



**The Downtown Eastside Case Coordination Project
Moving Hard-to-Employ Individuals from Welfare to Opportunity**

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**SOCIAL RESEARCH
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**The Downtown Eastside Case Coordination Project:
Moving Hard-to-Employ Individuals from Welfare to Opportunity**

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Prepared for:

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Submitted by:

Social Research and Demonstration Corporation

Barbara Dobson

Susanna Gurr

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The Authors

Executive Summary

The aim of the Case Coordination Project (CCP) was to put in place supports to help long-term unemployed residents of the Downtown Eastside (DTES) move into employment. The project was to do this by providing individuals with one-to-one supports delivered via a case coordination model. CCP was designed to be flexible both in terms of the methods of delivery and components of the program in order to respond quickly to the changing needs of clients. The service that developed was a client-centred initiative aimed at connecting individuals to jobs and supporting them to sustain employment, thus breaking the “welfare–work–welfare” cycle experienced by many individuals in the DTES. CCP was designed as a demonstration project funded for three years, from 2005 to 2008. The Vancouver Agreement (VA) received a grant of \$3.25 million from the Ministry of Employment and Income Assistance (MEIA, which became in June 2008 the Ministry of Housing and Social Development) to develop, implement, and evaluate the project. Through a competitive process, the VA contracted the Social Research and Demonstration Corporation (SRDC) to conduct the project’s evaluation.

A decentralized model was used to deliver CCP services to clients. In this model, the five service agencies that were contracted to provide case coordination services retained responsibility for the day-to-day management of their case coordinators. The agencies were located throughout the DTES and it was hoped that having different locations would make it easier for clients to attend appointments. Each case coordinator had an individual caseload that was designed to be smaller than the caseload of a more traditional case manager, to ensure that they had the time and resources to work intensively with clients. Case coordinators were to act as “brokers,” referring clients to appropriate services as needed while providing ongoing support. For each client accepted into CCP, case coordinators had access to client intervention funds of up to a maximum of \$1,700 per client to help address employment-related needs. These funds were managed by each of the service agencies, case coordinators were able to access these quickly. CCP employed eight case coordinators and two additional staff: the CCP Intake Case Coordinator who managed the referrals to the project and the Job Developer. The eligibility criteria for the project specified individuals had to be in receipt of Income Assistance and be within the catchment area of two Downtown Eastside MEIA offices (see Section 2).

The findings from the evaluation, detailed below, relate to the clients, employment and other outcomes, clients’ experience, and program implementation and administration.

The Clients

- In total, 658 clients were referred to the Case Coordination Project, of which 329 were accepted and participated in the project. The main reason why individuals were not accepted into CCP was that they failed to attend their initial appointments with project staff (see Section 4).
- The clients in CCP lived in very difficult circumstances and this explains why so many clients were addressing basic needs and life skills issues and experienced multiple barriers. The majority were single men who lived alone, close to two-thirds of clients were between 40 and 64 years of age, and about one-third had lived in the DTES for more than 10 years. Almost half of the clients were current substance users

and approximately 80 per cent had been past users. Almost two-thirds of clients reported serious health problems (see Section 4).

- Trying to resolve basic needs issues took considerable time and resources and made it difficult to maintain the employment focus of CCP. Basic needs included health issues such as addiction and mental health issues, personal circumstances and housing issues (see Sections 4 and 5).

Employment and Other Outcomes

- Of the 329 clients who participated in the Case Coordination Project, the case coordinators recorded paid employment for approximately 26 per cent, almost 3 out of 10 clients. When paid and unpaid volunteer activity was included, this number increased to about 4 out of 10 clients. The range of employment and volunteer activities varied and included many individuals who worked or volunteered for one day or short periods, as well as those who managed more sustained employment (see Section 5). These figures need to be regarded with caution, however, because of data quality issues (see Section 2).
- The clients who did move successfully into sustained employment had managed to address underlying issues. They had stable housing and most had completed drug or alcohol rehabilitation. What differentiated these clients was a focus on moving on, a growing confidence in their own abilities, the presence of a support network, realistic expectations, and the ability to use problem-solving skills (see Section 5).
- Of the 329 clients who participated in CCP, 308 had intervention funds spent on them. The average amount of money spent on clients varied over the three years of the project with more intervention funds being spent on clients who secured paid employment (see Section 5).
- The Case Coordination Project did not reduce Income Assistance receipt for those clients who had been accepted into the project in comparison to those who were referred but not accepted into CCP (see Section 5).
- A higher proportion of clients referred to the Case Coordination Project were subsequently found to be eligible for MEIA disability benefits than those who were referred but not accepted into the project. The case coordinators were able to support clients to apply for disability benefits by helping with paperwork, arranging appointments and following up with other professionals when necessary (see Section 5).

The Clients' Experience

- Clients who participated in CCP were very positive about the project and the supports they had received. CCP was seen as something very different from other employment and training initiatives as it worked with clients to address underlying issues before trying to move them into employment. Clients appreciated the fact they did not have to be substance-free to access these supports (see Section 4).
- Very few clients underwent immediate transformations; instead, all described the process as slow and involving a number of false starts. The transformations some clients experienced in their lives since participating in CCP were impressive. Clients who had been sleeping in the alleys and who had poor health ended up with

somewhere to live; they were clean and proud individuals who were volunteering or exploring the possibility of training or work. Many attributed these transformations to a combination of their realization that if things did not change, then this is all that they would ever have and, equally importantly, the conviction they developed through working with the case coordinators that change was possible. They also experienced a growing realization that they deserved a better quality of life. Clients found the case coordinators to be respectful, non-judgemental, and credited them with giving them a sense of hope (see Section 4).

Implementation and Administration

- While the decentralized model implemented offered the prospect of incorporating the expertise of a range of agencies and of accessing other resources, actually managing a project under this organizational structure proved very difficult. The project experienced a number of operational inconsistencies, including managing the flow of clients through the project, and reporting and entering client information in EQUICARE, the project's information tracking system. Although attempts were made to resolve these challenges, they persisted throughout the life of the project (see Section 6).
- There was a need for regular systematic case review of clients who participated in CCP. While this occurred in some agencies, it was less rigorous in others. As a result, the case coordinators were not always clear on how to move clients further along the employment continuum into work or training once their situations had been stabilized. CCP tried to refocus the initiative by employing a Job Developer but this met with limited success because so few clients were ready to move into employment, volunteering, or training (see Section 6).
- CCP did present opportunities for greater partnerships working within the DTES. In the framework of the project, this happened mostly between front-line staff and senior management. All agencies reported improved relationships with MEIA staff, however, their collaboration in CCP did not extend to other DTES initiatives and projects (see Section 6).
- The case coordinators had autonomy and flexibility over how they managed their caseloads as well as how they used the client intervention funds. While this proved positive in terms of the creativity in meeting some client needs, it was challenging to manage this variation given the employment focus of the project.

Conclusion

- For some clients, employment — especially mainstream and traditional employment — was not feasible. CCP was able to provide support to these clients and helped to make substantial improvements in their lives. For these clients, CCP was not just an employment initiative: it evolved into a comprehensive model that provided support to clients to address underlying issues so that many who participated in the program were left better off.
- The evaluation suggests there is a need for intensive one-to-one support for clients who are not able to participate in mainstream employment or other initiatives. Within the framework of CCP, the one-to-one support provided by the case coordinators enabled some clients to stabilize their lives as well as supporting others to move into

employment, volunteering, or training. The type of supports provided included practical help and life skills, financial help, and personal support (see Section 4).

- Further research is required to explore whether providing supports to address basic needs and life skills issues translate into sustained improvements in clients' lives, including being employed or volunteering. More work also needs to be conducted with clients who are reluctant to attend services and therefore receive few if any supports.

Section 1: Introduction

This is the final evaluation report of the Case Coordination Project (CCP), a three-year demonstration project in Vancouver's Downtown Eastside (DTES) implemented between February 2005 and February 2008. This report begins by providing some background information about the Case Coordination Project and the DTES as well as describing the program implemented and how it was evaluated. The report then details the experience of those clients who participated in the Case Coordination Project and highlights some of the main outcomes for these clients. The report concludes by considering the administrative and implementation lessons generated by the project before presenting a summary of the overall findings.

The Case Coordination Project was designed to learn whether a case coordination model delivering one-to-one support to long-term unemployed residents of the Downtown Eastside could help them return to employment and self-sufficiency. The Vancouver Agreement (VA) received a grant from the Ministry of Employment and Income Assistance (MEIA, which became in June 2008 the Ministry of Housing and Social Development) of \$3.25 million to develop, implement, and evaluate the project. Through a competitive process, the VA contracted with the Social Research and Demonstration Corporation (SRDC) to conduct the evaluation of CCP. The aims of this evaluation were to determine if, and how, providing intensive one-to-one support to long-term unemployed people helps them to move along the employment continuum. The employment continuum used in CCP represents the stages that an individual goes through as they move from basic needs towards employment and or self-sufficiency. For the purposes of this project, the definition of employment has been widened to include not only attachments to the labour force but also paid and unpaid volunteer positions.

BACKGROUND TO CCP

Within recent years, many countries have put in place policies and programs to help long term unemployed individuals move into work. MDRC¹ traces this policy interest back to the 1990s when the strong economy, rising employment rates, and dramatic declines in the welfare caseload all combined to focus a spotlight on groups who had been left behind. The question raised was relatively simple, why were some individuals being left behind? The answer from practitioners, researchers, policy-makers and others was that long-term unemployed or hard-to-employ individuals needed special assistance to find and to keep jobs because they experienced multiple barriers. The types of barriers experienced included:

- **Human capital deficits** — including low basic skills, limited work experience and a lack of social and personal skills needed to sustain employment
- **Health problems** — including physical disabilities and mental health issues, substance abuse, depression and other chronic health problems

¹ MDRC is a US-based, non-profit, non-partisan education and social policy research organization dedicated, over the last three decades, to learning what works to improve programs and policies that affect the poor.

- **Situational barriers** — including situations and responsibilities that make work difficult, including homelessness and caring responsibilities, and also other factors such as having a criminal record.

At the time when the Case Coordination Project was developed, the available research suggested a program with a combination of treatment, support services, and labour market strategies would be necessary to help individuals with multiple barriers succeed in employment. CCP was designed to provide this “full array” of services to hard-to-employ individuals in a personalized and responsive manner. CCP was to have achieved this by being able to access a mix of supports, training and treatment-focused services to help hard-to-employ individuals move towards employment. The service that was developed was a client-centred intervention with the aim of “bridging the gap between the pool of unemployed workers in the DTES and the new and emerging jobs.” By providing one-to-one support to individuals, it was hoped that CCP would be able to connect individuals to real jobs and in doing so would be able to address some of the gaps that were known to exist in employment programming in the DTES when CCP was developed.

THE DTES: A BRIEF DESCRIPTION

Before considering the results from the evaluation of the CCP, it is important to have some understanding of the context in which the Case Coordination Project operated. The Downtown Eastside in Vancouver holds the title of being home to Canada’s poorest postal codes. The area is synonymous with high rates of poverty, substance abuse, poor housing, and high rates of unemployment. Not surprising, given these characteristics, the health of the population of the DTES is also poor. Recent articles and studies estimate that the DTES has the highest Human Immunodeficiency Virus (HIV) infection rate in North America, affecting 30 per cent of the local population.² Vancouver has also seen an increase in the rate of hepatitis C infections among intravenous drug users (IDUs): the prevalence among that population has been reported as ranging from 63 to 92 per cent.³

In addition, the 2005–06 DTES Community Monitoring Report⁴ reports the following:

- Almost half of the people living in the DTES are over 45 years of age with 22 per cent of residents being seniors compared to 13 per cent for Vancouver.
- More residents in the DTES live alone.
- About 10 per cent of the City’s total Aboriginal population lives in this area whereas 3 per cent of Vancouver’s population is Aboriginal.
- Unemployment rates are higher in the DTES.
- In 2001, 67 per cent of those in private households in the area were considered low-income.

² Sawsan Kalache, S. C. (2007, January 12). The Poorest Postal Code: Vancouver’s Downtown Eastside in Photos. *The Dominion*. Retrieved February 2008, from www.dominionpaper.ca/articles/909

³ Buxton, J., Mehrabadi, A., Preston, E., and Tu, A. (2007). *Vancouver Drug Use Epidemiology: Vancouver Site Report for the Canadian Community Epidemiology Network on Drug Use (CCENDU)*. Retrieved February 2008, from http://www.city.vancouver.bc.ca/fourpillars/documents/Full_CCENDU_report_2007_web.pdf

⁴ Retrieved June 2008, from <http://www.city.vancouver.bc.ca/commsvcs/planning/dtes/pdf/2006MR.pdf>

- The source of income for close to 40 per cent of the DTES population was from government transfer payments compared to 10 per cent for the City of Vancouver.
- DTES has a large proportion of the City's low-income housing. The major types of housing are Single-Room Occupancy Hotels (SROs), Non-Market Housing and Special Needs Residential facilities.
- A report published by Centre for Applied Research in Mental Health and Addiction estimated that 50 to 70 per cent of those who are homeless have a dual diagnosis.⁵

The recent Metro Vancouver Homeless Count conducted in March 2008 showed an increase in the numbers of homeless individuals in the DTES as well as Metro Vancouver area.⁶ In Metro Vancouver, there was a 19 per cent increase from 2,174 in 2005 to 2,592 in 2008. DTES has a significantly higher unemployment rate (22 per cent) compared to the City (8 per cent).⁷ While there have been initiatives to resolve the complex social and economic problems faced by individuals as well as by the area, statistics continue to demonstrate that these problems persist.

REPORT STRUCTURE

Section 2 of this report provides a description of the case coordination model implemented in the DTES as well as modifications that were made to the model. Section 3 provides an overview of the evaluation design. Section 4 profiles the clients who participated in the Case Coordination Project as well as examining their experience with the project. Section 5 considers the employment and other outcomes of the Case Coordination Project. Section 6 reflects on the lessons for policy and practice in delivering a case coordination model to clients who experience multiple barriers to employment. Finally, section 7 contains a summary of the findings.

⁵ Patterson, M., Somers, J., McIntosh, K., Shiell, A., Frankish, C. J. (2008). *Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia*. Vancouver: Centre for Applied Research in Mental Health and Addition (CARMHA), Simon Fraser University.

⁶ Preliminary figures released in April 2008. Retrieved June 2008, from <http://intraspec.ca/2008HomelessCountPreliminaryFS-April.pdf>

⁷ Retrieved June 2008, from <http://www.city.vancouver.bc.ca/commsvcs/planning/dtes/pdf/2006MR.pdf>

Section 2: Program Description

The Case Coordination Program was a three-year initiative that began in February 2005 and ran until February 2008. The design of CCP incorporated a comprehensive model to deliver services to long-term unemployed individuals in the DTES. CCP was designed to be flexible both in terms of the methods of delivery and components of the program to respond to the changing needs of clients. The aims and objectives of CCP were to:

1. support clients through the navigation of pre-employment and employment supports;
2. provide post-employment supports to clients to help sustain a long-term attachment to employment;
3. serve as a conduit between emerging jobs in the DTES and the long-term unemployed; and
4. develop and maintain a standardized assessment tool and tracking system to record client progress.

A decentralized model was used to deliver CCP, which meant case coordinators (front-line workers) were employed by individual service agencies and the VA through Building Opportunities with Business (BOB)⁸ provided the strategic overview for CCP. In this model, the individual service agencies retained responsibility for the day-to-day management of their case coordinators. As a result, each service agency was able to incorporate their philosophies and approaches into their delivery of case coordination. The rationale for adopting a decentralized model was that it brought together different service agencies in the DTES that had not previously worked together and provided them with an opportunity to collaborate and would give clients access to a wider array of services.

Five service agencies were awarded contracts to provide case coordination services. The agencies were located throughout the DTES and it was hoped that having different locations would make it easier for clients to attend appointments. The five agencies were:

- ACCESS
- PHS Community Services Society
- SUCCESS
- Tradeworks
- Watari, who subcontracted some services to Gordon Neighbourhood House

The case coordinators employed by the agencies all had experience in front-line program delivery.

⁸ The responsibility for managing the CCP was transferred to BOB in October 2005.

KEY FEATURES OF CASE COORDINATION

Each case coordinator was to have an individual caseload that was designed to be smaller than the caseload of a more traditional case manager, to ensure case coordinators had the time and resources to work intensively with clients. Case coordinators were to act as “brokers” referring clients to appropriate services as needed while providing ongoing support. For each client accepted into CCP, case coordinators had access to a client intervention fund of up to \$1,700 per client to help address employment-related needs. As these funds were managed by each of the service agencies, case coordinators were able to access them quickly. In special situations and with authorization from their agencies, case coordinators were able to exceed the \$1,700 limit.

MEIA, community agencies or individuals could refer clients to the Case Coordination Project provided individuals met the eligibility criteria. Originally, those referring clients contacted individual case coordinators to establish whether they were accepting new clients, but this process proved time-consuming and inefficient and was centralized in August 2006 when a CCP Intake Case Coordinator was employed to process all referrals to the project. In addition, the Intake Case Coordinator conducted initial assessments with clients to collect basic socio-demographic information as well as information about barriers to employment. Once this assessment was completed, clients were assigned to a case coordinator or placed on a waitlist if case coordinators were not accepting new clients.

Case coordinators then met with clients and completed a detailed and comprehensive assessment that identified barriers to employment and developed a strategy to address them. The assessments were intended to have been conducted during the first two appointments with the case coordinator, but in practice, they took longer. The case coordinators used the Self-Sufficiency Scale (S3)⁹ as the basis of the assessment, which collected information on five areas:

- Social support networks;
- Education;
- Employment;
- Social and physical environment; and
- Health practices and coping skills.

The assessment data was used to develop employment plans and identify and set goals to be met by clients, which were to have been reviewed and updated on a monthly basis. The rationale for conducting comprehensive assessments was to enable case coordinators to understand in detail the issues and barriers experienced by clients and to work with them to address these thereby clearing the way for them to progress along the employment continuum. In addition to employment related barriers the types of issues addressed by the case coordinators included mental and physical health assessments, addiction issues, dental and health problems, housing, family and personal social circumstances.

⁹ S3 is a proprietary assessment tool developed by Fortin and Landry, Within Reach Ltd., in 2005 and its use in the CCP was the tool's inaugural application.

Case coordination was designed to include the following components:

- Referrals to appropriate programs or services to address identified barriers to employment;
- Provision of other supportive services (e.g. childcare, transportation, mental health assessment, dental care, counselling, referral to treatment programs and other health care services);
- Job or skills training services;
- Job search assistance;
- Ongoing assessments;
- Post-placement follow-up and support services;
- The use of intervention funds to address employment-related and other expenses; and
- Support from the case coordinators to address underlying issues experienced by clients.

CLIENT ELIGIBILITY FOR THE CASE COORDINATION PROJECT

The Case Coordination Project accepted referrals of individuals who lived in the DTES and who received Income Assistance (IA) from two MEIA offices: Dockside and Kiwassa. Clients met MEIA eligibility criteria for CCP if they were:

- IA recipients who were expected to work (the initial requirement of having received IA for 24 out of the last 48 months time limit was removed);
- IA recipients who were expected to work and who had a temporary medical condition;
- IA clients who had tried other programs, had not been successful in obtaining and retaining employment but who were judged to have potential to move along the continuum to employment;
- Clients who were referred to MEIA programs, Job Placement and Training for Jobs before being offered a referral to CCP; and
- Clients for whom employment was thought to be feasible.

STAFFING LEVELS AND TARGET NUMBERS FOR CCP

The Memorandum of Understanding (MOU) between the VA and MEIA anticipated that CCP would provide services for up to 700 individuals in the DTES. When CCP was implemented in 2005, however, the agencies were initially contracted to provide services to 450 clients and this number was revised to 589 when CCP expanded and hired more case coordinators (see Table 1). The decision to expand CCP was taken after a process of community consultation with organizations and service providers in the DTES in February 2006. The recruitment of the additional case coordinators and a Job Developer took place during the remainder of 2006, though the Job Developer was not in post until February 2007.

The three additional case coordinators added in spring 2006 carried a general caseload. Two of these case coordinators were employed by WATARI and the other was employed by PHS. One of the case coordinators employed by WATARI had a reduced caseload in order to provide specialist support to other case coordinators on housing issues. In addition, the two initial half-time case coordinators from Watari and Gordon Neighbourhood House increased their hours to account for the other 0.8 increase in full-time equivalent (FTE).

Table 1: CCP and Agency Targets — Number of Case Coordinators (CC) and Clients

Agency	Original Number of CC (Feb. 2005)	Revised Number of CC (Spring 2006)	Original Client Targets (2005)	Revised Client Targets (2006)
ACCESS	1	1 FTE	90	90
Watari and Gordon Neighbourhood House	1	3.8 FTE	90	184
PHS Community Services Society	1	2 FTE	90	135
SUCCESS	1	1FTE	90	90
TRADEWORKS	1	1 FTE	90	90
Total	5	8.8	450	589

Source: BOB Service Provider Contracts.

Two other staff members were appointed to CCP. These were an Intake Case Coordinator and a Job Developer, whose roles are outlined below.

Intake Case Coordinator¹⁰

This case coordinator was employed by Tradeworks and the role was to provide a single point of referral for MEIA and other community agencies referring clients to the project. The Intake Case Coordinator also provided some reporting and data entry support to the other case coordinators by conducting the initial client assessment and entering this data into the project tracking system. A further function of this role was community outreach work to raise the profile of CCP in the DTES and to update the other case coordinators on services available within the DTES.

Job Developer

This case coordinator was employed by Tradeworks to provide employment supports to clients who were ready to work. This position was filled in February 2007.

THE PROJECT TRACKING SYSTEM: EQUICARE

An existing application, EQUICARE, was adapted and developed as the management information system for CCP. This project tracking system was to have provided data on the nature and intensity of the services being delivered to clients, assessment information, referrals and services received by clients, movement along the employment continuum, as well as identifying bottlenecks or problems with program implementation and operations. Throughout the three years of CPP, the case coordinators reported a number of problems with EQUICARE, including that it was not user-friendly and it was cumbersome and time-

¹⁰ The Intake Case Coordinator did not have a caseload.

consuming to use. There were attempts to resolve these problems and while some features of the system were improved, these efforts met with limited success and problems persisted.¹¹ There were also variations between the case coordinators in how they used EQUICARE: some were very diligent in entering information and others were less so. This variation in data entry resulted in significant problems with the reliability and consistency of the data. The expectation was that the database would provide considerable information on the program and its participants for the evaluation. It became clear that there were considerable limitations in the data, which limited the analysis that could be done with the project tracking data.

¹¹ In 2006, a computer consultancy firm was recruited to support the CCP project as it negotiated with the developers of EQUICARE to resolve the problems. Improvements, mainly in providing reports, were made to the system, but these were not in place until 2007.

Section 3: The Evaluation Design

A comprehensive evaluation design was proposed by SRDC to examine not only the outcomes of the project but explore how these were (or were not) achieved. The goal for this evaluation was to answer whether and how the provision of intensive one-to-one support services of a case coordinator guided clients through the employment continuum, and if it worked. The key questions explored by this evaluation were:

- What did it take to implement the intervention successfully, and what are the lessons for best practice? In exploring issues around implementation of CCP, what were the barriers and supports clients experienced?
- Do hard-to-employ individuals move along the employment continuum, and if so, how?
- Did the CCP lead to less receipt of Income Assistance benefits?

The original evaluation design proposed conducting implementation research as well as incorporating a non-experimental impact study. This impact study would have documented the impacts of CCP on Income Assistance (IA) outcomes. The non-experimental component proved, however, not to be feasible given methodological challenges.

IMPLEMENTATION RESEARCH METHODS

Within this evaluation the implementation research provided a detailed description of the Case Coordination Project — its philosophy, outreach, recruitment, development and delivery of the project resources and tools, participation, staffing and operations. It documented the model implemented and noted implementation challenges as well as changes and how these were addressed. The implementation data was collected using a variety of methods. The implementation research consisted of data collected from the following methods:

- EQUICARE, the CCP Tracking System
- MEIA Administrative Records
- Interviews with Case Coordinators
- Interviews with Stakeholders (VA, MEIA and BOB)
- Interviews with Contracted Service Providers
- Focus Groups with Project Participants
- Case Studies.

Section 4: The CCP Clients

This section describes the Case Coordination Project clients, their referral paths and the services they received while they were part of the project. The section concludes by exploring clients' experiences of CCP.

CLIENTS REFERRED TO AND ACCEPTED INTO CCP

Over the three years of the Case Coordination Project, 658 clients were referred, of whom 329 were accepted into the project.¹² The main reason that clients were not accepted into CCP was because they did not attend their referral appointments. In these instances, case coordinators usually tried to reschedule appointments but this was often not successful as contacting clients was difficult. The case coordinators notified MEIA if clients failed to attend CCP; MEIA then flagged client files so that clients were required to go into the MEIA office and speak with a worker who either referred them to another program or back to CCP. Other service agencies operating in the DTES also experienced client no-shows, so this was not unique to CCP. Individuals working in the DTES confirmed that getting clients to attend initial appointments for new programs was challenging. CCP tried to develop strategies to reduce no-shows but these efforts met with limited success. Other reasons for clients not being accepted into CCP was because they did not meet the eligibility criteria.

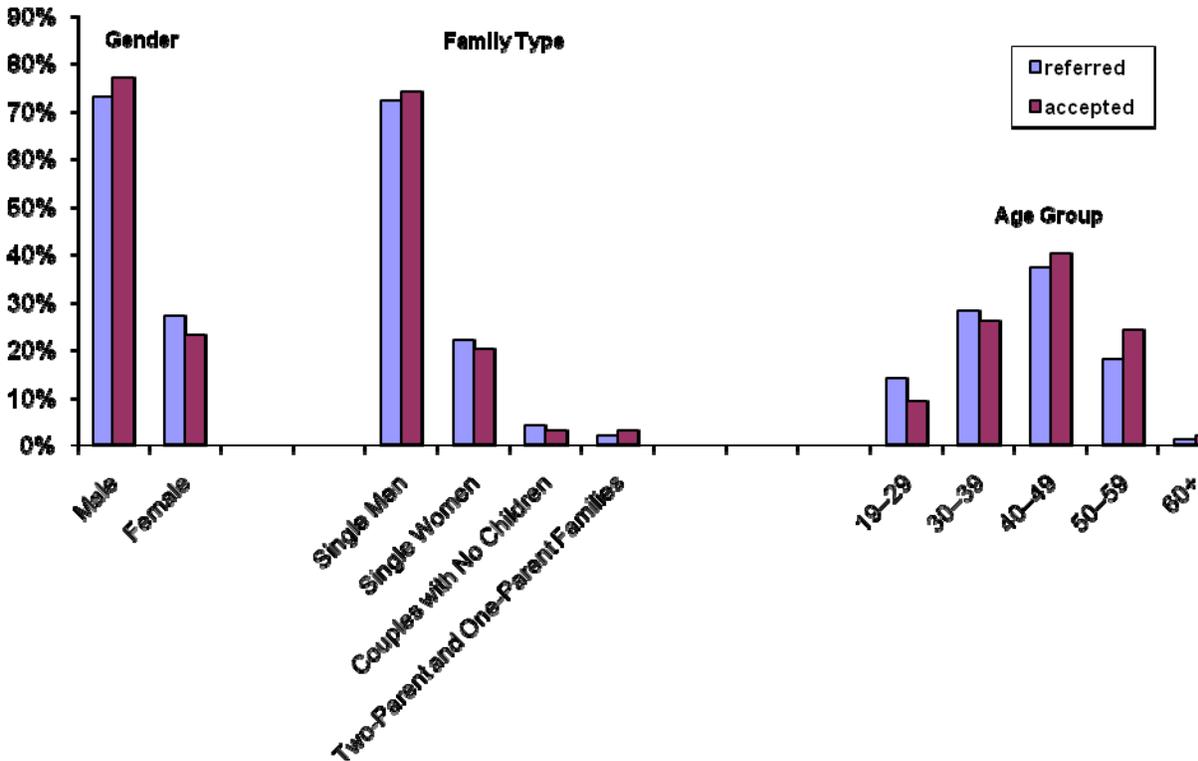
A PROFILE OF CCP CLIENTS AND THEIR CIRCUMSTANCES

Close to 95 per cent of the 329 clients accepted into CCP were single individuals, mostly single men who lived alone. About 65 per cent of clients were between 40 and 64 years of age (see Figure 1).

The project and evaluation data shows that most of the clients who were accepted into CCP were living in very difficult situations. Many clients lived in single-room occupancy (SRO) hotels with minimal furniture or possessions. Most did not have access to cooking facilities and had to share bathrooms, many of which were described as being dirty. Clients interviewed during the evaluation reported feeling unsafe in their rooms and in the area generally. Some found it hard to sleep at night because of the noise from fights that was going on around them.

¹² CCP stopped accepting clients in July 2007 in order to ensure case coordinators had time to work with clients before the project ended in February 2008.

Figure 1: Gender, Family Type and Age (Grouped) of Referred CCP Clients by their Program Status (Accepted vs. Not Accepted)



Source: Data extracted from MEIA administrative records from January 2008 — includes only clients who were in receipt of MEIA benefits at the time of their CCP referral, which represented about 95 per cent of the total CCP referrals.

Table 2 shows selected information from the initial client assessment and shows the length of time clients had lived in the DTES varied: close to one-third was long-time residents who had lived in the area for more than ten years and a further 42 per cent had lived in the DTES for less than two years. The educational attainment of CCP clients was mixed, with 58 per cent having completed high school or with education or training beyond high school. Over one-quarter of CCP clients were homeless. Almost half of the participating clients were current substance users and approximately 80 per cent had been past users. To add to the challenges experienced by clients, the majority reported serious long-term health issues (63 per cent) and close to 40 per cent reported being disabled. Almost two-thirds of CCP clients had received a diagnosis for their health concerns.

During their years of living in the DTES, many CCP clients had become accustomed to living in the area and had developed survival strategies. Maintaining these strategies took time and effort, leaving some clients with little energy or opportunity to resolve the longstanding issues that brought them to their current and often chaotic life in the DTES. Case coordinators working with these clients found it challenging trying to connect with and engage them in more stable and healthy lifestyles. The case coordinators tried to respond to client needs: for example, some clients found it very difficult to keep appointments so the

case coordinators introduced drop-in sessions or arranged to meet offsite as part of the engagement process, with the ultimate goal of getting clients to attend meetings regularly.

Table 2: Selected Information from Baseline Assessment for Clients Accepted into CCP (August 2006 to July 2007)

Selected Characteristics	Number of Clients	% Total Accepted Clients
Time in the Downtown Eastside*		
0-2 years	83	41.7
3-5 years	26	13.1
6-10 years	30	15.1
More than 10 years	60	30.2
Homeless*	58	28.4
Long-Term Health Concerns	125	62.5
Diagnosed Health Concerns	128	63.7
Undiagnosed Health Concerns	69	35.6
Disabilities	77	39.1
Past Substance User	165	80.5
Current Substance User	98	48.0
Dental		
None or Some Sporadic Dental Care	168	84.4
Regular Dental Care	31	15.6
Level of Education		
Less than High School	86	42.2
High School	54	26.5
More than High School	64	31.4
Driver's License	24	15.8
Criminal Record		
Severe Offence(s)	33	16.8
Minor Offence(s)	97	49.5
None	66	27.3

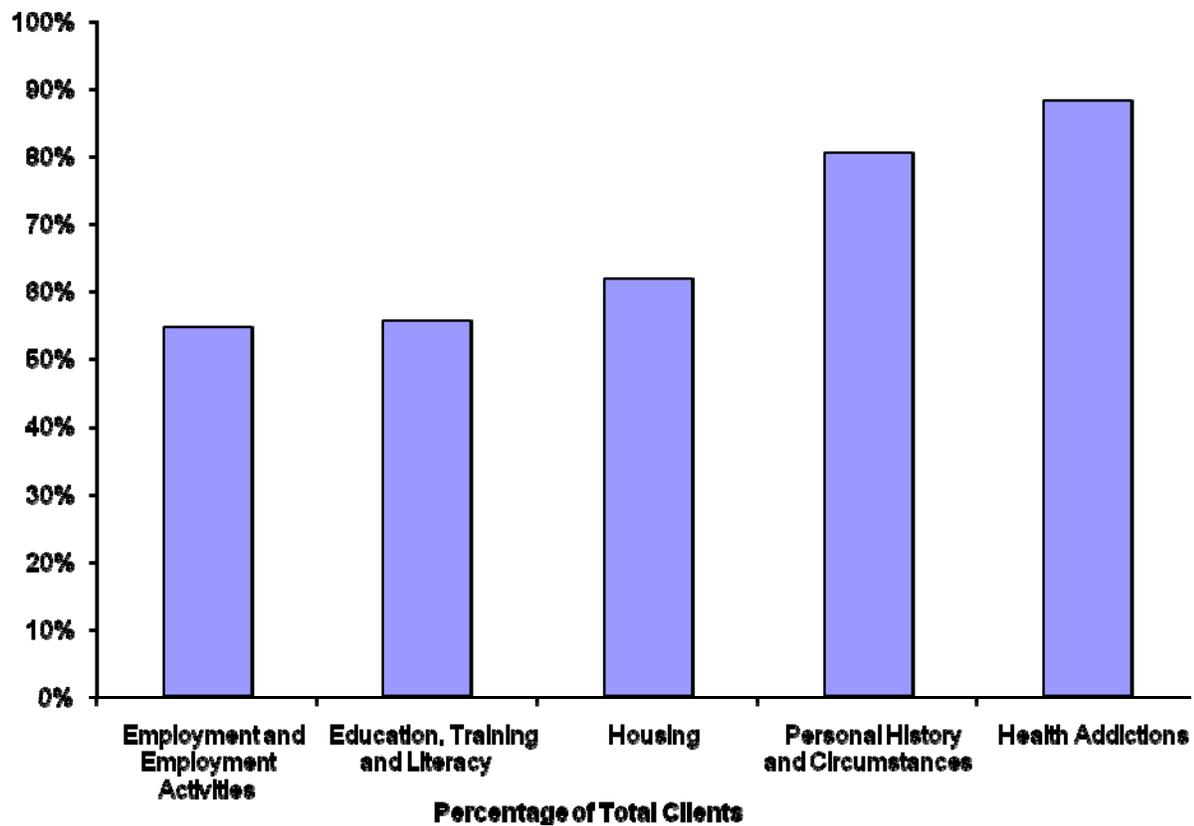
* A small number of clients with missing information were excluded from determining these percentages.

Given the personal histories and circumstances of many CCP clients, it is not surprising that they were identified as experiencing multiple and complex barriers by those who referred them to the project as well as by the case coordinators. Many of the barriers experienced by clients made it very difficult, if not impossible for some, to move into employment without considerable supports. Some clients had been able to work episodically but they were not able to sustain their employment due to either physical or mental health issues or substance abuse. The majority of clients referred to CCP had tried other employment programs with little success and the reasons given for this, by both clients and case coordinators, was that underlying barriers remained unresolved. The case coordinators tried to tackle these barriers by connecting clients with health and addictions services, supporting them to develop harm-reduction strategies, helping them find suitable housing,

applying for appropriate welfare benefits and by trying to show clients that their lives could be different.

The data shows 80 per cent of the 329 clients accepted into CCP experienced three or more barriers to employment and almost 95 per cent experienced at least one barrier. Figure 2 shows that, though not all CCP clients had mental health and or addiction issues, many did, with almost 90 per cent of clients accepted into CCP having health and addiction issues and approximately 80 per cent experiencing barriers because of their personal history and circumstances. This included clients who had experienced some form of abuse and/or trauma earlier in their lives.

Figure 2: Types of Barriers Experienced by Clients Who Had Been Accepted in CCP — Percentage of Accepted Clients with Selected Barriers



Note: Clients experienced multiple barriers and so the above chart does not present unique client counts. For example, a client with housing as well as health and addictions issues would be counted in both categories.

Although many CCP clients experienced similar complex and multiple barriers, how these manifested in clients lives, as well as how clients responded to them, differed between clients. The factors that appeared to influence how clients responded included:

- personal history and living situations;
- level of coping skills and abilities;

- resilience; and
- reliable access by clients to existing networks and resources.

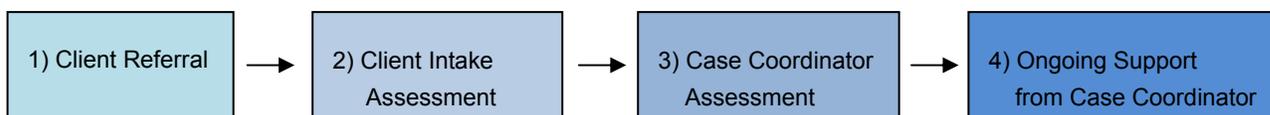
The case coordinators were not able to adopt a “one size fits all” approach. Instead, they had to work through the barriers experienced by clients adapting their approach to meet individual needs.

Paul had a long history of mental health problems when he was referred to CCP. He lived in the DTES because he could only afford a room in a hotel and he was barely managing to look after himself. Paul said he was afraid in the DTES and he tried to keep to himself. He had been mugged and refusing offers of drugs was not always easy. When Paul started working with CCP, his case coordinator made sure he had food to eat and arranged for medical assessments. Based on the results of these assessments Paul was eligible for disability benefit. As he was receiving a disability benefit, he was able to access supported housing. He has moved out of the DTES and he is a volunteer in a local organization.

THE PROCESS OF CASE COORDINATION: HOW THE CASE COORDINATORS WORKED WITH CLIENTS

Although the Case Coordination Project adopted a decentralized model to deliver case coordination services, certain core components of services were implemented across all service agencies. The four components comprised of 1) client referral, 2) client intake assessment appointment, 3) case coordinator assessment, and 4) ongoing supports from the case coordinator to clients (see Figure 3). These components are described below, though the evaluation findings highlight that the case coordinators differed in how they delivered some of these components to clients.

Figure 3: The Process of Case Coordination



Referrals to CCP

Although community agencies referred some clients to the Case Coordination Project, the majority of referrals came from MEIA. Approximately 18 per cent (116 in total) of referrals came from community organizations; of those, almost half were accepted into CCP. The reason that many of the non-MEIA referrals were not accepted was that the individuals were not receiving Income Assistance or were receiving IA from out of the catchment area, which were two of the main eligibility criteria. Three quarters of the community referrals came from four agencies that were either providing case coordination services or closely involved with them suggesting that CCP was not widely accessed by other community organizations.

When MEIA staff referred clients to CCP, they provided clients with a brief description of the project as well as outlining what would be expected from them and how the project might be able to help. Clients were then asked to attend a drop-in appointment with the Intake Case Coordinator, whom MEIA would e-mail with referral information. If clients did not attend the appointment, MEIA was notified.

CCP Intake Interview

This initial interview between the client and the CCP Intake Case Coordinator usually lasted 30 to 60 minutes. The intake worker explained in more detail the goal of the project, what would be expected from the clients, and how the project might be able to help. Most clients were happy to complete the assessment, and the intake worker then entered the information into the project tracking system. Clients who were suitable and willing to participate in the project were assigned to a case coordinator. When possible the Intake Case Coordinator tried to match client needs to appropriate agencies, though this depended on individual case coordinator caseloads. If case coordinators were not accepting new clients, individuals were placed on a waitlist. If possible, the CCP intake worker informed clients while they were in the office which case coordinator they were referred to, and where and when they should attend their next appointment. Those who had to wait before an appointment could be confirmed were notified the following week by letter or phone or were asked to call back into the office. Tea, coffee, and snacks were available to clients who attended the CCP intake interview.

The Case Coordinator Assessment

The case coordinator assessments were to have been completed during the first two meetings with clients. During those initial meetings, the case coordinator would talk to clients about the project and discuss ways in which they could work together. During the second appointment, the case coordinator would focus more on the barriers clients were experiencing. Case coordinators found that at least two appointments were necessary as the first was more informational and the second involved discussions with clients about setting goals and addressing some of the barriers they experienced.

The case coordinators often arranged to have this second appointment out of the office, for example arranging to go for coffee. This was partly an incentive to encourage the clients to return, but it was also a less formal environment in which to have conversations about what clients wanted to achieve.

Ongoing Contact with the Case Coordinators

The case coordinators worked with clients on a one-to-one basis to establish trust and to develop a good working relationship. Initially, many clients were suspicious about CCP and were not convinced it was different from others they had attended previously. Experience had shown the case coordinators that without the trust and commitment of the clients, they would not be able to tackle some of the underlying problems, which had perpetuated the “welfare–work–welfare” cycle of their clients.

Many clients confirmed in the beginning that they told the case coordinators what they thought they wanted to hear in order to be compliant with CCP. It was only as clients immediate needs were addressed that some recognized the opportunities that CCP held for them mainly through the one-to-one support of the case coordinator.

The ongoing support was necessary for clients as it helped them work through issues and find a solution that was acceptable to them. They explained that they had become accustomed to failure, accepting this as part of their everyday lives. Many had experience failures so many times in the past they had simply stopped trying. These clients saw no point

in attempting to change their situation or to improve their circumstances because experience had taught them they would not succeed.

Failure often triggered a downward spiral involving depression, mental health problems, addictions and deterioration, so trying something new meant taking a risk. Clients therefore stressed the importance of being asked and supported to do things they could achieve and that improved their lives directly but incrementally. In these instances, the case coordinators served as a safety net, so if and when clients did not meet their goals, there was someone to help them try again, perhaps with a different approach. Clients reported that they were not judged or sanctioned for failing; instead, the case coordinators tried to keep the forward momentum and worked with clients to identify things that “got in the way” and explore what else might help. Clients stressed that the one-to-one ongoing support made this possible.

A number of clients reported that achieving something positive was a new experience for them, as was working with someone who had time and the resources to help them succeed. Case coordinators provided clients with opportunities to succeed, which clients perceived as important as it encouraged those clients who were ready to make changes in their lives. Clients also stressed the importance of the client intervention funds and the fact case coordinators could use some of this money to address immediate needs, including health, social and personal needs.

CLIENT INTERVENTION FUNDS

One of the unique features of the Case Coordination Project was the availability of client intervention funds that were designed to pay for employment-related and other expenses. The intervention funds were accessed directly by case coordinators with the service agencies responsible for supervising the use of these funds.

The case coordinators all used the client intervention funds to help meet the immediate needs of clients as well as employment and training costs. Of the 329 clients accepted into CCP, 308 had intervention funds spent on them. As mentioned previously, case coordinators were able to spend up to \$1,700 per client, and additional amounts were permitted under special circumstances. Case coordinators recorded the use of client intervention funds and the reason for their use in EQUICARE, though data quality issues have meant that this data is not complete and should be considered with caution.¹³ Case coordinators varied in how up-to-date entries were kept, some had to do substantial data entry in fall 2007 to update records, which increases the likelihood of errors or omissions. Table 3 shows the average amount of client intervention funds spent for clients accepted in each year. For clients accepted in 2005, the average amount spent was \$1,048; in 2006, it was \$1,366; and in 2007 (which was not a full year), the amount was \$1,036. These averages were substantially lower than the maximum of \$1,700 initially established for each client: in fact, three-quarters of those clients who received intervention funds received less than \$1,700. Based on financial information returned by the service agencies on spending per client, there was a downward amendment to this budget item in their contracts because case coordinators were not spending as much of the intervention funds as expected. In 2006, each service agency had the level of their intervention funds reduced by 30 to 52 per cent to reflect actual use.

¹³ The client intervention funds recorded in EQUICARE do not match with the amounts reported in the Service Provider financial reports submitted to BOB. The amounts in EQUICARE are under-reported compared to the actual expenditures.

Higher amounts of the client intervention funds were spent on the following items:

1. Training and education: this includes the cost of training courses for such things as life skills, as well as the cost of eight clients who attended the WISH¹⁴ program.
2. Transportation: this included bus passes for clients as well as the cost for some clients to move home, which was located in other parts of BC or Canada.
3. Education and employment supplies: purchases in this category included work boots and equipment.
4. Health: this included payments for assessments, glasses and other treatments.
5. Nutrition
6. Dental
7. Personal care

Table 3: CCP Client Interventions Funds Received by Accepted CCP Clients (at January 31, 2008)

	Number	% of Total Accepted Clients
Client Intervention Funds Spent on Client		
Yes	308	93.6
No	21	6.4
Funds Spent Exceeding \$1,700		
Yes	79	24.0
No	250	76.0
Intake Year		Mean Client Intervention Funds (\$)
2005	130	1,048
2006	124	1,366
2007*	54	1,036

* This was not a full year for some clients, as they received CCP services for six to eight months.

Note: Average amount spent was \$1,174 for 308 clients.

TYPES OF SUPPORT AND ASSISTANCE PROVIDED TO CLIENTS

One of the fundamental aims of the Case Coordination Project was to provide clients with one-to-one support. To ensure the case coordinators had time to provide intensive support to clients it was agreed they would have smaller caseloads compared to more mainstream case managers. In addition, they had direct access to client intervention funds. The case coordinators provided clients with practical, financial and personal supports, described below.

¹⁴ WISH Drop-In Centre Society works to increase the health, safety, and well-being of women working in the sex trade in Vancouver's Downtown Eastside.

Practical Help and Life Skills

All clients appreciated the practical help provided by the case coordinators. Examples of this type of help included helping individual clients to deal with bureaucracies, which for many was overwhelming and frustrating. A large proportion of clients reported how difficult they found completing forms and assembling the necessary information to submit applications (e.g. photo identification). Some clients found making appointments difficult and all agreed that when they did attend appointments and meetings accompanied by their case coordinator they were treated very differently than when they went alone. In these instances, clients gave examples of being treated more positively and not asked to go and get more information, and some agency staff made a phone call to get the required information on behalf of the clients.

Case coordinators also provided practical help to clients to obtain basic necessities, food, clothing, identification, and shelter. For some clients, going shopping and cooking for themselves were things they had not done in years and they were unsure how to go about these seemingly mundane tasks. A few clients had been asked to leave stores when they had tried to go shopping. The case coordinators helped clients overcome these barriers and clients reported they did this sensitively and effectively in a way that enabled clients to cope better with the tasks associated with everyday living. The difference of being able to do relatively mundane tasks routinely was enormous. Clients said,

I look normal now, I am clean, and I feel good. People look at me when they walk past. They don't cross the road or turn away.

I don't eat out of bins anymore. I'm better than that. I don't want to go back, back to living like an animal, like the rats in the alleys. That's what they've [CCP] have done.

Financial Help

The financial help provided to clients through the client intervention funds was appreciated by clients and for some literally made the difference between having something to eat and going hungry. Most clients acknowledged that in the beginning they attended appointments because of the financial help, but for those clients who made changes in their lives, their view and use of the intervention funds changed and what they could get from CCP stopped being the main reason for participating in the project. Instead, they attended because they recognized the potential for longer-term changes. Clients said,

I went because they gave me a food voucher and a bus pass. That's why [I] showed up. When I went to talk to [the Case Coordinator], they listened and asked if I had tried different things. They said they could help me apply for my PWD [Persons with Disabilities]. They did.

I went because they took me out for coffee, it felt real nice to be sitting in somewhere warm and not be told to leave. Every week I went, it was my highlight. When we had coffee, we talked about being safe and having a plan to do all that stuff. Now, I help out at [name of organization], I'm a volunteer — it's good.

Some agencies also referred clients to CCP because the case coordinators had access to the client intervention funds.

Personal Support

The case coordinators were very good at connecting with clients and providing them with personal support. Clients repeatedly stated the importance of having someone who listened to

them without judging them and who treated them with respect. Many clients looked forward to meetings with the case coordinator because of the personal support provided, which helped increase clients' self-esteem and confidence; this was vital because without it, any changes were unlikely to occur. Getting clients to believe they deserved a better and safer lifestyle was crucial. MEIA workers and others noted the differences in some clients' appearances and in the ways clients interacted with them. They also stated that some clients were hopeful for a better life in a way they had not been before participating in the Case Coordination Project.

Case coordinators provided personal support in a number of ways. They talked with and listened to clients, they took clients out for lunch and coffee to try and start reconnecting them to society, and they arranged regular client appreciation dinners — partly to provide food but also to celebrate clients' achievements, whatever they might be. Case coordinators encouraged clients to attend cultural events and provided financial support to enable this to happen. A number of case coordinators also organized trips and events for clients outside of the DTES to broaden their horizons and to remind clients that there was a different world away from what they knew. These trips included visits to Grouse Mountain and Stanley Park Golf Course, going to the movie, and attending other events outside of the city.

In providing personal support, case coordinators tried to show clients other possibilities for them and encouraged them to try things that might make a difference in their lives. Clients said,

Having someone to talk to, who cared if you didn't show up and who would check you were all right turned a light on for me. Somebody cared, they were pleased to see me and you know, maybe I wasn't that bad. We would go for coffee, I was dirty but we went. Next time, I had a shower and on the way back they bought me some new clothes. It's been years since I had new clothes. I felt great. That's when I thought, maybe, maybe now.

CLIENTS' EXPERIENCE OF THE CASE COORDINATION PROJECT

Clients who participated in the Case Coordination Project were very positive about the services and supports they had received. Many considered that CCP had presented them with an opportunity to sort out their lives. All clients saw CCP as very different to other programs they had participated in before because case coordinators worked with them to address the issues they needed to resolve first, through tailored and individual supports and services. Clients reported that this approach, combined with continuity of case coordinators, helped them to tackle underlying issues so that they were able to move forward with their lives. Equally important in this process was the fact that clients did not have to be substance-free to attend CCP: instead, case coordinators worked with clients to develop harm-reduction strategies that for some led to drug and alcohol rehabilitation. What was important was that CCP was a gradual and incremental program that clients perceived to be realistic.

Clients said CCP was realistic and credible: they described other programs they had attended where they had been required to prepare résumés. They questioned the rationale behind this, as they knew they would be unlikely to get a job when they had neither clean clothes nor permanent address, or when they were still active in their addictions and dealing with their personal issues. Other clients were able to get a job but most were unable to maintain employment beyond a few days or weeks because of their recurring problems.

Many clients explained that being part of CCP meant they could begin to resolve issues and break the cycle of failing, reporting that the small successes kept them in the program

and working with the case coordinators. Among these small successes, clients cited being able to keep an appointment, getting new clothes, being clean and presentable, being able to go out for coffee or lunch, and having a bus pass.

For some clients, the transformations they experienced in their lives since the beginning of their participation in CCP were truly impressive. When discussing this, they described how they had literally been sleeping in alleys, dirty and dishevelled, and now they had somewhere to live, were clean and proud individuals who were volunteering or exploring the possibility of training or work.

Discussions with clients in the focus groups and case studies explored what it was that brought about these changes in their lives. As previously mentioned, most stated that it was a combination of their realization that if things did not change, then they would never have more than what they had at that time, and, equally importantly, the conviction they developed through working with the case coordinators that change was possible. Clients also cited their growing realization they deserved a better quality of life.

Very few clients underwent immediate transformations; indeed, all described the process as slow and involving a number of false starts. Some clients described the role of the case coordinator as unearthing their desire to change while at the same time presenting them with the opportunities and supports that enabled it to happen.

For others, the change in their lives was in essence one of stability: these clients were working to overcome their barriers and had realistic plans for the future. One client credited the Case Coordination Project with providing the missing pieces that he needed to get him out of his current situation. The clients saw the difference between CCP and other programs as the individualized and practical supports as well as the fact that the case coordinators had the time and resources to work with them.

Although most clients developed an appreciation for the Case Coordination Project, it took time for them to fully engage with it. Initially, many clients were very unsure about the project and saw it as another project with “hoops for them to jump through.” In the beginning, clients reported one of the main roles of CCP was to be a buffer between themselves and “others,” including provincial and federal social assistance programs. In addition, for some clients the case coordinator became a buffer on a personal level, becoming someone who wanted the clients to do well for themselves and who was prepared to support them.

The majority of clients felt they were lucky to have been part of the Case Coordination Project and they regarded it as a privilege, but they stressed that in order for them to make positive changes in their lives, they themselves had to want to play an active role in those changes. The case coordinators helped clients see that change was possible and provided the supports required to begin working towards this goal. Many clients reported when they first started attending CCP, they had not wanted to, or did not think significant positive changes in their lives were possible. For many, it took several weeks — if not months — for them to begin taking control of their lives. Some clients reported “playing the system” in the beginning to get what they could from the project. In hindsight, these clients acknowledged they could have been made to leave the project but they were not. What made the difference was being given time and supports while at the same time being held accountable by the case coordinator for their actions in a non-judgemental way that helped them move forward.

For some clients, achieving stability — i.e. having a harm-reduction strategy in place, somewhere to live and being connected to services — was as far as they were able to progress. Others were able to move into volunteering, training, or employment.

The approach of case coordinators differed across the project. For some clients, it was the kind and consistent approach of the case coordinators that persuaded them that they had choices to make and they had a reasonable chance of succeeding. For others, a tougher approach won out and it was the threat of no longer being part of the project that made clients realize this could be their last chance for a better life. One point all clients were keen to stress was that it had taken a long time for them to end up in the DTES living on welfare payments and it was therefore unreasonable to expect that everything would be resolved within weeks or months.

In summary, while there were similarities between the clients who participated in the Case Coordination Project there were differences in how they responded to and coped with the challenges they experienced. Despite these differences, however, there was a consensus amongst those clients interviewed as to how and why the Case Coordination Project helped them to make positive changes in their lives, whether this involved moving into employment or adhering to a harm-reduction strategy. Clients identified the following characteristics of the Case Coordination Project as being most helpful to them:

- **CCP was incremental:** clients were encouraged to take small achievable steps.
- **Tasks were broken down:** the case coordinators broke a task down to its component parts so tasks were not overwhelming.
- **Clients not left to resolve issues on their own:** the case coordinators supported clients to prevent them from giving up when they encountered a difficulty.
- **Case coordination started where the client was:** the case coordinators worked on the issues that were important to the clients. These included the range of basic needs as described above. It was only after these issues had been addressed that others could be resolved.
- **Case coordination was flexible:** clients stated that the approach and procedures had some flexibility so the program was able to accommodate them.
- **Responsiveness:** clients appreciated the fact that the case coordinators would work with them to address their issues. For example, if a client became homeless the case coordinator would work with them to find somewhere else to live.
- **Continuity of case coordinator:** being able to see the same person at each meeting reportedly made a big difference to the clients. This was because they did not have to retell their story, to explain and justify themselves.
- **Non-judgemental:** this is how the clients described the case coordinators. High proportions of clients had present or past addictions; some had mental health problems. Some clients had done things in their past that they are not proud of. For whatever reason, many have been judged very harshly by some of those employed to help them, which caused some clients to disengage further. Being welcomed into a service that accepted them for who they were opened up new possibilities for change.

- **Respect:** clients also found case coordinators to be respectful.
- **Hopeful:** clients described CCP as offering them real hope for improving their lives.
- **Useful:** clients found the CCP useful and kept attending because it made a real difference to their everyday lives.

Section 5: Employment and Other Outcomes

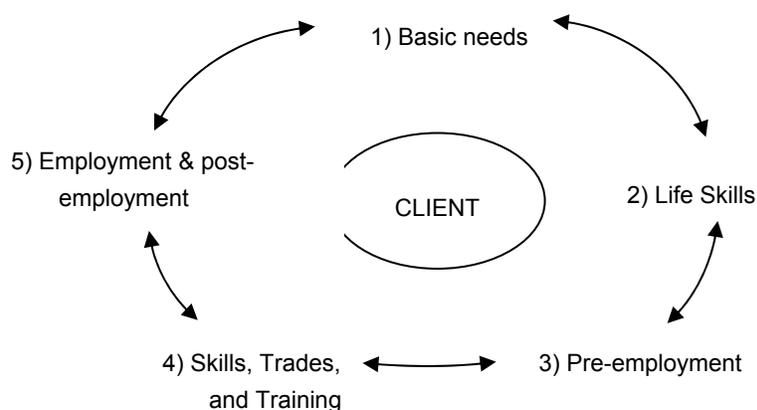
The Case Coordination Project was designed to learn whether this model for delivering one-to-one support to long-term unemployed residents of the Downtown Eastside could help them return to employment and self-sufficiency. As stated previously, for the purposes of this project, the definition of employment has been widened to include not only attachments to the labour force but also participation in paid and unpaid volunteer positions. The previous section describes how CCP made a positive difference in clients' lives, often helping them to achieve a more stable lifestyle and enabling some to achieve more significant changes in their lives. The present section looks in more detail at the employment and other outcomes of the Case Coordination Project. The data shows that while the majority of clients benefited from participating in CCP, this did not translate into employment outcomes for large numbers of clients.

CLIENTS' MOVEMENTS ALONG THE EMPLOYMENT CONTINUUM

Within the Case Coordination Project, the employment continuum had been identified as a method of tracking the progress of clients through the project towards employment and or self-sufficiency. For CCP, the employment continuum consisted of five stages (1) basic needs, 2) life skills, 3) pre-employment, 4) skills, trades and training, and 5) employment and post-employment) and movement from one stage to the next was to have represented successes for CCP clients. Based on the initial assessments conducted by the case coordinators, almost 70 per cent of clients were addressing basic needs issues when they were referred to CCP (see Table 4). Basic needs included housing, health and substance use issues. A further 12 per cent were addressing life skills issues. As a result, much of the work performed by case coordinators was focused on ensuring clients had somewhere to live, enough to eat, had a harm-reduction strategy in place and proper medical support. All this had to be done before the case coordinators could address any other issues, including employment or training.

The findings from this evaluation, however, have shown that movements along the employment continuum could, and did, occur in both directions making it a more circular than linear process (see Figure 4).

Figure 4: The Employment Continuum



The reason for these movements along the employment continuum in both directions is related to the complexity of the issues being addressed by clients. Some clients who were in basic needs when they were referred to CCP managed to move into training or employment but when something unexpected happened, they moved back to basic needs because they did not have the coping or problem-solving skills required to help them navigate the challenges they encountered. For example, some clients had started volunteering or attending a training course and they moved from basic needs to life skills or pre-employment. Things would progress but then something unexpected happened and the clients would find themselves back where they started, in basic needs. The following are included in the list of unexpected events:

- Clients suffered ill-health, which occasionally left them in hospital; when they came out, they had lost their accommodation and were living in shelters;
- Clients began using drugs and alcohol again and were unable to attend volunteer, employment or training activities;
- Clients were evicted from their accommodation and became homeless;
- Clients were subject to anger management issues, which resulted in clients being unable to deal with colleagues or tutors and leaving.

It took time for some clients to develop the needed coping or problem solving skills and they needed to be supported through this process if they were to “bounce back” and continue moving forward. The ongoing support of the case coordinators who remained involved with clients even after they had started training or volunteering was vital to clients and explains why clients found the support of case coordinators invaluable in these situations. Those clients who were able to overcome the setbacks they encountered attributed this to the involvement of the case coordinator, whom they saw as providing a safety net of sorts that stopped the uncontrolled downward spiralling that clients predicted would result in some returning to living on the streets of the DTES.

Greg was in his late 40s when he was referred to CCP. He had been living alone in a hotel in the DTES for several years and he had a number of health issues, most of which he attributed to his substance abuse. In previous years, Greg had worked in construction to fund his habit but because of his deteriorating health, he was no longer able to do this. At the time of being referred to CCP, Greg was feeling desperate; he tried alcohol and drugs rehabilitation but never managed to complete the courses.

When Greg started working with a case coordinator, he was assessed as being in basic needs. One of the first things the case coordinator did was work with Greg so that he took care of himself and to stop his health from deteriorating further. The case coordinator helped him set up medical appointments, took him for haircuts, shopping for clothes and even showed him to how to do his laundry. Greg started showing up on a regular basis and he developed a harm-reduction strategy.

Greg made progress; he moved from basic needs to life skills and even attended a life skills course. In meetings with his case coordinator, Greg talked about what he might do. He discussed applying for disability benefits, going back to rehab and he was exploring these options when he lost his housing. Greg's case coordinator helped him look for somewhere else to live but it was not easy and Greg says he just gave up and went back to his old life of substance abuse.

The case coordinator saw Greg around the DTES sleeping in alleys and looking ill. Greg's visits to the case coordinator became very sporadic. When he did show up, the case coordinator took him for something to eat and gave him a food voucher. The case coordinator thought about closing his case but eventually Greg started showing up more often and the case coordinator was able help stabilize his situation and find him housing. He started working with the case coordinator on a regular basis and things looked to be going well when a friend died unexpectedly and Greg disappeared on a "binge." Greg says it all just got too much for him and he did not see the point in trying to move on. He says that he did not want to have to deal with all his problems.

After a couple of weeks, Greg showed up at the case coordinator's office, saying he was ready to go to rehab but that it had to be soon. The case coordinator found him a bed in rehab and took him there. This time Greg completed his rehabilitation and moved into transitional housing. He receives disability benefits and is now volunteering on a regular basis. Greg says the journey to get to where he is now — living in a single-room hotel in the DTES and being well — may not look like much, but it was very difficult. He hopes his journey is just beginning and that he continues to move forward. He says there have been setbacks since he has completed rehabilitation but he is able to stop himself from giving up because he has good support networks, among them his case coordinator. When asked if full-time work is a possibility he says he wouldn't rule it out but that what he has learned is he cannot hide from his problems and hopes to work on those right now.

The data from the CCP tracking system showed that client movements along the employment continuum occurred, though movements into employment were limited. Table 4 shows the first and last entries for clients for whom the case coordinators have provided employment continuum data.¹⁵ As this data is not available for all clients and there is uncertainty regarding its completeness, it should be considered with caution.¹⁶ Of the 218 clients who were initially assessed as being in basic needs, 120 remained at this phase

¹⁵ If the case coordinator recorded only one entry on employment continuum for the client, this was treated as both the first and last record of the client's position on the continuum.

¹⁶ This data is not consistent with employment outcomes. There are gaps in the data, and not all movements along the continuum in both directions were entered.

throughout their time in CCP. The remaining 45 per cent of clients did move from basic needs:

- 50 moved into life skills;
- 17 went onto pre-employment or training;
- 6 took part in skills and trades training; and
- 25 moved into work or volunteering.

While clients moved forward along the employment continuum, Table 5 also shows some clients moving back to basic needs subsequently in the project. The reasons for this were discussed earlier.

Table 4: Movement along the Employment Continuum for CCP Accepted Clients, by Number of Clients

Initial Entry on Employment Continuum	Last Entry on Employment Continuum					Total
	BN	LS	Pre-E	S & TT	E & Post-E	
Basic Needs (BN)	120	50	17	6	25	218
Life Skills (LS)	13	12	2	5	6	38
Pre-employment (Pre-E)	6	5	8	5	9	33
Skills & Trades Training (S&TT)	3	1	0	2	2	8
Employment and Post-Employment (E & Post-E)	3	3	3	1	3	13

Source: EQUICARE. Includes only clients that had recorded employment continuum information.

CLIENT EMPLOYMENT AND VOLUNTEER ACTIVITY

Although the Case Coordination Project was designed to help long-term unemployed residents move into employment, as the project evolved it became clear that many clients were not ready to attend education- or employment-based initiatives or to work. This was because they were dealing with complex health and addiction issues as well as trying to secure basic needs such as food and housing. Any movements along the continuum that supported clients to work or volunteer on a regular basis was regarded as a success for the individuals and is included in the following outcomes.

Of the 329 clients who were accepted into CCP, case coordinators recorded paid employment for approximately 26 per cent (86 people): this means that almost 3 out of 10 clients engaged in paid employment at some point during their participation in CCP. In most cases, the employment income earned by clients was not high enough or sustained so that individuals became independent of IA but it did represent a significant achievement for individual clients. Using the wider definition of employment, which includes paid and unpaid volunteer positions, about 4 out of 10 clients accepted into CCP engaged in these employment activities.

The range of employment and volunteer activity that CCP clients participated in was varied. Some clients did move into more sustained and regular employment but others participated in employment or volunteering on a sporadic or short-term basis, and included, for instance, one day of employment at Elections BC or volunteering at a one-day event.

Although this figure of almost four out of 10 clients participating in employment or volunteering at some point during CCP is encouraging, it needs to be treated cautiously because of data quality issues. A review of the employment records of those clients who were employed showed that a substantial amount of this activity was short-term and end dates had not always been entered making it impossible to explore employment sustainability.

The case coordinators also tried to encourage clients to volunteer with organizations in the DTES (see Table 5). Some case coordinators hoped that volunteering would be a stepping-stone to employment, while others saw it as a means to establishing routines for clients while at the same time broadening social networks. A few case coordinators also provided an honorarium to a small number of CCP clients to encourage them to volunteer and thereby help them to establish and sustain everyday routines.

Table 5: Client Employment and Volunteer Activity in CCP

Engaged in	Number	% of Total Accepted Clients
Paid Employment/Self-Employment*	86	26.1
Paid Volunteer*	24	7.3
CCP Honorarium*	15	4.6
Volunteer*	56	17.0
Combined Activities**		
Paid Employment, Self-Employment & other Volunteer/CCP Activities	86	26.1
Volunteer Activities and CPP Honorarium	57	17.3
Sub-total	143	43.4

* Does not represent unique counts — individuals may be counted in employment and volunteer categories.

** Reports unique client count.

Client Employment Activity and Use of the Intervention Funds

The available data suggest that more intervention funds were directed to clients who secured paid employment:

- Of the 86 clients who experienced paid employment, an average of \$1,728 was spent on 85 clients who received intervention funds.
- Of the 243 clients who did not move into paid employment, the average amount spent for 223 clients who received intervention funds was \$963.

THE CHALLENGE OF MOVING CLIENTS INTO EMPLOYMENT

For the case coordinators, helping these clients move along the employment continuum towards employment was challenging because of the multiple barriers many experienced. The case coordinators invested considerable time and resources into supporting clients to meet basic needs and to help them develop life skills so their lives became less chaotic and more stable.

I'd been through rehab before, two or three times and it didn't work. I wasn't ready. I don't know if you have to hit bottom but you have to want it. You have to see something other than the next high. Working with [name of case coordinator] gave me time to do that. [...] When I got somewhere to live, I was able to get some sleep and I'd started eating regularly. I started, I got less sick. Then I, then [...] you begin to think other things might happen, maybe I'll see my son. You have to want it. It's hard.

The case coordinators adapted their approach to deliver individualized supports to clients, which clients said made a significant difference. In reflecting on their practice, the case coordinators considered whether they could have been more proactive with some clients and helped more clients move further along the employment continuum. They also stated that they had difficulty knowing when to close client cases, since all case coordinators worked with clients who took time to fully engage with the project and who were about to have their case closed when they started to make positive changes in their lives. Experience has shown the case coordinators that some of these clients then went on to resolve their health and personal issues and made significant changes in their lives. The case coordinators wanted to make sure they had given clients every opportunity to engage and to actively participate in CCP before their case was closed. With the benefit of hindsight, the case coordinators agreed that this process could have been improved with a more systematic approach to case review.

Clients with mental health problems faced particular challenges, including getting a diagnosis for their conditions and accessing the medical and social supports they needed. Agency supervisors and case coordinators reported that these clients were especially vulnerable to the advances of drug dealers, and for many, work was not a realistic possibility until their mental health problems were effectively managed. Even when they were stable, traditional, mainstream employment patterns were not always sustainable. A more realistic goal for many of these clients was to volunteer on a regular basis and to possibly work when they were well. One agency supervisor suggested that the Case Coordination Project provided these clients with a pathway to participation in society instead of being continually excluded because of mental health and or addiction issues.

The challenge for most clients was that it was extremely difficult to make the changes necessary in order to obtain and sustain employment. Clients related how they had worked hard to improve their situations and wanted to continue moving forward. They commented on how they were beginning to enjoy life again and while clients differed in what they wanted for themselves, all were appreciative of the fact they had some control over their daily lives and that they had choices. Many attributed their successes to the supports they received from the case coordinators: "Nobody would choose to live in the DTES if they could make different choices. Nobody wants to line up for food. You don't sleep on the street if you had somewhere else to go. Who wants to be cold and dirty and tired? You don't have choices."

The clients who successfully moved into sustained employment had managed to address some of their underlying issues. They had stable housing, and most of those clients who had addiction issues completed drug or alcohol rehabilitation. What differentiated these clients from others appeared to be:

- A focus on moving on;
- A growing confidence in their own abilities;
- The presence of a support network;

- Realistic expectations; and
- An ability to problem-solve.

The personal accounts of the changes individual clients made while participating in CCP are encouraging, though the number of clients who actually participated in the project was relatively small and raises questions about the reach of CCP in terms of both practice and implementation. The challenges to implementation are discussed in Section 6.

EDUCATION AND TRAINING PROGRAMS

When CCP began, it was initially thought there might be gaps in the availability of training programs for clients. At the outset of the project, it had been agreed that if this was found to be the case then some of the client intervention funds could be used to address these gaps, either buying seats in existing programs or paying for the development of needed programs. The experience of the case coordinators, however, was that the majority of clients needed one-to-one support and they were not able or ready to attend education or employment programs but some of those that did, struggled to attend and complete the courses. The reasons for this included clients not being able to sustain attendance over several days, health and personal issues as well as the learning styles that clients explained were not suitable for their needs. These difficulties are reflected in the relatively low expenditure of client intervention funds especially on education or training programs.

Although small numbers of clients attended training the range of courses recorded in the project tracking system EQUICARE was diverse and included:¹⁷

- Several group classes or workshops were arranged by one service agency to provide training to interested CCP clients on different subjects such as emergency first aid, food safety, health and safety, budgeting, Skilled Learning Training and law issues. Throughout CCP's lifespan, this was the most frequent type of training.
- CCP clients participated in existing pre-employment and life skills workshops offered by community organizations.
- CCP clients enrolled in individual courses offered by public and private institutions such as computer classes, high school completion courses as well as specific educational courses.
- Several CCP clients took literacy, ESL and language classes.
- CCP clients enrolled in vocational courses such as construction, forklift truck driving, driving courses, mechanics, telephone call centre training, and job readiness courses

EMPLOYMENT SUPPORTS: GETTING CLIENTS READY FOR WORK

The types of supports provided by the case coordinators to those clients who were ready to work included helping with life skills so that clients were presentable for interviews,

¹⁷ The evaluators refrained from listing courses taken by less than three individuals in order to protect the confidentiality of these participants.

organizing training to update skills, referring them to support for assistance in developing résumés, and talking to clients so that the jobs they wanted to apply for were realistic. For example, some clients were unlikely to be able to go back to construction work because of poor health and stamina.

During the final year of the project, a Job Developer was appointed whose role was to provide intensive job coaching and support to clients who had previously worked with the case coordinators and to help those who were ready move into employment. It was hoped that by referring all clients who were ready to move into employment to the Job Developer, the case coordinators would be able to accept new clients. Although the Job Developer worked with and supported clients who were referred to this service, it did not reduce case coordinators' caseloads because many clients were not ready to move into employment or training. The types of supports provided by the Job Developer included:

- Working on clients' résumés;
- Checking references: phoning referees to check whether the reference would be positive;
- Ensuring the client was presentable;
- Helping client find job openings;
- Supporting clients to arrange interviews;
- Providing equipment and clothing;
- Working with clients to develop work routines; and
- Providing post-employment supports.

In spring 2007, CCP collaborated with the City of Vancouver Drug Policy Program on the Four Pillars Employment Project. The aim of this pilot project was to provide individuals who were in recovery from substance use with a gradual and supported return to work. Individuals would work a 40-hour week and, in the following week, attend two five-hour training sessions. The project was designed to operate for 26 weeks starting on April 30, 2007. Two full-time equivalent positions were created within the City of Vancouver Waterworks and Sewage Departments at entrance level. These two positions were shared by four individuals. Finding four individuals within the project who met the criteria and who were able to pass the medicals proved challenging and serves to highlight the fact that many of the Case Coordination Project clients were not able to move into employment at that point in time. Of the four participants in this pilot, two completed the project.

WHAT CLIENTS SAY ABOUT ACCESSING EMPLOYMENT

Those clients who were ready for work or had already started working said they were both scared and excited. They were concerned about their physical abilities and wondered if they would be fit enough to work. They also worried about how colleagues would react to them when they went back to work because of previous histories of substance abuse or health issues, and because some had criminal records. Some clients were concerned about the social aspects of working; this was particularly true of those who were quite new into their recovery. Clients wanted to put their pasts behind them and move forward but they worried about what they would say if they were invited out for a drink after work. Some wanted to

refuse without having to discuss their pasts but they wanted to be accepted as part of the work group. Other clients (mostly those who were more established in their recovery) were less concerned with the social dimensions of working as they were comfortable talking about their pasts.

A major challenge for CCP clients was finding a job that paid more than the minimum wage or one with some health benefits. This was difficult for clients because most did not have current work histories or references that would secure them work beyond the entry level. One client said, “When you’re earning minimum wage you’re way too close you can only just manage to afford living here. You don’t have a deposit to live anywhere else. You still have to use the line-ups.”

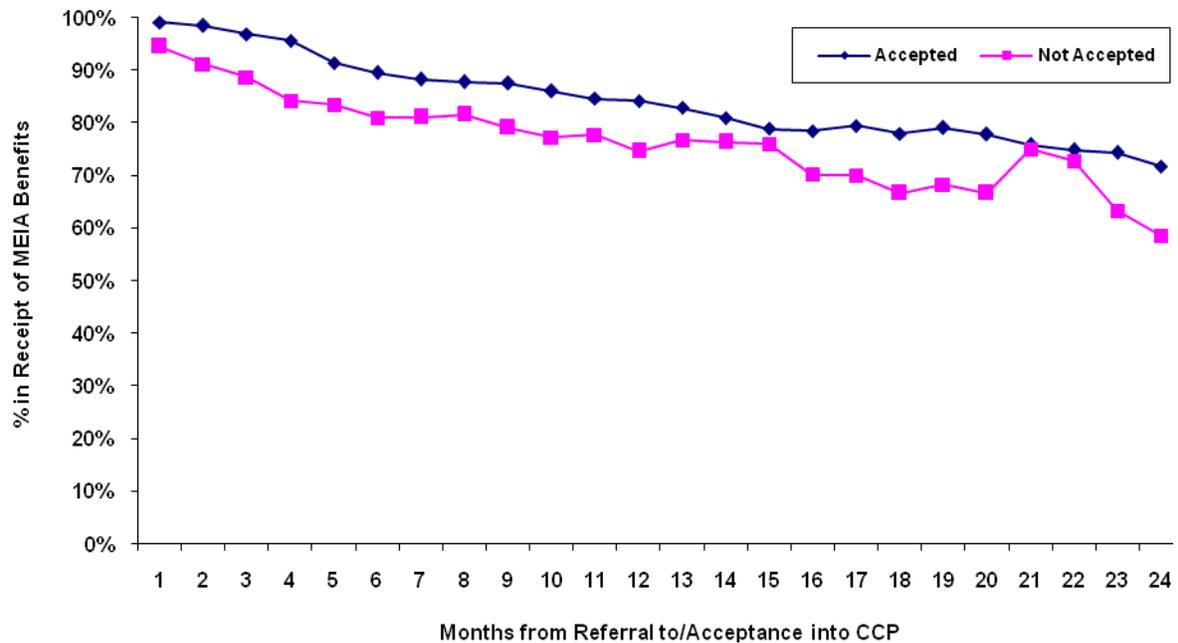
Clients appreciated the ongoing support of the case coordinators or the Job Developer as they returned to work. They contacted the case coordinators if they were unsure about something or needed practical help with getting equipment, safety clothing, setting up bank accounts, or completing forms and other paperwork. Clients also appreciated having someone to go to who was pleased at their success, who appreciated their efforts and who would reassure them that they were doing well. This intangible support enabled some clients who thought about giving up on employment or volunteering to work through issues and to keep going.

In some instances, the job developer remained in contact with the employers to help resolve issues before they resulted in individuals losing their employment. Employers found this useful, as they were not always confident about how to tackle issues around addictions or mental health issues. Having someone readily available to provide this support was seen to be important.

HOW CPP AFFECTS THE NUMBER OF CLIENTS CLAIMING INCOME ASSISTANCE

CCP did not appear to have reduced Income Assistance receipt for clients accepted into CCP in comparison to clients who were referred and not accepted. This is not surprising given the low numbers of clients who moved into sustained employment. Figure 5 shows IA rates for clients who had been accepted into CCP alongside those who had been referred but not accepted excluding those who were ineligible for the project (mostly due to not being in receipt of IA benefits). The graph is based on MEIA administrative records and shows IA receipt from the time individuals were referred to CCP for both individuals accepted into the project as well as those who did not become clients. The reasons for those individuals who were not accepted as CCP clients left IA are not known as the case coordinators did not work with them. The reasons for which CCP clients left IA were inconsistently recorded in EQUICARE by the case coordinators and it is therefore not possible to analyze this data. Anecdotal evidence, however, suggests that CCP clients moved off IA because they moved out of the Province, they went to jail, they entered rehabilitation, they found employment and some clients also died.

Figure 5: Income Assistance Rates for Accepted and Non-Accepted CCP Referrals



Note: IA receipt was determined for all 329 accepted CCP clients in the first six months after being referred to/accepted into CCP. After the sixth month, the sample size or numbers used to determine the percentage in receipt of IA for months 7 to 24 decreased as enrolment occurred monthly between February 2005 and July 2007. This means that for clients enrolled August 2005 and later, the analysis would document IA receipt for a varying duration in the above figure. The smaller number of clients, especially for referred and not accepted clients, in the later follow-up months, means that the numbers may have more variation.

Over a two-year period, the IA rates for individuals accepted into CCP were slightly higher than those who were not part of CCP. Six months after being referred to CCP, approximately 90 per cent of clients continued to be in receipt of MEIA benefits and one year later, 84 per cent of CCP clients were in receipt of MEIA benefits. In the initial months after being referred to CCP, a slightly higher proportion of those who were not accepted into CCP stopped receiving benefits; but afterwards, the decrease or trend in IA receipt between the accepted and referred-but-not-accepted groups were similar.

There are a number of possible explanations as to why more accepted CCP clients continued to receive MEIA benefits, including the fact that case coordinators helped clients apply for MEIA disability benefits (discussed below), which meant they would continue to receive welfare payments. Another important outcome for CCP clients was helping them achieve some stability in their lives and for some, this may have included being able to comply with MEIA and remain eligible for benefits. Finally, some clients reported they would have periods when they would “get lost” and not be around to collect their MEIA cheque. There were many reasons why they got lost: some tried moving somewhere else, some got overwhelmed by their mental health or addiction issues and simply stopped collecting their MEIA payment. It should be noted that this analysis should be interpreted carefully as the numbers are small, especially in the later follow-up periods (see note for Figure 5).

CHANGES IN MEIA DESIGNATION

Throughout the Case Coordination Project, the case coordinators helped clients apply and obtain a change in their MEIA designation from one of being required to work to either Persons with Persistent Multiple Barriers (PPMB) or Persons with Disabilities (PWD).¹⁸ The reason for this was that as the case coordinators conducted their comprehensive assessment they were able to “piece together the bits of the jigsaws and realized that clients were entitled to disability payments.” The case coordinators also had the time and resources to work with clients and to arrange medical assessments, to help clients complete application forms and to follow up on appointments or test results. These were all things that clients struggled to do by themselves and while other agencies provided help to apply for disability related benefits, clients did not attend appointments mostly because of their chaotic lifestyles or because they were unable to because of their mental health issues.

The data shows that:

- About 14 per cent of clients (47 people) accepted into CCP had their designation changed to PWD after joining the project in comparison to 9 per cent for those clients who were not accepted into the project. Of the 47 clients, 25 had established PPMB before gaining their PWD status.
- An additional 40 per cent (125 people) had their designation changed to PPMB after joining CCP compared to 37 per cent for those who were not accepted into the project.

At some point during their time in the Case Coordination Project, almost half of the clients were awarded a disability related benefit and were not expected or required to work. The implication of this finding is significant and helps to explain why the case coordinators spent considerable time addressing basic needs and life skills issues. It also provides a realistic context for the relatively low numbers of clients who moved into employment.

A small number of clients did not want to apply for disability benefits and resisted being designated as a person with a disability. In these instances, the case coordinators emphasized the importance of applying, as it would allow them to obtain the medical treatments they needed and access other services. In addition, the switch to disability benefits would increase their income, as well as giving them an income exemption, which meant they could work when they were well and keep some if not all of their earnings without having to move off IA. For some, this change in benefit provided them with enough security to try training, volunteering, or part-time work.

MEIA staff had been aware of the difficulties some clients experienced in applying for disability benefits. The MEIA staff interviewed for this evaluation had tried to support individuals to apply for disability benefits but had been unable to do so as clients often struggled to keep appointments and were not always forthcoming with medical practitioners.

¹⁸ An individual may be assessed for PPMB if they have been on assistance for at least 12 of the past 15 months, and are unable to achieve financial independence because they have specific barriers to employment that cannot be overcome despite all reasonable steps by the recipient. The BC Employment and Assistance Program for PWD provides disability assistance and supplements to provide greater independence for PWD, including security of income, enhanced well-being, and participation in the community. To be eligible for disability assistance, a person must meet the criteria for the PWD designation, and be designated as such by the Ministry.

MEIA staff saw changes in designation as a success for the client as it meant they were receiving the benefits from the appropriate program and had access to needed supports and services and higher rates of benefits.

HOW THE CASE COORDINATION PROJECT WAS A SUCCESS FROM THE CLIENTS' PERSPECTIVES

Success meant different things to different clients. For some clients, success meant being free of the DTES and living somewhere else, for others it was about stability and control. This was especially true for those who had moved onto disability benefits and were unlikely to be able to sustain full-time employment. The increase in the amount of benefits they received represented a success and resulted in a substantial improvement in their living standards. For other clients, success meant taking medication, having and maintaining a harm-reduction strategy and a return to doing ordinary things such as washing, eating regularly, shopping for food and taking care of themselves. For a smaller number of clients, success involved moving into employment and/or training.

Those clients who experienced the greatest changes in their lives were the most enthusiastic about the Case Coordination Project. During discussions, clients wondered whether the Case Coordination Project would be seen as a success in the bigger political picture because they knew that not everyone in the project was going to be able to get and keep jobs. These clients concluded that while it was important that those who were able to work did so, they also stressed the importance of recognizing the changes in participants' lives, including improvements in well-being. Within the project tracking system, the case coordinators recorded successes for clients. The majority of the successes recorded are around stability rather than employment — e.g. improved self-esteem and confidence, improved social networks, developed skills and knowledge, the use of harm-reduction strategies, access to health services, and obtaining stable housing.

Section 6: Building on the Case Coordination Project’s Promise — Observations and Lessons

As a demonstration initiative, the Case Coordination Project provided an opportunity to test a relatively new approach of delivering supports to long-term unemployed residents of the DTES. It brought together a number of service agencies and stakeholders, each of which had different approaches, mandates, and philosophies governing their operations. The type of collaborative work that was needed by CCP was new to some of these agencies, as was the infrastructure to support their endeavours. The present section explores some of the issues that arose during the implementation of CCP to highlight the lessons for future policy and practice. This section begins with a discussion of the implementation and administration of CCP and then reports on how clients were transitioned back to MEIA programs when CCP ended. The section concludes with a discussion surrounding the challenge of maintaining the employment focus of the project while addressing basic needs and life-skills issues.

IMPLEMENTATION AND ADMINISTRATIVE LESSONS

The decentralized model implemented for the DTES Case Coordination Project was innovative and brought together a range of service agencies to deliver case management services to clients. The evaluation has highlighted some of the advantages and disadvantages of this approach, which are summarized and presented in Table 6.

Table 6: Lessons from Decentralized Model of Case Coordination

Advantages	Disadvantages
✓ increase project skill and resource base	✗ no single clear vision
✓ provide a wider variety of services to clients	✗ mixed messages and communications about CCP
✓ increased opportunities for joint working and collaboration	✗ inconsistencies between service agencies in management
✓ wide range of philosophies and approaches incorporated	✗ inconsistencies in case coordinator practices
	✗ lack of accountability and responsibility
	✗ lack of ownership and direction
	✗ increased potential and instances of miscommunication about CCP aims and objectives

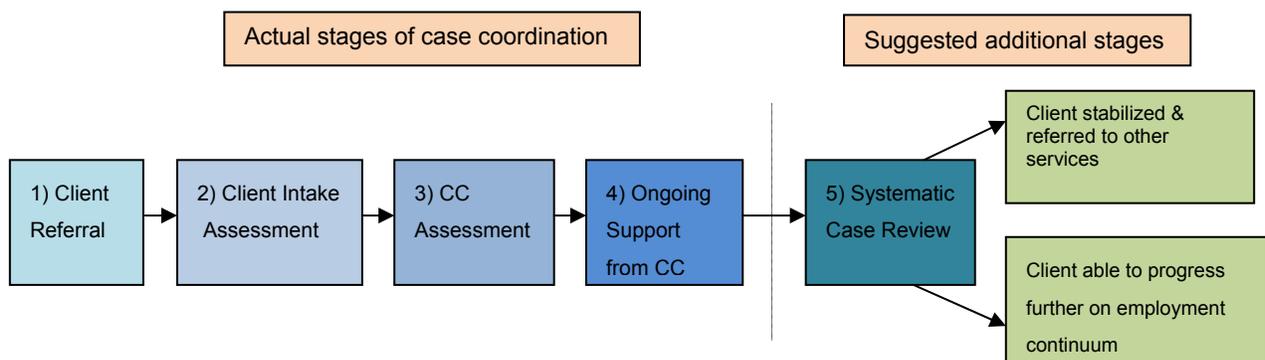
The personal accounts of the changes individual clients made while participating in CCP are encouraging, but there were limitations in the implementation of CCP that limited the scope of the project, as evidenced by the relatively small number of clients who were accepted into and participated in the project. Some of the challenges to implementation are discussed below.

The decentralized model did bring together a range of service agencies that had different areas of expertise and operating philosophies. The agencies did work together to provide services to clients but this was often on an ad hoc basis. At the beginning of the Case Coordination Project, the case coordinators met on a regular basis to share practice experiences and to discuss how best to meet client needs as well as administrative procedures. As CCP continued, however, these meetings were not attended by all the case coordinators, as some no longer found the meetings as useful as they had been initially.

The disadvantages of the decentralized model revolved primarily around the need for a strategic vision of what the project should be doing and how best to achieve its goals. Also important was the lack of accountability and consistency. The decentralized model was chosen because it allowed different approaches to be incorporated into case coordination and while this was important, there were inconsistencies between the case coordinators and service agencies over administrative and practice issues. For example, all case coordinators were to have kept detailed client records in the project tracking system, but not all did this and despite efforts from the VA and BOB, problems of consistency remained. Some of these were linked to the actual system but others were due to a lack of accountability. The variation between agencies approaches was seen to be an asset of the intervention allowing different client needs to be met by the most appropriate approach; the exchange of information and collaborative working were limited, however, and depended on the case coordinators' individual approaches.

The lack of accountability and consistency also created problems in terms of managing the flow of clients through the project and partly explains why over the three years of CCP only 329 clients were accepted. Despite the four stages of case coordination described previously (referral, intake assessment, case coordinator assessment and ongoing supports), what appears to have been missing was a fifth stage in which the progress of clients through CCP was systematically monitored and reviewed (see Figure 6). If this additional stage of the case management process had been implemented across the service agencies, then those clients who were able to continue to benefit from one-to-one support could have remained while those for whom employment or training was not currently a realistic option could have been referred to other services. In discussing the need for this additional review, the case coordinators reported a lack of suitable services to which to refer clients.

Figure 6: The Proposed Case Coordination Process



By regularly and systematically reviewing client cases to identify those who could continue to benefit from intensive one-to-one supports, it would have been possible to close

some client files, thus freeing up space for new clients and increasing the overall capacity of the project. Some of the service agencies did engage regularly reviewing client cases on a case-by-case basis, but it did not happen across all agencies on a regular basis.

Three further issues arose during the Case Coordination Project, and though they were discussed, they were not fully resolved.

Reporting and Monitoring

Case coordinators were to have met with clients on a regular basis to review individualized employment service plans. The frequency of meetings with clients depended on both the issues being addressed and the overall approach adopted by the case coordinator. Some case coordinators met with all their clients every one to two weeks while others had clients they met with less than once a month. In addition, the case coordinators had to submit monthly reports to MEIA to confirm client attendance or non-attendance at meetings, as well as producing quarterly reports detailing the issues being addressed by clients and notifying MEIA of changes in circumstances. The case coordinators also submitted quarterly reports to BOB confirming caseload, cases closed, clients' position on the employment continuum, referrals to other programs, and goals set and met. Due to the limitations of the project tracking system, these reports were produced manually, which may partly explain why there were inconsistencies between them and the information entered into the project tracking system.

Managing No-Shows

A persistent problem experienced throughout the Case Coordination Project was clients failing to keep appointments, or no-shows. CCP was designed to be flexible and to cope with instances in which the client may miss one or two appointments, the rationale being that it might take time for some clients to get into a routine of turning up for appointments. Some clients, however, did not reappear, which raised the question of how long a client should be inactive before the case was closed. Within the framework of CCP, cases were supposed to be closed if clients failed to attend or meet with the case coordinator every month. Some case coordinators adhered to this rigorously while others worked on a case-by-case basis to determine when and if to close a file.

Waitlist

In response to the situation that more clients were being referred to CCP than there were places available, a waitlist was introduced. By early 2007, over 50 clients were on the waitlist and some had been on it for several weeks. Case coordinators were therefore asked to review their caseloads and some closed some files, which freed up places for new clients. While some case coordinators continued this review process, it did not happen across all service agencies on a regular basis. Clients on the waitlist did not have to attend MEIA or other programs as they were technically referred to CCP. The need for a waitlist was partially explained by the fact that the flow of clients through the project was not effectively managed. Clients on the waitlist were asked to stay in touch with the CCP Intake Case Coordinator and some did so. Also because of the increasing number of clients on the waitlist, referrals to CCP slowed because MEIA workers making the referrals were aware clients would not be seen by a case coordinator for a few weeks.

The personal accounts of the changes individual clients made while participating in CCP are encouraging, but, as mentioned previously, the reach of the project was limited by challenges in its implementation.

TRANSITIONING CCP CLIENTS BACK TO MEIA

It was recognized at the beginning of the project that there needed to be a supportive plan in place to transition clients back to the Ministry. In July 2007, discussion began as to what that transition would look like, when it would begin, how clients would be supported through it and the relationship between the Case Coordinators and the Employment Assistance Workers who would be responsible for the transition. After discussion between BOB, VA and MEIA, it was decided that the Case Coordinators would stop accepting new referrals in July in order to have a clear seven months for the Case Coordinators and Employment Assistance Workers to work together for a smooth transition.

BOB drafted a transitioning plan that included input from service agency supervisors, and it was submitted to the Vancouver Agreement. Some service agency supervisors had hoped CCP would continue and explored other avenues for their clients. Although they were disappointed that CCP did not continue, service agency supervisors did participate in planning the transition process.

In terms of CCP operations, the transition plan meant a final downscaling of the service agency contracts, which was necessary because fewer case coordinators were needed since the project had stopped accepting new clients and existing clients were moving back to MEIA programs.

Under the transition plan, clients who were participating in CCP were informed that the project would be ending. The case coordinators met with all their clients and explained they would refer clients on to another agency before their file was transferred back to MEIA. For example, those clients who had been receiving alcohol and drugs counselling through CCP would be referred to another service provider for these supports.

MEIA designated two Employment and Assistance Workers to be responsible for transitioning clients back from CCP. These workers met with all the case coordinators to identify the most appropriate program for clients to attend. Clients were then asked to attend an interview with MEIA workers in fall 2007 in which case coordinators were able to attend. Case coordinator attendance at these meetings varied depending on clients needs. MEIA offered to conduct these interviews offsite.

During the interviews between MEIA staff and clients, MEIA staff completed a detailed assessment of clients' circumstances. These assessments together with the discussions with case coordinators helped MEIA staff to identify suitable programs for clients. In conducting these assessments, MEIA staff reviewed the IA payments clients were receiving and found a number of individuals who were eligible to apply for disability benefits. MEIA staff worked with clients to submit applications.

Clients started being transitioned back to MEIA in August 2007 at which point there were estimated to be 204 clients who were still participating in CCP. Of these clients:

- 22 files have been closed with four moving into employment;
- 11 clients have moved out of the area;

- 9 are in alcohol or drug rehabilitation; and
- 26 clients who had PPMB or PWD declined to participate as they were not expected to work.

Once MEIA staff had completed these assessments, 136 clients needed to be transitioned back to MEIA programs. The two designated MEIA staff members worked with clients in placing them in suitable programs. The majority of clients were referred to three programs:

- Kiwassa CAP
- SUCCESS CAP
- THEO BCEP

Of the 136 clients transitioning back to MEIA, 84 were accepted into CAP and 17 into BCEP. MEIA reported that while clients were accepted into these programs, some had been returned to MEIA due to no-shows, lack of participation or non-compliance. The evaluation did not conduct a longer-term follow-up with CCP clients who transitioned back to MEIA programs and therefore cannot report outcomes for these MEIA programs.

The development of a more formal transitional plan and its delivery by the MEIA staff and case coordinators was important in ensuring a successful transition for clients. Clients as well as staff understood the processes involved and what was expected from them. Both MEIA and case coordinators reported a relatively smooth transition of clients back to MEIA and they were pleased with this phase of the project. A number of CCP clients were interviewed to explore their experiences with the transition process: they reported that the process of moving back to MEIA was relatively straightforward. Although some clients had been very apprehensive about the interviews with MEIA and were concerned they would be returning to the MEIA caseloads, they reported the process was acceptable. Throughout this transitioning process, clients remained part of the Case Coordination Project and could continue to meet and work with their case coordinators until CCP ended in February 2008, which they found reassuring.

THE EMPLOYMENT FOCUS OF THE CASE COORDINATION PROJECT

As stated above, the Case Coordination Project was designed as an employment initiative with the primary purpose of helping long-term unemployed DTES residents move into work. As CCP was established, it became clear that many of the clients who became part of the project were not ready to move into training, education, or employment. The case coordinators found that achieving some degree of stability was the essential first step in the process of case coordination. This was because many of the clients referred to CCP led very stressful, chaotic, and volatile lives. Many oscillated between a very fragile stability and crisis. For some clients, this first element of case coordination was one of engagement, which could take weeks or months to achieve and during this time, most of the case coordinators efforts were aimed at addressing basic needs. Clients were simply not ready or able to contemplate work or training and so the employment focus of the project became secondary. An example of the kind of challenges faced by clients is provided in the box below.

Clare had lived in the DTES since she was 14 years old and had supported herself by working as a prostitute. Clare left home because she had been abused and when she did so, she had a growing drug problem. She ended up living in the DTES and drugs came to dominate her whole existence. Clare never had a formal job and for most of her life, she claimed Income Assistance. Clare had tried life skills and employment programs but had met with no success. Each program she tried left her feeling more hopeless as the gap between her lifestyle and any other one seemed insurmountable.

When Clare joined CCP, she was in her 30s and was not optimistic. She only attended those appointments with her case coordinator that she absolutely had to. When she did go, she was surprised she was not made to feel bad. Instead, her case coordinator said that if something was not working they needed to try a different approach. The case coordinator took her out for coffee and lunch. She got clothes, a hotplate for her room — small things that made her feel good. Clare said that what surprised her most of all was that she was not made to feel like she was being given charity; it was that someone actually cared about her, wanted her to do well for no other reason than they saw beyond her addiction and lifestyle and showed her alternatives. Eventually Clare agreed to go for a psychological assessment. From this assessment, she was able to access other services and she was found to be eligible for disability benefit. The case coordinator worked with her to show her that there were other ways for Clare to make money and that she deserved better. Clare went to drug rehabilitation and is now in transitional housing.

Clare's situation was not atypical of the majority of clients referred to CCP. Clare's case coordinator had the time and resources to work with her intensively and eventually Clare obtained and accepted the support she needed. By the time CCP was ending Clare was still in transitional housing and was beginning to think about future work or training plans.

The findings from this evaluation suggest that based on employment outcomes, the Case Coordination Project had limited success. The dilemma for those delivering the project was how to reconcile individual and personal successes with the fact that fewer clients than expected moved into employment. The findings from this evaluation point to the social inclusion component of the project and suggest that perhaps before employment outcomes can be achieved clients have to be able to participate in the society around them.

During the time CCP operated, the case coordinators and others came to recognize that success was not just a case of whether a client got a job but if they were more stable and whether their personal and living situations had improved; it was not an “all or nothing” situation. The approach of some welfare-to-work initiatives is a work-first approach — place clients in jobs and then address other issues. Within the framework of CCP, in most instances, the case coordinators found other issues, including mental health, addiction issues, and housing, that had to be addressed before attention could be paid to employment. Work-first was not a realistic option for most CCP clients, which is not surprising given that many of those referred to CCP were long time clients of MEIA and if a more traditional or conventional employment program was going to succeed, it would already have done so. MEIA staff was supportive of CCP because of the potential it offered for addressing the underlying barriers so that employment could become a possibility when these issues were resolved or managed.

In the interim, the employment focus of CCP became secondary as efforts were focussed on addressing basic needs of clients. As a result, one of the main challenges for the Case Coordination Project was how to address the employment focus of the project when case coordinators were working to address the multiple health and social barriers clients experienced. Attempts to refocus the project on employment were made by hiring a Job

Developer, for instance. Despite this, however, the majority of case coordinators' time and resources were spent addressing basic needs and life skills issues.

SUMMARY

The challenge for policy and practice is that the evaluation findings suggest the Case Coordination Project could have been better implemented better to avoid some of the operational issues it encountered, including difficulties in reporting and managing the flow of clients through the project. Efforts to improve the implementation of the initiative met with limited success.

Although the overall employment and IA outcomes were limited, the Case Coordination Project has shown that it is possible to connect with long-term unemployed clients in the DTES, to gain their trust and to begin to develop increased stability into clients' lives. The case coordinators and clients reported that this stability was a necessary precursor before other sustained individual changes became a realistic possibility and focused their resources on this area.

Section 7: Summary and Conclusions

The aim of the Case Coordination Project was to put in place supports to help long-term unemployed residents of the Downtown Eastside to move into employment. The project was to do this by providing individuals with one-to-one supports delivered via a case coordination model. CCP was designed as a demonstration project to explore whether this approach could help individuals who had been left behind by a growing economy to move back into employment. The area the project was located in is synonymous with high rates of poverty, substance abuse, poor housing, and high rates of unemployment.

The findings from other initiatives were that long-term unemployed or hard-to-employ individuals needed special assistance to find and keep jobs because they experienced multiple barriers. When the Case Coordination Project was developed, available research suggested that a successful transition program for people with multiple barriers would need to employ a combination of treatment, support services, and labour market strategies. CCP was designed to provide this “full array” of services in a personalized and responsive manner. The service that was developed was a client-centred initiative aimed at connecting individuals to jobs and supporting them so that employment was sustained thereby breaking the “welfare–work–welfare” cycle experienced by many individuals in the DTES.

The findings from the evaluation suggest:

The Case Coordination Approach

- There is a need for intensive one-to-one support for clients who are not able to participate in mainstream employment or other initiatives. Within CCP, the one-to-one support provided by the case coordinators enabled some clients to stabilize their lives as well as supported others to move into employment, volunteering, or training. The type of supports provided included practical help and life skills, financial help and personal support.
- Maintaining the employment focus of the Case Coordination Project was challenging as much of the work of the case coordinators centred on addressing clients’ basic needs and on improving clients’ self-esteem and confidence. These were recognized as important key components of the Case Coordination Project as well as necessary precursors to other changes.
- Within the framework of CCP, the approach taken by all case coordinators was to work with clients to help them succeed. Often this meant breaking tasks down into smaller, more manageable components, accompanying clients to appointments or helping them complete applications. Clients appreciated the support and in some instances, not only did this approach produce results in that things were done, but it also allowed them to become more confident in tackling issues themselves.

The Case Coordination Clients

- A total of 658 clients were referred to the Case Coordination Project of which 329 were accepted and participated in the project. The main reason why individuals were not accepted into CCP was because they failed to attend their initial appointments with project staff.

- The clients in CCP lived in very difficult circumstances and this explains why so many clients were addressing basic needs and life skills issues. The majority were single men who lived alone. Close to one-third of the clients had been in the DTES for more than 10 years, and about two-thirds were aged 40 to 64. Almost half the clients were current substance users and approximately 80 per cent had been past users. Almost two-thirds of clients reported serious health problems.
- Many of the clients who participated in CCP experienced multiple barriers: these included barriers to employment and those arising from personal and social circumstances, health issues, education, and housing. The case coordinators found that if clients were to improve their lifestyles then these barriers had to be addressed.
- The majority of CCP clients were assessed as being in basic needs when they began working with a case coordinator, which meant they were addressing health issues such as addiction and mental health, personal circumstances and housing issues. Trying to resolve basic needs issues took considerable time and resources and meant that most clients were not ready to move into employment, volunteering, or training.

Employment and Other Outcomes

- Defining success for the Case Coordination Project is not straightforward. The project was initially designed to produce employment outcomes. Based on the number of individuals who moved into employment, the project met with limited success, though the Case Coordination Project did help individual clients make improvements in their lives.
- Of the 329 clients who participated in the Case Coordination Project, the case coordinators recorded paid employment for approximately 26 per cent, almost 3 out of 10 clients. When paid and unpaid volunteer activity was included, this number increased to about 4 out of 10 clients. The range of employment and volunteer activities varied and included many who worked or volunteered for one day or short periods, as well as those who managed more sustained employment. These figures must be treated with caution, however, because of data quality issues.
- Clients who successfully moved into sustained employment had managed to address underlying issues. They had stable housing, and most had completed drug or alcohol rehabilitation. What differentiated these clients was a focus on moving on, a growing confidence in their own abilities, the presence of a support network, realistic expectations, and the ability to problem-solve.
- The client intervention funds consisted of money available to the case coordinators to pay for employment and other expenses incurred by clients. Up to \$1,700 was available for each client. Of the 329 clients in CCP, 308 had intervention funds spent on them. The average amount of money spent on clients varied over the three years of the project, with more intervention funds being spent on clients who secured paid employment.
- The Case Coordination Project did not reduce Income Assistance receipt for those clients who had been accepted into the project in comparison to those who were referred and not accepted.
- A higher proportion of clients referred to the Case Coordination Project were subsequently found to be eligible for MEIA disability benefits than those who were

not in the project. The case coordinators were able to support clients to apply for disability benefits by helping with paperwork, arranging appointments and following up with other professionals when necessary.

- For some clients, employment — especially mainstream and traditional employment — was not feasible. CCP was able to provide support to these clients and helped to make substantial improvements in their lives. For these clients, CCP was not just an employment initiative it was more: it evolved into a comprehensive model that provided support to clients to address underlying issues so that those who participated in the program were left better off.

The Clients' Experience of CCP

- Clients who participated in CCP were very positive about the project and the supports they had received. CCP was seen as something very different from other employment and training initiatives as it worked with clients to address underlying issues before trying to move individuals into employment. Clients appreciated the fact they did not have to be substance-free to access these supports.
- Some clients experienced impressive life transformations from the time they started participating in CCP. Clients who had been sleeping in the alleys, dirty and dishevelled ended up with somewhere to live; they were clean and proud individuals who were volunteering or exploring the possibility of training or work. Many attributed these transformations to a combination of realizing that if things did not change then this is all that they would ever have and equally importantly, was the conviction they developed through working with the case coordinators that change was possible and a growing realization that they deserved a better quality of life.
- Very few clients underwent immediate transformations; instead, all described the process as slow and involving a number of false starts.
- Clients found the case coordinators to be respectful, non-judgemental and credited them with providing a sense of hope.

Implementation and Administration

- While the decentralized model implemented offered the prospect of incorporating the expertise of a range of agencies and of accessing other resources, actually managing a project under this organizational structure proved very difficult.
- Throughout the project, there were operational inconsistencies, including managing the flow of clients, reporting and entering information in the project's tracking system, and problems with data quality. Although attempts were made to resolve these challenges, they persisted throughout the project's lifespan.
- Despite the need for regular systematic case review of clients, this was not performed rigorously in all agencies. As a result, case coordinators were not always clear on how to move clients further along the employment continuum into work or training once their situations had been stabilized. CCP tried to refocus the initiative by employing a Job Developer, but this met with limited success.
- CCP did present opportunities for greater partnership working in the DTES. Within the project, this happened mostly between front-line staff and senior management. All

agencies reported improved relationships with MEIA staff, but relatively little collaboration occurred outside of CCP.

- The case coordinators had autonomy and flexibility over how they managed their caseloads as well as how they used the client intervention funds. This was positive in that they were able to meet client needs creatively, but it presented challenges in managing this variation given the employment focus of the project.
- The Case Coordination Project encountered challenges that limited implementation.

OUTSTANDING ISSUES FOR POLICY AND PRACTICE

The Case Coordination Project represented an innovative approach to providing supports to long-term unemployed residents of the DTES. The aim of the CCP was to explore whether this approach could be used to help long-term unemployed individuals move into work or to become more self-sufficient. The findings from this evaluation suggest that in order to achieve employment outcomes with individuals experiencing multiple and complex barriers the underlying issues must be addressed as well as ensuring individuals basic needs are being met. When clients' health, housing and related issues were being addressed or managed, clients needed to have the coping skills to enable them to cope with the challenges of everyday life. These findings are indicative rather than conclusive partly because of the relatively small number of individuals who moved into employment and because of data quality issues that limited analyses. Further research is required to explore whether these findings and the lessons arising from the Case Coordination Project are transferable. In conducting this evaluation, a number of issues for policy and practice merit further consideration:

- The personal accounts of the changes individual clients made while participating in CCP are encouraging, though there were limitations in the implementation of CCP which restricted the reach of the project, as evidenced by the relatively small number of clients who were accepted into and participated in the project. The question for policy and practice is whether these personal accounts could have been replicated with more eligible clients.
- The number of clients referred to the Case Coordination Project suggests that over 600 clients were identified as being in need of the type of supports the project provided, yet only 329 actually participated in the project and received help. While the data showed that the reason for this discrepancy was because of no-shows, the challenge to policy and practice is two-fold: first, how do you engage with these individuals in order to provide services to them? Secondly, how do you manage “no-shows” effectively?
- CCP data shows that a relatively large proportion of clients had their MEIA Income Assistance designation changed as they were found to be eligible for disability benefits. The data suggests that clients who are experiencing multiple and complex barriers are unable to navigate and complete the application process without considerable support. The challenge is how to provide this support to individuals who in many cases would struggle to attend appointments and complete detailed application forms.

- Many of the clients who received support from the Case Coordination Project were not able to work on a regular basis but they were able and willing to work when they were well, not only for the financial rewards but also for the social benefits. The challenge that arises is how to support these individuals in this non-traditional employment pattern so as they are not left worse off when they are not working.
- Finally, for some CCP clients, achieving a stable lifestyle with reasonable housing, having a harm-reduction strategy in place and taking care of themselves was as much as they were able to do at that time. To sustain these improvements, some clients needed ongoing support to prevent their health and well-being from deteriorating. The challenge for both policy and practice is how to deliver this ongoing support and to do so in such a way that the individual has the opportunities to move forward when they are able.