

Downtown Street Outreach Initiative

Final Evaluation Report

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1. Introduction

In the fall of 2010, Jim Taylor, Executive Director of the Downtown Business Association, and then-Deputy Chief Norm Lipinski made application to the Edmonton Police Foundation for an initiative to address safety concerns in downtown Edmonton. The proposal was for a downtown street outreach worker, provided by Boyle Street Community Services, who would work in partnership with Edmonton Police Services to “address root causes that bring some people to rely on street culture to survive” (EPF Project Application).

Funding for a one year pilot project was granted and the Downtown Street Outreach Worker, Colin Inglis, “hit the streets” December 1, 2011. The worker’s area of coverage was from 109 Street to 97 Street and from 104 Avenue to the top of the riverbank.

In addition to the project funder and project partners (Edmonton Police Services, Downtown Business Association and Boyle Street Community Services), other stakeholders included community service agencies, downtown businesses, residents and people who work, shop and/or spend leisure time downtown.

2. Program Goals, Outcomes and Impact

Goal	Outcomes	Impact
1. To assist individuals in the target population make the transition from life on the street to a more stable lifestyle.	<p>Immediate needs of individuals in the target population are addressed.</p> <p>Individuals in the target population are connected to services to meet their short-term needs.</p> <p>Individuals in the target population are connected to services to meet their longer term needs</p>	<ul style="list-style-type: none"> Individuals in the target population have an advocate and go-to person in the downtown area that can assist them to leave the streets/street life.
2. To increase understanding among community stakeholders about the target population and street-related challenges.	Community stakeholders have a greater understanding and insight into the root causes of street-related challenges.	<ul style="list-style-type: none"> Community stakeholders and the target population experience improved and more supportive relationships.

Goal	Outcomes	Impact
3. To identify and address service gaps and systemic barriers for people in the target population.	Community stakeholders work together to address service gaps and systemic barriers for the target population.	<ul style="list-style-type: none"> • Safety concerns and other street-related challenges in downtown Edmonton are reduced, as individuals in the target population are able to access the resources and supports they need to prevent or mitigate distress that can put them or the general population at-risk.

3. Evaluation Goals

- To assess the extent to which the project goals and outcomes are achieved.
- To assess the effectiveness of the Downtown Street Outreach Initiative as a model for meeting the needs of the target population.

4. Methods

4.1 Contact Tracking and Reports

- The outreach worker will maintain an ongoing record of contacts made and will track activity associated with repeat contacts. Data will include:
 - # contacts
 - # different individuals
 - # connections made to community resources
 - Type of connections made to community resources e.g. first aid, clothing, income support, detox, drug treatment, mental health services, housing, etc.

4.2 Profile of Target Population

- The outreach worker will collect demographic and other relevant information on individuals with whom he makes contact. Specific data will include:
 - Age
 - Gender
 - Ethnicity
 - Community of origin
 - Housing status
 - Financial status
 - Medical status/diagnoses
 - Identified barriers
 - Behaviour issues
 - Reason(s) for being downtown
 - Transient status

4.3 Activity Journal

- The outreach worker will keep a running journal that records key observations, challenges, successes, etc. in the implementation of this initiative.

4.4 Interview with Downtown Street Outreach Worker

- The outreach worker will be interviewed mid-intervention to evaluate the process of implementing the initiative.

4.5 Interview(s) with Stakeholders

- Up to three one-to-one interviews will be conducted, mid-intervention, with representatives from the project partners and other stakeholders.

4.6 Other data

Depending on availability and relevance, relevant crime statistics and EMS response rates for the project period may be collected and analyzed.

5. Initiative Overview

5.1 Purpose

Defining the purpose of the Downtown Street Outreach Project is like peeling an onion. The intent of its initiating partners – the Downtown Business Association (DBA) and Edmonton Police Services (EPS) – was to contribute to crime reduction and public safety by addressing the issues of aggressive panhandling and disorderly behaviour within Edmonton’s growing “street” population.

“The [visible] problem is panhandling. It’s being disruptive and disorderly. It’s causing fear and concern to legitimate users of the downtown core. But the [deeper] problem is often mental health or brain injury. It’s poverty. It’s previous victimization (physical and sexual). It’s addictions. Panhandling is just a symptom.” – Project Partner

The second layer of the initiative is to recognize and address the issues that underlie problem behaviours and public safety concerns in the downtown core. From this perspective, the purpose is to put resources on the street where individual needs become manifest as safety problems. The Street Outreach Worker was identified as someone who could engage with individuals in the street population, understand their issues and connect them to appropriate services and supports.

A third layer is the need for a coordinated community response to the needs of Edmonton’s most vulnerable citizens. To that end, the purpose of the Street Outreach Worker is to gather information about the street population that can help to define the problem and be used to develop strategies that make the best use of community resources. As one project partner said, the street outreach worker can “eliminate the need for police to be working as social workers. It helps them

with intelligence they can use to protect the community, to do the policing they need to do.”

Finally, the Street Outreach Worker seeks to build relationships with other service providers and downtown stakeholders, bringing them into dialogue on the best ways to meet the needs of the street population, while helping to make downtown a more positive experience for all.

5.2 Program Description

The Work

The Downtown Street Outreach Worker is on the street, four days a week. His working hours alternate from 7:00 a.m. to 3:00 p.m. one day to 10:00 a.m. to 6:00 p.m. the next, allowing him to capture different parts of the street population.

“If I have set a bunch of meetings with individuals, that dictates my day. If not, I start on the street going to various places where I have a good chance of connecting with people. I just start walking.”

– Outreach Worker

There is no such thing as a “typical” day in street outreach work. The essence of the work is to “invite, invite, invite,” says the outreach worker. “They will accept the invitation when they are ready.” Readiness depends on the individual. “There are people who are ready to start talking the first time I meet them,” says the worker. “Others I say ‘hello, how are you’ to 50 times before they start the conversation.”

Initially, the work consisted primarily of walking the downtown streets, engaging with people in the target population and sowing the seeds of trust that could grow into relationships. This approach still defines much of the outreach worker’s day but, as relationships

have formed, he often has set “meetings” with individuals to accompany them to appointments, search for housing or employment, or follow-up on other issues.

The outreach worker also reports significant contacts resulting from “street referrals.” Most of these referrals come from an individual in the population encouraging one another to contact the outreach worker. “I get calls from individuals saying, ‘I got your number from so and so.’ Or just walking down the street I can have a person come up and say, ‘You’re Colin, aren’t you?’” The outreach worker also receives some referrals from EPS beat officers and downtown businesses, although these are less common.

Since the project began in December 2010, the outreach worker has made over 2,500 contacts with individuals in the target population, or approximately 229 contacts per month (see Table 1). Every month, some individuals leave the streets, often through the efforts of the outreach worker to help them find housing, employment, family reunification or simply transportation back to their home community. As these individuals leave the streets, others arrive. Approximately 88 individuals are continuing every month and 56 are new.*

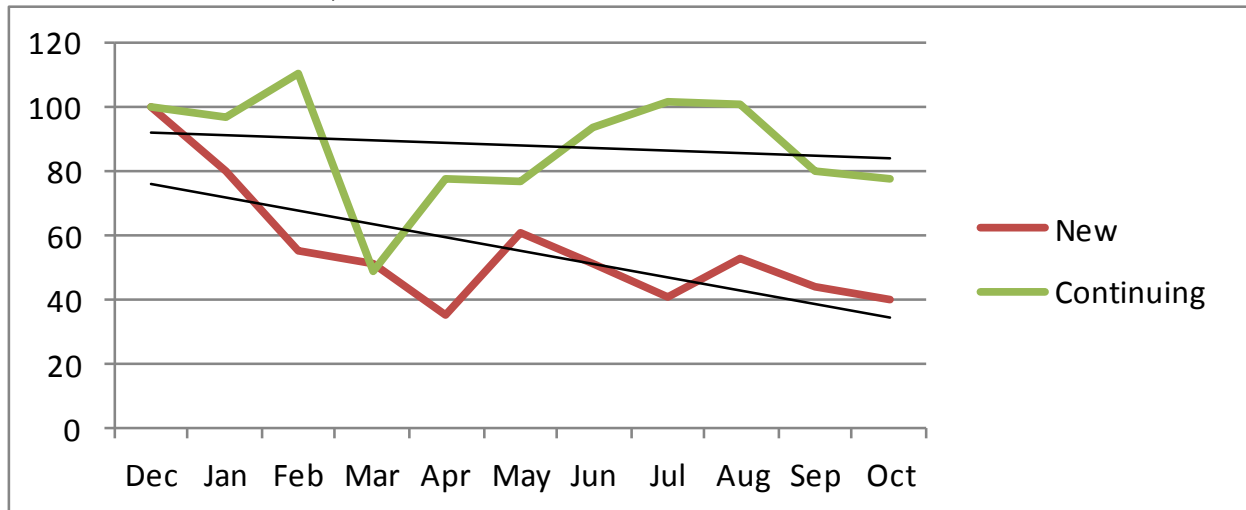
Table 1: Contacts made by Street Outreach Worker, December 2010-October 2011

Contacts	Total	Monthly Average	Month: high	Month: low
All contacts	2514	229	Aug: 351	Dec: 183
New individuals		56	Dec: 100	Apr: 35
Continuing		88	Jul: 102	Mar: 49

* Note: Contact refers to a connection made or service provided. The outreach worker may contact an individual more than one time per month. For that reason, the number of contacts is higher than the number of individuals contacted.

As shown in Figure 1 below, the number of contacts with continuing and new individuals fluctuates from month to month. The summer months seem to show the greatest stability in the continuing population. In general, the street population (new and continuing) appears to be declining, as shown by the trend lines for number of contacts with both new and continuing individuals.

Figure 2: Comparison of Monthly Contacts made with New and Continuing Individuals by Street Outreach Worker, December 2010-October 2011



*Note: The outreach worker took five days off in March, which accounts for the significant drop in contacts.

The Worker

While the street outreach model is important, the success of street outreach work is largely dependent on the person filling the thick-soled boots (and parka!) of the outreach worker. Not only must this individual be open and welcoming to the people he meets, he must be able to

“I have to be able to walk away at the end of the day and say I can’t help everybody today.” – Outreach Worker

build and maintain relationships with a host of stakeholders – including community support agencies, government agencies, downtown businesses, landlords, employers, police and security staff. The worker must draw people to him and not only *seem* to care but to *actually* care about each individual. At the same time, the worker must be able to set boundaries and to accept that “success” means something different for every individual. For some, it means a return to

work, housing and family life; for others, it means survival and occasionally accepting overnight shelter and a warm meal.

Personal safety is a key issue. The outreach worker acknowledges that street outreach is “not a one person job.” “For personal safety,” he says, “I shouldn’t be doing it alone.” Given the high visibility of the outreach worker in downtown Edmonton, his understanding of the street population and his relationships with stakeholders (including police), the current outreach worker feels safe working alone. He also recognizes that one person may be less threatening than two to some of the individuals he works with. As a model, however, he recommends two person teams for street outreach.

5.3 Target Population

The street population in the downtown core is very diverse. Some are housed but come downtown to have coffee, to be around people and to take part in life downtown. Some do not have housing and come downtown simply looking for a place to “be.” Affordable housing is in short supply. Individuals who desperately want housing often cannot qualify for support programs and cannot afford to pay market rates for housing. This sometimes sets them up to accept rooms in the “core” which are often not acceptable living spaces.

Table 2: Profile of Target Population

	Characteristics	%
Age	Under 20	1.0
	20 to 29	16.0
	30 to 49	67.5
	50 to 59	11.5
	60 and over	4.0
Ascribed	Male	81.0
	Female	19.0
	Aboriginal	38.5
	Non-Aboriginal	61.5
Housing Status	Absolute homeless / sleeping outside	37.4
	Shelter	20.0
	Housed	16.9
	“Surfing”	6.0
	Supported housing	2.4
	Hotel	2.0
	Not disclosed	15.3
Income	No income	36.3
	Medical SFI	20.4
	AISH	10.8
	Employment/EI/Pension	7.3
	Not disclosed	25.2

Most individuals in the street population do not have an adequate source of income. Some of those who panhandle downtown receive some type of income support but after they pay for housing have little left for food, cigarettes or other personal items. Others work at temporary employment but the amount they make is small and employment is erratic. Some panhandle to acquire drugs or alcohol to satisfy their addictions.

Table 2 provides a general profile of the individuals served by the outreach worker. The large majority (67.5 percent) are in the middle years of life, 30-49, and 81 percent are male. Aboriginal people, who comprise approximately five percent of the Edmonton population, account for almost 39 percent of the outreach worker’s contacts. A large proportion of the street population, 37 percent, are “sleeping rough,” which means sleeping outside or in parking garages, building entrances or other inadequate spaces. A similar proportion, 36 percent, has no source of income, while 31 percent receives some form of income support.

Table 3: New Observed Issues, December 2010-October 2011

Issue	Total
Addictions	167
Mental illness	85
Physical health, disability, injury	16

These numbers just tell part of the story. The larger story is told by the issues and challenges faced by this population. Loneliness, isolation, racism and social exclusion are major issues for many people.

Mental health challenges are a huge issue and underlie many of the other challenges such as alcohol and drug use, the lack of relationships and disconnectedness. Mental health support is difficult to access and often not adequate to meet the complex needs of these individuals.

Similarly, addiction treatment services are often inadequate because of the complexity of the individual's issues. Some individuals go to detox and then rehabilitation programs but are then graduated back to the street without any follow-up support or accommodation arrangements. Not surprisingly, this often results in returning to addictions and the cycle repeats itself.

Table 3 provides a snapshot of the issues observed by the outreach worker within the population he serves. At least 167 individuals experience addictions to alcohol and/or drugs and 85 – who may or may not be some of the same individuals – suffer from mental illnesses. At least 16 individuals have physical health issues, including disabilities or injuries. Other issues noted by the outreach worker, and tied into the services delivered, include housing or landlord troubles (including eviction), legal problems, lack of identification, family issues and employment problems.

The street population represents the lonely, the isolated, the socially shunned, the outcast people who need help for a variety of issues....They come from a variety of walks of life....They come from everywhere – our suburbs, other parts of Alberta, reservations, from other streets....They come from the river valley, other communities in Edmonton, the shelters, other towns. They even come from other provinces.

– Project Partner

6. Goal Specific Results

Goal 1

To assist individuals in the target population make the transition from life on the street to a more stable lifestyle.

Outcome 1.1

Immediate needs of individuals in the target population are addressed.

Outcome 1.2

Individuals in the target population are connected to services to meet their short-term needs (e.g. medical services, income support, rehabilitation services).

Outcome 1.3

Individuals in the target population are connected to services to meet their longer term needs (e.g. housing, ongoing counselling and cultural resources.).

Indicators:

- # contacts
- # individuals
- # connections made to community resources
- Type of connections made to community resources, e.g. first aid, clothing, income support, detox, drug treatment, mental health services, housing, etc.

Contacts

Between December 1, 2010 and October 31, 2011, the outreach worker engaged with 591 individuals and made more than 2,500 contacts. Engagement has taken many forms depending on the needs and readiness of the individuals. Many individuals' lives have been improved and as a result they are less at risk. Individuals have been housed, have accessed various services or have returned home to healthier situations, and, as a result, are living with an improved quality of life.

Immediate Needs

More than anything else, the outreach worker meets the basic human need for contact: people simply want to be seen and heard by another person. For that reason, by far the most common immediate service provided by the outreach worker is supportive counselling (see Table 4 on page 10), which often contributes to long-term relationship building. "For some people, they only

"One guy asked me, 'Do you listen to people's stories?'" –
Outreach Worker

want someone to talk to," says the outreach worker. "I understand that it has to be their agenda, regardless of what I want to see for them. But in talking with them, I help them to see other possibilities." The outreach worker makes at least 148 contacts every month to provide supportive counselling.

The outreach worker is also equipped to meet basic needs for food, hydration or clothing. He carries food and water with him and has a small amount of discretionary funding to purchase a cup of coffee, a meal or other items to meet immediate needs. The outreach worker provides services to meet basic needs at least 16 times per month.

M has frequented the streets of downtown since the mid-eighties. He recently lived in a substandard room, panhandled and drank every day. M is currently living in supported housing and says he has not been happier. He has friends to talk to, three meals a day, clean clothes and a bed to sleep in. He went twenty-seven days without drinking. He finally ventured out into the community again. He was arrested for old warrants and is currently incarcerated. His residence was very concerned when he did not come home and finally, through cooperative efforts with EPS, determined his whereabouts. The significance of this is twofold: he has a home and he has people who are concerned for his wellbeing and are looking out for him.

– Outreach Worker

Helping a person obtain identification can be an important “hook” to initiating and building a relationship. “Identification means something significant to people,” says the outreach worker. If a person was born in Alberta, they can get a birth certificate by the next business day or a little longer if born in another province. With a birth certificate, the outreach worker can then help an individual apply for provincial picture identification and an Alberta Health Care card. With those three pieces of identification, a person can get a treaty status card and be tied into more supports. “That kind of quick action shows people who are low trust – because they have been burned so many times – that we really can do something here.” In the first 10 months, the outreach worker helped 133 individuals obtain identification.

At least six times per month (69 total), the outreach worker provides transportation within Edmonton or to a location outside of Edmonton. Within Edmonton, the most common reasons are to accompany an individual to a medical appointment or to search for housing. Outside Edmonton, the most common reasons are to help the person return home or to attend a court appearance.

Short-term Needs

The outreach worker quickly becomes an advocate, advisor and source of information for the people he connects with on the street. Meeting short-term needs usually means providing information, advice and, ultimately, referral on a range of issues, including housing, legal, employment, education, medical, income, banking, taxes and more. The worker must often advocate on behalf of individuals to landlords, health care providers (including hospitals) and government departments to ensure people get the services and supports they need: “I must be fairly assertive with the systems,” he says. The worker will

also accompany people to appointments, to both provide transportation and to act as their advocate.

Table 4 shows the most common services provided by the outreach worker to meet short-term needs. The most common service provided is advice, advocacy and liaison with landlords (169 in total, approximately 15 times per month). Communicating with other workers, including mental health support workers, and service agencies is another common service provided to meet short-term needs (70 in total, approximately 7 times per month), followed closely by providing information, advice or referral on legal, employment or education issues (70/7) and medical issues (39/4).

Longer-term Needs

Although longer-term needs often begin as immediate or short-term needs, for the purpose of this evaluation they are defined as services and supports that contribute to long-term stability and include housing, income, treatment for addictions and other supports for independence (see Table 4). The most common services provided by the outreach worker, in this respect, are services to secure income (45 in total, approximately 4 each month) and housing (49 in total, approximately 5 each month). In general, to obtain housing a person must have an income. The outreach worker assists individuals in completing applications for income support and then advocates on their behalf to government departments. To help people find housing, the outreach worker both refers people to programs like Housing First or works with them directly to find suitable housing.

Table 4: Services Provided by the Downtown Outreach Worker, December 2010- November 2012

	Services Provided	Total	Monthly Average
Immediate	Supportive counselling	1627	148
	Basic needs (food, clothing, hydration, foodbank)	180	16
	Identification	133	12
	Transportation (in Edmonton, out of Edmonton)	69	6
	Advocate with building security	6	-
	EMS / transport to hospital	4	-
	Suicide prevention	2	-
Short-term	Housing advice / advocacy / landlord liaison	169	15
	Information, advice or referral (legal, employment, education)	61	6
	Liaison, referral or connection with other case workers, services, or mental health support workers	70	7
	Medical advice, advocacy, appointments, services (including physician/clinic, dental, glasses, hospital)	39	4
	Income / financial advice, assistance (AISH, AW, EI, CPP, banking, taxes)	38	4
	Refer to or advise on Alberta Works	22	2
Longer term	Housing – refer, search, secure (shelter, Housing First, supportive housing, apartment)	49	5
	Advocacy (AW, AISH, government departments, trustee, etc.)	45	4
	Detox / rehab – referral, transport, secure space	34	3
	Income application (AISH, AW, Medical SFI)	9	1
	Other (bus pass, leisure pass, mail delivery, security check)	4	-

Achieving the Goal

The numbers above show that the outreach worker is reaching the street population and providing services and supports that meet their immediate, short- and longer-term needs. However, the goal of assisting individuals to make the transition from life on the street to more

stable lifestyles cannot be demonstrated by numbers alone – simply because stability looks different for everyone. Instead, personal stories show, better than any numbers could, how the downtown street outreach worker is helping to change lives. A small sample of these stories is presented below.

Stories from the Streets:

I first had contact with N in December. He was sleeping at the Hope Mission and picking bottles daily to drink. He was drinking a significant amount every day. N had a long history of employment and had worked in the trades for years. The breakup of his family as well as the loss of employment sent him into a downward spiral. N has acquired all his identification and has been living in a supported living environment since mid-December. He has gone through a series of programs at AADAC and a series of employment programs at Alberta Works. He had major dental work completed. He actively sought full-time employment for several months. He is maintaining contact with AADAC and is looking for some ongoing support to maintain his mental health. He maintains regular contact with the outreach worker. He has reestablished regular contact with his family and is spending weekends with them. He now has full time employment in his trade. He is saving his money and planning to secure his own residence in January.

J was a pregnant teen living at a shelter. She was estranged from her family and has no ID. She is quite resourceful in that she has been seeking help but is very scattered in that she had many agencies doing something to assist her but no coordinated plan. We have been able to identify all the different players and one agency has taken the lead to bring everyone together to establish a coordinated plan to support J and her baby. She now has a residence and she and her partner are doing well. He has employment and is looking to enter a trades training program.

D and B slept in an alcove in the downtown core. They picked bottles and drank heavily every day. Both had frequent hospital visits and ambulance pick-ups. After a number of attempts they both went into detox and completed their time there. D went directly to a rehabilitation program, which he successfully completed. They were connected to a Housing First program during this time. When he graduated from the program he returned to Edmonton to an apartment. He is currently residing there and maintaining his sobriety. After detox, B stayed with a friend and then moved into the apartment. She was lonely and began to drink again. She was arrested and incarcerated. She is about to be released but is looking forward to returning to the apartment and going to a rehabilitation program later this month.

G and L are both camp workers. They were laid off for a period and as a result lost their residence before their EI kicked in. They did not have ID or references to acquire a new residence. The worker advocated with a landlord who took them in and gave them the opportunity to pay the rent and damage as soon as their EI started. They are happily housed and back working.

K, B, L, and F are all self-identified alcoholics who slept outside and picked bottles to buy alcohol. They drank in a downtown park and slept in one of two parks or an alley. All of them have significant health issues, which prevent them from maintaining full employment (COPD, serious back injury, extremely high blood pressure, serious eye infections, double hernia and more). After months of working with them they are all connected to medical support, and are housed.

Goal 2

To increase understanding among community stakeholders about the target population and street-related challenges.

Outcome

Community stakeholders have a greater understanding and insight into the root causes of street-related challenges.

Indicators:

- Stakeholder perceptions are based on detailed profile of target population
- Stakeholders report changes in perceptions of target population and associated issues

[The outreach worker] comes to our integrated panhandling committee. He has tried to clear up the misunderstanding that panhandlers are homeless, because often they are not. He has offered good insight and understanding about their activities. He has talked about their daily routines, and what's important to them. He shares their individual stories, about their hopes and aspirations. –
EPS Project Partner

According to the outreach worker, there has been recognition in many parts of the greater community that this work is valuable. Other community groups have made inquiries about how they could establish similar work in their community. There is also a greater understanding developing among the various stakeholders about the complexity of the issues and the need to work as a community to find long-term solutions.

For one key stakeholder – the Edmonton Police Services – the outreach worker has played a significant role in educating and supporting those officers who interact with the street population on a daily basis. The outreach worker provides a detailed profile of the street population and presents individual stories to increase understanding among beat officers, as this EPS stakeholder said:

“Service providers...have remarked to me that they've noticed a change in how our officers treat their clients and their staff. I'd like everybody to have an opportunity to learn and know these things.”

The manager and staff of the Edmonton Public Library, which plays host to many individuals from the street population, have also learned from the street outreach worker:

“I think that I've learned that there are lots of reasons why they are there, but especially systemic and society reasons, which I'm learning from the stories of the individuals engaged by (the worker). They encounter lots of barriers.”

The executive director of project partner, the Downtown Business Association, brought an already deep understanding of the street population to the initiative but has seen perceptions change among his constituents:

“From when I first started working with BSCS, my members were somewhat mystified about why a business association would get involved in the social services end of it. Now they see that this is really important for the business association to be involved in: businesspeople...are part of the community, they are responsive to social issues. This benefits our members and our organization.”

Goal 3

To identify and address service gaps and systemic barriers for people in the target population.

Outcome

Community stakeholders work together to address service gaps and systemic barriers for the target population.

Indicators:

- Barriers to service access are identified
- Strategies for overcoming barriers are developed
- Evidence of how project learnings are used to improve services.

Barriers

While people in the downtown street population face many individual barriers to services and stability, the outreach worker and project partners identify the following as key systemic barriers:

- **Uncoordinated Response**

From government departments to community agencies, there is no coordinated response to the needs of society's most vulnerable people. The outreach worker must have encyclopaedic knowledge of potential entry points and a thick rolodex of contacts, along with the ability to advocate, integrate and negotiate to meet the needs of individuals on the street. This lack of coordination results, in part, from funding structures that breed "turf protection" among service providers, and from systems that emphasize rules over the needs of people.

- **Access to Medical Services**

The outreach worker reports that it is very difficult to find a doctor who will take on new patients and even more difficult to find a doctor who has the time and the ability to provide service to an individual with complex needs.

- **Access to Mental Health Supports**

There are few community resources available to people with mental illnesses – diagnosed or not. Erratic behaviour can result in people being barred from the few drop-in or day programs that are available. These individuals need a safe and supportive place to go during the day where they will be welcomed and engaged in conversation.

- **Legal Issues**

People who are struggling to survive, with little or no income and with addiction issues, often accumulate many tickets, fines and eventually warrants for things like riding the LRT without a ticket, drinking in public and other such offences. Most of these offences are symptomatic of their life situation and not necessarily a propensity to criminal behaviour. However, the result is that individuals are arrested, required to make court appearances and incarcerated, which further complicates their situations. As one individual told the worker:

"I had not eaten for two days so I went to the store and stole a piece of bologna. I got caught and now have a charge for shoplifting. I've never been charged for anything before in my life. "

- **Racism and Discrimination**

Racism, especially against Aboriginal people, is a huge barrier to public concern and action. To those whose role it is to enforce society's laws and rules, the street population is too often seen as problem in itself and not as individuals with problems. Changing these perceptions will take time and a willingness to see people differently.

Overcoming Barriers

- **“It’s all about relationships”**

According to the outreach worker, the key to meeting needs within an uncoordinated system is to build strong relationships. The outreach worker has developed and continues to develop relationships with many organizations, including EPS beat officers, Downtown Business Association members, security staff in a variety of locations (e.g. City Centre, Bus Depot and Canada Place), service providers, shelters and housing programs, physicians and other health care providers, and churches and service clubs that have asked how they might get involved in supporting people on the street.

- **Health Services**

According to the outreach worker, the Alberta Health Services East Edmonton Health Centre has improved access to health, mental health and addictions services for people in the street population. The outreach worker has also developed relationships with individual physicians who are open to serving this population, and frequently advocates for individuals to hospital “gatekeepers” to obtain services for people.

- **Teachable Moments**

Although the issues of racism and discrimination will not be solved by a single street outreach worker, the worker regards observed instances of racism or discrimination as an opportunity to “have a conversation with a person” about their attitudes and behaviour towards people in the street population. However, much more needs to be done through public education to overcome the significant barriers created by people’s perceptions of Aboriginal and other minority people.

Colin is good at sharing information he gathers and learns. He is also a bit of a role model for our young constables. He is incredibly professional, and really a great gentleman. He models how to engage with people, how to treat people with dignity and respect. We can often share details with each other, especially as it relates to the safety of a person.

– EPS Project Partner

Working Together

One way in which community stakeholders are working together to address service gaps and systemic barriers for the downtown street population is seen in the working relationship between the outreach worker and the EPS beat officers and community constables. They recognize their mutual interest in serving this population, which at a practical level means sharing information, making referrals and working together to keep the street population and other downtown users safe.

The outreach worker also works as a mentor and support to other outreach workers, particularly the SCIF-funded outreach workers at the Edmonton Public Library. “Our outreach workers are encountering the same people, the same street population. We discuss situations that have arisen and issues that need to be addressed,” said the EPL manager.

7. Impact

Impact 1: Individuals in the target population have an advocate and go-to person in the downtown area that can assist them to leave the streets/street life.

“Being a beat officer in the downtown core I see many of the same persons ‘in need’ on a regular basis. ...My impression is that many of these...persons have spoken to (the outreach worker). (He) has started the conversation with them to get off the street and has been successful on different levels on many occasions. In the end, it is my opinion that (his) time is well spent and he fills a valuable position.”

– Project Stakeholder

The experience of the outreach worker, the perceptions of project partners and other stakeholders, and the personal stories of stability and “success” show that this initiative is having an impact. Individuals in the target population clearly have an advocate and friend that they did not have before.

The outreach worker is a friendly face on the street. He “sees” what other people do not take the time to see. He provides real and meaningful supports, often “hooking” people in by meeting their immediate needs (food, identification, etc.) and then building relationships on which they can begin to plan a better life for themselves.

Reflecting on the difference he is making, the outreach worker says:

“Not a day goes by that I don’t feel that I’ve done something for someone, that I haven’t helped that person to move forward. Sometimes it’s just listening; giving them a little hope.”

Impact 2: Community stakeholders and the target population experience improved and more supportive relationships.

Although community perceptions of the target population were not measured as part of this evaluation, there is some anecdotal evidence that the work is having an impact. For example, an EPS project partner offered this observation: “I went to a community meeting in Oliver in the summer and someone said that they had lived there for seven years, but that this was the best summer they had experienced in their neighbourhood.”

Another example is the same partner’s observation that community agency staff has noticed a change in how EPS officers treat their clients and their staff. These are both positive indicators of the impact the project is having on the community as a whole, although more and longer-term evaluation research is needed to assess actual changes in the relationships between community stakeholders and the target population.

From the perspective of the business community, just having the outreach worker as a visible presence has an impact on how other downtown stakeholders perceive the area. According to the executive director of the DBA:

“He is very visible out there, and having him walk around, very visible, and having people recognize him, say ‘Hi,’ and know him, changes the perception of downtown.”

Impact 3: Safety concerns and other street-related challenges in downtown Edmonton are reduced, as individuals in the target population are able to access the resources and supports they need to prevent or mitigate distress that can put them or the general population at-risk.

In order to demonstrate the impact of the street outreach work on safety concerns and other street-related challenges in downtown Edmonton, we would need to show a direct relationship between the work of the outreach worker and any decline in crime and related indicators. This evaluation is simply not robust enough (for budget reasons) and does not cover a long enough period of time to permit statements about causality. However, there are some notable correlations.

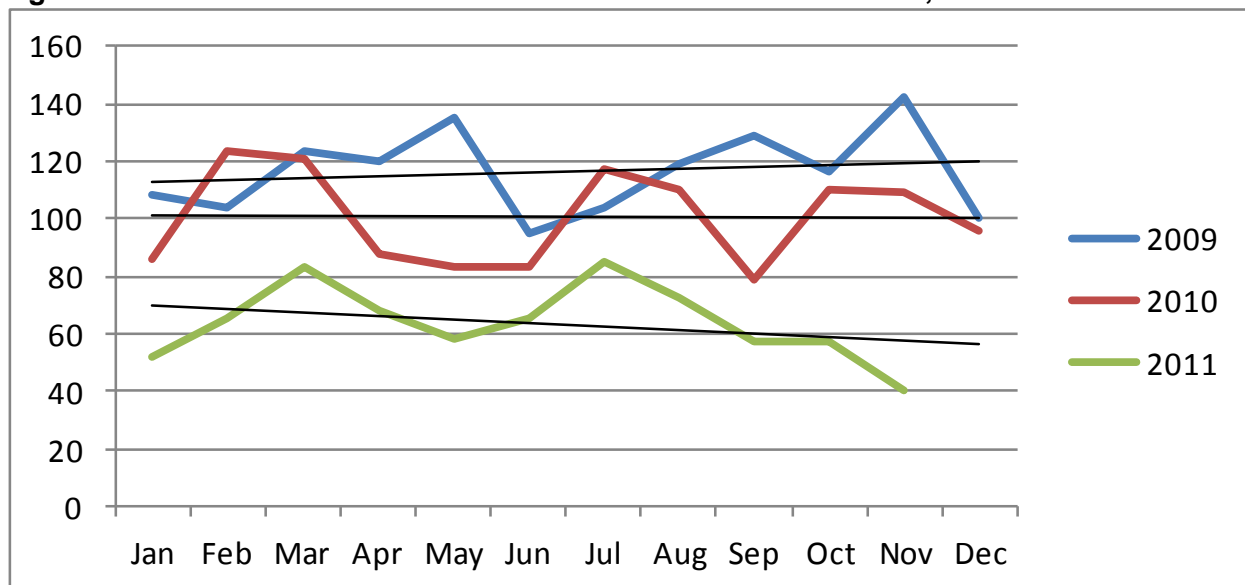
According to EPS statistics, the occurrence of selected crimes in downtown Edmonton dropped significantly during the period that the outreach worker was on the streets. As shown in Table 5, reported occurrences of selected crimes in downtown Edmonton dropped from 1,396 in 2009 to just 703 in 2011, a 42% decrease. Figure 3 presents these same numbers in a visual way, indicating a clear downward trend in 2011 compared to the previous two years.

Table 5: Occurrence of Selected Crimes^{1*} in Downtown Edmonton, 2009-2011

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	% chg
2009	108	104	124	120	135	95	104	119	129	116	142	100	1396	-
2010	86	124	121	88	83	83	117	110	79	110	109	96	1206	14
2011	52	65	83	68	58	65	85	73	57	57	40		703	42

Source: Edmonton Police Service Neighbourhood Crime Map, available at: <http://crimemapping.edmontonpolice.ca/>. Accessed November 24, 2011.

Figure 3: Occurrence of Selected Crimes* in Downtown Edmonton, 2009-2011



* Includes Assault, Break and Enter, Homicide, Robbery, Sexual Assault, Theft from Vehicle, Theft of Vehicle, Theft over \$5000.

Table 6 (below) breaks down these selected crimes by the number of service calls in downtown Edmonton and compares the numbers for 2010 and 2011. Looking at those crimes that might be attributed, in part, to the street population – specifically theft and robbery – there is a marked decrease in these types of crimes after the downtown outreach worker hit the streets in December 2010. Calls related to disorder – areas that the outreach worker is particularly positioned to influence – were also down in 2011, with the exception of trouble with intoxicated persons.

Table 6: Comparison of Selected Service Calls for Crime and Disorder in Downtown Edmonton, 2010-2011

Indicator	2011	2010	Variance	% increase/decrease
Crime				
Assault	359	339	20	5.9%
Theft from Vehicle	213	444	-213	-52.0%
Theft of Vehicle	180	307	-127	-41.4%
Break and Enter	93	117	-24	-20.5%
Robberies	59	89	-30	-33.7%
Sexual offences	50	40	10	25.0%
Theft over \$5000	24	23	1	4.3%
Disorder				
Trouble with intoxicated person	837	721	115	16.1%
Trouble with person	687	690	-3	-0.4%
Disturbance	278	311	-33	-10.6%
Mischief under \$5000	126	136	-10	-7.4%
Trouble with person aggressive panhandler	125	150	-25	-16.7%

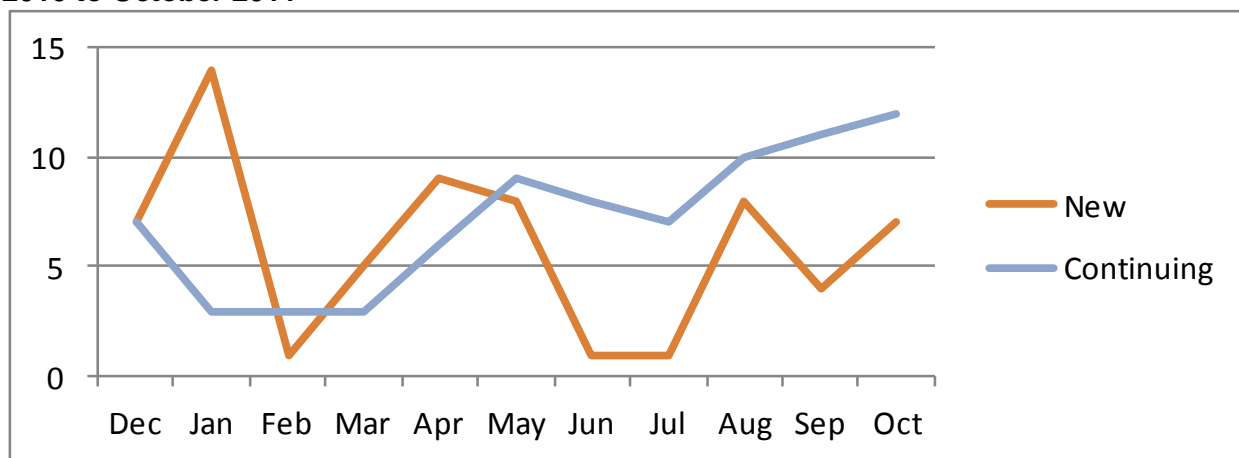
Source: Edmonton Police Services, CAD Activity. Accessed November 7, 2011.

One of the primary concerns of the DBA and EPS in proposing the Downtown Street Outreach Initiative was to take action on aggressive panhandling. Table 6 shows an almost 17 percent decrease in aggressive panhandling calls before and after implementation of the outreach work. Downtown street outreach has been credited, in part, with helping to decrease complaints about aggressive panhandling (e.g. “City claims success in panhandling decline,” *Edmonton Journal*, September 7, 2011, p. A5). The City of Edmonton’s director of neighbourhood and community development said that the “the change might be the result of programs such as increased public education and more outreach,” although she stops short of claiming a causal relationship. Similarly, the EPS project partner says, “I can’t say that the reduction is solely based on (the outreach worker) but...he is a big part of it.”

Although the outreach worker’s own observations of panhandling, shown in Figure 4 below, do not really support the claim of a downward trend in panhandling, we can make some observations. First, panhandling among continuing panhandlers is largely seasonal, sharply decreasing in the coldest months (January, February) and then gradually increasing as the

weather improves. To identify an overall increase in panhandling within this cohort, we would need to compare year over year numbers, rather than month to month – a task for future evaluation or research. Second, the sharp decrease in new instances of panhandling in June and July could indicate that the outreach worker is connecting with people who are new to downtown Edmonton and providing supports *before* they resort to panhandling. Again, year over year comparison is needed to make definitive statements about the impact of this work on panhandling.

Figure 4: New and Continuing Panhandlers Observed by Outreach Worker, December 2010 to October 2011



8. Conclusion

The purpose of this evaluation was (1) to assess the extent to which the project goals and outcomes were achieved, and (2) to assess the effectiveness of the Downtown Street Outreach Initiative as a model for meeting the needs of the target population.

The results show that the goal of assisting individuals to make the transition from life on the street to more stable lifestyles has been accomplished and continues to be accomplished by the work of the outreach worker. Between December 1, 2010 and October 31, 2011, the outreach worker engaged with 591 individuals and made more than 2,500 contacts, providing a broad range of services to meet immediate, short-term and longer-term needs. Individual “success” stories show that people’s lives have been changed. Information recorded by the outreach worker shows that the street population may well be declining.

Progress on the other two goals – increasing understanding among community stakeholders and addressing service gaps and systemic barriers – has been made, but there is still work to be done. The population data and stories collected by the outreach worker are already changing perceptions about the street population among direct stakeholders, such as EPS, downtown businesses and the Edmonton Public Library. This information could be used for broader public education efforts that can help to create a more compassionate response from other downtown users. Similarly, while the outreach worker has developed ad hoc strategies to overcome service gaps and systemic barriers, information about the gaps and barriers should be used to develop more effective and integrated strategies to meet the needs of this vulnerable population.

EPS crime statistics and the outreach worker's own observations indicate that street outreach may be having a significant impact on crime reduction and public safety; although a direct causal relationship cannot be claimed. Future evaluation and/or research are encouraged to track this relationship as street outreach work develops and expands.

As a model for meeting the needs of the target population, the Downtown Street Outreach Initiative appears to be an effective, street-level approach to engaging with and meeting immediate and short-term needs. However, street outreach alone is not enough. The worker should be seen as the initial point on a continuum of services and supports that includes health and mental health services, day programs and drop-ins, income support, housing, employment, education and other services that people need to make a successful transition from bare survival on the streets to more stable lifestyles.