients who set and achieve goals for safety within the chosen time frame.
8. Customize training to address the specific challenges and needs of specialized populations, including Aboriginal peoples, women, children, and transgender/transsexual clients. This should include clear policy, guidelines, and training protocols to create safe and appropriate environments for these clients, including culturally appropriate services and non-tolerance of structural barriers (such as racism and discrimination).
 9. Develop a resource of community resources to match the demographic needs of clients.
 10. Develop a means whereby information now required to be input into the BC Housing database can be directly printed out into case management forms, thereby reducing duplication of data input.

Appendices

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THE CASE MANAGEMENT TOOL PROJECT

Background

In December 2008, BC Housing issued an Expressions of Interest (EOI) calling for development of a case planning tool for British Columbia's Emergency Shelter Program, along with the staff training curriculum to support it.

Description

The EOI document called for:

- designing and developing a B.C. Emergency Shelter Case Management Tool to be used with homeless clients in emergency shelters throughout B.C. and
- developing the training curriculum to enable a course designer and facilitator to deliver it for implementation.

Working Group

Three organizations, which together provide approximately 20 percent of the shelter beds in the province, constituted themselves as a working group and bid successfully on the EOI. The working group consists of the Elizabeth Fry Society of Greater Vancouver (E Fry), Lookout Emergency Aid Society, and OPTIONS: Surrey Community Services Society.

Lookout Emergency Aid Society (38 years' experience), OPTIONS (16 years), and E Fry (34 years) partnered to pool their expertise and capacity to develop a common case management tool for B.C. emergency shelters, the diverse nature of communities, and homeless people.

Through key senior personnel and use of their organizational capacities, under the leadership of E Fry, the three agencies provided their expertise and capacity to undertake this project. Together, they have 139 years of combined history and 88 years as emergency shelter providers in multiple communities with diverse clients.

Lookout currently provides 181 shelter beds (exclusive of Extreme Weather beds) through four permanent, Full-Service shelters and three seasonal, Extreme Weather shelters. It has 19 distinct programs at 21 sites throughout Metro Vancouver, including 594 units of Transitional and Permanent housing, a mental health drop-in centre, and a variety of Outreach services and Activity programs. Lookout provides supportive staffing and consultative services to First United Church's 150-mat Extreme Weather shelter.

OPTIONS currently provides 45 emergency shelter beds and 30 seasonal Extreme Weather beds in Surrey. Through over 50 programs and services, including Transitional Housing and Mobile Outreach Services, it has 316 staff and over 100 volunteers. Its programs and services include family and children services, youth services, mental health services, women's services, child care services, shelter services, and daycare and multicultural services. OPTIONS' sister society, Habitat Housing Society, builds and operates affordable housing for low-income families and adults living with a chronic mental illness.

E Fry currently operates 40 emergency shelter beds for women, and women with children, through three full-service shelters. The Society operates the only two drop-in centres for women outside Vancouver's Downtown Eastside (New Westminster and Abbotsford) and provides Third Party Administrative Services for the Ministry of Housing and Social Development and BC Housing. The Society has 140 employees and 350 volunteers who provide services within four prisons, nine residential programs, and seven community offices.

E Fry serves as the primary project contact for the B.C. ESP Case Management Tool. Contact information: Suite103-237 East Columbia Street, New Westminster, BC V3L 3W4. Telephone: 604.520-1166 / Fax: 604.520-1169.

Shawn Bayes, Executive Director of E Fry, serves as Principal for the working group.

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CONSULTATIONS & CONTEXT

Community consultation was integral to the working group’s approach, providing the basis for designing a “made-in-B.C.” case management tool, one that is built by actual service providers for service providers and that addresses real needs and current capacities.

Regional Consultation Meetings

To initiate the consultation process, BC Housing provided a contact list for all contracted emergency shelter providers within the province. The working group developed an introductory letter signed by Shawn Bayes, Executive Director of E Fry (See Appendix B). Letters were mailed to all 67 identified shelters to inform them of the case management initiative and invite their participation. Service providers were invited to attend a full-day regional consultation meeting or participate through phone interviews or email, to report on their work, discuss the project, provide input, and thereby help shape the tool.

Five such consultative meetings were held. In order to be as inclusive as possible of B.C.’s unique populations and geographic regions, the meetings were organized in five different regions throughout the province over a 10-day period in February:

Region	Location	Date
Fraser Valley	Surrey	Feb. 17
Interior	Kamloops	Feb. 26
Northern	Prince George	Feb. 24
Vancouver Coastal	Vancouver	Feb. 16
Vancouver Island	Nanaimo	Feb. 19

Attendees traveled at their own expense to the consultations. Some traveled significant distances that required they arrive the night before and stay until the day after. Two providers accepted the invitation to participate through an individual interview or written submission, and responded to the same questions discussed in the regional meetings.

In total, 37 individuals representing 37 shelters and 23 organizations throughout B.C. accepted the invitation to participate in the consultation process. Thus, over one-half of all contracted shelters and organizations participated.

Bonnie Moriarty from E Fry, Richard Turton from Lookout Society, and Peter Fedos from OPTIONS represented the working group at the community consultation meetings. Debra McLean of E Fry replaced Peter Fedos in the Prince George meeting.

Bonnie Moriarty is Director of Housing and Shelters for E Fry. She has worked for the Society for the past 15 years and is on the Vancouver Regional Steering Committee on Homelessness, as well as other community tables on homelessness and the genderification of poverty and homelessness.

Peter Fedos, B.A., is the Manager of Hyland House and has worked for OPTIONS for the past 16 years. Peter is an active member of the Vancouver Regional Steering Committee on Homelessness, as well as multiple other community tables on homelessness and the development of community solutions.

Richard Turton, B.A., is the Manager of North Shore Shelter and Transitional Housing Centre and has worked for Lookout Society for the past 18 years. Richard is an active member of various mental health and homeless-based committees, including the North Shore Task Force on Homelessness.

Each community consultation meeting began with a PowerPoint presentation providing an overview of the goal to develop a consistent, province-wide case management tool for providers, and the requirements to which the tool needed to respond (See Appendix C). The presentation reviewed:

- the definition of case management;
- the components of case management;
- the founding premises and goals of the case management tool based upon BC Housing's *Emergency Shelter Program Framework*;
- the service steps involved in case management;

- the inclusion of the specialized capacities of shelters;
- BC Housing requirements for the case management tool; and
- the steps involved in the development of the working group's report, inclusive of issuing a draft report for shelter providers to read.

Service providers were then asked to answer five questions to form the basis of the report. The questions were:

- How do you currently do case management and how effective is it?
- How do you facilitate the movement of homeless individuals and families through the continuum of housing and support services?
- What kind of documentation is currently used in your work environment?
- What kind of training needs do you feel your staff team requires in order to work effectively with your client population? and
- How can we support you in managing the client needs in your shelter and ensure the quality of client service, including accountability and effectiveness?

The responses of the participant service providers were reviewed for themes to identify the current climate of service delivery in B.C. emergency shelters. The report was constructed into four sections based upon the responses. Recommendations were then developed to enhance the capacity of shelter providers to assist homeless individuals and undertake case management. The draft report was sent to all service providers, not only those who attended the community consultations, and feedback was incorporated.

The staff training curriculum was developed within this context. It provides shelter staff with the necessary competencies to fulfill their performance expectations and to meet any increased requirements due to implementation of the case management tool. Lastly, the consultations contextualized the development of the case management tool and related activities.

In addition to the consultations, the case management tool and the staff training curriculum were developed, as suggested above, to meet the required specifications of BC Housing's *Emergency Shelter Program, Program Framework* (2008); *BC Housing Emergency Shelter Program Case Planning Tool, Expressions of Interest* (EOI) from December, 2008; E Fry's response on behalf of the working group; and literature review/resource list provided in the EOI and the working group response (See Appendix D). Additional source documentation was provided through

the *City of Toronto Case Management Handbook* (2005) and the City of Toronto *The Client Support Services Framework* (2006).

B.C. Shelter Providers

The consultations highlighted the diverse nature of the shelter movement in British Columbia. Many shelters in B.C. developed as service-focused responses concerned about the plight of homeless individuals. As such, significant numbers of shelters grew out of community action rather than from experienced service-provider response to a Request for Proposal to provide service. Shelters are therefore provided within a continuum of organizational development and maturity. As such, there are providers that have needs related to their organizational capacity as well as to service provision.

All shelter providers, however, are managing their operations in the face of unrelenting, ongoing demand for services. Whether in small communities or urban centres, homeless clients are presenting with persistent issues of addiction, mental health, and infectious diseases. Shelter workers are required to manage complex client demands in challenging work environments. In short, service providers are managing difficult clients, challenging environments, and, in significant numbers, organizational growth and development at the same time.

Those responding to their internal needs for organizational development—whether as maturing organizations or older, mature organizations going through renewal and revitalization—have overlapping needs. A significant number of organizations expressed a need to develop organizational culture and norms for working with the homeless, and to enhance their program and organizational capacity for human resources and management expertise. Providers identified their need to understand program design and enhancement, including:

- follow-up contact by staff and clients for outcomes reporting;
- program consistency; and
- environment design considerations for behavioural management and risk reduction for both clients and staff.

Providers articulated a persistent and ongoing demand for support from BC Housing to assist them to:

- develop and carry out the mandated training of the *Program Framework*;

- develop the skills and capacity for supervisory management; and
- develop program design capacity to improve program outcomes.

Providers strongly expressed concern that the case management tool not place significantly increased demands upon their employees, and that the working group and BC Housing recognize that many providers have employees who struggle with documentation requirements, computer use, and paperwork management.

All five consultations articulated the need for more opportunities for shelter providers to come together and learn from one another, to have the benefit of mentorship from other providers, and to receive support to meet the current demands they are struggling to address, not to mention those to come.

Current Context of Client Service and Support

Emergency shelters provide temporary accommodation and essential services designed to meet the essential, immediate needs of the homeless for shelter, food, and security. They function as a gateway to stable housing and support services. They are contracted to provide access to on-site support services within the shelter and external linkages to key services such as health care, addictions treatment, or employment programs.

BC Housing organizes its contracts for the provision of emergency shelters within a continuum of service, and defines all emergency shelters as a program within that continuum. The term *program* is therefore used in both senses within this report, to refer to BC Housing's Emergency Shelter Program and for contracted service providers who provide, within that context, individual shelter programs.

Over the last 18 months, BC Housing has worked to familiarize shelter providers with the *Emergency Shelter Program Framework* that sets out the key elements, standards, and guidelines for the delivery and management of service provision. It requires providers to have in place procedures and practices to enable them to meet the standards, and to be responsible for the needs of, and accountable to, clients.

There is a wide variance in service climates within emergency shelter providers. Some shelters have a high degree of expertise in working with homeless individuals and managing the environment within their shelters to provide for safe, welcoming, and respectful surroundings. They have the staffing resources to assist clients moving towards the long-term goal

of housing. Other providers are struggling to develop the organizational capacity to support the creation of such environments within their shelters. Through the course of the community consultations, participating shelter providers highlighted a number of considerations concerning the current context within which they work.

Participants in the community consultations indicated the following:

- There is a lack of depth of understanding about the terms of BC Housing Emergency Shelter Program contracts.
 - Some providers are screening clients for eligibility for social assistance and denying entry to those who are not in receipt of, or ineligible for, social assistance.
 - Some providers are discharging clients within relatively short periods of time (less than two weeks), out of the belief that they are required to do so by the terms of their BC Housing Contract.
- There is limited, inconsistent understanding of the Shelter Framework.
 - More than a few of the providers involved in the consultations described assessing clients based upon their motivation to use Gateway Services (those seeking access to stable housing and key support services) versus Essential Services (basic shelter accommodation, food, and hygiene needs), and either discharging or refusing entry for those determined to use only Essential Services.
 - There is confusion about the BC Housing definitions of Stable Housing, at Risk of Homelessness, and the Hidden Homeless, and it is impacting the reporting of outcomes for shelter providers.

The *Program Framework* defines stable accommodation as “long term housing (designed for tenancy of greater than 30 days), a treatment or rehabilitative setting or moving in with a friend or family” (pages 5 and 34).

However, clients who move in with friends or family cannot, in most cases, be considered as having stable housing. They fall, more accurately, within either or both of two different categories defined in the *Framework*, those at risk of homelessness or the hidden homeless. The *Program Framework* defines these two categories as:

- i) Risk of Homeless - Individuals and families who are living in:
 - Temporary accommodation where they do not have control over the length and conditions of tenure (e.g. couch surfing, name not on lease) and do not have adequate personal space;

- Time-limited housing designed to help them transition from being homeless to living in a permanent form of housing, e.g. transitional housing or second-stage housing; or
- Accommodation where tenancy will be terminated within three months of application (e.g. given notice by landlord or pending release from prison).

ii) Hidden Homeless – Individuals and families who are living in temporary accommodation where they do not have control over the length and conditions of tenure but have adequate personal space.

A client can easily meet more than one of the above definitions.

This confusion can lead to under-reporting of actual homelessness and unreliable reporting of outcomes of the number of clients who find stable accommodation.

- There are structural impediments that limit individuals accessing Gateway Services within shelters.
 - Significant numbers of shelters (whether large or small) have segmented case management into specific positions. These case managers work specific days and hours within the shelter. Participants described a separation of support and case management, a separation that reduced individuals' ability not only to develop a personal plan, but also to receive referral and support to access the primary activities of their personal plan, such as referral to services, assistance with housing, or assistance in accessing statutory or regulatory entitlements.
 - There is a requirement for a minimum of two staff to be on shift in shelters with 10 or more beds. There are no ratios, however, that set the maximum number of residents to staff. In the community consultations, stated ratios ranged from 1 staff per 5 clients to as high as 1 staff to 37 clients. Those shelters with significantly high ratios of clients to staff expressed concern about how they might implement any case management requirements, given the current workload of employees.
 - There is significant variance in the time allocated within shelters for client intake assessments — from two minutes to one hour — and thus to the complexity of case management planning and assistance provided. The ability of service providers to provide assessment services is impacted by the capacity of staff within shelters to perform the work and by the staff-to-client ratios within shelters.

- Providers consistently requested that the proposed Case Management Tool recognize their difficulties and needs. In four of five consultations the group consensus requested that the tool not include more than five client domains or components of service.
- In addition to the skills and capacities that staff will require to effectively implement the Case Management Tool, service providers advised us their training needs included training listed as mandatory within the *Program Framework*. A substantive portion indicated they would value assistance in developing and providing the necessary training materials. These training areas included Crisis Intervention, Universal Health Precautions, and Medication Administration.
- Providers further identified core training needs required for their employees to provide effective case management services; these were listed as recommended training areas within the *Program Framework*. Providers identified addictions, mental health, trauma, suicidal risk and prevention, and documentation as core training needs for staff to enable them to perform their duties effectively. In addition, understanding Harm Reduction and engaging homeless persons who were dually diagnosed, or suspected of being so, were identified as core needs. All of this training was requested to be provided in a consistent manner with consistent trainers in order to foster continuity within the sector.
- Lastly, shelter operators identified significant supervisory skills for management as necessary to enable them to effectively perform due diligence and carry out their duty to care. Training needs identified included:
 - How to develop and have staff follow policy and procedures, including grievances;
 - How to interview and hire qualified, appropriate staff;
 - How to supervise staff and conduct progressive discipline;
 - How to create health and safety training for staff;
 - Leadership training;
 - Media training;
 - Staff retention; and
 - Team building.

Specialized Population Considerations

The experience of homelessness results in a loss of community, routines, possessions, privacy, and security. Individuals respond differently to these factors. However, specific needs for case management are identified for homeless Aboriginals, women, children, and transgendered people. Sources suggest that the current shelter paradigm may not be meeting their needs. The following identifies some issues and recommendations for more effective shelter practice and case management.

Aboriginal Peoples

As reflected in previous counts, the 2008 Metro Vancouver Homeless Count found:

- the proportion of Aboriginal homeless individuals continues to grow;
- Aboriginals are overrepresented in proportion to the overall population (by 12 times);
- almost three-quarters of Aboriginal homeless people did not stay in a shelter, safe house, or transition house on the night of the count; and
- almost half of the Aboriginals enumerated who had not stayed in a shelter, safe house, or transition house on the night before the count were female.¹

The findings suggest that Aboriginal people do not find shelters suitable, either because they are not culturally appropriate or for other reasons that make them unacceptable. Other reports have also suggested that B.C. shelters are not serving Aboriginal people well, for example, the 2002 report, *Aboriginal Homelessness Prince Rupert and Port Edward*, and the 2007 report, *Aboriginal Women and Homelessness*.

In *Sheltering Urban Aboriginal Homeless People: Assessment of Situation and Needs*, Andrew Webster highlighted how Aboriginal shelter providers felt that “mainstream shelters” have failed Aboriginal people. Moreover, he suggested that this was not uncommon.²

Webster highlighted the importance of all shelters implementing an appropriate, culture-sensitive approach. He noted that in extreme cases, shelters without the ability to relate in such a manner to Aboriginals can, with the best of intentions, treat individuals in ways that are psychologically and culturally destructive.

Harmful shelter practices that were particularly highlighted in the report include:

- Religiosity: overt proselytizing or requiring religious observant behaviours as a condition of assistance;
- Institutional structures: the similarity of shelter routines and expectations to residential schools, including architectural design and disciplinary practices to regulate behaviour;
- Assimilation practices: treating all people the same; failing to recognize or allow for differences, including cultural practices and observances; Eurocentric arts and culture in the shelter (books, pictures on the walls, or other decoration); and
- Paternalism: shelter rules and staff expectations that infantilize clients, such as regulating television shows watched, management of money, curfews, and types of food eaten.

Literature identifies three key recommendations for effective shelter practices and case management:

- Culturally appropriate services;
- Reduction of structural barriers including racism and discrimination; and
- Understanding by shelter workers of rural-urban migration and Third World reserve conditions.

Women

The needs of homeless women are recognized as being different from men by almost all researchers. Source documents that might provide information regarding the B.C. context are, however, virtually unobtainable and therefore largely unknown. The manner in which information is collected provides almost no data separated by gender (for example, the Homeless Counts). And where data is provided, it is virtually never cross correlated.

Further, the statistical aggregation of women in transition houses along with sheltered women does not allow differentiation for differing profiles. In *A Feminist Approach to Working with Homeless Women*, Brown and Ziefert argue that differentiating between groups of homeless women enables one to anticipate and provide the services particular women need and to better structure these services.³

The 2008 Metro Vancouver Homeless Study found that a total of 619 were women enumerated, 351 of whom (57 percent) were not sheltered. Almost half of the women enumerated during the daytime portion of the count (street/service) said they slept outside on the day of the count, but 37 percent stayed at someone else's place. Street/service women (and

youth) were more likely to sleep at someone else's place than other sub-populations. Thus women were less likely to be enumerated and more likely to be the hidden homeless.

The reasons why women remain homeless on the street also vary. In addition to the anticipated issues of addiction, mental health, and loyalty to other homeless individuals, a number of other factors were identified that have implications for case management.

The Native Women's Association of Canada advises that Aboriginal women remain on the streets, as well as in a limited number of shelters that are culturally appropriate, because of structure barriers that exclude them, or because of shelter approaches that view issues of family violence and homelessness through a "justice" lens versus a more culturally appropriate healing focus.⁴

In *Living on the Streets in Canada: A Feminist Narrative Study of Girls and Young Women*, Reid et al report that for some women homelessness provided a respite from oppressive conditions at home, while for others it was preferable to their family environments, which typically included exposure to violence and substance abuse.⁵ For these women, being unsheltered provided them with an illusion of freedom. When these women enter shelters it is important, therefore, to recognize that freedom is their anthem; highly structured programs are unlikely to be a good fit.

Secondly, the socio-economic status that women occupy in society means that they, as a population relative to men, have lower educational achievement, fewer marketable skills, and, not unexpectedly, lower employability. This also means increased likelihood of reliance upon income assistance and higher reported rates of involvement in criminalized activities. In the Vancouver Homeless Study, women were five times as likely as men to advise that they relied upon illegal activities as a source of income, with prostitution the predominant activity. Further, women's lower body weight places them at increased health risk with drug use, due to the drug's higher concentration in their bodies; increased rates of transmittable disease due to their involvement in prostitution and drug use; and increased rates of victimization.

Case management, therefore, needs to be flexible enough to respond to the high needs of women, particularly their increased health issues.

Children

Homeless children have significant difficulties that challenge their parents' ability to care for them and the children's ability to live in a shelter

setting. In addition to the challenges the family faces living in shelters or in unstable housing with others (hidden homelessness), children are confronted with interpersonal difficulties, mental and physical problems, including illness, and other personal difficulties.

Homelessness makes families more vulnerable to other forms of trauma such as physical and sexual assault, witnessing violence, or abrupt separation. The stress related to these risks, in addition to the stress resulting from homelessness, deeply affects children.

In addition to the stressors of going hungry at a rate of twice that of other children, homeless children:

- Are sick at twice the rate of other children. They suffer twice as many ear infections, have four times the rate of asthma, and have five times more diarrhea and stomach problems.
- By the time they are preschoolers, they have significant rates (20 percent) of emotional problems that are serious enough to require professional care.
- Have twice the rate of learning disabilities and three times the rate of emotional and behavioural problems than other children.
- Are twice as likely to report failing a grade in school.
- Who are of school age, experience anxiety, depression, or withdrawal at a rate of 50 percent compared to 18 percent for other children.
- By the time they are eight years old, one in three has a major mental disorder.⁶

Homeless children and parents struggle with significant issues, and these problems compound and affect the child's ability to manage trauma or other risk factors. Shelter workers are likely to be faced with one identified client—the mother—and the imminent and emerging needs of children. Case management for families may need, therefore, to address parental support and capacity building.

Transgender/ Transsexual/ Two Spirit

Transgender (TG), transsexual (TS), or two-spirit people often have a difficult time accessing homeless shelters where they feel comfortable and are safe. Concerns include feeling unwelcome or like outcasts and verbal, physical, and sexual harassment. Transgender women required to stay in men's facilities report that they are sexually propositioned, verbally harassed, and sometimes assaulted. Shelter providers that accept transgender residents have been reported to ask intrusive questions

during intake or even require sex reassignment surgery be completed.⁷

Shelter providers should recognize and address the challenges and concerns of trans people. Those shelters that allow people to be housed in a facility based on the gender with which they self-identify need to have clear policy, guidelines, and training protocols in place to create a safe and appropriate environment for TG/TS clients.

As for all clients, the starting point for intake and case planning is respect for the client's rights and wishes and the shelter's anti-discrimination and confidentiality guidelines. Any concerns should be alleviated as soon as possible.

Shelters want to make known that:

- the shelter and its services are open and accessible to TG/TS clients;
- they will be treated the same way and have the same rights as other clients;
- the shelter does not tolerate discrimination, and there will be firm enforcement against discriminatory acts; and
- TG/TS client should feel welcome and safe.

As with all clients, staff ascertain the client's personal information, including gender (female, male, transgender) at the time of intake. Trans clients may choose not to disclose their trans status, and that is their right.

Along with other information imparted to all incoming clients, staff describe provided services, including if there are private washrooms or dressing rooms.

Intrusive questioning about clients who may be TG/TS, or who identify as such, is not recognized as acceptable, including specific questions on hormone replacement therapy or sex reassignment surgeries.

In this way, the shelter's initial approach can be used to signal both staff acceptance and openness, as well as awareness of safety issues. The message to be imparted is that, as for all shelter users, TG/TS or two-spirit clients are welcome, can feel safe, their rights will be protected, and that staff are approachable and open to conversation, including on gender issues.

The decision to disclose trans status rests with the client. The fact that the shelter treats this information confidentially may allow clients to inform staff about being TG/TS and to feel comfortable staying in the shelter. If the client is freely open about his or her gender identity, staff can, under

appropriate circumstances, discuss the information with other residents.

Shelter providers are strongly encouraged to recognize TG/TS clients by their preferred pronoun of *he* or *she*.

To provide an appropriately safe and welcoming environment, many providers who shelter trans people need to increase the safety and privacy of their shelters.

All shelters should have or develop clear policy and procedures regarding: safety; confidentiality; harassment and discrimination, including specific, written policy concerning non-discrimination against TG/TS people; sleeping accommodations; and management of privacy in dressing areas and bathrooms.

Staff, particularly front-line workers, should be provided with all appropriate training.

Within this framework, case management is the same as for any other homeless individual: clients are encouraged to identify their needs and develop a plan of action to meet them. All clients will do this better in a safe and supportive environment.

Notes

¹ Social Planning and Research Council of BC et al., *Still on our Streets: Results of the 2008 Metro Vancouver Homeless Count*, December 2008. Available at <http://www.metrovancouver.org/planning/homelessness/ResourcesPage/HomelessCountReport2008Feb12.pdf>

² Andrew Webster, *Sheltering Urban Aboriginal Homeless People: Assessment of Situation and Needs* (Winnipeg: National Association of Friendship Centres, 2007).

³ Kaaren Strauch Brown and Marjorie Ziefert, "A feminist approach to working with homeless women," *Affilia* 5, (1990) no. 1: 6-20.

⁴ Native Women's Association of Canada, "Aboriginal Woman and Homelessness: An Issue Paper." <http://www.nwac-hq.org/en/documents/nwac.homelessness.jun2007.pdf>

⁵ Shyanne Reid, Helen Berman, and Cheryl Forchuk, "Living on the Streets in Canada: A Feminist Narrative Study of Girls and Young Women", *Issues in Comprehensive Pediatric Nursing* 28:4 (2005), 237-256.

⁶ Susan Talamantes Eggman, "Homeless Women and Children," in *Social Work Practice with Children and Families: A Family Health Approach*, ed. Francis Yuen (New York: Routledge, 2005), 207.

⁷ Christina Strange and Deanna Forrester, *Creating a space where we are all welcome: improving access to the Toronto hostel system for transsexual and transgender people*, 2004, http://www.the519.org/programs/trans/resources/HSH- Creating_Space_Where_we_Are_All_Welcome_.pdf

4 CHANGE MANAGEMENT

Integrating Consultations and Context into Tool Development

Significant concern was expressed in the community consultations about the manner in which additional requirements might impact the delivery of service. Providers are struggling to meet the *Program Framework* and voiced concern that additional requirements could overwhelm their employees or further overwhelm them. In all consultations, service providers spoke to the benefit of meeting and peer support. Those consultations outside the Lower Mainland particularly highlighted the significant need for, and benefit from, contact with other providers that is afforded to providers in concentrated population areas.

It is clear that, in order to be able to implement the case management and training process outlined in the BC Housing *Program Framework* and the *Case Management Tool Expression of Interest*, shelter providers require a process of change management. Providers were clear and consistent in expressing their need for support to tackle the challenges many of them face. Service providers need practical steps and reality-based supports to arrive at the common goal: use of the new B.C. Emergency Shelter Case Management Tool and, more broadly, implementation of the BC Housing's *Program Framework*.

At a minimum, a training curriculum and Case Management Tool will place additional personnel management requirements upon providers. It is rare for organizations with fewer than 60 employees to have a designated human resources professional. The training curriculum and requirements

will increase the duty of care for organizations regarding training taken and outstanding by employees.

Therefore, the following is recommended:

- Develop a self-audit checklist to enable service providers to review their compliance with the *Program Framework*. That is the platform upon which the training and Case Management Tool is based, and consistent application of the framework will support its implementation.
- Support the development of an electronic, Web-based peer support network and peer review of implementation of the *Program Framework*. A peer-to-peer audit process can assist in the cross-pollination of expertise and the identification of best practices by service providers to strengthen shelter policy and procedures.

Attendees at the community consultations clearly identified the need for ongoing forums or training opportunities. During the consultations providers asked peer-to-peer questions related to documentation, supervision, hiring staff, and addressing performance issues. There is a need for periodic events to support providers and build ongoing improvement of shelter practices in the province.

- Support the development of a Web page of resource links to support training requirements included in the *Framework*, inclusive of critical incident management response.
 - Workers' Compensation BC lists First Aid training providers across the province that provide the required level of training.¹ See: <[www2.worksafefbc.com/PDFs/FirstAid/FirstAid_training_providers.pdf](http://www.worksafefbc.com/PDFs/FirstAid/FirstAid_training_providers.pdf)> (20 April 2009).
 - Foodsafe Training courses in communities and online.² See: <www.foodsafe.ca/search.asp?search=courses> (20 April 2009).
 - Workplace Hazardous Materials Information System (WHMIS) available online and through classroom training. The handbook is available online at <www.worksafefbc.com/publications/high_resolution_publications/assets/pdf/whmis_core_2up_highres.pdf> (20 April 2009).
 - Material Safety Data Sheets related to household cleaners can be found online. A comprehensive site is available at <<http://household-products.nlm.nih.gov/index.htm>> (20 April 2009).

As evidenced by the footnotes below, there are significant other occupational health errors in the *Framework*. For instance, it references

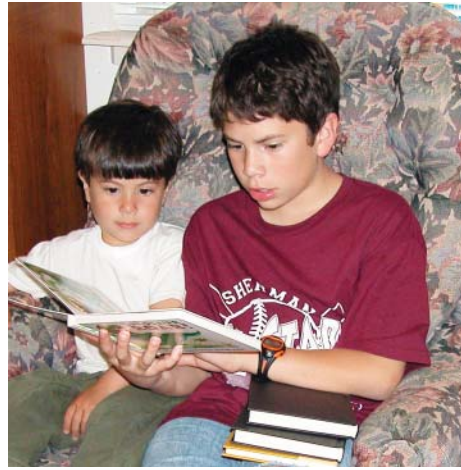
a Hepatitis C vaccination when there isn't one. As a core Emergency Shelter Program document, the *Program Framework* needs to be reviewed and updated to provide correct information.

- Critical Incident Response resources are available to employers. WCB coordinates critical incident interventions for work-related trauma events from 9 a.m. to 11 p.m. seven days a week at 604.276-5188 or through a toll-free number within B.C. at 1-800.661-2112, local 5188 or after hours through an emergency pager toll-free at 1-888.922-3700.

Notes

¹The *Program Framework* identifies Standard First Aid and CPR Level C as the required level of staff certification. WorkSafe BC identifies Occupational First Aid Level One as the requirement for worksites with up to 50 individuals, and it includes CPR. The standard for CPR Level C is not required by legislation; it is generally required for Lifeguards and those taking Level 3 Occupational First Aid Attendant training.

² The *Program Framework* erroneously advises that shelters are required by the Food Premises Regulation Act to have an individual with a FOODSAFE Level 2 Certificate onsite at all times. Instead, the legislation requires that when the operator is absent from the site, an employee with FOODSAFE is on site, and the FOODSAFE Program itself determines the level by the position. FOODSAFE Level 1 is a food and worker safety course for operators and workers. The Level 2 course assists managers to develop and implement food safety and sanitation plans.



5

THE CASE MANAGEMENT TOOL

Case Management is a method of providing service whereby shelter workers collaboratively assess a client's complex needs (including needs of family members, for those accompanied by children), and plan, arrange, coordinate, monitor, evaluate, and advocate for a package of multiple services to meet those needs.

The Case Management Tool is structured to provide clients with the services they require in a coordinated, effective, and efficient manner. Based upon the Essential and Gateway Services described in the Emergency Shelter Program, Program Framework, the tool is predicated upon being:

- used in a non-clinical environment by front-line shelter personnel who do not have professional health or counselling designations;
- responsive to requirements of B.C.'s culturally diverse population, including First Nations and Aboriginal clients; and
- expanded or collapsed based on the specific needs and changing capacity of staff at each shelter.

The tool structures the process, the stages and steps needed in order to work with clients. It tracks the information needed to complete that work. It records significant steps taken by clients and others involved in assisting them, recording progress towards the plan, and reporting on the information collected.

In addition to serving as a standardized guideline for shelter staff, the tool is designed to:

- assist staff, where required, to develop or augment the skills necessary to assist clients through a case management process;
- be used by a single staff member or by multiple staff members working with the same client;
- enable a team approach to service planning;
- supply a clear record of where clients are at along their journey of change;
- supply reliable, consistent data for other needs such as quality improvement or evidence-based analysis;
- integrate reporting and data collection while reducing repetitive collection and reporting; and
- act as a guide to implementing and developing program activities based on program goals.

Above all, the Case Management Tool is designed to be flexible. It is meant to expand or collapse functions as required in response to clients' specific needs and varying capacities and in response to specialized program components for specific client demographics (such as children or addictions).

Goal and Function

The Case Management Tool provides a framework for emergency shelter staff to assist clients identify the issues they face and define the goals they choose to work towards to stabilize their lives and shape a path out of homelessness. It outlines minimum, baseline service expectations that are consistent for emergency shelters across B.C. and creates a standardized framework for Gateway Services delivery.

The case management process itself is designed to

- respect the strength and dignity of clients;
- reinforce a welcoming, safe, and secure environment;
- use a holistic approach that proceeds from an assessment of the client's current situation;
- ensure clients understand their right to make free choices;
- encourage clients' active engagement, involving them, to the extent possible, in choosing and reviewing goals, finding solutions, making decisions, and charting successful accomplishments;

- be individualized, responding to each person’s unique circumstances and requirements, and sensitive enough to record any significant change;
- provide clients with a clear sense of what to expect throughout the case planning process;
- recognize that some of those who leave the shelter system will need to plan for continued support in the community; and
- encourage client feedback to provide accountability and evaluation of the service provided.

While encouraging client engagement, the tool provides clear expectations of each party’s interests and recognizes that the client’s goal and the shelter’s goal may not always be the same.

Case Management Structure

The Case Management Tool is structured to provide two different levels of case management, depending on whether shelters provide Essential Services or Gateway-level services (which include Essential Services). Each level of service consists of a series of stages and steps.

Essential Services are those that meet the immediate needs of homeless individuals by providing safe shelter and nutrition.

Enhanced or Gateway Services allow shelters to further act as a bridge, to assist in meeting longer-term client needs, assist clients in accessing key support services in the community, and help them move along the housing and support services’ continuum.

The BC Housing *Framework* envisions Essential Services being provided by all service providers; additional services are offered by those providing Gateway Services.

The case management tool provides a standardized process to engage clients in developing personal goals and ongoing commitment to work towards achieving those goals.

From the point of intake, each stage of the process seeks to gather more in-depth information, allowing the client and shelter worker to develop an individualized plan to address the client’s goals and aspirations. The approach is flexible and fluid. Client motivation and commitment to the process can be anticipated to wax and wane periodically and over time. Shelter workers constantly monitor the client’s progress and achievements and provide encouragement and reinforcement. The shelter worker will

advocate or engage the client, modifying the plan as needed to address barriers encountered that threaten the success of the plan.

Case Management Stages and Steps

The Case Management Tool, therefore, is a process that consists of a series of stages and steps, conducted in a standardized manner, and documented, to enable effective team work and case management.

All clients coming into an emergency shelter begin their entry pathway in the same way.

Screening

When potential clients phone or come into a shelter, they are screened to determine eligibility for shelter entry. To screen for eligibility, shelter workers use clear, pre-established, shelter-specific criteria, such as gender; status as a couple or an individual/parent with children; physical criteria like the ability to climb stairs; ability to live in a high- or low-barrier shelter; or safety concerns.

Screening allows shelters to ensure clients meet their pre-established criteria and provides clients with basic information about the shelter, allowing them to make an informed decision about entry.

Intake/Admission

The intake/admission process has three functions that are designed to welcome and put clients at ease, provide them with necessary information, and collect basic information from them.

This is an opportunity to engage clients, address their immediate needs, and obtain more in-depth information than what was presented in the screening.

Shelter workers provide clients with the information necessary for their stay in the shelter. They:

- outline available services and maximum length of stay;
- explain shelter routines, rules, and guidelines, including grounds for discharge;
- inform clients about the expectations the shelter has of them;
- advise clients about, and give them a written copy of, their rights and responsibilities, including their right to register a grievance, and the procedure to do so;

- advise clients of any limits to their right to privacy regarding personal information, the maintenance of confidentiality for what they discuss, and any mandated disclosure of information;
- provide clients with an orientation to the shelter;
- review health and safety protocols, including emergency safety procedures and emergency evacuation routes; and
- encourage clients' permission for the Initial Assessment and permission to disclose information in the BC Housing Data Collection Process regarding their personal information.

Depending on time and circumstances, all steps may not be completed at one time.

Initial Assessment

The Initial Assessment is an opportunity to identify what is going on in the client's life that contributed to his or her becoming homeless. It is an opportunity to share information, to develop rapport and build trust, and to begin establishing a working relationship between the shelter and the client.

Clients can identify life issues such as housing, transportation, medical needs, income support, or rights and entitlements that they would like support to begin addressing.

Shelter staff ensure Consent to Release Information forms are signed, and that all information gathered is documented in the client case file.

The initial assessment may take from a few mi

utes to one hour or more, depending on the client's state of mind and the complexity of issues. The assessment does not need to be completed in one conversation or meeting.

Service Plan (Essential Service Shelters)

Drawing up a service plan provides staff and client the opportunity to work collaboratively to clarify needs and identify appropriate community supports.

Clients are encouraged to select not more than three needs they would like to improve in their lives. Staff review various options, help clients make choices, and refer and support them to access appropriate community resources. In the remaining part of the service plan, clients are encouraged to identify steps they can take to find appropriate housing and the supports that can help them do that.

Staff document all chosen actions and referrals.

Wherever possible, community linkages are chosen to provide ongoing support once the client has left the shelter and is living in the community.

As required, shelter staff may advocate for access to resources for clients.

By signing the service plan, the client and staff formalize the plan, and record the commitment each has made to enable the client to experience changes in their life. Shelter workers provide the client with a copy of the plan, including the community linkage information and activities to secure appropriate housing.

Case Plan (Gateway Services Shelters)

For shelters providing Gateway Services, the process continues, allowing the opportunity to expand the initial service plan into a client case plan that goes further and explores issues more deeply. This may occur in a single meeting or require a number of meetings depending on the client-staff relationship and the ability of the client to engage for a period of time.

Shelter workers encourage clients to develop a case plan, that is, to do a fuller review of the life issues raised in the Initial Assessment, and select actions to address them. This second level of service also addresses capacity-building opportunities for the client.

Together, client and shelter worker assess the components of service by looking at the client's needs relating to such fundamental issues as health care, safety, personal ID, finances, housing, and capacity building (which could cover issues like economic and employment status, family and parental obligations, informal support system, involvement with other agencies, or other relevant factors). Shelter workers provide further assistance and referrals towards obtaining appropriate housing. Needs are ranked to identify the most pressing and prominent issues.

The case plan is an organized method of response to these prioritized needs. A maximum of three to five issues are selected, with the client developing a plan for each. The client then sets the goals to be achieved for each selected issue. Clients are asked to identify what an improvement in each selected area would look like for them. They are asked to decide how they would know when they have achieved their goal. The plan includes the client's expectations and choice of service providers.

It is important that clients have a realistic, achievable plan. They may

need to be assisted to develop shorter-term, sequential goals to highlight the steps necessary to reach longer-term goals.

The shelter worker is responsible for ensuring the selected resources meet the particular needs of the client. The shelter worker's responsibilities in implementing the plan also include linking the client to the needed resources, assisting the client to negotiate bureaucracies where required, monitoring the client's progress, and documenting all relevant information.

Clients need to be clear on their goals, on the actions they have chosen to get to those goals, and on timing: when the plan is to start and the dates selected to complete activities. They also have to understand clearly what can be expected from shelter staff and what the shelter worker will be monitoring.

By signing the case plan, both the client and staff member formalize the plan and the commitment each has made to enable the client to experience changes in his or her life. Shelter workers provide the client with a signed copy of the plan.

Case Plan Monitoring/Evaluation

The shelter worker is responsible for monitoring and evaluating the case plan. Through ongoing monitoring, the shelter worker, together with the client, is able to evaluate the plan's effectiveness, modify it when needed, and provide any necessary assistance.

Shelter workers use this stage in the process to:

- record client progress toward completing actions and achieving goals;
- ensure services outlined in the plan are appropriate and continue to meet the client's needs and goals;
- assist clients to maintain their commitment;
- ensure that the plan is adjusted as necessary; and
- ensure that commitments made on behalf of the program to the client are met.

Discharge

An important part of the case management process is preparing clients for their discharge. Discharge Planning includes the client's housing plan and the community linkages that can provide ongoing support.

As outlined in the *Program Framework*, shelter workers document if clients have found housing (including their address) or, if not, why.

Follow-up

Service providers are responsible for developing protocols for follow-up by their staff. To review clients' housing circumstances, *The Program Framework* provides for follow-up with clients at the three-and six-month interval after discharge. Shelter workers should ask whether clients have found stable housing and if they have used the community resources/ supports they were referred to.

The data generated supplies a measure of the effectiveness of shelter services in achieving their mission to bridge clients to more stable housing and support services.

Sample Case Management Tool

A sample Case Management Tool is provided in the accompanying document, *Emergency Shelter Program Case Management Tool*.

The first two pages of the sample tool consist of information that is already routinely collected for the BC Housing database. This is the information upon which service and case planning (the following two pages of the tool) are based.

For shelter providers that may not record this information other than through the database, we have asked BC Housing to consider developing a means to print the information directly from the database.

Case Management Tool Levels, Stages, and Steps

Level	Responsibility	Steps
Level 1 - Essential Case Management	All service providers	<p>Intake & Admission Pre-screening based upon shelter eligibility restrictions Intake and Admission eligibility explained Shelter restrictions and limitations explained Client complaint and grievance process explained Consent to Release Information</p> <p>Initial Assessment Data Collection Process Screening for immediate health and hygiene needs Screening for financial and income support entitlements Screening for safety issues Screening for identification needs Assess housing needs</p> <p>Basic (Essential) Support Services Provide shelter, food and hygiene needs; safety monitoring and planning as required</p> <p>Service Plan Develop service plan to address identified needs from the Initial Assessment - Develop Housing Plan with clients as required - Identify required community linkages</p> <p>Monitor Housing Plan, community linkages, and advocacy opportunities to address Initial Assessment needs</p>
Level 2 - Enhanced: Gateway Services Case Mgmt	Service providers who provide both Essential & Gateway Services	<p>In addition to the above, these steps must be done:</p> <p>Review Screening & Service Plan Review Intake screening and service plan from Level 1</p> <p>Enhanced Shelter Support Services Provide contractual services, programming & supports Specialised screening for specialized population needs: parenting, children, mental health & addiction, specialized housing</p> <p>Case Planning Develop case plan: revise & expand service plan as required. Enhanced Planning: review issues, determine needs & establish plans to address: Safety; Health & Hygiene; Financial/Income Support & ID; and Housing. Assess clients for capacity-building opportunities as required: -Employment -Parenting & Child Rearing -Training -Education</p> <p>Further identify opportunities for community linkages and advocacy as required</p> <p>Case Plan Review Review case plan and modify as required</p>
Completion Level 1 & 2	All service providers	<p>Level 1 & 2 steps above, as appropriate, and Discharge Follow-up - at 3 months and 6 months</p>

Core Service Delivery: Training for Essential Service and Gateway Service Providers

The Initial Assessment identifies the needs and goals of the client entering the shelter. All clients entering the shelter receive the Emergency Shelter Program's core services. The provision of these core service elements is integral to the Case Management Tool.

Clients have free choice, so some may choose not to participate in the case management process. However, the Intake Assessment provides shelter workers with the opportunity to engage clients in the process and identify the issues or areas they are interested in addressing and the kind of goals the shelter can assist them to achieve.

Vital factors or areas of clients' lives are designated as components of service. These consist of: safety, health and hygiene, financial support/identification, housing, and capacity building. These components are the building blocks of each client's assessment and service or case plan (see: Case Management Model & Components – Appendix E).

At a minimum, shelter workers offer clients the opportunity to define for themselves goals related to housing and community linkages that can assist the client to address their needs.

Components of service are elaborated below:

Shelter

All shelter providers are responsible to provide clients with a safe, welcoming environment. In addition to the role played by staff, tangibles like adequate hot water, lighting, furnishings, and household goods and linens play a key role in creating a welcoming environment.

Further, however, providers are responsible for operating and maintaining their shelter in a manner sufficient to prevent unsafe or unsanitary conditions that can affect the lives of others or create potentially hazardous conditions. In the community consultations, shelter providers asked for support in meeting these requirements that enable the adequate provision of shelter by their employees. They include requirements of FoodSafe, First Aid, WHMIS, and Material Safety Data Sheets (MSDS).

Safety

Shelter workers need to be aware of client safety concerns and be prepared to respond accordingly through case management or other action. Clients seeking shelter may be at risk not only from extreme weather, life on the streets, or decrepit housing, but also may be fleeing

violence or responding to child-protection issues. Personal factors can also place clients at risk. These might include clients with mental illness, those at risk of suicide, or individuals released from hospital to the shelter when they have no one to monitor their recuperation at home. Shelter workers need to assess and respond accordingly to all such circumstances.

In the community consultations, shelter providers identified risk identification and management, crisis intervention skills, and dynamic safety as key training requirements.

Nutrition

The health effects of poor diet and related poor nutrition are well documented; a lowered immune system can leave people vulnerable to disease. Health effects are both short- and long-term. These effects are worse if individuals misuse alcohol or drugs.

Food, however, is also an essential part of emotional and social well-being. We eat more than just for nutrition, and when serving food, shelter providers should recognise this.

Key training therefore includes not only knowledge of the Canadian Food Guide, but recognition of malnutrition and its effects. It also includes understanding the differing nutritional needs of those with compromised immune systems, those who are ill or have a disease, and developmental growth needs such as for pregnant women, children, and adolescents.

Hygiene

Homeless people often go without the basic necessities most take for granted. With limited money and struggling to find shelter and food, they can find it difficult to get and retain basic items such as soap, shampoo, deodorant, and toothbrushes, or find access to laundry facilities. Service providers provide supplies. Client access to these basic hygiene items benefits not only their hygiene but also their mental well-being. Some clients may need additional assistance to adhere to hygiene routines.

Shelter workers may require additional training to assist clients with some hygiene needs, for example, support for new mothers; accommodation of infant care needs within the shelter; basic foot care needs for individuals to avoid abscesses; and hygiene strategies for injured or incapacitated clients such as those with plaster casts or limb paralysis.

Housing

All clients entering the shelter have housing needs. The Initial Assessment identifies each individual client's housing goal. The housing component addresses a client's preferences, eligibility, income, and possible need for support and accessibility when applying for housing in the community. Shelter workers may discuss with clients considerations affecting their housing choices such as daily functioning and ability to complete daily living tasks. In developing a plan for housing, clients may take into account other considerations, such as eligibility criteria for Gateway shelter services or specialized transitional housing, including recovery or supportive housing to enable them to address issues that affect their ability to reside in longer-term housing with limited support.

Clients who exercise their choice not to look for housing should not be turned away or discharged. Their presence provides the opportunity for staff to build rapport and assist them to hope for more in their lives than their current existence.

Community Linkage

Homeless clients will have needs that go beyond the resources of the service provider and that are long term in nature. Examples are mental health needs, addictions treatment or support, peer support (i.e., Parents Together), mutual aid and support (i.e., 12-step or welfare advocacy groups), and recreational (i.e., recreation passes) and healthy living supports (i.e., communal kitchens).

Shelter workers may require additional information, and service providers need to develop a resource of community resources provided within the community to match the demographic needs of their clients. Clients may require assistance to develop strategies that include, for example, addressing requests for a housing history or speaking with landlords about completing the *Intent to Rent Form*. In addition to awareness of housing stock, key training for shelter workers includes knowledge of the different types of housing, referral and eligibility criteria for the different types, and strategies to address impediments such as utility company arrears that affect a client's ability to be housed.

In addition to these components, shelters providing Essential Services are responsible for a screening assessment that also covers basic questions of client health, identification, and income support/financial status. Client responses to these questions are recorded in the BC Housing database.

Documentation

Service providers are required to have in place effective measures to communicate information to clients, and to and between employees, that will allow employees to work together to meet clients' needs.

Documentation provides evidence of the quality of care clients receive. It provides evidence that the Case Management Tool is being applied and that shelter workers are exercising their responsibility and accountability to client care. It allows a service provider to demonstrate their duty of care, and can provide valuable evidence in the event a question is raised regarding the level of care provided to a client.

Measures used may include communication logs; medication administration records; client daily logs; critical incident reports; minutes of case management staff meetings; shift change records; menu plans; client intake, assessment and case management forms; outcomes reporting; or periodic service summary reports.

Key training includes the essential elements of documentation to enable effective communication and serve as evidence of action taken. In addition, service providers provide their employees with training in necessary organization policy and procedures to enable effective communication and client case management.

Enhanced Case Management: Training for Gateway Service Providers

Case planning for Gateway Services provides enhanced case management that addresses the key issues faced by homeless clients in addition to housing and linkage to community resources.

In case planning for Gateway Services, shelter workers have the opportunity to engage clients in defining for themselves further goals the shelter can assist them to achieve.

At this level the Case Management Tool provides a framework to develop goals related to Health, Identification, and Financial and Income Support. Exploring different options and making progress in any of these areas can assist clients' reintegration into the community. Clients who elect not to look for housing may be engaged to, for example, take care of a pressing health need or apply for a possible new income source. At this enhanced level, the Tool also focuses on capacity building.

While the Initial Assessment provides the opportunity for service providers to screen clients for current capacities and strengths as well

as needs, here service providers can draw upon or expand identified strengths to help clients make further progress. Examples of strengths include supportive relationships; the ability to earn a sustainable wage; or eligibility for additional money or other resources, such as enhanced social assistance payments or a pension.

Health

Shelter workers need to be aware of health needs/risks and be prepared to respond. Clients living in unsafe environments or without access to basic sanitation and health care are at significant risk of illness and disease. Individuals with significant, prolonged drug use often have emergency dental, as well as other needs. Given that clients may need assistance with a wide range of issues, the health component covers a wide range of activities including accessing primary health care and allied services, transportation to appointments, and filling prescriptions.

Clients may benefit from community resources or services to address physical and mental health, addictions, and dental issues, as well as positive health promotion like flu shots, nutrition, or health knowledge. Shelter workers are responsible for engaging clients to access required services in a planned way, thereby addressing such health issues.

Key training includes medication administration, Universal Health Precautions, infectious disease control, and mandatory reporting, as well as service-provider training regarding available medical and dental resources.

Identification

Clients need personal identification to access virtually all rights and entitlements. Everything from income, housing, health care, legal aid, employment, education services, and banking requires identification. Accepted identification includes birth certificates, health cards, social insurance cards, driver's licenses, and proof of status in Canada. Photo identification can be ordered through applying for a BC Identification Card.

Key training includes knowledge and use of Web-based resources to download order forms for copies of birth certificates, Social Insurance Numbers or cards, Housing and Social Development office *General Supplements*, or other community resources that may assist clients in acquiring or in the cost of purchasing documents. For example, knowing that all provinces provide copies of birth certificate order forms online for download or online ordering can speed up the process of applying for identification.

Financial and Income Support

The financial component addresses clients' statutory and regulatory eligibility for and access to income support programs. People with an employment history may be eligible for Long-Term Disability (LTD) or a private pension. Clients should be assessed for entitlements such as social assistance, enhanced social assistance payments for multi-barrier and disabled clients, pension income, GST rebates, Employment Insurance or Maternity Benefit entitlements, Family Bonus Supplement or Adjustments, and other General Supplements provided through social assistance entitlements with the Ministry of Housing and Social Development.

Shelter staff may need to assist clients in applying for General Supplements for damage deposits, moving expenses, or community volunteer work. Staff may also need to assess a client's ability to budget, and may need to refer clients to a trustee if they are unable to manage their own funds. Where clients have income, staff will assist them in developing a financial plan to support their housing goals.

Key training includes knowledge and use of Web-based resources regarding regulations and entitlements¹, and knowledge of Housing and Social Development offices and regional boundaries, as well as other government offices.

Capacity Building

The role of Gateway shelters is instrumental in enhancing the capacity of homeless individuals to pursue opportunities to increase their personal capabilities and competencies. This is the component of service designated capacity building. Prime examples of building client capacity are found in the areas of employment, education, or parenting skills.

Education can be identified as the client's access route to obtaining and maintaining employment. Clients may be motivated to review, examine possibilities and resources, and set goals to further their level of education/training.

Similarly with employment. Clients may be inspired to look at their current level of income, employment issues they have, and employment opportunities. They may be motivated to take steps they were unable to in the past.

Work on these issues may well intersect with work on other components of the case plan. For example, work in the area of Financial and Income Support may enable clients to receive statutory entitlements for

transportation, work attire, or daycare, assisting them in acquiring a new job or education opening.

Pragmatic planning may be required to assist clients to work out details or manage multiple demands, such as how to get to work or school on time or arrange for mid-shift meals. Barriers may need addressing prior to other steps, for example, addressing suspended driver's licenses, bench warrants that require vacating, or legal standing to enable a client to work or be eligible for student loans or social assistance.

The Case Management Tool examines the client's preferences, strengths, abilities, eligibility, and motivation for pursuing such opportunities, whether they be educational/training, employment, or relating to parenting responsibilities as a sole caregiver.

Clients with mental health and/or developmental delay have limited options and may require ongoing support to help access the minimal opportunities that exist.

In shelters for families or women with children, parents may require assistance to address the educational needs of their children, such as registration in school or daycare, access to school records, and special education supports.

In addition to knowledge of available community programs and services, key training may include knowledge and use of Web-based resources regarding regulations and entitlement for educational or employment programs and parenting programs/resources, labour market information, and how to assist clients to develop their resume or complete application forms.

Advocacy

Clients may require support and assistance to protect their personal and legal rights and ensure dignified treatment in administrative processes. In the course of completing the Initial Assessment and working with clients, shelter workers may determine that clients are struggling to advocate for themselves. Shelter workers may support clients to utilize strategies to self advocate or, as part of the case plan, undertake advocacy to support the client.

Key training for employees includes knowledge of pertinent legislation and regulations regarding landlord-tenancy issues, student loans, employment insurance training programs, and General Supplements through the Ministry of Housing and Social Development.¹

Reporting Outcomes

Outcomes were not part of the requirements in the *Emergency Shelter Program Case Planning Tool Expressions of Interest*. However, in the community consultations, service providers consistently identified the need for performance indicators to reflect the value of the work performed, and requested the Case Management Tool be designed to enable identification and reporting of indicators of client progress and program performance.

The *Program Framework* identifies client outcomes as stabilized housing at the three- and six-month post-shelter mark. The *Framework* also provides for the following indicators:

- Number and percentage of clients who participate in case planning;
- Number and percentage of clients who achieve personal goals for housing, employment/income, health, and well being; and
- Number of different community services shelter clients were referred to in 12 months.

Determining outcomes measures requires careful thought.

Shelter providers recognize that outcomes vary depending upon the profile of clients who use the shelter, the stability of housing stock, and the availability of safe, affordable housing (particularly for those on income assistance or for culturally appropriate housing, including on band land for Aboriginal peoples). As well, there is diversity and variance in shelters across the province not only in services provided but also in organizational values.

In addition, some factors can be expected to preselect for outcomes differences, for example, high-barrier shelters preselect for clients without current active addiction and mental health issues. In these shelters, providers anticipate that clients are able to actively participate in their case plan. In low-barrier shelters, however, by the nature of their broader criteria, clients often tend to display the diminished cognitive abilities and physical effects of active addiction or mental illness.

Shelter providers are aware that, without reference to available resources, housing environment, and client capacity, outcomes can appear to correlate to ineffective service. The tension can encourage providers to preselect for enhanced outcomes.

Shelter providers, therefore, wanted performance indicators that could address the realities they face as well as the activities and services offered within a shelter.

The indicators selected by the *Framework* appear to contain certain assumptions, namely that communities have a plethora of community resources and that effective client service by a shelter involves referring the aggregate body of clients over the course of the year to the maximal number of resources.

The realities of rural/urban resources are otherwise. Rural communities have few resources. Shelters serving a narrow client profile often have limited available resources, including limited services for small client populations such as homeless women, Aboriginals, children, and those with health issues such as HIV/AIDS, STDs, hepatitis, addictions, and mental illness.

Furthermore, an outcome indicator that selects for number of different community resources runs counter to encouraging providers to effectively and appropriately match client needs to available community resources and provide effective case management through correct information and referral linkages. Shelter providers need to use community resources effectively to maximize the ability of clients to receive support.

Thus, on many counts, the consultations revealed a need to review the *Framework* measurement indicators.

The following sections contain suggested outcomes measures/indicators to support the requests of shelter providers.

Some of the data for these measures can be generated from the *Case Management Model and Components* contained in Appendix E. The table outlines stages and components of service. The stages of service are charted from client intake through the case management process to discharge and follow-up. The five components of service are Safety, Health and Hygiene, Financial Support/ID, Housing, and Capacity Building. It is these measures that form the basis of the recommended client progress measures, in keeping with requests from the consultations.

Two definitions may be helpful:

Baseline – answers the question, “Where are we at today?” in measuring this process. What is our performance currently? A baseline example for the first measure is: “Currently (for the last quarter), how many clients participated in case planning within 7 days of arrival?”

Benchmark – this is a target that answers the question, “Where should we be?” For example, shelter staff might discuss targets and decide that they want to aim to have 90 percent of clients who stay longer than five days in the shelter complete case plans within 7 days of arrival. That’s their target.

There are four suggested outcomes measures:

1. Program Effectiveness: client participation in case planning

Recommended measure:

The number of clients who participate in case planning within seven days of arrival in the shelter.

What is being measured	Program effectiveness
Indicator (number)	No. of clients who participate in case planning within 7 days of arrival
Indicator (%)	No. of clients who participate in case planning within 7 days/ total no. of clients in shelter in same time frame
Baseline - where are we at currently?	Set by shelters
Benchmarks - what are we aiming for?	What % of clients do we want to have participated in case planning by 7 days?
Source/s of data	Name of form that will record data
Frequency of measure	Quarterly with annual aggregation

The *Emergency Shelter Program Framework* advises on page 20 that shelter providers have 24-48 hours after admission to complete the intake process inclusive of “referral source, basic demographic information, and where possible, additional health and housing status information.” There are no other time lines provided.

Completing a case plan, however, takes time, and requires the ability to form rapport with a client. Homeless clients entering shelters are frequently emotionally and physically exhausted; their ability to initially engage with shelter staff is often limited. Further, the scheduling of case managers within shelters to specific days and time frames, as discussed previously, restricts access by clients to case managers. Also to be taken into consideration is the fact that some clients use shelters only for short periods of time to address their basic needs of accommodation, nutrition, and hygiene.

Therefore, to reflect these realities, it is reasonable to determine a maximum number of seven days within which shelter providers and clients must complete a case plan.

2. Program Effectiveness: client referral to community resources

Recommended measure:

The number of clients referred to at least 3 community services resources within chosen time frame.

What is being measured	Program effectiveness
Indicator (number)	No. of clients referred to at least 3 community services within chosen time frame
Indicator (%)	% - No. of clients referred to at least 3 community services / total no. of clients in shelter during that time frame
Baseline - where are we at currently?	Set by shelters
Benchmarks - what are we aiming for?	What % of clients do we want be referred to at least 3 community services/resources within the specified time frame?
Source/s of data	Name of form that will record data
Frequency of measure	Quarterly with annual aggregation

Research is clear that homeless people typically have limited social networks. Referral to at least three sources provides an opportunity for clients to expand their social networks. For that reason, it is recommended that shelter staff provide clients with referrals to mutual support or peer support resources so that clients can expand their social networks, not just to the professional services, as those resources are virtually all time limited. An example of a peer support group would be a 12-step program. An example of a mutual aid program is Parents Together, which provides parents struggling to parent and cope with support and encouragement from other parents who mutually help each other.

As mentioned above, an outcome indicator that selects for the total number of different community resources clients are referred to runs counter to encouraging providers to effectively and appropriately match client needs to available community resources. Shelter providers need to use community resources effectively to maximize the ability of clients to receive support. It is suggested that the indicator chosen reflect the reality faced by providers and clients.

3. Client Progress: client achievement of goals set out in case plans

Recommended measure:

The number of clients who set and work towards goals in at least 3 components of service within a specified time frame.

What is being measured	Client progress towards goals
Indicator (number)	No. of clients who set and work towards goals in at least 3 components of service set out in case plan within specified time
Indicator (%)	% - no. of clients who set and work towards goals in at least 3 components of service / total no. of clients
Baseline - where are we at currently?	Set by shelters
Benchmarks - what are we aiming for?	What % of clients do we want to set and work towards goals in at least 3 domains during the specified time frame?
Source/s of data	Name of form that will record data
Frequency of measure	Quarterly with annual aggregation

The case plan outlines goals, activities, and steps clients decide to undertake and where assistance can be found to address the issues and needs they have chosen to work on.

Shelter providers need a measure of client progress that shows the number of clients who are setting goals and working towards them from the life domains that make up the components of service.

Identifying performance measures related to achievement of case plan goals, however, requires careful consideration and crafting, because of the many variables involved.

As already mentioned, access to resources is not always within the shelter or the client's control, for example, availability of detox beds or timely access to alcohol and drug counselors for assessment and referral to residential addictions treatment or stabilization. Another example was given in the community consultations, where two shelters for women and children discussed how large families typically cannot find housing in the months close to Christmas because few landlords give notice during this time frame.

This example reveals the further point that individuals or families may need to await housing availability. While a family may not find housing during such a period, such as near Christmas, they may address other goals, including those related to housing (like obtaining a good reference or finding employment). It is conceivable, therefore, that there will be more than one goal in a component. Similarly, clients can be expected to achieve certain goals and take on additional, more complex goals the longer they reside in a Gateway Shelter. Housing is often the driver. When it becomes available, whether clients have met other goals or not, they will move from the shelter; the accomplishment of other goals may be interrupted and even truncated.

Length of stay is another factor. As discussed in the community consultations, Gateway Shelters in which clients stay fewer than five days will struggle to track the completion of case plans given limited client involvement. On the other hand, shelters where clients reside until they find housing (no matter the length of stay) can expect clients to progress through a sequence of goals. It seems evident that clients accessing shelters can be expected to achieve some goals and parts of their case plan and not others. It seems unlikely that they will achieve *all* goals set for housing, employment/income, health, and well being.

With this in mind, the measures selected should be practical and reflect the reality of shelters, community resources, and clients. It should be capable of indicating client progress towards goals that are realistic both in terms of accomplishment and number.

Lastly, even if clients leave the shelter before completing all aspects of the case plan or accomplishing all goals, in addition to tangible steps taken, the knowledge imparted provides them with a mental map of resources and hope for improvement.

4. Client and Program Safety: client achievement of safety goals

Recommended measure:

The number of clients who set and achieve safety goals within a specified time frame.

What is being measured	Program and client safety
Indicator (number)	No. of clients who set <i>and achieve</i> goals for safety within the specified time frame
Indicator (%)	% - no. of clients who set <i>and achieve</i> safety goals / total no. of clients who set safety goals within that time frame
Baseline - where are we at currently?	Set by shelters
Benchmarks - what are we aiming for?	What % of clients do we want to set and achieve safety goals within the specified time frame?
Source/s of data	Name of form that will record data
Frequency of measure	Quarterly with annual aggregation

On page 4 the *Program Framework* sets out that “the health and safety of residents, volunteers, and staff is of the highest importance.”

Client goals within the safety component are related to either the client addressing risk factors that affect their personal safety or behavioural issues that impact the health and safety of others. These are issues of considerable importance, not only for clients, but for staff, and for the shelter itself, for the atmosphere of safety, well-being, and comfort of all within it.

Impact reach doesn’t end there, however. In the Metro Vancouver Homeless Count, homeless Aboriginal people explained they don’t feel safe in most shelters or on the streets, where they frequently stay in couples for safety. For a number of specialized client populations who don’t use shelters because of safety concerns or who are over-represented on the streets, the issue of safety within shelters is paramount. Addressing safety issues can assist shelter providers in drawing more of these individuals into shelters, where they have a chance to begin stabilizing their lives and to make progress on the issues that keep them on the streets.

For many reasons, then, safety issues are fundamental for shelter providers. In that context, goals set and achievements recorded in the safety portion of a client's case plan are of critical importance and should be reported.

A performance measurement in this domain would underscore its importance. It would allow shelter providers to closely track and assess safety issues and use the data for risk management purposes, including assisting in compliance with WorkSafeBC Regulations Part 4 on performing workplace risk assessments.²

Notes

¹Such as the Ministry for Housing and Social Development Online Resource Table of Benefit Entitlements and Resources available at www.hsd.gov.bc.ca/olr/online_resource_toc.pdf

² See WorkSafeBC Publications, OHSR Regulations, Part 4, Violence in the Workplace at <http://www2.worksafebc.com/Publications/OHSRegulation/Search.asp>

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SUMMARY OF RECOMMENDATIONS

This report seeks to acknowledge the context in which service providers are working and to suggest practical steps that can assist in bridging the gap between existing capabilities and current and future challenges/requirements. It is designed to enable achievement of the common goal: consistent use of the new B.C. Emergency Shelter Case Management Tool and, more broadly, implementation of BC Housing's *Program Framework*.

Recommendations begin by addressing the process of change required to bridge the gap between what is and what is required. The first five recommendations, then, consist of the five key change management recommendations that preface implementation of the new tool and staff training curriculum.

1. Develop a self-audit checklist to enable service providers to review their compliance with the *Program Framework*.
2. Support the development of an electronic, Web-based peer support network and peer review of implementation of the *Program Framework*.
3. Provide required training through both ongoing and periodic forums or other training opportunities.
4. Support the development of a Website of resources to support training requirements.
5. Redefine the terms *stable housing*, and/or *at risk of homelessness* and *hidden homeless* to eliminate existing lack of clarity (see pages 17-18 of the report).

6. Design the training curriculum for the case management tool to include topics and skill areas required or recommended within the *Program Framework* that providers are struggling with and that are vital to effective case management (See Appendix G).
7. Design outcomes measures reporting program effectiveness and client progress that are practical and reflect the reality of shelters, community resources, and clients. The four suggested outcomes measures are:
 - Program Effectiveness: the number of clients who participate in case planning within seven days of arrival in the shelter;
 - Program Effectiveness: the number of clients referred to at least three community services within the chosen time frame;
 - Client Progress: the number of clients who set and work towards goals in at least three components of service, as laid out in the case plan, within the chosen time frame; and
 - Program Effectiveness and Client Progress - Safety: the number of clients who set and achieve goals for safety within the chosen time frame.
8. Customize training to address the specific challenges and needs of specialized populations, including Aboriginal peoples, women, children, and transgender/transsexual clients. This should include clear policy, guidelines, and training protocols to create safe and appropriate environments for these clients, including culturally appropriate services and non-tolerance of structural barriers (such as racism and discrimination).
9. Develop a resource of community resources to match the demographic needs of clients.
10. Develop a means whereby information now required to be input into the BC Housing database can be directly printed out into case management forms, thereby reducing duplication of data input.