



COMMUNITY OUTREACH CENTRE EVALUATION REPORT

January 2020 – April 2022



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Executive Summary

Background:

In January 2020, the provincial government funded a four-month pilot to create a Community Outreach Centre to offer daytime support to those experiencing homelessness. The Centre provided access to basic facilities such as a warm space, snacks and drinks, washrooms, laundry facilities, telephones, Internet access, computers, etc. It also provided opportunities for clients to connect with community and government partners who could help them with housing, social supports, addiction services, mental health services, food security and employment support. The Centre was open 12 hours a day, 7-days a week and located in Charlottetown.

As the pilot program unfolded, it quickly became clear that the need for these types of services and supports was great. This resulted in the pilot work being extended and expanded upon to become a permanent program. The program was funded by the province and operated by The Salvation Army between January 2020 and April 2022.

Evaluation Approach:

A retrospective evaluation was conducted to monitor progress and assess the effectiveness of the Community Outreach Centre under the leadership of The Salvation Army (January 2020 – April 2022). The evaluation was participatory in nature and focused on both process and outcomes. Data was collected through documentation review, consultations with the Supportive Housing Manager, a survey with staff and partners, focus groups with staff and partners, interviews with clients, and an interpretation session with the working group.

Evaluation Findings:

The evaluation findings show that all 15 clients interviewed benefited from the Centre. All feel comfortable going to the Centre and have been helped with their basic needs. Thirteen have accessed some form of housing support, 12 have been connected to other services and supports in the community, 14 feel comfortable with staff and would go to them if they needed support, 14 feel the Centre provides a safe place to connect with their peers, and 10 feel cared about and supported. Without prompting, seven clients noted that the Centre is a “life-line” for them, and that they would be lost without it.

As part of the evaluation, partners and staff were asked about how the Centre was operated and managed under the leadership of The Salvation Army. Most staff felt they were clear on their

roles and responsibilities, had a good understanding of the referral process, felt valued, knew who to go to if they had any questions or concerns, were aware of the services and supports offered through the Centre, and felt they were provided with adequate training opportunities. Around half of staff were satisfied with the level of support and guidance provided by management, the extent to which they were provided access to policies and procedures, and the level of orientation and onboarding they received.

As for partners, they were generally satisfied with the types of services offered through the Centre, the ease in which clients could access services, the level of support they received from staff, and the space provided to offer their services. The areas they were less satisfied with were the consistency of services offered, the case management and referral processes, and the level of communication between partners and staff.

In addition, staff and partners were asked about challenges in operating the Centre and offering services. The key challenges identified include the following:

- Stigma and community resistance around the Centre
- Service wait times
- Drug usage in the Centre bathrooms
- Limited resources and staff support
- Safety Concerns for clients and staff
- Covid-19
- Inadequate organizational structure and leadership

Staff, partners, and clients were all asked to provide suggestions to improve the Centre and increase access to services. The key suggestions put forth include the following:

- Renovate the centre
- Provide more structured and diverse client services
- Offer social programs/recreational activities
- Provide clients with a quiet space to relax and rest
- Provide more transportation support
- Provide more help with food security
- Support a safe injection site
- Provide more staff training
- Hire more staff
- Provide more orientation and onboarding
- Provide more opportunities for staff and partners to connect and share
- Clearly outline staff and partner roles and responsibilities
- Increase staff wages and provide benefits

- Provide staff with opportunities to advance and contribute to the organization
- Review and revise client intake and management processes
- Create and implement clear client rules and regulations
- Review and enhance the organizational structure
- Enhance security and safety measures
- Increase centre hours of operation and provide temporary emergency beds
- More promotion of services and supports available
- Continue to develop and enhance partnerships at the community and government level
- Develop and implement a formalized communication plan to support staff and partners
- Improve the Centre's community image

Conclusions and Recommendations:

The Community Outreach Centre is still in its infancy phase and has experienced some growing pains in getting established and operational, which is not uncommon for a new endeavor. Adding to the challenge of getting a new Centre up and running was dealing with the Covid-19 global pandemic, which has had a profound effect across all workplaces. The evaluation findings show that the Centre is evolving and working hard to address the challenges that have arisen, as well as build on past successes. The key recommendations that came out of the evaluation include the following:

- Clearly define the organization's goals, vision, and purpose
- Enhance the organizational structure – e.g., standardized referral processes, job descriptions, client rules and regulations, policies, and procedures, etc.
- Provide more onsite leadership and strengthen the management structure
- Enhance security and safety protocols to better protect staff and clients
- Advocate for the Centre and work on improving the Centre's image in the community
- Continue to enhance and develop collaborative partnerships
- Provide more opportunities for staff and partners to connect with/support one another
- Create and implement a more formal communication plan that supports communication between staff, partners, and other key stakeholders, as well as includes ways for clients to share their thoughts and feedback
- Hire more staff and provide staff with more support and opportunities – e.g., mentorship, onboarding, training, benefits, opportunities for advancement, etc.
- Renovate the Centre to better meet the needs of clients - e.g., bathrooms, kitchen facilities, laundry facilities, green space, etc.
- Expand client services and supports – e.g., support services, recreational activities, etc.
- Strengthen client connections to existing community programs and services
- Advocate for and support a safe injection site

Community Outreach Centre Evaluation

1. Background:

Safe, affordable housing is a necessity for every person. Adequate housing is key to helping people be healthy, productive, and successful citizens. Over the last several years, PEI's population has grown by 11% (2016-2021) and vacancy rates have fallen to an all time low, ranging from 0.3% (2018) to 1.5% (2021). This, in turn, has resulted in rising housing costs and rental rates. Although construction has increased and efforts have been made to ensure affordable housing options are available, supply has not been able to keep up with demand, and those most impacted are low-income individuals, particularly working age singles, students, and seniors. Renters are more adversely affected than homeowners. In a market where prices are increasing and landlords can afford to be very selective about who they rent to, certain populations are experiencing real challenges in obtaining safe and affordable housing. This is resulting in more homelessness.

According to the most recent Point in Time count conducted in 2018¹, the number of people experiencing homelessness in Prince Edward Island is estimated at 118 people. Findings from the October 2019 Community Needs Assessment on Emergency Shelters² and the 2017 Report on Homelessness³ show that the number of individuals staying in an emergency shelter rose from 355 in 2016 to 414 in 2018. In addition, the number of times a shelter bed was used went up from 4691 in 2016 to 7039 in 2018; a 34% increase. A total of 25 individuals were turned away from an emergency shelter in 2016 and 45 in 2018. On average, more men than women appear to experience homelessness and access emergency shelter, although the number of both is on the rise. In 2016, 88 women and 228 men accessed emergency shelter. In 2018, 117 women and 240 men accessed emergency shelter.

As noted in the Community Needs Assessment on Emergency Shelters, many individuals experiencing homelessness are dealing with multiple barriers and require a wide range of support, including a safe and warm place to go during the day where they can access basic services and connect with those who can help them address their homelessness issues. In

¹ Charlottetown Community Profile, Homeless Hub. <https://www.homelesshub.ca/community-profile/charlottetown>

² Findings of a Community Needs Assessment on Emergency Shelters, October 1, 2019, PEI Department of Social Development and Housing

³ PEI Report on Homelessness, The Fifth Report on Homelessness, 2017, PEI Community Advisory Committee on Homelessness

response to these findings, the provincial government funded a four-month pilot to create a Community Outreach Centre that offered daytime support. The pilot was operated by The Salvation Army, with oversight from a working group consisting of government and community partners. The Centre provided access to basic facilities such as a warm space, snacks and drinks, washrooms, laundry facilities, telephones, Internet access, computers, etc. It also provided opportunities for clients to connect with community and government partners who could help them with housing, social supports, addiction services, mental health services, food security and employment support. The Centre was open 12 hours a day, 7-days a week and located in Charlottetown. No appointment was required to access services and transportation was available if needed.

In March 2020, the Covid-19 pandemic resulted in strict health and safety regulations, which led to most organizations and businesses temporarily shutting down or changing how they offered services. This resulted in significant challenges for those experiencing homelessness. Before the pandemic, there were very few places they could go for support through the day, and during the pandemic, this number decreased. Without the Centre, many would have no place to go and no access to basic services and supports. This being the case, the province and The Salvation Army extended the pilot program and temporarily moved the Centre to a school site in April 2020 where they could adequately implement the Covid-19 safety protocols and meet the service needs of clients.

In August 2020, the Centre moved out of the school site and into a transitional housing lodge owned by the provincial government. During this time, the need for the Centre grew and it became clear that the Centre would continue to be funded and would require a larger, more appropriate space to house it. The government purchased an independent building in Charlottetown and the Centre moved to its new permanent location in June 2021. The Centre continues to be funded by the government and was operated by The Salvation Army until April 2022. In April 2022, The Salvation Army concluded their contract with the government, and a new contract was signed with the Adventure Group.

Since the Community Outreach Centre opened in January 2020, the number of individuals accessing services has increased from 27 to 175 unique individuals per month. Over the last 24 months, approximately 65% of clients accessing the Centre identify as male and 34% as female.

2. Evaluation Methodology:

2.1 Evaluation Approach

A retrospective evaluation was conducted to monitor progress and assess the effectiveness of the Community Outreach Centre under the leadership of The Salvation Army (January 2020 – April 2022). The evaluation was participatory in nature and focused on both process and outcomes. The process evaluation looked at how the centre functioned, what service delivery and partnership processes worked well, challenges, and what can be done to better support the Centre and improve service delivery. The outcomes evaluation looked at level of satisfaction with services provided and how the Centre was managed, and the impact of the services on the target population.

2.2 Evaluation Process

To help guide the evaluation development and implementation process, an evaluation sub-working group was created consisting of the Supportive Housing Manager from Social Development and Housing, and two representatives from the Community Outreach Centre Working Group. This group worked directly with the evaluator to sign-off on the evaluation approach, determine evaluation questions, create a data collection plan, create data collection tools, and support data collection processes.

The data collection methods and sources used to collect evaluation data included the following:

- Documentation review: reviewed Centre administrative data, Working Group meeting minutes and agendas, client handbook, etc.
- Supportive Housing Manager consultations: consulted with the Supportive Housing Manager from Social Development and Housing to collect background information on the Centre and how it transformed over time.
- Centre staff survey: an online survey was conducted with Centre staff who worked under the leadership of The Salvation Army to collect basic feedback on how the centre operated, what worked well, challenges/issues, suggestions for improvement, and impact of services on clients and the community. A total of 12 staff completed the survey, of which five have been working at the Centre for more than 18 months, three between 13-18 months, one between 6-12 months and three less than 6 months.
- Centre staff focus groups: two staff focus groups were conducted with four Centre staff to further explore how the Centre operated, what worked well, challenges/issues and suggestions for improvement.

- Partner survey: an online survey was conducted with nine government and community partners to collect some feedback on how the centre operated, what worked well, challenges/issues, suggestions for improvement, and impacts of services on clients and the community. Of the nine partners who completed the survey, seven have been offering services at the Centre between 13-18 months and two for more than 18 months.
- Partner focus group: a partner focus group was conducted with six partners who work directly with clients at the Centre. The focus group further explored how the Centre operated, what worked well, challenges/issues and suggestions for improvement.
- Client interviews: interviews were conducted with 15 clients who self-selected and signed up to take part in the evaluation process through the Centre. The interviews collected information on the services they accessed, how they benefited, what is working well, and suggestions for improvement. Ten clients identified as male and five as female. Each interviewee received pizza and a \$5 gift card to Tim Hortons for their participation.

2.3 Analysis and Interpretation

All quantitative data collected via the surveys was inputted into a database and analyzed using descriptive statistics (frequencies). All qualitative data collected through the interviews, focus groups, consultations and documentation review were collated and analyzed manually for common themes (frequency and intensity of responses).

Upon completion of the data analysis, a summary of the findings was presented to the Working Group for discussion and feedback. The Working Group was able to add to the findings and confirm their interpretation.

3. Evaluation Findings:

The evaluation findings are presented by common theme using the key evaluation questions as a framework.

3.1 Services Clients Access

Of the 15 clients who took part in the interviews, eight have been coming to the Centre for more than two years, five between 5-13 months and two less than a month. Thirteen come to the Centre every day and two come several times a week. Table 1 shows that the main reasons clients come to the Centre is for a safe and warm place to stay during the day, to get snacks and drinks, to connect with staff and get help accessing services and supports, to access washroom facilities,

to get help finding temporary/permanent housing, to access Internet services, and to connect with their peers.

Table 1: Reasons for Accessing the Centre (n=15)

Services/Supports	Frequency
Warming centre	15
Coffee/snacks	15
Connect with staff and get help accessing services and supports	15
Bathrooms	15
Help with housing	15
Socialize	14
Wifi	14
Emotional support	10
Lockers	9
Laundry facilities	7
Addiction support	7
Mental health support	7
Social services support	6
Help with food	6
Transportation support	5
Help connecting with other services – e.g., PEERS Alliance, JHS, Victim Services, Soup Kitchen, etc.	5
Hygiene supports and other necessities	5
Harm reduction supplies	4

3.2 Services and Supports Clients Most Commonly Requested

During the staff survey, respondents were asked what services/supports clients most frequently request. As noted in Table 2, the most common are help with housing, help with basic needs, emotional support, advocacy, and addiction counseling/support.

Table 2: Most Common Services/Supports Requested (n=12)

Services/Supports	Frequency
Help with shelter and housing	12

Basic needs – e.g., warming centre, food/drinks, bathrooms, lockers, laundry facilities, computers, Internet, etc.	10
Emotional support	9
Shelter support line	8
Advocacy	7
Addiction counseling/support	6
Harm reduction services	5
Mental health counseling/support	5
Social development/financial assistance	5
Help accessing other services and supports in the community	4
Family violence support/counseling	3
Justice and legal services	2
Indigenous support/connections	2
Employment counseling/support	2
Therapeutic services	2
Help with transportation	2
Socialization	2
Disability support	1
2SLGBTQIA+ supports/connections	1
Education support/guidance	1
Cultural support/connections	0
Youth counseling/services	0

These findings were expanded on during the staff focus groups, where participants noted that most clients generally come to the Centre because they have no where else to go during the day and need a safe space that provides them with basic living supports such as a warming centre, drinks and snacks, lockers, bathroom facilities, and emotional support. They also come to the Centre to get help with housing, connect with their peers, and get help accessing other services and supports – i.e., social services, addiction services, harm reduction supplies, transportation, etc. Staff noted that for most clients, the Centre is the only place where they feel welcome and know they won't be turned away. It is a place where they feel accepted and comfortable.

3.3 Services and Supports Partners Have Provided

As part of the partner survey, respondents were asked what services and supports they have provided to clients through the Centre. Table 3 shows that most respondents have provided multiple supports, including help accessing other services and supports in the community, help

finding shelter and housing, help with food security, advocacy support, harm reduction services, and transportation support.

Table 3: Services/Supports Partners Provided to Clients (n=9)

Services/Supports	Frequency
Help accessing other services and supports in the community	6
Help with shelter and housing	5
Help with food security	5
Advocacy support	5
Harm reduction services	4
Transportation services	4
Shelter support line	3
Addiction counseling/support	3
2SLGBTQIA+ supports/connections	3
Education support/guidance	3
Basic needs – e.g., lockers, bathrooms, laundry facilities, computers, etc.	3

It was noted in the partner survey and by participants of the partner focus group that being involved with the Centre has allowed them to connect with and support clients beyond what they could do on their own. Focus group participants noted that through the Centre, they have been able to reach more clients, build and maintain stronger client relationships, and provide more services and supports. The Centre provides a neutral place where they can meet with clients and provide them with services in a safe and comfortable way.

3.4 How Clients Have Benefited from the Centre

Client interviewees noted they have benefited from the Centre in a variety of ways. All have accessed the warming centre and been helped with their basic needs – e.g., food, drinks, bathroom facilities, etc. Thirteen have accessed some form of housing support, and 12 have been connected to other services and supports in the community – e.g., mental health services, social services, harm reduction, etc.

All client interviewees feel comfortable going to the Centre and feel comfortable with one or more members of staff. They all connect with staff on a regular basis and 14/15 would go to staff if they had any issues/concerns or needed support. Clients noted that at the Centre, they have access to people who care about them and provide them with emotional support (10

interviewees), as well as a place to connect with their peers (14 interviewees). Without prompting, seven interviewees noted that the Centre is a “life-line” for them, and that they would be lost without it.

“...they have set up a safe space which has made our lives so much easier...” (Interviewee)

“...were able to give me the support I needed...it saved me...would be devastated if it wasn't here...” (Interviewee)

For those clients who are homeless or using emergency/temporary shelters, they noted that the Centre is the only consistently safe place they can visit during the day where they are welcome, provided for, and supported. At the Centre they know they won't be judged or asked to “move along” and that they'll get access to basic living supports to help them get through the day. Two interviewees attribute their sobriety to the support they received through the Centre and three noted that the connection to the Centre has helped with their mental health. Five also noted that the Centre has provided them with transportation to help them get to appointments and access other support services.

The findings from the client interviews were supported by the findings from the staff and partner focus groups. Staff and partners believe that clients benefit in many ways, noting that the Centre provides them with access to a safe and warm space to stay during the day, access to other basic living amenities, help with housing, access to emotional support, and connections to other services and supports such as mental health, addiction services, PEERS Alliance, the John Howard Society, Victim Services, etc. For many clients, staff and partners noted that the Centre is the only consistent space where they feel safe and know they can get help if they need it. They feel welcome and connected at the Centre.

3.5 How Partners Have Benefited from the Centre

As part of the partner survey, respondents were asked how they benefited from their partnership with the Centre. As noted in Table 4, the main ways they benefited include building relationships with other service providers, connecting with new clients, increasing communication and knowledge sharing between service providers, increasing awareness and understanding of the diverse needs of clients, and increasing awareness amongst others of the services they provide.

Table 4: Benefits of Partnering with Centre (n=9)

Benefits	Frequency
Created/enhanced relationships with other service providers	8
Connected with some new clients – reached clients we might not otherwise have reached	7
Increased communication and knowledge sharing with other service providers	7
Increased our awareness and understanding of the diverse needs of clients and challenges they face	6
Increased awareness amongst service providers and clients of our organization and the work we do	6
Collaborated with other service providers to meet the needs of clients	5
Have a safe space to support clients and provide service	4
Feel more connected to the community	4

These findings were confirmed in the partner focus group where all participants noted that partnering with the Centre has been extremely valuable. It has helped them reach and stay connected with more clients, build collaborative relationships with other service providers and organizations, and gain a better understanding of the needs of clients and how to support them.

3.6 Satisfaction with Centre Management and Operations

As part of the staff and partner surveys, respondents were asked to provide some feedback on how the Centre operated and was managed, and the extent to which they felt they were supported as staff and partners. As noted in the table below, most staff survey respondents felt they were clear on their roles and responsibilities as an employee, have a good understanding of the referral process, feel valued as a member of the Centre team, know who to go to if they have any questions or concerns, are aware of the services and supports offered through the Centre, and feel they were provided with adequate training opportunities. Half of staff were satisfied with the level of support and guidance they were provided with by management. Less than half felt they were provided with adequate orientation and onboarding when they first joined the Centre team and felt they had access to relevant Centre policies and procedures.

Table 5: Staff Satisfaction with Operations and Staff Support (n=12)

Areas of Operation/Support	Strongly Agree	Agree	Disagree	Strongly Disagree
I was provided with adequate orientation and onboarding when I first joined the Centre team.	1	4	6	1
I am clear on my roles and responsibilities as a Centre employee.	2	7	3	0
I have a good understanding of the Centre intake and referral processes.	3	5	4	0
I have access to relevant Centre policies and procedures.	0	4	6	2
I feel valued as a member of the Centre team.	5	3	1	3
I am satisfied with the level of support and guidance provided by Centre management.	2	4	5	1
I know who to go to if I have any questions or concerns.	5	7	0	0
I am aware of the different services and supports offered by the host agencies of the Centre.	3	4	4	1
I was provided with adequate professional development opportunities.	2	5	3	2

Table 6 shows that most partners who completed the survey are generally satisfied with the types of services and supports offered through the Centre, the ease in which clients can access services at the Centre, the level of support they received from Centre staff, and the space provided at the Centre to offer their services. They are also very satisfied with hours of operation and the new location of the Centre (241 Euston Street). The areas that partners are less satisfied with and believe need some work are around the consistency of services offered through the Centre, the case management and referral processes, and the level of communication and collaboration between staff and partners.

Table 6: Partner Satisfaction with Operations and Support (n=9)

Areas of Operation/Support	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The types of services/supports offered through the Centre	0	5	3	0	1

The consistency of services/ supports offered at the Centre	0	2	5	1	1
The referral process	0	1	3	0	5
The case management process	0	2	2	1	4
The ease with which client can access services at the Centre	0	5	3	0	1
The level of information sharing/communication with Centre staff	0	3	5	0	1
The level of collaboration with Centre staff	0	4	3	1	1
The level of support received from Centre staff	0	6	2	1	0
The space provided at the Centre to offer your services/supports – e.g., office space, groups space, etc.	0	5	2	0	2
Days/hours made available to offer your service – e.g., Monday afternoons, Tuesday mornings, etc.	1	6	0	0	2
The new Centre location – 241 Euston St.	3	4	1	0	1

3.7 Challenges/Issues

- **Stigma and Community Acceptance**

Stigma and lack of community acceptance is a big concern noted by clients, staff and partner focus group participants, the Supportive Housing Manager and Working Group members. Six clients spoke about the negative stigma attached to the Centre, noting that it has a bad reputation in the community for drinking, drugs, fighting, police presence, etc. They feel that this is all the community sees, and not all the great things that happen at the Centre and how it helps clients. One client noted that it only takes a few “bad apples” to ruin it for everyone. Staff, partners, the Supportive Housing Manager and Working Group echoed these comments noting that there is a lot of misinformation around the Centre and acknowledge there is a genuine concern on behalf of the community that needs to be worked on. This was also noted throughout the Working Group meeting minutes, where community resistance to the Centre was regularly discussed and ways to build support and engagement were explored.

- **Service Wait times**

Five client interviewees, 11 staff survey respondents, the Working Group, the Supportive Housing Manager, and all staff and partner focus group participants identified wait times to access

services is an issue. The longest wait times tend to be for temporary/permanent housing, mental health services, and addiction services.

- **Drug Usage in Bathrooms**

Another challenge that came out during ten client interviews and the staff focus groups, was the communal bathroom at the Centre being used as a place to take/inject drugs. Those using the bathroom for this purpose are holding it up for long periods of time and leaving it unsafe for others. Clients and staff both noted it was not unusual in these cases for the bathroom to be in use for 20-30 minutes at a time and for blood, needles, and other dangerous paraphernalia to be left behind.

- **Limited Resources and Staff Support**

Four staff survey respondents and staff and partner focus group participants noted that the Centre is underfunded for the number of clients they are servicing. The number of clients being supported has grown significantly since the Centre first opened but the level of funding and staff support as not kept up. Staff noted that they are consistently understaffed and that there are not enough resources to support clients with such things as clothing, food, hygiene products, transportation support, laundry, storage, etc. At times, there might only be two staff on the floor to support up to 70 clients, and in addition to supporting clients, they are expected to keep the Centre clean and deal with any issues that arise.

Staff focus group participants also noted that The Salvation Army experienced some staff turnover at the management/organizational level, which impacted the level of leadership and support provided to those working directly with clients at the Centre. Staff noted they weren't always clear on their roles and responsibilities, weren't clear on the chain of command, and didn't always know who to go to at The Salvation Army management level with any questions or concerns. Most relied on their co-workers for support and to help them learn their job roles.

- **Safety Concerns**

Staff focus group participants also have safety concerns. They noted there are no clear safety protocols or procedures in place to keep staff and clients safe, and that staff have not been provided with adequate training to deal with the types of issues that arise.

- **Challenges Providing Services**

Staff and partners were asked in the surveys about challenges/issues they faced in providing services at the Centre. The key challenges/barriers identified by staff are listed in Table 7.

Table 7: Challenges Offer Services (n=12)

Challenges/Issues	Frequency
Covid-19 restrictions	8
Inconsistent services/service providers	8
Client behavioral issues	7
Information sharing/communication with Centre staff/host service providers	6
Management issues	5
Funding issues	4
Collaboration between Centre staff/host services providers	4
Service demands	3
Intake process	3
Referral processes	3
Not enough staff	3
Changing locations	2
Turnover of Centre staff	2
Managing the space – ensuring we have access to the time and space needed to support clients	2

The key challenges partners experienced are outlined in Table 8.

Table 8: Challenges Offer Services/Partnering with the Centre (n=9)

Challenges	Frequency
Covid-19 restrictions	5
Service demands	5
Centre management issues	4
Changing locations	3
Turnover of Centre staff	3
Client behavioral issues	3
Referral processes	3

Level of information sharing/communication with Centre staff	3
Client file management system	2
Level of collaboration with Centre staff	2
Managing the space – ensuring we have access to the time and space needed to support clients	2
Wait times to access services	1
Client intake process	0

In the case of both staff and partners, Covid-19 restrictions was one of the biggest challenges they faced. During the staff focus group, participants noted that Covid-19 changed how they could connect with and support clients, as well as resulted in more work in the form of cleaning, staying updated and implementing ever-changing safety procedures, and educating and monitoring clients. It also resulted in staff missing work due to safety and isolation protocols.

In the case of partners, many had to withdraw their services from the Centre or significantly alter the way they offered services due to Covid-19, which meant they were unable to fully support clients and the Centre to the extent they would have liked.

- **Inadequate Organizational Structure and Leadership**

During the client interviews and staff and partner focus groups, there was significant discussion around the limited level of organizational and operational structure in place to guide the work of the Centre. Six client interviewees spoke about the rules and regulations not being consistent, which has resulted in clients being told different things or being treated differently. Both staff and partners spoke about the inconsistent leadership from The Salvation Army at both the local and upper level, felt there was a lack of clarity of the vision and mission of the Centre, noted they were not always clear on their roles and responsibilities, and noted there was limited structure and guidance in place to help them do their work. For some staff and partners, the mandate of The Salvation Army was also somewhat limiting, in that it wasn't always inline with the needs of the population and the services that partners were providing – e.g., harm reduction.

These findings were confirmed by the Working Group and Supportive Housing Manager, who noted that The Salvation Army was organizationally challenged to keep up with the rapidly evolving Centre during such challenging times. What started out as a four-month pilot to provide a warming centre to a small number of individuals dealing with homelessness, turned into a Community Centre providing extended services and supports to many clients with a wide range of complex issues. In addition, there were multiple location changes, and all this happened

during a global pandemic, which drastically altered the types of services offered and how they could be provided. It is important to note that all staff and partner focus group participants, the Supportive Housing Manager and the Working Group felt The Salvation Army took on a monumental task and were able to successfully get the Centre up and running during a very turbulent time. Without their dedication and reputation, this might not have been the case. The work they did helped the province move toward addressing a significant service gap and brought partners together to provide services and a safe space for those experiencing homelessness issues. The Salvation Army has laid the foundation and set the scene for the work to move forward.

3.8 Suggestions for Improvement

Throughout the evaluation process, several suggestions were made to improve how the Centre functions, enhance services and supports provided, and better meet the needs of clients. The main suggestions put forth include the following:

- **Renovate the Centre**

Ten staff and eight partner survey respondents, staff and partner focus group participants, and all client interviewees suggested renovating the current Centre to better meet the needs of clients. Staff and partner focus group participants suggested adding more bathrooms, adding showers, improving storage facilities, adding more laundry facilities, adding more computers, expanding the front entrance/greeting space, providing more green space, and creating breakout rooms for different activities and needs – e.g., quiet space for clients to rest/relax, private counselling, group activities, classes, services/ programs, etc.

Client interviewees made similar suggestions, including the following:

- Build more bathrooms and better monitor them to prevent individuals from using them to use/inject drugs (12 interviewees). Clients suggested limiting the amount of time individuals can stay in the bathroom and regularly checking/cleaning bathrooms to address any safety issues related to drug use (e.g., needles, blood, etc.).
- Build shower facilities and provide access to personal care products so clients can get clean and take care of their hygiene needs, particularly those without access to regular emergency shelter/housing (10 interviewees). As part of the shower facilities, clients would also like to see sinks made available for brushing teeth, shaving, etc.
- Install 4-5 more computers with Internet access (7 interviewees). At the time of the interviews, only one computer was available.

- Provide more storage space for clients that is secure (7 interviewees). Clients noted there is currently not enough storage space at the Centre and that there are issues with personal items being damaged or stolen from lockers, the storage area and laundry facilities. They would like to see more secure storage options made available.
- Install more laundry facilities and increase access to kitchen facilities (3 interviewees). At the time of the interviews, clients noted there was only one washer and dryer and limited access to kitchen facilities. Clients would like to see at least two washers and dryers in place, as well as more access to kitchen facilities for basic food storage/preparation.

- **Provide More Structured and Diverse Client Services**

Staff and partner focus group participants and seven client interviewees noted they would like to see more consistent and diverse support services offered at the Centre, including housing support, mental health services, addiction services, medical care, life skills, harm reduction, employment support, counseling, education support, peer support groups (e.g., AA, NA, GA), etc. Although some of these services are currently being offered, they are not being offered in a consistent and structured way. Others are not being offered at all, and staff, partners and clients would like to see efforts made to bring them to the Centre.

- **Offer Social Programs/Recreational Activities**

Staff and partner focus group participants, two staff survey respondents, and five client interviewees would like to see more social programs and recreational activities available to clients through the Centre – e.g., games, music programs, exercise equipment, hobbies, movies, meditation, yoga, crafts, holiday events, etc. During the colder months, many clients spend up to 12 hours a day at the Centre and during this time they have little to do. Having social and recreational activities in place will help clients pass the time, connect with others, feel productive, stay active, learn new things, and avoid negative behaviors. Three client interviewees noted that not having anything to do during the day has negatively impacted their mental health, and two others stated that they regularly turn to drugs to help pass the time.

- **Provide Clients with a Quiet Space**

Five client interviewees and staff focus group participants would like to see a quiet space at the Centre where clients can go to rest and decompress. This type of space is important for clients who are upset or in crisis, dealing with trauma/mental health issues, or have not gotten enough sleep because they do not have a place to stay at night or are staying at a place with a lot of

upheaval/safety issues. Respondents envision a quiet, dimly lit space with cots or reclining chairs and maybe some headsets or soft music.

- **Provide More Transportation Support**

Three client interviewees and staff and partner focus group participants would like to see more transportation supports in place, particularly during the cold winter months, for clients with mobility issues, and to help clients access community services and supports outside of Charlottetown.

- **Provide More Help with Food Security**

Three client interviewees and partner focus group participants identified food security is an issue for many clients and would like to see more help with food. One client interviewee is living on their own and noted that the cost of food is going up, but the level of social support is not keeping up with these costs. The other two client interviewees noted that they are homeless and if they don't have access to emergency shelter at night, then they don't have access to food until the Centre opens the next day. To help address these issues, clients suggested opening a community cupboard or providing clients with snacks they can take when they leave the Centre for the day.

- **Support a Safe Injection Site**

Staff and partner focus group participants and three client interviewees would like to see the Centre support a safe injection site. They don't feel it should be a part of the Centre but would like to see it located nearby so people can easily access it and will use it. The client interviewees noted there is a lot of drug/alcohol use at the Centre, which makes it incredibly challenging for those trying to stay clean. They also noted it gives the Centre a bad reputation and discourages others from coming to the Centre.

- **Provide More Staff Training**

Nine staff survey respondents, five client interviewees, and staff focus group participants noted they would like to see staff have access to more training and professional development opportunities. Overall, client interviewees feel Centre staff are doing a good job but noted that some need more training in how to support people dealing with such complex issues as poverty, homelessness, behavioral issues, trauma, addiction issues, and mental health issues. Staff who took part in the focus group agreed with this, noting they would like to have access to more training in a variety of areas including mental health support, addictions support, trauma, suicide,

advanced first aid, managing risk, de-escalating situations, conflict resolution, diversity and inclusion, etc.

In addition to having staff with the right training and experience, four client interviewees and staff focus group members spoke about the importance of having people in the job with the right attitude and personality. Doing this kind of work requires people who are reliable, dedicated, understanding, empathetic, flexible, non-judgmental, supportive, consistent, fair, and caring.

- **Hire More Staff**

Four client interviewees and staff focus group participants feel that more staff need to be hired to keep up with the ever-rising number of people accessing the Centre and to ensure clients are receiving the level of services and support they need.

- **Provide More Orientation and Onboarding**

Nine staff survey respondents and six partner survey respondents would like to see more orientation and onboarding support for new employees and partners. During the staff focus group, participants spoke about the importance of staff training and preceptorship to help prepare new staff to take on their job roles. They would like to see a more formal orientation in place and some form of structured mentorship.

- **Provide More Opportunities to Connect and Share**

Eleven staff survey respondents and four partner survey respondents noted they would like to see more opportunities for staff and partners to connect with and support each other. Staff involved in the focus groups suggested regular staff meetings, joint training events, debriefing sessions, case management meetings, etc.

- **Clearly Outline Roles and Responsibilities**

Seven staff survey respondents, eight partner survey respondents and staff focus group participants noted the importance of clearly knowing and understanding the roles and responsibilities of all involved in the organization. Staff focus group participants would like to see formal job descriptions created and shared, as well as a clear organizational chart, so they know where they and others fit in the organization.

- **Increase Staff Wages and Provide Benefits**

During the staff focus groups, participants spoke about the disconnect between the type of work they do, their level of responsibility, and what they are paid. They would like to see a wage increase that is more in line with the work they do, as well as some form of benefits package.

- **Provide Staff with Opportunities to Advance and Contribute to the Organization**

Staff focus group participants would like to have more opportunities to contribute to the organization, share their thoughts and ideas with the team, be engaged in organizational decisions, and advance within the organization.

- **Review and Revise Client Intake and Management Processes**

Eight staff survey respondents, four partner survey respondents, and staff and partner focus group participants would like to see the intake and referral process reviewed and refined. Likewise, seven staff survey respondents, four partner survey respondents, and partner and staff focus group participants would like to see the same done with the case management system. During the partner and staff focus groups, participants spoke about creating and implementing a more standardized and formalized referral and case management system where everyone involved is consistently collecting, documenting, and sharing appropriate information.

- **Create and Implement Clear Client Rules and Regulations**

Both staff and partner focus group participants spoke about the need for clear rules and regulations for clients attending the Centre. They noted that clients need to be made aware of the types of behaviours that are acceptable and unacceptable, as well as the consequences of unacceptable behaviour. They also noted that the rules and regulations need to continuously be communicated to clients, and consistently followed by staff so all clients receive fair treatment and understand that the rules are the same for everyone.

- **Review and Enhance the Organizational Structure**

During the staff and partner focus groups, the need for strong organizational structure was discussed. Participants would like to see some work done to clearly define the vision and goals of the Centre and the target population being served. They would also like to see comprehensive policies and procedures in place, and consistent leadership provided to support staff in carrying out their work.

- **Enhance Security and Safety Measures**

To help address safety concerns, seven staff survey respondents and staff focus group participants suggested creating and implementing a formal safety and incident reporting plan. Staff focus group participants also made other suggestions such as having more staff on each shift, having a security guard on in the evenings, placing panic buttons throughout the Centre, providing staff with safety gear like puncture proof gloves and matching shirts, etc.

- **Increase Centre Hours of Operation and Provide Temporary Emergency Beds**

With the housing crisis continuing to escalate and the number of people experiencing homelessness increasing, the number of people not having access to overnight shelter is also increasing. To help address this gap, three client interviewees and staff and partner focus group participants suggested keeping the Centre open 24/7 and providing some emergency beds, particularly during the winter months when it is cold and not safe for those without shelter to stay outside.

- **More Promotion of Services and Supports Available**

Three client interviewees and staff and partner focus group participants would like to see more promotion of the services and supports available to clients. Two client interviewees suggested creating brochures or posters for the different organizations that include contact information, addresses, hours of operation, and the types of services they provide – e.g., food bank, soup kitchen, Harvest House, John Howard Society, etc.

- **Continue to Develop and Enhance Partnerships**

During the staff and partner focus groups and Supportive Housing Manager consultations, participants spoke about how successful the Centre has been in creating and enhancing partnerships with key government and community organizations to support clients. They would like to see these partnerships continue to be nurtured and expanded upon and would like to see more opportunities for partners and staff to work together collaboratively to meet the needs of clients. This was also noted in both the partner (4 respondents) and staff (11 respondents) surveys.

- **Develop and Implement a Formalized Communication Plan**

Ten staff survey respondents, five partner survey respondents and staff and partner focus group participants would like to see a more formalized communication plan in place to promote information sharing between staff and partners. Partner focus group participants also suggested providing easy and regular ways for clients to share feedback on their experience at the Centre.

- **Improve the Centres Community Image**

Stigma and lack of community acceptance was identified as a big concern for clients, staff, partners, the Supportive Housing Manager, and Working Group members. All would like to see some work done to improve the image of the Centre. Some suggestions put forth to help with this include building relationships with neighbors, positively engaging local government, educating the public on what the Centre does, providing opportunities for clients to give back to the community, and addressing some of the issues that are contributing to the negative stigma – e.g., drinking and doing drugs around the building, fighting, police presence, etc.

4. Conclusions and Recommendations:

The Community Outreach Centre is still in its infancy phase and has experienced some growing pains in getting established and operational, which is not uncommon for a new endeavor. Adding to the challenge of getting a new Centre up and running was dealing with the Covid-19 global pandemic, which has had a profound effect across all workplaces. The evaluation findings show that the Centre is evolving and working hard to address the challenges that have arisen, as well as build on past successes. The evaluation process itself has provided program staff, clients partners, the Supportive Housing Manager, and Working Group members with opportunities to provide feedback on how the Centre has been operating and make suggestions to strengthen it as it moves forward. The key recommendations that came out of the evaluation include the following:

- Clearly define the organization’s goals, vision, and purpose
- Enhance the organizational structure – e.g., standardized referral processes, job descriptions, client rules and regulations, policies, and procedures, etc.
- Provide more onsite leadership and strengthen the management structure
- Enhance security and safety protocols to better protect staff and clients
- Advocate for the Centre and work on improving the Centre’s image in the community
- Continue to enhance and develop collaborative partnerships with community and government organizations

- Provide more opportunities for staff and partners to connect with and support one another
- Create and implement a more formal communication plan that supports communication between staff, partners, and other key stakeholders, as well as includes ways for clients to share their thoughts and feedback
- Hire more staff and provide staff with more support and opportunities – e.g., mentorship, onboarding, training, benefits, opportunities for advancement, etc.
- Renovate the Centre to better meet the needs of clients - e.g., bathrooms, kitchen facilities, laundry facilities, green space, etc.
- Expand client services and supports – e.g., support services, recreational activities, basic living needs, etc.
- Strengthen client connections to existing community programs and services
- Advocate for and support a safe injection site

Appendix A: Partner and Staff Survey Findings

Partner Survey Findings

As part of the Community Outreach Centre evaluation, 14 partners who work with the Centre to support clients were invited to take part in a survey. Nine of the 14 partners completed the survey. Of those 9, 7 have been offering services at the Centre between 13-18 months and 2 have been offering services for more than 18 months. The types of services/supports partners have directly provided to clients or helped clients access are outlined in Table 1.

Table 1: Services/Supports Provided (n=9)

Services/Supports	Frequency
Help accessing other services and supports in the community	6
Help with shelter and housing	5
Help with food security	5
Advocacy support	5
Harm reduction services	4
Transportation services	4
Shelter support line	3
Addiction counseling/support	3
2SLGBTQIA+ supports/connections	3
Education support/guidance	3
Basic needs – e.g., lockers, bathrooms, laundry facilities, computers, etc.	3
Mental health counseling/support	2
Social development/financial assistance	2
Cultural support/connections	2
Justice/legal services	1
Indigenous support/connections	1
Family violence support/counseling	1
Disability support	1
Employment counseling/support	1
Therapeutic services	1
Youth counseling/services	1

As part of the survey, respondents were asked to what extent they were satisfied with the following aspects of how the COC was operated during the evaluation timeframe (Table 2).

Table 2: Satisfaction with Areas of Operation (n=9)

Areas of Operation	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	N/A
The types of services/supports offered through the COC	0	5	3	0	1
The consistency of services/ supports offered at the COC	0	2	5	1	1
The client intake process	0	2	1	0	6
The referral process	0	1	3	0	5
The case management process	0	2	2	1	4
The ease with which client can access services at the COC	0	5	3	0	1
The level of information sharing/communication with COC staff	0	3	5	0	1
The level of collaboration with COC staff	0	4	3	1	1
The level of support received from COC staff	0	6	2	1	0
The space provided at the COC to offer your services/supports – e.g., office space, groups space, etc.	0	5	2	0	2
Days/hours made available to offer your service – e.g., Monday afternoons, Tuesday mornings, etc.	1	6	0	0	2
The new COC location – 241 Euston St.	3	4	1	0	1

Partners noted that they have benefited from partnering with the COC in a variety of ways, as outlined in Table 3.

Table 3: Benefits of Partnering (n=9)

Benefits	Frequency
Created/enhanced relationships with other service providers	8
Connected with some new clients – reached clients we might not otherwise have reached	7
Increased communication and knowledge sharing with other service providers	7

Increased our awareness and understanding of the diverse needs of clients and challenges they face	6
Increased awareness amongst service providers and clients of our organization and the work we do	6
Collaborated with other service providers to meet the needs of clients	5
Have a safe space to support clients and provide service	4
Feel more connected to the community	4
Have access to more professional development opportunities	0

Respondents were also asked challenges their organization has experienced in offering services at/partnering with the COC. The key challenges identified are outlined in Table 4.

Table 4: Challenges Offer Services/Partnering with the COC (n=9)

Challenges	Frequency
Covid-19 restrictions	5
Service demands	5
COC management issues	4
Changing locations	3
Turnover of COC staff	3
Client behavioral issues	3
Referral processes	3
Level of information sharing/communication with COC staff	3
Client file management system	2
Level of collaboration with COC staff	2
Managing the space – ensuring we have access to the time and space needed to support clients	2
Wait times to access services	1
Client intake process	0

Some suggestions put forward to improve the services offered at the COC are outlined in Table 5.

Table 5: Suggestions for Improvement (n=9)

Suggestions	Frequency
Renovate the facility to better meet the needs of clients – e.g., showers, private meeting spaces, group meeting spaces, etc.	8
Clearly outline the roles and responsibilities of all COC staff and partners	8
Provide access to more community services and supports	7
Provide more orientation and onboarding support to new partners	6
Create and implement a communication plan to promote more communication and information sharing with partners	5
Review and refine the referral process	4
Review and refine the file management system	4
Provide COC staff and partners with more opportunities to interact with and support each other	4
Provide partners with more opportunities to support clients and the COC – e.g., more input into services/activities, more time and space to offer services to clients, etc.	4
Review and refine the intake process	2
Provide more professional development opportunities	1

Additional services respondents would like to see provided at the COC include overnight beds (1 comment), walk-in/drop-in mental health supports (1 comment), and a registered social worker on staff (1 comment).

Staff Survey Findings

As part of the Community Outreach Centre evaluation, 16 staff who worked at the Centre under the leadership of The Salvation Army were invited to take part in a survey. Twelve of the 16 staff completed the survey. Of those 12, 5 have been working at the Centre for more than 18 months, 3 between 13 to 18 months, 1 between 6 to 12 months, and 3 less than 6 months. Based on their experience, the most common services/supports requested by clients are outlined in Table 1.

Table 1: Most Common Services/Supports Requested (n=12)

Services/Supports	Frequency
Help with shelter and housing	12
Help with food security	10
Basic needs supports – e.g., lockers, bathrooms, laundry facilities, computers, warming centre, etc.	9
Emotional support	9
Shelter support line	8
Advocacy	7
Addiction counseling/support	6
Harm reduction services	5
Mental health counseling/support	5
Social development/financial assistance	5
Help accessing other services and supports in the community	4
Family violence support/counseling	3
Justice and legal services	2
Indigenous support/connections	2
Employment counseling/support	2
Therapeutic services	2
Help with transportation	2
Socialization	2
Disability support	1
2SLGBTQIA+ supports/connections	1
Education support/guidance	1
Cultural support/connections	0
Youth counseling/services	0

As part of the survey, respondents were asked about their experience working at the Centre. Table 2 shows outlines the extent to which respondents agree with a range of statements about how the organization operated and the support they received as staff.

Table 2: Experience Working at the Centre (n=12)

Statements about Organization/Staff Support	Strongly Agree	Agree	Disagree	Strongly Disagree
I was provided with adequate orientation and onboarding when I first joined the COC team.	1	4	6	1
I am clear on my roles and responsibilities as a COC employee.	2	7	3	0
I have a good understanding of the COC intake and referral processes.	3	5	4	0
I have access to relevant COC policies and procedures.	0	4	6	2
I am satisfied with the level of support and guidance provided by COC management.	2	4	5	1
I know who to go to if I have any questions or concerns.	5	7	0	0
I am aware of the different services and supports offered by the host agencies of the COC – e.g., Mental Health and Addictions, PEERS Alliance, NCPEI, etc.	3	4	4	1
I was provided with adequate professional development opportunities.	2	5	3	2
I feel valued as a member of the COC team.	5	3	1	3

“...I hope for open communication and more staff solidarity. I hope for information flowing and equal treatment for all.” (Survey Respondent)

Some of the key challenges/barriers the COC has faced in offering services identified by respondents are listed in Table 3.

Table 3: Challenges Offer Services (n=12)

Challenges	Frequency
Wait times to access services	11
Covid-19 restrictions	8

Inconsistent services/service providers	8
Client behavioral issues	7
Information sharing/communication with COC staff/host service providers	6
Management issues	5
Funding issues	4
Collaboration between COC staff/host services providers	4
Service demands	3
Intake process	3
Referral processes	3
Not enough staff	3
Changing locations	2
Turnover of COC staff	2
Managing the space – ensuring we have access to the time and space needed to support clients	2

Table 4 outlines the key suggestions respondents put forward to improve the COC.

Table 5: Suggestions for Improvement (n=12)

Suggestions	Frequency
Provide COC staff and host services with more opportunities to interact with and support each other – e.g., regular staff meetings, etc.	11
Renovate the facility to better meet the needs of clients – e.g., showers, private meeting spaces, group meeting spaces, etc.	10
Create and implement a communication plan to promote more communication and information sharing between COC staff and host service providers	10
Provide more orientation and onboarding support to new employees	9
Provide more professional development opportunities to employees and host service providers	9
Review and refine intake and referral processes	8
Create and implement a safety and incident reporting plan	7
Review and refine the management system	7
Provide access to more community services and supports	7
Clearly outline the roles and responsibilities of all COC staff and host service providers	7

When asked what other types of services and supports they think should be provided through the COC, the most common suggestions included introducing some structured programs and activities for clients to help them learn life skills, take care of themselves and explore their interests (2 comments), more employment services and supports (2 comments), transportation to the soup kitchen for those with mobility issues (1 comment), in-house counseling services (1 comment), more daily living services – e.g., access to kitchen, showers, etc. (1 comment), more training and support for staff (1 comment), and social enterprise opportunities for clients (1 comment).

“Thank you to the Salvation Army for their continued work with our clients and I look forward to building on the successes we have had in assisting our homeless clients.”
(Survey Respondent)

*“This place has so much potential. A huge pain point I see that prevents donations and engagement from Charlottetown's community, in general, is that we need marketing and a social media presence. There are many people in Charlottetown who don't know that the ORC exists or they know little about it. We need to market to the community what it does for clients and how they can make a difference to help whether that be food donations, clothes, financial donations etc. Young people are on social media and they need to see this marketing on there and help from the community will come. There's so many good people in Charlottetown who just aren't hearing about this place enough or never have. I for one never knew it existed until I started working here. We also need a safe drug use site in Charlottetown. I'm not necessarily saying at ORC or not (I don't know what would be best). We should be advocating for this at the very least and it should be something we fight for consistently in our *marketing* to young people in Charlottetown. There are many young leaders in our community emerging who will soon be replacing the older generation of leadership in the coming decade or so and these are issues we care about we just need to know about the issues and the benefits that arise from the elimination of these issues to the broader community.”* (Survey Respondents)