

**HOW RENFREW COLLINGWOOD RESPONDED COLLABORATIVELY
TO HOMELESSNESS TO CREATE INCLUSIVITY
IN AN EVOLVING NEIGHBORHOOD**



**Widening
the Circle
of Community**

**PRODUCED BY:
RENFREW COLLINGWOOD HOMELESSNESS STEERING COMMITTEE**

APRIL 2009

Renfrew/Collingwood Homelessness Committee
(membership as of 2007/2008)

Collingwood Neighbourhood House
Evergreen Community Health Centre
Renfrew-Collingwood Food Security Institute
Collingwood Community Policing Office
Renfrew Park Community Centre

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The Core Message

“Unconventional community”— what does this mean? How does it come about and what does it lead to? How did the process of creating “unconventional community” unfold in Renfrew-Collingwood, and what can be learned from it?

Perhaps most importantly, how does all of this help address the homelessness crisis in Vancouver?

This story is about relationship-building and drawing people back into community. It's about esteem building and how over time this can lead to housing, income support, health services, and new skills for homeless participants in the program.

This story is also about the challenge of starting and running a neighbourhood-based program in the context of unmet citywide demand. It's about how partners dealt with program operations and relationships with each other in the face of being overwhelmed with increasing demand.

As much as possible, the story will be told verbatim in the words of the homeless participants, volunteers, staff, and board members who join together on a weekly basis to make the program work.

What Unconventional Community is made up of:

“Anybody can walk through these doors, and everybody's accepted.”

Chantal, staff person

“I think they just need to tell somebody that they accomplished something during the week... they probably don't have anybody outside to listen to that kind of thing”

Sandra, staff person

“Empathy heals – it's almost like a drug in itself. It reduces the need for drugs.”

Vanessa, staff person

What Unconventional Community feels like:

“Emotionally, it has a huge impact on me... I really look forward to this place and the friends I've made here and the food, that's a big impact, the closeness of everyone, it's so meaningful because in reality, everyone's so cold out there. Out there, you're looking over your shoulder constantly, here you can relax and be yourself.”

Pierre, participant

What is an “unconventional community”?

The term “unconventional community” refers to a philosophy of inclusion within Renfrew/Collingwood that is not governed by stereotypical boundaries related to who belongs and who does not.

Unconventional communities are based on compassion and the recognition of each individual's strengths and assets that can contribute to the overall well-being of the neighborhood.

Within “unconventional communities”, there are no outsiders and everyone feels a sense of recognition and belongingness.

"The friendships they've made here... positive things people here are telling them... and once it starts to dawn on them in their head, and they see the difference it's made in other people... the staff here – everyone here has a smile on their face, always – it makes you feel good... plus they know where to point you to services, where a lot of people don't know that on their own".

Pierre, participant

Challenges to Building Unconventional Community:

"These people were in real need of support, and we had a choice-- whether we could turn our heads around and look in a different way, or face it... As a welcoming place, this neighbourhood house opened our arms, and we embraced them."

Winston, Board member

"We push the envelope, but when we don't understand and respect other people's views, and let their voices be heard... I think that by pushing people you create more conflict. It's our responsibility to be able to engage people and allow the discussions to happen, and people to voice concerns."

Andrew, staff person

Wider Implications of Unconventional Community:

"One of the biggest problems people have on the outside is not having people they can trust. Most people, once you get them thinking clearly, and they feel they can trust the people who are trying to help them, eventually 99% of them will jump at the chance to make use of the options presented to them... trust is the key. Once you feel you're living in a caring community, all of a sudden you don't want to sink back into yourself."

Liam, participant

"My vision would be that we have several places within our community that could provide support, and that it's not dependent on one person or one organization... and that we'd see a lot more people having conversations on the street with the homeless rather than walking over them".

Andrew, staff person

"There's lots of health care out there— walk-in clinics everywhere, street nurses, mobile clinics. It's about choosing to access health care, and having the wherewithal to make that choice. People need to be brought to the point where they recognize their own health needs and they can find out how to access healthcare. It's building the thought of health in their minds that's important."

"I see some very drug addicted people who just need that hope, that there's someone willing to see them, who's not going to kick them out of their office-- because they do have an ulcer on their foot that needs to be treated. It feels good to be able to take care of someone's needs right away. It feels great to be able to do that."

Suzanne, community partner

Collingwood Neighbourhood House's Homeless Breakfast and Shower Program

Timeline of Events 2002 –2007

- Oct 2002 • CNH Food Security Institute starts to brainstorm the idea of a community breakfast
- April 2003 • “Wednesday and Saturday Breakfast Program” is started for community members**
- Sept 03-04 • Strategic Planning and Community Building
- May 2004 • Task Groups formed – Shower, laundry support, identifying local meal programs, etc
- June 2004 • Visited Kitsilano Community Centre Saturday Breakfast/Shower Program Food Outreach
- Developed mission statement
- Oct 2004 • **Homeless Program Coordinator hired**
- Nov 2004 • Discussions with Evergreen Health Centre for nurse practitioner support in program
- Devised guidelines for behaviour
- Jan 2005 • **Started “Breakfast and Shower Program for Homeless”**. Community members continue to attend and be involved with the Breakfast Program.
- Clothing exchange available
- Public health tour to identify appropriate cleaning procedures to prevent spread of diseases
- Feb 2005 • Received \$10,000 from Vancouver Coastal Health (VCH)
- Apr 2005 • Training received from Evergreen Addictions Team. Sensitivity training workshops scheduled
- **Averaging about 8 people showering each week**
- April 2005 • Intoxicants & Patrons workshop held
- Community Policing Centre reports complaints, increase in found needles, and people sleeping outside
- May 2005 • Evergreen agrees to have a nurse practitioner present during the Wed's breakfast program
- Non Violent Crisis Intervention training workshops (held again in March 2006)
- Aug 2005 • Discussions around need to set parameters for participants during non program hours
- Oct 2005 • Received \$15,000 City Innovations grant
- Hosted citywide info session on Meal/Shower programs
- Nov 2005 • Safety & Guidelines of Behaviour paper developed
- Jan 2006 • Local Chiropractor begins volunteering services in program
- Received \$5,000 through food security funding and \$8,000 from United Way
- Mar 2006 • **Sensitivity Training Curriculum and Manual developed**
- May 2006 • Beginning to hear concerns from childcare parents and staff on issues related to Breakfast Program participants. Developed strategies for addressing concerns
- Staff and volunteers participate in Mental Health First Aid course
- Aug 2006 • Coordinator reports increase in violent incidents
- Coordinator building relationship with St. Mary's Church and interfaith communities
- Oct 2006 • Concerns from childcare parents and residents related to Wednesday Program continue
- Held “town hall” meeting with parents to hear all the concerns and explain how CNH will address them.
- Committee discusses possibility of incorporating a membership system for program
- Nov 2006 • Wed Breakfast Program running smoothly since changes made but childcare parents still have concerns
- Recommendation to CNH Board to end Wednesday program in December 2006
- Dec 2006 • **Wed Breakfast Program is closed**
- Jan 2007 • Running out of funding – looking at options
- Feb 2007 • Saturday Breakfast and Shower running smoothly
- Program participants no longer have access to health practitioner in program and are not following through on the medical appointments
- April 2007 • New support from community partners, i.e. Knights of Columbus, Muslim community
- Nov 2007 • Continuing to develop partnership with faith communities, i.e. St Mary's Church interested in starting a mid-week Breakfast Program
- Mental health services interested in connecting with program and supporting participants

The Story

On one level, this story is about just one program within one neighbourhood house in east Vancouver. A neighbourhood house which operates many programs, and serves only one community out of dozens of communities in Vancouver. On another level, this story is about how a community came together to address needs they were witnessing around homelessness in their community. The Renfrew/Collingwood Homelessness Committee was formed as local service agencies began talking about mutual concerns around rising homelessness in Renfrew/Collingwood and what shared action might be possible.

What's going on there has much wider implications. The homelessness crisis is affecting neighbourhoods across Greater Vancouver and beyond. It's the hope of the people behind this program that what's been discovered here can help guide the ending of homelessness in both Renfrew-Collingwood and many other places as well.

Research Methods

This research was supported with a grant from Vancouver Coastal Health and was conducted in collaboration with the UBC Centre for Population Health Promotion and Research, the Renfrew/Collingwood Homelessness Steering Committee, and Collingwood Neighbourhood House (CNH). The research was conducted by Eric Westberg, a local Planning Consultant.

With support from the researcher, the Renfrew/Collingwood Homelessness Steering Committee identified research questions¹ and potential interviewees for this study. A total of 14 recorded interviews with 19 individuals were conducted between May 29 and August 1, 2007. Twelve of these interviews were one-on-one and two were group interviews. The mix of interviewees was as follows:

Program Participants	3
CNH Board of Directors	2
CNH Management	5
Front-line Staff	3
Volunteers	2
Community Partners ²	4
TOTAL:	19

¹ See Appendix A

² Selected from the full set of community partners, which includes: Collingwood Neighbourhood House, Evergreen Community Health Centre, Renfrew-Collingwood Food Security Institute, Collingwood Community Policing Office, Renfrew Park Community Centre, Three Links Care Centre, Seniors Well Aware Program, Killarney Secondary School.

This document outlines the process undertaken in Renfrew/Collingwood to create and establish supportive relationships with homeless neighbors in the community. One of the key activities of the Homelessness Committee was the initiation of a Wednesday Breakfast Program and Saturday Breakfast and Shower Program which provided a healthy meal as well as additional support services such as social support, housing advocacy and health services outreach.

The descriptions and comments that follow reflect the combined experiences of Wednesdays, Saturdays, and interactions on other days of the week. Where relevant, distinctions are made between conditions on Wednesdays vs. Saturdays, and the rest of the week. Names of interviewees quoted throughout this document have been changed to protect individual's confidentiality to the greatest degree possible.

Program History

In 2002, Collingwood Neighbourhood House (CNH) began a community breakfast program which was held on Wednesdays and Saturdays each week. It was geared to people from all backgrounds, and was meant to both provide food and build community. This community breakfast program was open to all members of the community and gained popularity rapidly. Between 2002 and 2005, the program noticed that more and more homeless people were visible in the community, but many were not accessing the community breakfast program.

In response to this, the Renfrew-Collingwood Homelessness Steering Committee was formed, bringing partners together from Collingwood Neighbourhood House, Evergreen Community Health Centre, the Renfrew-Collingwood Food Security Institute, the Collingwood Community Policing Office, Renfrew Park Community Centre, Three Links Care Centre, Seniors Well Aware Program and Killarney Secondary School. The community breakfast program began to target its services towards the needs of homeless people in the community, and a number of strategies were developed including the addition of shower services to the Saturday program, sensitivity training for business and agency staff on issues facing homeless people, and broader advocacy efforts.

In January 2005, the Committee introduced the Saturday Breakfast/Shower program at Collingwood Neighbourhood House. In order to promote the availability of this service to homeless people, volunteers went into the community on bikes and foot patrols to directly invite homeless people to the program during the initial three weeks. Gradually, people began to come in to access the following services:

- A nutritious and hearty breakfast
- Showers, toiletries, clothes
- Individual counseling and advocacy by the program coordinator

Over the next few months, the Saturday participants began attending the Wednesday Community Breakfast program. Although showers weren't available on that day, the following advocacy and health services were available:

- Housing outreach services; health services on-site (ie. Primary Care services by a Family Nurse Practitioner)

- Mental health & addictions intake services and drop-in medical care at the adjacent community health clinic were timed to coincide with the breakfast.

By December 2006, there were an average of 65 persons attending on Wednesdays, and 80 on Saturdays. Most of these people were homeless and it was at this point that the program began to experience demand beyond its expected capacities. Due to conflict with other CNH users, as well as the heavy program demands on CNH's resources, the Wednesday program was suspended indefinitely. Both the Wednesday homeless services and the original community breakfast were put on hold. While the mid-week program was suspended, the Saturday shower and breakfast program continued to thrive with little need for modification.

Why this Story Needs to be Told

In the months that followed, the Steering Committee conceived of a research project to help guide them in how to move forward and to share lessons learned with other community agencies who wanted to do something around the issue of homelessness. A partnership for this project was developed between the Committee, the Vancouver Coastal Health Authority, and the UBC Centre for Population Health Promotion Research. In concert with UBC staff, the Committee developed the scope and focus of this qualitative research. The immediate purpose of this document is to:

- Document the success of the program in relationship building, and identify how people have changed as a result of new and strengthened relationships.
- Explore program conflicts and resolution approaches and their effect on relationships and program operations.
- Document attitude & behavioural change, both positive and negative.
- Identify program directions for Renfrew-Collingwood, including the outstanding service needs of a weekday program, left by the suspension of the Wednesday services.

By collecting and sharing qualitative stories around the process that took place at Collingwood Neighbourhood House, the broader purpose of this document is to advocate for community based solutions to homelessness to a wider audience in the following ways:

- Educate CNH stakeholders and the neighbourhood about program achievements, with a view to fostering support for ongoing programming for the homeless.
- Inspire new neighbourhood partners to get involved, by showing them the progress they can help contribute to.
- Inspire other neighbourhoods to establish similar programs, by showing them the progress that can be achieved.
- Share lessons learned with other neighbourhoods who might be interested in developing programs or services for the homeless population.
- Advocate for increased sustainable funding and resources to respond to the issue of homelessness, including affordable and supportive housing options.

What does “Inclusive Community” look like?

Across Vancouver on a typical Saturday morning, regular rhythms of social interaction are taking place— friends gathering at trendy coffee places, soccer moms and dads visiting in the fields, neighbors saying hello on the streets. At the same moment, a similar kind of ritual is happening at Collingwood Neighbourhood House that fulfils the same function— sharing stories, news, and advice... creating a sense of belonging.

For participants of the Breakfast and Shower Program, there is a sense of belonging between all community members as they come in the front door. What's different about what's taking place at CNH is that it includes homeless members of the community. This kind of environment is rare and not easily found by people who are constantly faced with scarcity and judgment.

“I think they just need to tell somebody that they accomplished something during the week. They want to express the feeling that they did something. They probably don't have anybody outside to listen to that kind of thing”

Sandra, staff person

Sandra is the staff person behind the desk at reception. She says people come up to her and start talking to her like they've known her for years. They're excited to tell her about their week— that the new place they're staying in has its own bathroom; that they now have a TV; or why they missed last Saturday's breakfast. Sandra enjoys this part of her job, even though the stories are not always good news— people also tell her about their sicknesses.

Markus is a volunteer— among his duties is getting coffee for people while they're waiting for breakfast. He says the biggest impact comes simply from “shooting the breeze”, befriending people, and getting to know them week after week.

Pierre is a regular participant who sleeps outside. He says that sometimes just to talk about his problems helps, even though there may be no clear solution at hand.

Glenn has seen it all. Over many years, he's assisted with several outreach programs in the Downtown Eastside before coming to volunteer at Collingwood.

“The relationships... it's different from your friends...just the idea of presence...if they give the aura at least of being balanced, and open to listen, that's a big thing. That's often missing in the lives of people who've just dealt with social agencies, where they're given a number, and wheeled through... I share my week too-- I don't like to make this distinction between volunteers and participants. We're all just neighbors coming together on a Saturday morning.

Glenn, volunteer

Glenn says the key is having a good heart and being able to listen without being judgmental. Doing this over time builds up trust. He particularly connects with the older

guys— they're aging and so is he. They're losing their teeth, Glenn's losing his too. It's a common journey.

Greg isn't sleeping outside anymore— he's found a place to live, but it's in a different neighbourhood. One reason he keeps coming on Saturdays is to see the staff. He appreciates what they do, and he values their advice.

Staff aren't the only ones giving advice. With four or five people a week seeking him out at breakfast, Pierre sometimes feels like a counselor. Indeed, he once was employed as a detox counselor and has had some training. He's starting to think about how he might use these skills more at Collingwood.

Social Hub, Social Mixmaster

New friendships are formed and old ones are kept going. It's hard to see existing friends when no one has a phone, or when everyone's out making a living from work, binning, panhandling. It's difficult to set a time to meet in advance the way people do when they meet at JJ Bean or Earl's. The breakfast program becomes an important social hub where friends know they can find each other every week. Pierre says he knows of someone who moved away from Collingwood to White Rock but keeps coming back to see the friends he met through the Saturday breakfast.

According to Greg, once some people find housing, they lose the regular rhythm of the food line or the recycling depot, and miss encountering those friends they did see on their daily circuit. The breakfast program is the place where they can easily keep in contact with them.

The mix consists of chronically homeless people, recently homeless people, laborers heading to the construction site down the street, English-speaking seniors, Chinese-speaking seniors, and Japanese exchange students from UBC.

Liam is a regular participant who until recently was homeless for 2 ½ years. What stood out the most for him was the "old Chinese people" who weren't afraid to sit and eat next to him even when he didn't look his best. Although they didn't speak English, their actions communicated a message of acceptance.

Staff and participants alike talk about how remarkable it is to achieve this kind of diversity around a breakfast table. As a CNH staff person involved with the Breakfast Program, Vanessa witnesses homeless participants, staff and volunteers extending themselves in positive ways beyond their normal limits.

Frances saw an ad at the community centre and signed up to volunteer at the clothing table. She's obviously a morning person since she says she enjoys showing up to help at 6:30am on a dark winter Saturday morning. She finds it rewarding to see the barriers gradually come down between her and the regulars as they get to know each other and hear each other's stories. She's discovered they have more in common than she thought.

"As soon as you learn someone's name, you start to identify at least in part with that person's co-existence on the Earth... that just happens by magic".

Markus, Board member

Liam starts out by saying “I’m not easy to get close to”. But he says that if you came to both the Wednesday and Saturday breakfasts when they had fewer people coming, whether you liked it or not, you’d get to know people. That’s what happens when the same 30-40 individuals gather on a regular basis. He describes people smiling and chatting across the room. Things he says are less common at the larger-scale meal programs.

Suzanne is a nurse practitioner down the street at the public health clinic. She came to every Wednesday breakfast to get to know participants and provide them with health services if they asked. She found homeless people were surprised to find a “WASP middle-class” woman like her sitting next to them eating breakfast and just talking to them. It wasn’t something that happened to them very often.

Chantal is another CNH staff person involved with the Breakfast Program. She’s seen how breaking down barriers isn’t always a linear process. Participants can have good days and bad days. On bad days, staff can be on the receiving end of swearing, name-calling, and behavioural meltdowns. New barriers are created. But she’s also been encouraged to see these same participants come back the next week and apologize. Underneath the ups and downs, she feels they really respect the staff.

“Empathy heals— it’s almost like a drug in itself. It reduces the need for drugs.”

Vanessa, staff person

Just as Glenn mentioned, barriers are also blurred between who’s a participant and who’s a volunteer. Tim can no longer work as a truck driver, and is living in a shipping container right now. He’s always the first one there in the morning to set up the tables and chairs. Chantal says that while not all participants are able to help in this way, she tries to find ways to allow them to contribute, either at the breakfast or in the community garden.

There is ritual too. One of the longtime regular guys who used to tell Sandra about his sicknesses had a failing liver— he said he was “very unlucky”. One Saturday he wasn’t there. Staff learned that he had died that week. Vanessa organized a memorial for him later on during the breakfast time. Some of his family members came. There was a photo of him and flowers. Another participant played the piano. Vanessa said some words and “everyone was very respectful and quiet”.

The Japanese exchange students— they got connected to volunteering at the Saturday breakfast through Markus. Like Frances, they were there in the dark in the winter at 6:30 or 7:00am. One took the bus from her residence at UBC. The 99B route doesn’t run that early, so she had to ride downtown to catch the Sky Train.

What Brings About “Inclusive Community”?

“Anybody can walk through these doors, and everybody’s accepted.”

Chantal, staff person

- Having first the goal of building relationships with participants. Whatever services are provided (health, housing referral, etc) follow from this starting point. This contrasts for example with Provincial welfare offices, whose focus is the efficient delivery of services, not the forming of relationships.
- Valuing people by returning dignity to them and meeting their human needs. Acknowledging, sharing and celebrating people’s talents and gifts— like the talented homeless man who played songs on the piano from memory during breakfast.
- Creating a place of integration between have and have-nots for people who are not used to being welcomed. They’re used to places where they’re either asked to leave, or special-purpose places where they’re welcomed but “ghettoized” (i.e. shelters).

“When it gets to be mass feeding, and I’m just a sandwich maker, then I’m not interested. I want to interact with participants, get to know people.”

Glenn, volunteer

- For participants, it’s a rare place where they don’t have to be on guard and can relax. “You know when you’re here you’re safe” (Pierre). Where you can trust people.
- Where participants value the close-knit community that’s taken root— they behave more respectfully at the program than they do on the street. They enforce this social norm among themselves to a degree while at the program (i.e. no raising of voices, being rude to staff).

What “Inclusive Community” Means for People

“You know what I think— I think they count how many days are left until Saturday.”

Sandra, staff person

Sandra says that when people are leaving after their first visit, they shout their thanks back to her from the front door— how they never get a breakfast like this, how grateful they are.

Vanessa says the people she works with need regular injections of esteem building and empathy. The breakfast program provides this to them on a structured basis. It refuels them to try to cope with the rest of the week. In this context, she says it makes a big difference whether the breakfast runs once or twice a week, and how long they have to wait for their next fix of compassion.

Pierre echoes this idea— he tries to keep a positive attitude about life. He says if you let one bad day turn into two or three, it snowballs, and “gets you into bad stuff”.

Chantal says people are surprised to be treated well when they come for breakfast. They're used to being asked to leave in many places around town, or treated with indifference.

**At Collingwood they get to put on a new set of clothes,
and put on a new self.**

Pierre puts the program in context, telling how it fits into his wider world:

"Emotionally, it has a huge impact on me... I really look forward to this place and the friends I've made here and the food, that's a big impact, the closeness of everyone, it's so meaningful because in reality, everyone's so cold out there. Last night I know someone who's 22, pulled a knife on a 60 yr old. Out there, you're looking over your shoulder constantly, here you can relax and be yourself."

Pierre, participant

Pierre has seen some people go full circle using crack cocaine—before, during, and after. He believes the breakfast program has been key to making them want to go clean:

"...the friendships they've made here... positive things people here are telling them... and once it starts to dawn on them in their head, and they see the difference it's made in other people... the staff here-- everyone here has a smile on their face, always-- it makes you feel good... plus they know where to point you to services, where a lot of people don't know that on their own."

Pierre, participant

Liam found housing through coming to the breakfast program. He's working on his addictions, and wants to get back into his skilled trade in construction:

"You should know that this type of program needs to exist... there's no question about it that it's a huge help to people who come to realize what it's about."

Liam, participant

Frances described one guy who said that as of that day he had been "clean" for 60 days... and that the 60 days had felt like a whole year. She feels the breakfast program provides a place for staff, volunteers, and other participants alike to encourage people like him and recognize their achievements. Others with addictions witness these successes and see that change is possible.

Pierre says being treated with respect and warmth is something that can make "a huge difference". As he says them, the words catch in his throat—

"You don't feel like you're all alone."

Vanessa tells this story, paraphrased below, that captures the kind of breakthrough that can happen on a Saturday morning:

A woman had been coming almost every Saturday for two years. She was in bad shape—horrible hygiene, and very sick. Even after two years, she was inapproachable—loud, swearing, and sometimes we had to ask her to leave. If nothing else, I figured at least she was getting fed. It was exasperating for me to not be able to connect with her.

One day, I called her by name and asked her: 'What is it that you want? What can I do?'" She said her back was killing her. I asked if she'd let me massage her back. She said yes! In two years, it was the first real conversation I'd had with her. I massaged her back, and she let me do that.

She was so incredibly grateful. I did this for about 40 min. A man and his young son came by and sat down. People in the room were awestruck, and couldn't believe she was accepting the massage. It was like a miracle. The father said: 'You know, I've been sitting here watching you do this, and it's like you're doing it for me, I feel so calm and relaxed now it isn't even funny.' That's what happens here, and it happens all the time.

"Just as abuse of one person affects everybody around, care of one person also affects everybody around. They see other people getting better."

Vanessa, staff person

Connections Beyond Breakfast

Beyond the one-on-one relationships taking place at the program, other remarkable connections are being made, across social boundaries, and extending beyond the confines of the program.

"Once you learn the name of the person, it changes everything."

Markus, Board member

- Through Frances's volunteering, others are learning about the homeless and their needs. Her friends, her daughter, and even her daughter's friends are now saving used clothes to give to Frances to bring to the Saturday breakfast. One friend also wants to volunteer. She'd never thought of doing this kind of thing before. Frances says these people are seeing homelessness in a new light.
- At the community garden, homeless people help to dig fence posts alongside the other gardeners. Some of them have experience in landscaping and building. The other gardeners are apprehensive at first, but with Chantal coordinating, fears are overcome, and teamwork takes place across social barriers.
- Through advocacy and modeling throughout the week, people are mentored back to a place of social grace; relearning patience, cooperation, respect, trust, impulse control and consideration for the needs of others as well as their own.
- When people become homeless, sick or ill from addictions and mental health, they can become alienated from all those once held dear. Through the Breakfast Program, people are reconnected to family and friends.
- When community is formed with people of few resources, they are linked to other organizations and even other communities.
- Since homeless people within the community were connected with the Breakfast Program, they've been less disruptive to the neighbourhood with fewer incidents and concerns being reported. As a result, neighbors have become more accepting of the program.

"I think where I've made a real difference is in the lives of exchange students that come from Japan, and they're looking for volunteer opportunities. For some of them it has been a life-changing event to actually talk to a person who lives on the street...to sit down and hear their stories, which are just astonishing. They're encountering people they would never find in Japan, and they're forming a human connection with them. They see the person when he's having a bad day and when he's having a good day, and they can see the bad day in context, and see that someone is maybe off their medication, and not their usual self that day."

Markus, Board member

- Chantal is excited about making more connections between people through the food security program. Having people start growing food in their backyards to supply bags of fresh vegetables to Saturday breakfast participants to take away with them. This is different than serving people oatmeal or eggs. This is forming a direct connection between neighbors, between producer and consumer.
- Anita asked the homeless people up by the Ramada Hotel to look out for the Christmas tree by Safeway, and keep the lights from being stolen. They were given a role and took responsibility. The lights stayed on all season long. Everyone was pleased about it, and Anita wonders what other roles can be given to these guys.
- The suspension of the Wednesday breakfast has been a set back to achieving the objectives of both the food security and the homeless programs. However it has enabled new strategies to develop, which include going out and exploring new partnerships with the faith community. This “incredible” partnership building may not have happened otherwise.
- CNH staff and volunteers in other programs have gone through attitude change — they've become more compassionate and more able to see the humanness beyond their circumstances. They've formed new relationships, developed confidence and a comfort level in relating to homeless persons, seeing them more as equals.

Different Types of Individual Impacts

“If you've been hammered around for years, it takes a long time for it to sink in that you're a valuable person, that someone is glad you came, and wonders how you're doing, how your week has been.”

Glenn, volunteer

In addition to forming relationships, people are also getting their basic survival needs met including housing and connection to income assistance. Results are happening. As Glenn explains above, the caution is that they do take time. Here are the ways the program is impacting people:

SURVIVAL:

“I know if it wasn't for the IGA bin, I would starve to death. They throw a lot of good stuff away. This place [CNH] and there, that's what's kept me alive the last 4 ½ years”.

Pierre, participant

COOKING SKILLS:

One woman has housing in the neighbourhood but is addicted to crack, and is always searching for food for her household. Through the breakfast program she's been connected with a cooking class at CNH. The class is focused on teaching low-income people how to eat healthy on \$5 a day.

TRANSITIONAL SUPPORT:

A 50-something couple was homeless after being evicted. They didn't use drugs or have mental health issues, they just had no money. They got very involved with the program,

welcoming newcomers, publicizing the program in the neighbourhood. They're now in BC Housing. We were a way station along the way for them, and part of their re-stabilizing their lives.

SUBSTANCE ABUSE:

"It's curtailed my drug use immensely. Where before it was the everyday grind, all-day grind, trying to get your next rock or whatever, you know, now its like, forget about it, I stay home. So now its like 3-4-5 days in between using. It's funny, I'm surrounded by it where I live, even \$5 rocks, but it doesn't interest me. It's exactly traced to me coming here [to the breakfast program]."

Liam, participant

"We see reduction in drug use-- just by being fed, and by having structure and regular connection here, they can get out of the scattered mindset that they have on the street... get away from feeling a great deal of terror, from being unconnected and unstructured."

Vanessa, staff person

CONFIDENCE & SELF-IMAGE:

"Having a shower certainly helps one's self-esteem-- knowing that when they go out of here they might not even look homeless to anybody. That's huge... that's huge."

Vanessa, staff person

Influencing Health

Health outcomes are a particular interest of this project's research partners. It's partly about what types of specific outcomes are happening, but it's also about how these come to be. How are the dots connected between forming relationships at a breakfast, and harm reduction... or medication compliance... or improved wound care?

"There's lots of health care out there— walk-in clinics everywhere, street nurses, mobile clinics. It's about choosing to access health care, and having the wherewithal to make that choice.

The majority of my care really isn't medical in nature. People need to be brought to the point where they recognize their own health needs and they can find out how to access healthcare. It's the ongoing. It's building the thought of health in their minds, and bringing it to the surface that's important."

Suzanne, community partner

Detailed programming factors about health services will be outlined later in this report. Here are the paraphrased observations of Suzanne, who was the front-line healthcare provider at the Wednesday breakfast:

It's about eating with them and bringing health into conversation, and building an ongoing relationship with them. This can lead to them being treated regularly at Evergreen Community Health Centre. It can also lead to them being regularly encouraged to follow-up with their existing healthcare providers (i.e. walk-in clinics). This is a key issue. Antibiotics get lost, dressings don't get changed. They need a lot of encouragement about this. In these

cases, it's not about trying to step into the role of primary provider, but through the relationship, impact their motivation and attitudes.

The relationship needs to be unconditional, and kept open even during their worst days of addiction and acting out, so that when they're open to change, the relationship is in place, and can lead to accessing services. The relationship itself can even make them want to change. It needs to be neutral. A neutral and unconditional link to mental health, addiction services, etc. This way, if they relapse, they won't feel ashamed that they're letting me down, and they're more likely to keep coming back.

Two stories illustrate the program's health outcomes (paraphrased from Suzanne's telling of the story):

- One guy would rush into breakfast, gobble lots of food down, run out the door, and wouldn't talk to anyone. He worked loading shipping containers. He had back pain and ulcers, and used crystal meth and crack. His money went to drugs instead of housing, and he lived on the street. CNH staff helped him greatly, referred him to Evergreen's addictions team, and he got into treatment. He also got set up with a disability pension, as his severe degenerative arthritis prevented him from returning to truck driving.

He was trapped in a cycle of working hard at manual labor, which exacerbated his injuries. He did this to earn money to pay for drugs, to treat his physical pain. His health also deteriorated from living outdoors.

He now volunteers at the breakfast program, setting up tables and chairs, and washing up afterwards. He knows where to go now when he needs help. He still has issues, and still lives outdoors. The next step is helping him manage his money and teaching him the life skills he needs to cope with being a tenant and paying the rent on time.

- A homeless woman with chronic kidney disease/diabetes had discharged herself from hospital. Her thinking was 'I'm going to die anyways, why bother taking care of myself, I'll just eat what I want, and I'll just die.' She learned what she could do to keep herself out of the hospital. How to get monitored by her doctor, and even on her own at Shoppers Drug Mart. How to spot warning signs and treat them early. That she isn't helpless in managing her condition.

Growth and Impacts

The homelessness program's effort to build inclusive community, and the positive outcomes this has produced, are real and visible to anyone who wants to visit CNH early on a Saturday morning. What's equally real are the difficulties faced along the way.

When health services, housing outreach, and advocacy services were added to the Wednesday breakfast, the program attracted many more people than before. In particular, homeless persons from other parts of the City were drawn in. With the Joyce St. Sky train station one block away, people were also commuting in from the Downtown Eastside, Burnaby, New Westminster, and Surrey.

Participants were drawn back to not just the services, but the unique community itself. The sense of home led some of them to visit at other times during the week, seeking the same services offered at either the Wednesday or Saturday program.

The greatly increased numbers within the program, spread of demands outside of program hours, limited staff and financial resources, and concerns for the safety of children raised questions about setting boundaries around the following issues— verbally and physically aggressive behaviour, sleeping in the lobby, requests for food, coffee, clothes, and use of the showers and the phone throughout the week.

Consensus on how to balance the need for boundary setting with a philosophy of relationship building remains to be achieved. Among those interviewed— management, community partners, and some frontline staff favor boundaries; while some board members and other frontline staff resist setting all the limits on serving what they see as urgent needs. This latter group expressed great regret that the Wednesday breakfast program was cancelled. Some also feel the growth of the program and its points of conflict could not have been predicted.

The Table in “Appendix B: Challenges and Community Responses” illustrates several critical incidents and/or concerns that occurred during the development of the program, and how CNH responded.

Relationship Building within Collingwood Neighbourhood House

In addition to issues raised about boundaries and the operations of the program, interviewees shared feelings about the wider context of people relating to each other. In particular, how the whole process of integrating the homelessness program into the culture of CNH was handled.

“It takes time, a lot of time, for people to absorb it and figure out how they can deal with it”.

Gloria, staff person

It may be challenging for some people (i.e. new immigrants) to understand how Canadian-born homeless can't be self-sufficient, given national support programs such as free education and a stable country, which they may not have had access to in their home country.

Some people's fears of homeless are based on assumptions and images from TV, not on reality. They may have had little experience with or opportunity to interact with this population. We've got a lot more to do in terms of building bridges.

CNH programs such as the Seniors, and the Spanish Moms were at first opposed to the program. They now better understand its purpose, and now support it, even to the point of donating clothes. In retrospect, CNH could have been better at educating and preparing them at the outset, rather than after the fact. Although some of this social learning may only have come about through the experience itself.

When bringing two different cultures together it involves co-creating a new culture that works for everyone. This takes time.

Despite the urgency of the need out there, rushing into this kind of program risks having it fail. This community is almost always supportive of initiatives (i.e. the densification of the neighbourhood in the mid '90s). But taking that time to get buy-in is crucial.

How it relates to the mandate of Collingwood Neighbourhood House

These conflict and boundary-setting issues raise the question of whether the homelessness program fits with CNH's mandate. There is consensus that it was definitely part of the organization's mandate. The question was not whether to get involved, but how much to get involved and the organization continues to wrestle with this question.

It was clear; CNH has a mandate to serve the neighbourhood, whatever its needs are, and show leadership in convening partners.

"The reason we did this is that it's a perfect fit with our mission statement and our values. This is exactly the kind of thing that we say we do."

Markus, Board member

- We'd dealt with poverty-affected groups before, including homeless people at the "couch-surfer" level. But it was new for us to deal with people actually living on the street. This meant we had to learn about health risks, safety risks, nutrition needs, and conflict de-escalation.
- People's fears and prejudices were things they'd dealt with in the past in relation to immigrant settlement services, but this was different— the aggression of some homeless participants led to a higher fear level, which required a lot of work.
- Conflict about a program has happened before, with services to youth-in-crisis, settlement services, even childcare. What was different was the total lack of resources to assist the homeless program participants.

Conclusion — Implications for Vancouver

The Renfrew-Collingwood Homelessness Program is a terrific model of how people can be reconnected into sustaining relationships, and how these relationships can lead to life-changing outcomes. These outcomes are not simply about whether people get housed or not. In some cases the outcome is housing. For those who remain homeless, it can be connecting to income assistance, improving physical health, or reducing substance abuse.

Many outcomes are in the form of the first steps in a process which is continuing to unfold in the lives of participants. These include esteem-building, trust-building, encouragement to make healthy choices, communication skills, and anger management. They are the building blocks of further outcomes yet to come.

This program has huge meaning for all of the players involved— participants, staff, volunteers, and community partners. The participants crave community and grab onto it when it's offered to them. Volunteers and staff are growing personally from relationships with people they haven't related to before. Each Saturday morning is a multi-directional marketplace of social learning.

The Renfrew-Collingwood experience proves not only the effectiveness of this kind of program, but the need for similar programs to serve people elsewhere in the city and region.

"The best way to get people back involved into the community is to keep it personal, local, and relational".

Gloria, staff person

This neighborhood started out serving its own homeless population, but by stepping into a vacuum of services, they soon became overwhelmed with people in need coming from all over the city. Staff are put in an extraordinarily difficult position as they try to limit who can be served, without being able to refer people to similar services in other neighbourhoods. This process of being overwhelmed, struggling to cope, and having to suspend part of the program has taken a great toll on the Neighbourhood House staff, programs, and relationships-- with both other program users and neighbourhood partners. Some of these relationships are not yet fully healed.

Keeping to a manageable scale is important not just for the sake of avoiding burnout. It's central to the relationship-building concept. Several interviewees commented that as the Wednesday program grew, it lost some of its unique character. Part of this was the numbers of people, but it was also the social mix. The more specialized homeless services are added, the less it becomes a mix of homeless and non-homeless.

Giving the program resources needed to both Renfrew-Collingwood and other neighbourhoods will take the pressure of any one neighborhood's services, and give staff a framework in which to sort out this balance of how to provide specialized homeless services and also integrate homeless individuals into other existing neighbourhood programs.

And although CNH is acknowledged as being a unique place of program innovation, this program model need not be unique to Renfrew-Collingwood. Just as there are homeless individuals in every neighbourhood, so too are there compassionate volunteers-in-waiting, community kitchens, health clinics, and community coalitions and leaders who can be drawn together in action. This program is franchisable.

All of those involved in running the Renfrew-Collingwood program are passionate about advocating for sufficient resources to serve the homeless city-wide, in pursuit of an end to homelessness. They are willing to develop new and better ways of serving the homeless in the interim, but they cannot conceive of this being an ongoing exercise in perfecting service provision. They feel strongly that their work needs to be within the context of bold and decisive moves by senior public/private/non-profit partners to break the back of homelessness.

Their story captures many of the different ingredients that go into this kind of work. The partnerships. The individual relationships. The negotiated solutions. The on-the-job lessons. The unanticipated. The social tensions. The breakthroughs. Above all, the careful process of rebuilding lives.

As this story finds its way to other individuals, neighbourhoods, granting agencies, and leaders, it is hoped that other communities will be encouraged and supported to create their own responses to the issue of homelessness.

"My vision would be that we have several places within our community that could provide support, and that it's not dependent on one person or one organization... and that we'd see a lot more people having conversations on the street with the homeless rather than walking over them".

Andrew, staff person

"One of the biggest problems people have on the outside is not having people they can trust. Most people, once you get them thinking clearly, and they feel they can trust the people who are trying to help them, eventually 99% of them will jump at the chance to make use of the options presented to them... trust is the key. Once you feel you're living in a caring community, all of a sudden you don't want to sink back into yourself."

Liam, participant

Epilogue — Insights on Program Directions

Assessments of Organizational Capacity

Among those interviewed, it is widely agreed that outreach to the homeless is part of CNH's mission to "Make Strangers Neighbors". There is also unanimous support for continuing the Saturday program in a modified format, and affirming the life-changing work that frontline staff are accomplishing through it. Beyond that, opinions differ on the degree of further programming that's sustainable. Most (but not all) interviewees believe that firm operational boundaries have been valuable when they've been applied, and that they need to be an integral part of the planning and running of future programs.

The following quotes illustrate two very different perspectives on CNH's capacity for future homelessness programming:

"We can solve the homelessness problem for this city-- we know the people, we know how to work with people, we know the leaders. The way we work is we reach out, we bring people together, we bring skills, capacities. If we had all the resources to create a system-- where all these people could go through CNH on a regular basis to have their needs and skills assessed, and be referred and reconnected... that's what we're good at here."

Winston, Board member

"We're still waiting to get clarity on where do we apply for funding, how do we apply... so that's one of the major challenges...the basics like what are the criteria, who to apply to, and when."

Jonathan, staff person

One shows an ambitious view of a very strong and expanded role for CNH. The other describes a current reality of not being sure how to find relevant, appropriate and sustainable funding for the existing level of program.

- An important part of the context for considering next steps is that CNH is in the most challenging financial position it has been in for many years, and is struggling to maintain existing service levels and staff.
- Most of the CNH Board appears to be at arms-length from the program, and is only familiar through updates given at Board meetings. A small number of Board members have been very involved in the homelessness program. *(Note: The CNH Board is a governance board and is arms length with all programs. However board members may be participants and volunteers in other areas of interest at CNH).*
- Board members who are more active and some of the frontline program staff have an ambitious vision for expanding homeless outreach at CNH. They want to build on the CNH mandate, skills and strengths of current programming, and do more.
- Management staff are willing to put resources into raising some resources, and advising other neighbourhood partners in the following areas: advocating for

resources; ensuring a balance of services; supporting existing homeless services; program expansion; relationship building; and integration of this type of program with their existing programs.

General Lessons Learned

- Homeless are wanting to get away from the Downtown Eastside because it's unsafe. They're drawn here not just for the programs, but because it's safer to sleep in this area.
- The people doing housing outreach/advocacy/counselling need a base to work from where they can use their skills to their full potential. This means being able to receive homeless clients at different times of the day/week.
- A lot depends on the position of Coordinator. There aren't many people with the right skills and the right heart to do this kind of work. The Coordinator position needs to be at a manageable level of working within the allocated hours dictated by funding.
- The importance of fully equipped and adequate space to accommodate the needs of homeless people. Inadequate program space contributes to feelings of frustration and stress during program.

Outstanding Program Needs

- Need funding for the Coordinator position, plus the huge amount of staff time behind the scenes— Steering Committee meetings, trouble-shooting meetings. It takes much more time to manage this program than others, and to network with potential partners. To date, existing resources are being used and are not sufficient or sustainable.
- A weekday meal program needs to be close to Evergreen Health Centre so that people can be walked over and connected to healthcare services. Without being accompanied and being able to get seen immediately, the “teachable moment” is lost, and there's seldom any follow-up.
- Need more volunteers to stay later after breakfast and be present to listen and assess needs.
- The de-escalation and sensitivity training was helpful, but not everyone received it. Any staff who interact with the homeless need to be trained— including custodians.
- Having a second mealtime during the week gives more structure to participants' lives. More frequent contact with staff/volunteers better equips them to get through the week in terms of harm reduction, medical follow-up, and other support.
- Need to define who we're serving and how many we can serve— people from the Downtown Eastside, Surrey, New Westminster, or from this neighbourhood.

- The original vision back in 2002 was for a 7 day/week food program in Renfrew-Collingwood at multiple locations, in support of low-income people. The Food Security Institute was to train volunteers and other community partners to establish this. But some people feel providing food seems like too much of a band-aid measure, if it's done without a plan for longer-term solutions, including neighbourhood food growing.
- Do more with mutuality in our relationships with the homeless. Ask those participants who are able, to do community-serving volunteer work. This makes it more of an exchange, gives them purpose, and a chance to contribute. It's also an alternative to idleness and boredom. In the summer, put on outdoor movie nights to recognize their contribution.

Opportunities for Renfrew/Collingwood

People expressed a range of different ideas for what Renfrew/Collingwood can do to address homelessness in their community. The feasibility of these ideas is something that interviewees do not all agree on:

- Advocate for funding, and if given the resources, lead the planning and delivery of a wide range of services for the current participants (i.e. 120 persons), including housing, counselling, etc. Be the catalyst, facilitator, and implementer of a comprehensive neighbourhood plan for ending homelessness. *(Note: This would require a focus on more affordable and supportive housing as new developments are planned).*
- With additional money, existing staff & volunteers could run a food program at another site, or make food at community kitchen sites and deliver it off-site.
- Train others (in Renfrew-Collingwood or from other neighbourhoods) on program management, food sourcing & delivery, accessing funding, and the lessons learned by frontline staff as well as the Steering Committee.
- Host specific services (i.e. counselling) where homeless come into CNH for a specific purpose and time and leave without hanging around— its the hanging around that's the issue.
- Restore the social mixing (homeless & non-homeless) that was more evident on Wednesdays by inviting homeless to other meals (ie. multicultural dinners). These meals do not take place weekly, so there would be less risk of them being overwhelmed by numbers.
- Continue operating the successful Saturday shower/breakfast program indefinitely in its current form.
- A weekday breakfast program at CNH would be viable if kept at the scale of 30-40 people. It worked well at this scale originally, and there weren't conflicts with the daycare at that time.
- If given the resources, we could also offer recreational, educational, and job matching services to the homeless.

- With funding, CNH could rent out spaces off-site to run programs— already does this with daycare, canoe club, and ESL. This could create more segregation of programming however, instead of bringing people and programs together cohesively.
- There's a chronic shortage of men's clothes. Getting more neighbourhood people to donate clothes could be a good vehicle for building neighbourhood ownership of the program.
- Make use of schools to solve the facility shortage. Places like VanTech have a commercial kitchen, and students who could cook. Schools also have showers. Provide services on Saturday, and during school breaks.
- Potential partners: BIAs, religious communities, schools, libraries, businesses (jobs), cafés (food).
- The religious congregations in the neighbourhood are a huge resource, and are very much wanting to get involved. Some have been fearful and hesitant about homeless outreach, but they're showing great willingness to overcome those fears.
- Volunteers who were able to do Wednesday but can't do Saturday are still available to get back involved. There is also some money and staff time available from the Food Security budget to assist with start up, links to food security resources, consulting and capacity building support.
- Some organizations on the Steering Committee reacted very strongly against CNH suspending the Wednesday breakfast, yet they did not come forward with resources to fill the gap.

"The challenge is that I don't think some of the other partners on the Committee have been able to see how they creatively could do more, and that's an area that we really hope that we can begin to deal with"

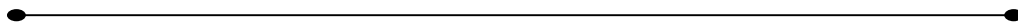
Andrew, staff person

Opportunities for the Lower Mainland

- In Burnaby, there are only 3 meals/week available to homeless. It's not enough. Also, the increasing number of "binners" out there is making the situation more desperate in terms of people going hungry.
- Need a citywide plan, not just for providing services, but for ending homelessness.
- All levels of government, in partnership with developers, need to build more supportive housing.
- The City needs to resource neighbourhoods equally so that there's a balanced approach across the City, and people aren't commuting to places like CNH. There should be housing outreach workers in every neighbourhood.
- Right now, more housing outreach resources are needed in Renfrew-Collingwood.

Health Programming Issues

- The ideal nurse for this is someone with the right heart and clear boundaries, such as our street outreach nurses. It's much more about compassionate conversation than technical nursing skills.
- A critical link is having an intake nurse at Evergreen, which is only one block away from CNH, to coincide with the program, so that when someone is willing to receive help, the moment can be seized.
- Mental health drop-in hours were available at Evergreen on Thursday mornings.
- Some breakfast program participants who received treatment at CNH have become patients at Evergreen.
- Patients at Evergreen include those with housing, and those living under bridges and in shipping containers.
- Health issues treated include diabetes, kidney disease, HIV, Hepatitis C, chronic ulcerating wounds, and blindness.
- Flu shots, chiropractic/acupuncture, and foot care took place right in the breakfast room, using a privacy screen.
- The visible presence of a healthcare professional at the breakfast program triggers people to think about getting treatment for longstanding foot, eye, ear conditions, etc. Otherwise they're not thinking about health at all.
- A wound clinic runs Saturday mornings at Evergreen— there is potential for this nurse to attend the breakfast program. But no addiction services are available.
- Interaction with drug users has generally not resulted in them using drugs less. However, it has impacted their attitudes about making healthy choices and improving their health despite ongoing drug use.
- Referrals go both ways— CNH refers people to Evergreen for health issues; Evergreen refers people to CNH for counselling, advocacy, and food.
- Sex-trade workers have connected to Evergreen's drop-in clinic through the breakfast program. They are then referred to a street nurse for monitoring.
- Patients want an ongoing relationship, and will be loyal to one provider rather than shop around. But accessibility is an issue— it's hard to keep appointments. Morning/afternoon drop-in times work much better.



Research questions were targeted to do the following:

1. Draw out the success stories— specific relationship examples.
2. Explore the role of relationships in affecting change in both the “caregiver” and “care receiver”.
3. Identify program variables that support or inhibit relationship building.
4. Identify key strengths and principles that should be the jumping-off point for structuring the next stage of homelessness programming in Collingwood.
5. Explore the following dimensions of change:
 - Improvements in lives of homeless persons
 - Attitude change among caregivers, wider neighbourhood
 - Relationships built between caregivers & homeless
 - Relationship change among peers
 - Institutional change

All interviews were tape-recorded and transcribed, using the following questions as a guide:

1. What is your role in the program?
2. What relationships have you formed through it?
3. How have you changed as a result of the program?
4. How has your organization changed? Has the program impacted your other work?
5. How has the neighbourhood changed?
6. How have you seen others change?
7. How did this change take place?
8. What did the change lead to?
9. What makes the program different from other food programs for homeless persons?
10. What are its strengths?
11. What excites you about the program? What would you like to do more of?
12. What discourages you about the program?
13. What level of programming for homeless persons can Renfrew-Collingwood sustain?
14. What is your vision for the future of the program?
15. What lessons are there for other neighbourhoods?
16. How does the program fit with your organization's mission?
17. What training did you receive and how effective was it?
18. In terms of program operations, what would you like to have seen done differently?
19. How did the program affect attitudes? How did changes in attitudes affect behaviour?
20. How have relationships changed?
21. How does the program affect the lives of participants?
22. Are there specific program outcomes for participants that you have experienced/observed, such as housing, health, access to services, etc.?

Appendix B:

Collingwood Neighbourhood House Breakfast and Shower Program Specific Challenges and Community Responses

1. Recurring Conflict

Staff needed to defuse confrontations every other day or several times a day. Major conflicts would involve calling police and writing up internal incident reports and took up a great deal of time.

Consensus Actions/Conflict Resolutions:

- Policy/staff input into de-escalating situations. Offered mental health training for staff and volunteers.
- Identifying ways to engage with participants through compassionate relationship building. It's very difficult for a person who's starving and cold to behave respectfully and not be agitated. Once someone is warmed up and fed, they often calm down and their behaviour improves dramatically, and staff & volunteers can work with them on providing for their needs.

2. Lengthy Visits

Some participants would attend daily, from 6-8 hours at a time and sleep overnight on the benches outside.

Relationship Building:

- Other CNH users felt unsafe with homeless persons sleeping on the couches in the lobby, and had nowhere to sit and wait for their programs or appointments. This threatened the nature of CNH which is to be a social/cultural home for many.

Consensus Actions/Conflict Resolutions:

- Policy of limiting amount of time people could stay at CNH outside of program hours
- Policy of no sleeping – waking/approaching
- Sensitizing discussions with seniors, parents, staff

3. Spillover to Other Programs

Participants from the Saturday program were showing up at separate Seniors' meals and Family meals.

Immediate Response/Use of Boundaries:

- They were initially given food, but this was discontinued after greater numbers were showing up

Consensus Actions/Conflict Resolutions:

- Politely said no, provided some food at reception
- Sensitizing discussions with staff were held

Appendix B:

4. Accelerated Growth

Expanded to Wednesday prematurely, didn't have the growth on Saturday or spillover to other days under control yet. Saturday was designed, Wednesday was on the fly. Rapid growth was a predictable possibility and this issue was raised by staff but was dismissed. Measures were thus not put in place as a precaution.

Immediate Response/Use of Boundaries:

- On Saturdays, maximum to serve was to be 74 persons, plus 20 bag lunches for those turned away. This was the solution to keep numbers down. Did it for a while but didn't stick to it.
- With the Family Place, we had to stop open access and limit #s to maintain quality/safety in all CNH programs... it's no different with the homeless program.
- Boundaries sound good in concept, but it's very difficult for the frontline staff to turn a desperate person away.
- Boundaries that are rigidly enforced have often caused an escalating situation – requires some flexibility and judgment at the time.

Consensus Actions/Conflict Resolutions:

- Not enough volunteers in place to handle the numbers – for logistics and for being able to talk with and listen to participants.
- Tried to recruit additional volunteers, have more people in the building engaged

Lessons Learned:

- Preparation is key but so is being willing to adapt. We talked to the experts, developed rules and systems but also needed to be ready to learn on the ground since there were no examples of running a program like this in the daytime and in a multi-user space.

5. Need for Staff Training

Staff Training came too late in the process.

Immediate Response/Use of Boundaries:

- Training was there and was added as resources were attained and needs identified

Consensus Actions/Conflict Resolutions:

- Had to learn about health risks, safety risks, nutrition needs. Staff such as childcare co-coordinators received sensitivity and de-escalation training.
- People's fears and prejudices were things they'd dealt with in the past in relation to immigrant settlement services, but this was different—the aggression of some homeless participants led to a higher fear level, which required a lot of work.
- Training before began/added more as resources were attained and needs identified

Appendix B:

6. Boundary Setting vs. Relationship Building

Boundaries standards were agreed upon, however some felt they were not being applied consistently. Some believed trained volunteers and program partners were not consistently supported in applying boundaries who tried to apply boundaries about behaviour but were over-ruled by program staff, and treated with disrespect. Some withdrew from participating as a result. Some felt significant time lag between program getting was too long.

Immediate Response/Use of Boundaries:

- If boundaries aren't applied, CNH users go to the Community Policing Centre and ask them to respond (i.e. sleeping on lobby benches). This is the ultimate recourse for problem behaviour and puts strain on CPC resources if used inefficiently or in place of boundary setting within program.

Relationship Building

- Boundaries were being applied. Some approached this more flexibly than others as they read the situation.

Consensus Actions/Conflict Resolutions

- De-escalating and boundary training with staff/program volunteers and partners

Lessons Learned

- Applying boundaries with 2-3 individual participants would have made a huge difference. When boundaries were applied to problem behaviour, and to the providing of services, they helped a great deal.

7. Lack of Consensus

Lack of consensus. Some people felt the suspension of the Wednesday breakfast in December 2006 seemed surprising. They felt that boundaries had been firmly established, and things seemed greatly improved.

Relationship Building:

- Some organizations on the Steering Committee reacted strongly against CNH suspending the Wednesday breakfast. However, they lacked the resources at that time to get involved and come forward or fill the gap that was left.

Consensus Actions/Conflict Resolutions

- Given all that came before, and continued pressures from all sides (CNH users, staff, volunteer, and financial resources), management staff may have had little capacity for further problem solving. The heavy demands of the homeless program itself and the need to balance the needs of many other programs left no reserve for more conflict resolution surrounding the Wednesday breakfast

Program Status Update - as of September 2008

Since the completion of the data gathering stage of this research report in September 2007, there have been changes to program structure as well as new activities as a result of additional funding procurement.

1. Program Structural Changes:

The name of the Saturday Breakfast and Shower program is now called the "Morningstar Program". Because demand was increasing beyond the capacity of Collingwood Neighbourhood House, the Morningstar Program is now limiting participant numbers to 75 people maximum per breakfast. This new structure is working well and the program is doing a good job of staying within this limitation. Staff report that the program now fits more comfortably within the multi-use environment of Collingwood Neighbourhood House.

2. Outreach and Partnership:

Although a mid-week program has not been resurrected to date, Collingwood Neighbourhood House continues to work with local faith groups to initiate new programming. The Homelessness Committee continues to work with the goal of expanding services to homeless further through other service agencies within Renfrew/Collingwood.

3. BC Housing Funding:

Collingwood Neighbourhood House applied for and received a BC Housing grant to support the Morningstar Program with outreach services, food, and staff training. Coast Mental Health has been sub-contracted to provide outreach services throughout the week and at Morningstar, with the goal of connecting people to needed services and long term housing options. An outreach worker has been hired.

4. New Policy Documents:

In addition to the Sensitivity Training Guide, new program and policy documents have been created in order to maintain a consistent understanding of expectations as different staff, volunteers, and participants are involved. This includes a Code of Conduct and program mandate.