

# One to Ten Minutes to Connect

2022 Inventory of Outreach Services in Richmond BC



# 2022 Inventory of Outreach Services in Richmond, BC

October 2022

## **Main Authors:**

Karen Giesbrecht, RD, MA  
Jonathan Bird, MA, MA  
Saana Walker, MA, ThM

This project was led by Union Gospel Mission, with a goal of assessing the current state of outreach services, gaps, and potential actions in Richmond, BC.

Thank-you to these individuals and organizations for their input, commitment, and guidance: City of Richmond, Church on Five, Dena Kae Beno, Deirdre Whalen, the Food Aid Delivery Coalition, Gilmore Park United Church, Hugh Freiburg, Kehila Society of Richmond, St Alban's Anglican Church, St Joseph the Worker Catholic Parish, Turning Point, Union Gospel Mission, and Urban Bounty.



For clarification or suggestions about this work, please contact [churchrelations@ugm.ca](mailto:churchrelations@ugm.ca).

This work is licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-sa/4.0/> or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA;

**Updated:** August 2, 2023

## Table of Contents

Introduction.....	4
Demographics and Context for Richmond Street Outreach .....	4
Defining Outreach .....	6
Characteristics of an Outreach Worker.....	8
Findings.....	9
Changes and Challenges .....	9
Barriers.....	11
Partnerships .....	13
Underserved Populations .....	14
Recommendations .....	15
Immediate Needs .....	15
Longer Term Action.....	17
Key Lessons .....	17
Areas for Further Research .....	19
Conclusion .....	20
Appendix 1 - Church-Based Continuum of Care .....	21

# Introduction

This report is an inventory of the outreach services that faith communities and other organizations are providing to support people who are homeless or otherwise vulnerable in Richmond, British Columbia within the traditional homelands of the šxʷməθkʷəyʼəmaʔt̚ təməxʷ (Musqueam), S'ólh Téméxw (Stó:lō), Kwantlen, Stz'uminus, and sc'əwaθenaʔt̚ təməxʷ (Tsawwassen) Peoples. We offer it with gratitude and humility as we continue to learn about this region's rich, yet too often inequitable history and current situation.

Included is a summary of key informant interviews with staff and volunteers from faith, civic, and community organizations that provide outreach services to vulnerable individuals. This report is not an exhaustive list of outreach services in Richmond, but instead aims to capture the overall availability of - and need for - further supports.

This report highlights strengths, key stakeholders, and gaps in service; and then charts ways to build on the good work being done. Recommendations are made with a particular focus on the assets that the faith community provides in Richmond.

The term *outreach* can mean different things depending on the needs of individuals requiring support *and* the capacity of those providing support. Following is a brief background of outreach work in Richmond, and then a definition and scope of outreach work. All who do this work agree that trust-building must be the priority, followed by providing basic provisions, assessment of needs, and initial connections to further services. One interviewee talked about how all of this must be done in *one to ten minutes*, as that is how long he usually has to connect with people each time he goes out.

This report also reflects our commitment to work towards the recommendations made in the 2015 Truth and Reconciliation Commission of Canada<sup>1</sup> as we aim to understand and address the lasting impacts of residential schools and other discriminatory practices. In particular, we are guided by the Call to Action 19, which outlines the need to measure and close gaps in health outcomes between Aboriginal and non-Aboriginal communities.



## Demographics and Context for Richmond Street Outreach

The March 2020 Homeless Count<sup>2</sup> enumerated 85 people experiencing homelessness in Richmond: 60 sheltered and 25 unsheltered. This was a 21% increase over 2017, tying for second highest increase in the Metro Vancouver region. Even so, these numbers are recognized to be an undercount because, as a 24-hour snapshot, the count misses many who are cyclically homeless, couch-surfing, or simply well-hidden.

One interviewee estimated that he currently connects with 70 people living rough. Some of these are chronically unsheltered, but others are from a group of approximately 200 people who shift frequently between sleeping outside and being in a shelter, hospital, police custody,

---

<sup>1</sup> [https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls\\_to\\_Action\\_English2.pdf](https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf)

<sup>2</sup> [https://www.richmond.ca/\\_shared/assets/2020homelesscount65072.pdf](https://www.richmond.ca/_shared/assets/2020homelesscount65072.pdf)

or a recovery program. By some estimates, there are about 200 people in Richmond who live out of their vehicles (another interviewee estimates one third of Richmond's unhoused residents are living in vehicles), and 1000 more are housed but at imminent risk of losing everything.

Formal outreach services of one kind or another to unhoused residents of Richmond have been going on since at least the early 2000s. In 2010, the City of Richmond created the position of Affordable Housing Coordinator, whose role in part was to build the community's capacity for effective programming and collaborative strategy for actively engaging vulnerable residents - bringing together individuals who had a heart for this work and helping to heal relationships between local non-profits and government agencies.

At this time, the weekly meals and EWR (Extreme Weather Response) shelter at St Alban's Anglican Church, along with the Salvation Army men's shelter, were the major points of connection with people experiencing homelessness. St Alban's built on this foundation by creating in 2012 a dedicated drop-in centre on their second floor, hiring an outreach worker, and installing in 2014 a laundry and a wheelchair-accessible shower. The City was instrumental in facilitating these projects by attracting support from the local MLA, utilizing the City's connections with vendors to cheaply outfit and install the laundry/shower, and by advocating for a BC Gaming grant to underwrite operations. St Alban's also became the host site when the annual Homeless Connect events began, in themselves key expressions both of street outreach and interagency cooperation.

The City also convened a Homeless Outreach Working Group, consisting of interested individuals, St Alban's Drop-In, Turning Point Recovery Society, the RCMP Mental Health liaison, and a liaison from the Ministry of Social and Family Development. These last two went out together each week to do well-being checks at encampments. They, together with the rest of the working group, maintained a shared binder of needs presenting in these encounters and a map of encampment sites, which invariably came down to housing. The ongoing data collection informed the City's advocacy with Vancouver Coastal Health, leading to the creation of an Assertive Care Team, and demonstrated to politicians and City senior management that Richmond had a homelessness problem.

As the Working Group's activity progressed to include, among other things, the annual Homeless Connect events as well as year-round assemblage and distribution of hygiene kits, the City hired a part-time contractor to assist with clerical and logistical support. The working group became the current Richmond Community Homeless Table. However, multiple people contacted for this report repeated input given in 2019 for the municipal Homelessness Strategy: service providers are working largely in isolation, leading to serious gaps in demographic data, case management, strategy, and outreach levels.

The St Alban's Drop-in had to close in 2017, but several faith communities formed the Richmond Food Aid Delivery Coalition to enable the St Alban's outreach worker to carry hot meals to folks on the street and in encampments. Funding sources and contractual oversight for the Food Aid Delivery program have varied over the years; currently it sits under the Salvation Army with municipal and federal (COVID-related) funding, and meals supplied by faith communities. This is currently the only after-hours outreach in Richmond.

The informal collaboration between the RCMP Mental Health liaison and the Ministry of Social Development and Poverty Reduction (MSDPR) social worker has grown into a true partnership. The RCMP Vulnerable Persons Unit now includes an integration specialist from the MSDPR, and since the latest provincial budget increased funding for such initiatives, there may be more hours allocated the team's work in Richmond.

A grant from the Union of BC Municipalities allowed the City in the fall of 2021 to partner with Vancouver Coastal Health to create a multidisciplinary team for VCH clients experiencing homelessness that offers occupational therapy along with help to navigate resources for housing and related supports. Although the UBCM funding ends soon, the program will continue with health funding.

Also in 2021, with a different UBCM grant, the City funded Turning Point Recovery Society to launch the Richmond Drop-in Centre and Shower Program in the Brighthouse Park Pavilion. In 2022 Turning Point also received funding from the Service Canada Reaching Home strategy, which strongly emphasizes street outreach with a housing focus. Consequently, their Outreach and Resource Support (OARS) workers have begun to go outside into the community on weekdays for 90 minutes after their drop-in hours and appointments have ended.<sup>3</sup>

The Reaching Home strategy is administered through local/regional "community entities" who are required to implement a centralized Homeless Individuals and Families Information System (HIFIS) that all federally funded programs will have to use. Unique identifiers are attached to each client, and although privacy laws will not allow individuals' information to be shared between agencies, aggregated subregional data can be tracked in real time by the community entities to policy and funding recommendation as well as community collaboration. BC Housing negotiated the only provincial HIFIS contract with Service Canada; however, that software has been delayed and will not interface with the existing emergency shelter HIFIS system. Lu'ma Native Housing has been awarded the Reaching Home contract for an Indigenous HIFIS system across 22 municipalities. They are trying to create a bridging system to connect it with other data sets, and they will let local agencies (not just the community entity) tap into the information.

## Defining Outreach

The term *outreach* is typically used in two ways (see Appendix 1). The first type of outreach - sometimes called "inreach" or resource navigation - happens when organizations offer support services at their venues, sometimes by appointment, other times as a drop-in service, typically helping clients access resources offered elsewhere. These services can be effective for people experiencing homelessness, especially when offered at sites that they visit routinely, such as shelters, drop-in centers, and food programs. But there are barriers to accessing such supports, as outlined later in this report.

---

<sup>3</sup> Chimo Community Services also provides homelessness-related inreach services, as does Connections Community Services to Indigenous youth and families and to seniors.

The second type of outreach - sometimes called "street outreach" - happens when staff or volunteers circulate outdoors, searching for people to help. Outreach workers engage with people who need immediate practical or personal support. The individuals they reach out to might be unaware that help exists or may be avoiding contact with services, and thus must be met where they are physically, and where their trust level is. **This inventory explores the scope of and need for this type of outreach in Richmond.**

The staff and volunteers interviewed for this inventory Interviewees were asked how they define outreach, which included:

**Basic Needs and Hygiene** Outreach includes meeting immediate needs like free meals, clothes, first aid and other seasonally appropriate basic items (i.e., sunscreen in hotter months, or warmer clothes and rain gear in colder months) for people who cannot afford to pay even a nominal fee. Many of these people would not eat without the daily meal deliveries they receive. As one outreach provider put it, "I'm a social worker, caseworker, and pizza delivery guy."

Many people living rough need support with hygiene, including washing hands before meals, washing laundry, cleaning wounds, and drying sleeping bags. The COVID-19 pandemic raised awareness of the importance of hygiene and increased all of our commitment to taking care of our health.

**Information and Connection** Along with practical support, outreach also provides information and a connection to these different services, including cooling centers, libraries, and legal or immigration support. Also, often the outreach workers accompany the client and help them to engage with service providers. For example, clients may need help in remembering and getting to the location of their appointment.

**Personalised** Outreach should be tailored to each individual's circumstances. Much of outreach is relationship building and getting to know personal needs.

**Short Term to Long Term** Outreach workers help vulnerable individuals focus on longer-term needs and potential, which is difficult to see when life is acutely and persistently chaotic.

**Timing** Ideally, outreach should be offered 24-7, or at least on evenings and weekends, when most other services are not open.

**Wholistic Care** Outreach work also includes tending to spiritual, social, and emotional needs.

While the terms are often used interchangeably, it may be helpful to think of outreach as being different from (see Appendix 1):

<b>Case Management</b>	Helping to establish tangible goals with an individual, and then work step-by-step with them to achieve those goals.
<b>Advocacy</b>	Addressing barriers and unjust policies and practices, raising awareness about income assistance rates, unfair by-laws, and how unfairly the media portrays marginalized people at times.

## Characteristics of an Outreach Worker

Outreach is not easy work. There are some physical demands - one must be able to load supplies, operate a large vehicle, and be out in all kinds of weather. More significantly, there are emotional and mental demands to this work. While there is no ideal age, gender, or ethnic background one must have enough life-experience to relate to individuals in challenging circumstances, yet be young enough to meet the demands of the work.

Outreach work is more often done by men, but both male and female presence is valuable. One interviewee wondered if some of the requests for help she received were only brought to her because she was a trusted female. Some individuals would not approach a male worker, even if he was familiar to them.

Many, but not all homeless individuals, struggle with substance abuse. Outreach workers need to understand the addictions and recovery journey. While not required, a recovery background can be an asset.

One must expect to interact with individuals who may be upset, abusive, aggressive, traumatized, and/or in pain. One will hear information that is troubling, which could lead to compassion fatigue or vicarious trauma. One must also be prepared to be exposed to communicable diseases, bodily fluids, lice, bedbugs, or other challenges. Outreach workers are usually not medical professionals, but they often need the ability to respond to acute psychotic episodes, substance use disorder, sexually transmitted diseases (STD's), and/or other confounding physical and mental health challenges. They must also know when to honour confidentiality, and when to share personal information, report crimes, or take steps to prevent an individual from harming themselves or others, as per the legal obligation known as the *Duty of Care*. When confidentiality must be breached, it should be done with the individual's best interests in mind.

And amidst these pressing needs, outreach workers must be willing to prioritize relationship building, and approach their work with love, not an agenda. One interviewee summarized the necessary characteristics of outreach workers as needing "empathy and a thick skin."



# Findings

With this review, we did not quantify the hours, cost, or dollar value of the outreach work currently done in Richmond. Instead, we focused on the experience and insights of those who are currently doing the work. Following is a summary of the changes and challenges highlighted by outreach workers, a list of those who are currently underserved, and a brief analysis of the partnerships that make this work possible.

## Changes and Challenges

Interviewees were asked about challenges they face and referrals that they often struggle to make. Some of these challenges overlap between outreach work and case management as defined above, but without enough case managers, these immediate challenges must be responded to. Responses include:

**Addictions Care** There is currently no detox facility in Richmond, so individuals ready to address serious addictions must go to the hospital or another city.

**Communication** Outreach workers often struggle to connect with individuals, as many do not have phones, and thus there is no way to follow up or schedule appointments or find someone if they have moved locations.

Outreach workers must also maintain a network of connections to service providers and know whom to call for immediate support. When they can have “back-door” access to programs, they can facilitate individuals connecting into programs when they are ready. These connections need to keep being rebuilt as staff turnover and services change.

There are also language and cross-cultural challenges, as Richmond is linguistically diverse. COVID and inflation have increased the number of people who are accessing free food programs and clearly present other needs but speak no English. Sometimes there are no agencies in Richmond who speak their language (for example the influx of Ukrainian refugees after Russia invaded Ukraine in the Winter of 2022). More often, there is social friction and misunderstanding due to differing social practices or expectations, between clients or between service providers and clients, and language barriers increase the tension.

**Connections** Outreach workers must have the time and ability to connect individuals to other services when appropriate and when they are ready, but it is challenging to make an appointment for another day, or reach people to follow up with appointments or schedule changes.

**Coordination** Emergency food supports are not always well tied to Vancouver Coastal Health, Urban Bounty, or other supportive agencies in Richmond. As staff turnover, connections between agencies must be continually fostered.

**Dietary Needs** Outreach workers often bring food to meet acute hunger. They cannot easily attend to individuals with special diets (i.e., allergies, celiac, poor teeth), although the food providers do make effort to do what they can when they know of a need. Interviewees talked about how they try to offer food appropriate for the season (i.e., more melon in summer, hot foods in winter), and food for special occasions, such as traditional holiday meals.

Richmond has a number of free food programs on weekdays, but a shortage on weekends, making the food outreach workers can provide all the more valuable.

**Finding People** Richmond's sprawling rural and suburban character makes it difficult to keep track of where unsheltered people are staying - "nests" and camps are well hidden in the bush, sometimes far from built-up areas. Because Richmond has comparatively few street-oriented services, homeless folk who remain here tend to be consciously avoiding the option to go where such services are more readily available - and quite possibly avoiding human contact in general to what extent they can.

**Housing** Some people struggle to sustain their suite in modular housing, assisted living, or other transitional housing. They need further support to settle in and maintain their home, or else they may end up back on the street. Some vulnerable individuals rent suites, but what is affordable to them may be inappropriate. Property owners need to be held accountable to ensure the spaces they are responsible for meet building code and are safe. Some interviewees shared stories from clients of mold or leaks that made their last home uninhabitable.

Interviewees also talked about the need for twice as many accessible housing units for all vulnerable cohorts - seniors, recovery beds, women's facilities, and family-friendly spaces. Individuals also need assistance in accessing these, such as a dedicated housing support worker who regularly accompanies outreach workers. BC Housing uses the Vulnerability Assessment Tool<sup>4</sup> to determine housing support needed for individuals, which outreach workers are learning to use.

**Medical Care** Outreach workers respond to medical challenges. This includes first aid training and a budget for supplies (i.e., bandages, salve, peri-care, foot-care). Nursing care would also be an invaluable support to outreach workers, especially when individuals need wound care or medication support. There is also more need for monitoring and responding to challenges with vision, hearing, dental care, skin conditions, and communicable diseases.

---

<sup>4</sup> <https://www.homelesshub.ca/resource/vulnerability-assessment-tool-determining-eligibility-and-allocating-services-and-housing>

**Mental Health** Outreach workers talked about frequent acute and chronic mental health challenges. They need training to know how to respond. They need support when situations escalate, preferably without police intervention, as they are not always equipped to respond to mental health challenges. Ideally, we would help individuals connect to counseling and mental health services before needs escalate, but there are often long wait lists for these services.

Outreach workers also need to prioritize when there are concurrent challenges, including physical, mental and/or addictions. If needed, they must usually need to help people sober up first before other challenges can be addressed.

**NIMBY-ism** Interviewees also talked about the challenge of unwelcoming neighbors who communicate a “Not-in-My-Backyard” attitude. Discomfort with people who may be unpredictable is understandable, but it often leads to situations even harder for vulnerable individuals.

**Transportation** Outreach work in a community as spread out as Richmond requires a vehicle to carry supplies and get to where people are. Workers must maintain the inventory on board, manage ongoing costs of fuel, vehicle upkeep, and insurance. Workers must also be able to drive in all weather conditions.

**Work Support** Some individuals who require outreach support are the “working poor,” so need gear such as work boots, lunch kits, and raincoats.

## Barriers

Many good services exist in Richmond, but there are multiple reasons why individuals face challenges in accessing them.

**Ability** People may not be able to read, write or comprehend documents or processes because of neurological divergence, literacy, or language.

**Denial** People may not recognize how dire their situation is and may struggle to accept that they need support.

**Disconnection** Many people do not have someone they can ask to watch their things (and pets if they have them) when they are away.

**Discouragement** Very frequently, people are *too discouraged to try* to connect with the services available.

<b>Fear</b>	<p>People fear leaving their things when they go to community programs. If they do not have a secure place to store items, they could lose their bedding, rain gear, and other supplies, which can be devastating.</p> <p>People also fear the unknown. One interviewee talked about how some individuals seem to prefer to not know about their health status, as they do not know how to deal with a serious diagnosis.</p>
<b>Housing Lack</b>	Health needs may be considered secondary to daily survival.
<b>Knowledge</b>	Many people do not know what benefits are available, where to find them, or the first steps to access the supports.
<b>Mental Health</b>	Anxiety, feeling overwhelmed, trauma triggers, and other mental health challenges can prevent someone from connecting to a needed service. Anxiety is often expressed as anger or aggression. If not deescalated, it can lead to someone being banned from a service or otherwise punished.
<b>Physical Accessibility</b>	Individuals with physical challenges, particularly those who need wheelchairs or walkers, cannot access buildings that have stairs or inaccessible bathrooms.
<b>Policy</b>	Bylaws and processes do not always address the needs of people needing support (i.e., use of parks or other public spaces, panhandling).
<b>Price</b>	Costs are the biggest barrier for access to basic needs. Housing, food, health care, communication tools, and other necessities can all be expensive.
<b>Service Hours</b>	Because unsheltered people, and people struggling with severe addiction and/or mental illness, commonly have great difficulty keeping track of time, support and advocacy services that target them have limited impact if restricted to appointments. Drop-in hours are more helpful, but still require time-management skills. A critical gap is the lack of “after hours” services available in Richmond.
<b>Stigma</b>	Vulnerable individuals may feel embarrassed or unsure if they can access services because of activities that impose legal or moral assumptions. Even having to rely on “the ministry” or government supports is seen as the lowest tier of services by some. Several interviewees talked about how many of their clients fear that service providers will not understand them and their needs.

## **Technology**

Many supports need internet access and a computer to register, fill out forms, receive reminders or updates, pay fees, or receive reimbursements. One interviewee estimated that two-thirds of the people he connects with have a phone, but only one-third can consistently use it (i.e., battery charged, able to pay for use, able to receive voice messages). Mailboxes where one can receive mail are also needed.

## **Transportation**

It can be logistically hard to get to services, especially if they are not near good public transportation routes, or if carrying gear or a pet. Often people looking for a particular service must go to Vancouver, Surrey, New Westminster, or beyond.

## **Partnerships**

Interviewees were asked about new or strengthened partnerships formed in this challenging season. Several commented on how faith communities and non-profit organizations demonstrated a strong ability to collaborate, be flexible, and find funding for essential work during COVID. Many of the community meals and supportive programs continued, despite uncertainties about what we knew to be safe. Faith communities stepped forward to provide relief, volunteers, and additional resources to those who had already been offering food and outreach. The Richmond Food Bank was acknowledged by several as a solid presence, a resource, and a guide through this season.

Food is both an acute need for many on the street, and a connecting tool. Outreach work is often best done when the worker brings a meal or snack (see Appendix 1). To provide food, it takes:

1. A **team of people** to put the food together. Church volunteers who are older and want to contribute but cannot do the front-line work provide much of this labour.
2. A **budget** to cover supplies. Typical volunteers do not have the skills or expertise to fund-raise, but are willing to do the work of putting meals together - "the satisfying work."
3. A **food-safe kitchen**, with trained volunteers. There should be at least 1 person each shift with current food safe certification, and ideally more as the food is going to people who are extremely vulnerable.

# Underserved Populations

We asked service providers who they see as the most underserved and struggling populations in Richmond. Several interviewees talked about how we cannot single out any one group - people from all walks of life are struggling. Others identified these sub-populations as having unique needs that they were unable to adequately respond to:

- Couples**      Few shelters can accommodate couples.
- Families**      Pregnant women and young parents, especially single mothers, have unique needs not often met in general programs.
- LGBT2Q+ Individuals**      Many are not connected to family or other supports.
- Newcomers**      Vulnerable Nigerians, Ukrainians, and Syrians were specifically mentioned, but people have come to Richmond from many places around the world.
- Seniors**      This report focuses on people who are homeless, but several interviewees also talked about vulnerable seniors who are housed yet unable to maintain basic activities of daily living, needing help with meals, housework, and personal care. Many of these individuals have no family or supportive friends nearby, especially when not connected to a faith community or other social network. Some struggle when they reach the age where they switch from disability funding to pension, especially if they have not been able to apply for the housing and financial supports available to them.  
  
The Homeless Counts have revealed a consistent trend of increased homelessness among seniors - and indeed interviewees are seeing more seniors living in vehicles; more men in their 80's in shelters; and more single, elderly, Mandarin-speaking women coming for bags of food, bread, and sit-down meals.
- Women**      Women often do not feel safe or have their needs met in male dominated spaces. Women are also more vulnerable to male exploitation in exchange for shelter.
- Youth**      There is a significant gap in services for at-risk and homeless youth (up to early 20's), who do not have the skills to navigate systems set up for adults. There is no youth shelter in this city, but the Richmond Homelessness Strategy aims to create one.

# Recommendations

## Immediate Needs

Interviewees identified these things as immediate needs for sustained operations:

**Addictions** The opioid crisis is still an alarming reality. The BC Coroner’s Illicit Drug Toxicity Report<sup>5</sup> came out in August 2022, in the midst of these interviews. There were 1095 deaths in BC in the first half of 2022 related to overdose. Outreach workers need overdoes prevention supplies, training, and access to paramedics.

There is also need for abstinence-based recovery options, not just harm reduction options. Richmond must currently send their residents who need detox support to another city, perhaps displacing another person who already lives in that city.

**Administrative Support** Front-line outreach workers would benefit from support to ensure financial records and statistics are kept, resources guides are up-to-date, and other organizational tasks are done.

**Case Management** Inter-agency coordination or case management would prevent both duplication of services and others not receiving enough support. For example, most free food programs are at (or over) capacity. A way of verifying need and ensuring equal share (such as the Food Bank’s membership model) would help.

**Dedicated Staff** An outreach worker ideally works full time and has solid funding so they will remain in the position long enough to build trusted relationships with both service providers and individuals requiring support.

Outreach staff should also work different hours throughout the day, as the hours of the shift change the focus of the work. It is often easiest to connect with individuals who have established camps as they are first getting up or settling down at the end of the day. Later mornings to early afternoons are the least productive for some outreach workers, although that is when they are more able connect with other service providers. Evening and night shifts are more filled with responding to crises or building relationships with the “bottlers” or “night dwellers.”

**Funds** Outreach work requires supplies, especially food, fuel, hygiene, Personal Protection Equipment (i.e., gloves, masks), and first aid supplies.

---

<sup>5</sup> <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

- Housing** Across the system there is a lack of focus on getting people housed. Not all frontline workers have that training or mandate to support housing applications.
- Networking** To keep up with the needs, there must be ongoing dialogue between front-line workers, church leadership, city staff, RCMP, shelter providers, healthcare providers, and other support services, sharing needs, program status, ideas, best practices, client information (when relevant), and encourage each other in the work.
- Several interviewees talked about the value of small group conversations, as frontline workers do not feel like they are heard in larger meetings. And while we have learned much about connecting virtually, in-person connections are irreplaceable to build trust, and it is often the “meeting after the meeting” where decisions are made.
- Pets** Several interviewees talked about keeping a stock of pet supplies, as some of the people living outside have pets. Caring for these animals is often a way to connect with the individuals.
- Services** Outreach workers need places to refer people to, and ideally, individuals from these services accompanying the outreach workers to make the connections and start the application process, particularly for (1) housing, (2) mental health care, (3) detox and treatment, and (4) seniors care.
- Training** Outreach workers need significant area-specific technical knowledge, including how to access and support someone to fill out forms for housing, disability, and senior’s benefits.
- Vehicles** One outreach worker estimated that one-third of the homeless individuals in Richmond live in vehicles (and this number is growing). Until these individuals secure permanent housing, they need a safe, quiet place to park their vehicles, access to electricity, hygiene, waste and compost facilities, and support with vehicle insurance, maintenance, and fuel.
- Volunteers** Volunteer coordination and training (both initial and ongoing), on topics like First Aid, Mental Health First Aid, Managing Hostile Interactions, and Trauma Informed Care is necessary.



## Longer Term Action

As we look at Richmond's most vulnerable citizens, we do not just want to sustain immediate relief and outreach. We envision a time when there is no one who needs this kind of support. When asked what the single most effective action that the sector could do in the next twelve months to support those who need outreach services, interviewees suggested:

- Environmental Scan** A comprehensive overview or environmental scan of all services, identifying:
- Shared metrics that can be tracked
  - Gaps in services
  - Shared incident reporting
  - Ongoing monitoring and reporting of these stats
- Housing** People need safe, affordable, supportive housing.
- Hub** A hub where people who do not otherwise have access can get a meal, shower, do laundry, vehicle maintenance, and connect to other supports would be valuable. A mobile unit would be the only way to reach some people.
- Prevention** We must increase ways to support people before they end up on the street, such as providing support to people with negotiating with difficult property owners.
- Record Keeping** What gets measured gets done. A shared measurement system would capture the needs in Richmond, create connections between services, and clarify which agency is responsible for which supports.

## Key Lessons

We asked interviewees what they would share with someone starting out in this field. Here are the key lessons related to outreach work that interviewees shared:

- Personal Agency** Our priority must be to build agency in individuals, helping people advocate for themselves, and plan for their life in ways that are meaningful to them.
- Boundaries** Outreach workers must be wise about boundaries and safety to sustain their ability to remain in this work. Ongoing training in conflict resolution and debriefing after hostile interactions is essential.

**Compassion** Approach this work with a posture of curiosity, compassion, and non-judgement. See individuals as our brothers and sisters, no matter what their ethnic background, age, language used, or smell. We cannot assume we know what people want or need.

Several interviewees talked about the emotional toll of living rough - there is grief, loneliness, and it is embarrassing to admit that one is struggling ... plus you have no one to turn to for help. Any inappropriate approach of the outreach worker can further stigmatize individuals or be the needed concern that turns someone's situation for the better. One interviewee referred to being *politely persistent and consistent*.

**Prejudices** Examine any prejudices or preconceived ideas one has about people on the margins. New workers often, and understandably, have some fear that those they are seeking to connect with will yell, be rude, or be aggressive, but many say that they were pleasantly surprised with how appreciative and engaging individuals living rough are. That has certainly been the experience of the authors of this report.

The media has at times made this worse, so we must address how vulnerable people are publicly portrayed.

**Structures & Flexibility** Outreach teams must have good plans and structures in place and be willing to adapt and adjust quickly, as situations change. COVID and recent extreme weather events have taught us this in new ways.

**Trust** We must prioritize relationships and trust building with individuals before we expect them to open up or work with us (i.e., allow us to connect them to other service). This can take months or years. Some interviewees even suggested that individuals should not attempt outreach work unless they can make a long-term commitment to the work.

Also prioritize relationship building with other service providers - when trusted relationships exist, we can quickly find ways to adapt our supports to client needs. Several noted that there is not a territorial feeling in Richmond, and organizations with more food or resources share as able.

## Areas for Further Research

Further exploration should be done in the following areas:

<b>Faith Community Engagement</b>	Many churches and other organizations find themselves responding to people who are homeless, but do not know how to contact the outreach workers. More could be done to ensure service providers, businesses, and churches know when outreach workers are available, what they can do, and how they can be reached. Several outreach workers interviewed said they would have capacity and welcome the invitation to support individuals living on such properties.
<b>Funding</b>	Funding is an ongoing challenge for this kind of work. Support with fundraising, funding applications, and ensuring available grants and donations distributed equally would help the sector overall.
<b>Indigenous Health</b>	We recognize the need to measure and close gaps in health outcomes between Indigenous and non-Indigenous communities, but we did not find specific data on outreach to vulnerable Indigenous individuals in Richmond. Further research should be done, but must be done with cultural sensitivity and guidance from within the Indigenous community.
<b>Media</b>	We must continue to examine how homelessness and marginalization are reported in the media and our community reports and find ways to use more helpful, hopeful, dignified language.
<b>Perspective</b>	This inventory does not include the perspectives of individuals requiring outreach support, so further exploration into individual experiences and needs would be valuable.
<b>Registration</b>	Outreach work is generally open to all, aiming for low barrier support, but as numbers grow, programs can get overwhelmed, and become unable to provide quality supports. Therefore, some form of inter-agency registration, record keeping, and incident reporting can help tailor support for individuals and ensure equitable access.
<b>Storage</b>	There could be value in exploring an ID Bank and storage facility for other valuables for individuals until they have a secure home.
<b>Trauma Informed Care</b>	While we have learned much about what a trauma-informed response is and why it is necessary for vulnerable individuals, we can do more to put these practices in place. This will take a combination of initial and ongoing training, and further exploration into appropriate care.
<b>Underserved Populations</b>	Further exploration into the unique needs and outreach approach for the underserved populations listed above would be valuable, particularly homeless women, children, and seniors.

## Conclusion

Outreach work, like all supportive work, must be done with a client-centered, asset-based focus. Although each interaction may last for only *one to ten minutes*, dedicated staff and volunteers can over time build meaningful, transformative connections.

Through these interviews, we see that community- and faith-based outreach has long been vital in Richmond. People move from being dependent to contributing when they are housed, nourished, able to access needed services, and connected to community. Faith communities are especially adaptable, committed, well-sited, and willing to work well with others. This was evident in how they weathered the uncertainties of COVID. Faith communities and other supportive organizations also provide an unmeasurable and invaluable level of kindness, care, empathy, and practical support.

It is also evident that non-profits and faith communities cannot sustain this work on their own long term. Too much responsibility is falling on individuals who have taken on the work as a volunteer or in retirement. There is urgent need for sustainable funding, collaborative strategic planning, coordinated implementation, and trained mental health workers to respond to needs beyond what a volunteer or outreach worker can manage. Furthermore, a significant emphasis should be on street-outreach work, where vulnerable people are currently found. When we support people who are struggling to get back into stable situations, we lessen both human distress and the cost to our healthcare system.

# Appendix 1 - Church-Based Continuum of Care

In journeying with some of the most vulnerable individuals in our communities, there is a place for street outreach, in-reach (drop-in programs and meals), case-management, and spiritual care. Hospitality is the foundation for all this work. We must also advocate for better systems on a larger scale. No group can do all these activities well at the same time. We must partner with others who can journey with people in all stages of the continuum.

