Communities of Care Training

Advocacy & Support

Description:	This session reviews neighbourhood and governmental support systems, barriers to accessing local supports, and how to connect people to available supports nearby as well as across the region.
Key Terms:	Agency, Advocate, Reciprocity, Rapport, Confidentiality, Duty of Care

Biblical Reflection

In this passage, the prophet Isaiah is speaking to the assembly of Israelites whom Cyrus the Great had allowed to return from exile to rebuild Jerusalem. They were a traumatized community, still under considerable threat, characterized internally by grave disparities in wealth and status – but who were nevertheless sincerely pious and assuming that prayer and fasting would convince God to secure their future. As with all the prophets, Isaiah's message brings with it an invitation to discomforting practices of justice that lead to greater intimacy with God and others, especially those who have been pushed to the edge of society.

> **Isaiah 58: 9-12 (*The Message*)**
> "If you get rid of unfair practices,
>   quit blaming victims,
>   quit gossiping about other people's sins,
> If you are generous with the hungry
>   and start giving yourselves to the down-and-out,
> Your lives will begin to glow in the darkness,
>   your shadowed lives will be bathed in sunlight.
> I will always show you where to go.
>   I'll give you a full life in the emptiest of places—
>   firm muscles, strong bones.
> You'll be like a well-watered garden,
>   a gurgling spring that never runs dry.
> You'll use the old rubble of past lives to build anew,
>   rebuild the foundations from out of your past.
> You'll be known as those who can fix anything,
>   restore old ruins, rebuild and renovate,
>   make the community livable again.

Isaiah reminds us that when we live lives of Faith-inspired justice, we will have opportunity to use the *old rubble of past lives to build anew*. As we go through today's session, consider how our advocacy can help *rebuild foundations* for our vulnerable friends.

Introduction

Communities of Care Training

We run food and others support programs for a variety of excellent reasons, but regardless of all our good effort, evidence shows that vulnerable individuals will only be free from hunger and the indignity of *needing help* when they have a secure home and adequate income. Food banks and similar supports only provide a fraction of what a typical individual or family consumes in a week, and only a percentage of vulnerable people access these supports.

Our aim for food programs is that everyone in our communities will experience **food security**, which "exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life."[1] To achieve this goal, we also need to address **household food insecurity**, which is the "inadequate or insecure access to food due to financial constraints. It is a serious problem in Canada that negatively impacts physical, mental, and social health, and costs our healthcare system considerably."[2]

Similarly, with housing, mental health, addictions recovery, and other supportive programs, our goal is to support a person's **agency** (their ability as well as permission to initiate and direct action toward achieving their goals) and **independence**. Sometimes our support takes the form of introducing people to resources and service providers, completing applications, and making appointments. Sometimes vulnerable individuals need someone to walk alongside them on the difficult journey. This is the role of an advocate.

Advocacy 101

To **advocate** is to work on behalf of someone in need of justice, support and/or care. It is a form of **solidarity**, and can even be considered a **spiritual practice**, as it takes regular, intentional activity, and will positively nourish our compassion and relationship with God. We will be transformed as we work through prejudice and bias (including our own) and learn to see our common humanity.

Advocacy must be approached in a posture of **reciprocity**, affirming that everyone has something to give, and everyone receives. No one likes to feel like they are someone's project, or as we well know, we feel *more blessed to give than to receive*. To do this we must acknowledge power dynamics which exist in institutions and individuals. (**See Poverty Module**).

When we do things **to people (power over)**, it can feel paternal and oppressive. When we do things **for people (power to)**, it can lead to codependence. When we do things **with people (power with and within)**, we experience positive transformation.

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[1] United Nations Food & Agriculture Organization: http://www.fao.org/
[2] https://proof.utoronto.ca/food-insecurity/

There will be times, though, when doing things **for people** is necessary. Vulnerable individuals may be in an acute crisis, or unable to wrestle with our complex, broken social support systems. Still, as we act on behalf of others, we aim to help people do what they can. This is not as easy or quick, but it is ultimately more life giving for all.

It is challenging to offer hospitality (i.e., a community meal or shelter) and advocate at the same time. These activities take different skills, focus, and posture. It may be beneficial to partner with another organization, or train and assign specific volunteers for advocacy.

Advocacy involves:

- **Direct care**, such as attending appointments with someone, providing transportation, filling out forms, and paying service fees
- Addressing **unjust policies and practices**, which may be ensuring information is translated if language is a barrier, raising awareness about income assistance rates, unfair by-laws, and how the media portrays marginalized people
- Addressing **barriers**

Barriers to Adequate Care

Good supports do exist for vulnerable individuals, but some struggle to access them or find the supports are inadequate for their unique and complex challenges. Barriers to accessing supportive programs can come from:

- **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
- **Housing Lack** – health needs may be considered secondary to daily survival
- **Knowledge** – many people do not know what benefits are available, where to find them, or the first steps to access the supports
- **Mental Health Challenges** – feeling overwhelmed, social anxiety, trauma, and triggers
- **Physical Needs** – stairs, inaccessible for wheelchairs/walkers, accessible bathroom
- **Policy** – laws and processes that do not always address the needs of people needing support
- **Stigma** – feeling embarrassed or unsure if one can access services because of drug use, working in the sex trade or other activities that have legal or moral assumptions
- **Technology** – many supports need internet access and a computer to register, fill out forms, receive reminders or updates, and pay fees

Trust Building

Lack of trust is another common and understandable reason a vulnerable individual will be resistant to accessing supports, especially if someone has experienced trauma or has been taken advantage of. Take time to **build rapport** with participants – it may take several months of sharing a meal at a community program or pausing at their hang-out spot to chat.

- Ensure the individual's basic needs are met – hunger, thirst, warmth, dry clothes, and first-aid for minor injuries
- Watch your agenda – let the individual set the pace and goals – we can nudge someone towards a certain outcome, but cannot force (and often people will put up resistance when feeling pressured)
- Do not take personally or punish someone for not responding as you would like (i.e., not showing up on time, using language you find disrespectful – within reason)
- Create a safe space, which can include ensuring that individuals know they can leave if they want, have a table and chairs to sit if filling a form out, and if you write something, make it visible so that your companion does not think that you are taking notes about them (See **Mental Health Module**)
- Use inclusive and non-judgemental language ("that sounds hard," instead of "why did you choose that?")

Rapport-building is not always linear – you may feel like you are connecting well with an individual, and then they may feel hurt or threatened, and you need to rebuild the connection. Trust is an ongoing process – continue to be intentional and welcoming even after someone has moved into housing, or been approved for funding, or received other benefits you were supporting them with.

Confidentiality and Duty of Care

Confidentiality is a basic courtesy that any of us would expect when sharing details about ourselves. But in the cases of clients accessing programs, this courtesy is often ignored as we record needs, share stories, fundraise, or make sense of what we have witnessed. Whether it is a story, image, or an incident, keeping confidentially is paramount to building trust and honoring a person's privacy.

Do not share personal information without the individual's permission. At times, it will be appropriate to obtain **written** permission. **Consent forms** are required to inquire about applications on clients' behalf. Be aware of who may be listening if you are in a public space (i.e., café, reception area), or who may read what you write (even in private email or text message).

As a caring community, we have a **Duty of Care,** or a legal obligation to prevent harm. When a participant talks about harming themselves or others, we must inform the authorities, and take steps to stop the harm. Confidentiality may be breached in this case, but should be done with the individual's best interests in mind.

Documentation – When an individual has unstable housing or experiences any kind of chaos, they may struggle with keeping necessary documents. We may keep the original or a copy of certain documents, especially if we help the individual obtain them, but if we do, these should be kept in a **locked** cabinet, and well **labeled**. Individuals should know who has access to their information.

Where To Start

Some public resources are set up to be contacted directly. Others will be easier to work with when we have a partnership, formal or otherwise. Find or maintain an up-to-date list of local resources. One may be available through the city, library, health authority, or other care services.

Contact churchrelations@ugm.ca about *Weaving Together*, a Partnership Module

It is helpful to know some demographic information and unique needs about who you are seeking to support, such as ages, ethnic backgrounds, and likelihood of PTSD or other mental health challenges. You may find some of this through observation, and some through partner agencies or public records. However, people should be given the opportunity to **self-identify** their gender, status, orientation, and ethnicity. Honouring when an individual does not want to identify with certain groups or identities will help in addressing specific challenges.

Finally, be clear on who you are well suited to serve, and who you should connect to another service-provider. Someone might need access to a lawyer, accountant, social worker, or other health professional that could better serve them and their needs.

Prioritize Safety

When working with vulnerable individuals, especially people we are just getting to know, we must prioritize safety. Be sensitive in how you approach individuals – our body language, group size, and who initiates conversation all convey the power dynamics in the interaction. Practice **active listening** and **non-judgemental posture** (i.e., sit or crouch near someone, do not stand over them).

For outreach staff and volunteers, it is advisable to stay with a partner and stay in public, visible places. Do not approach volatile individuals. If a situation escalates, give the individual plenty of space and get others involved (**call 9-1-1 if there is risk of harm**). Be familiar with the sponsor organization's WorkSafe policies.

- **Money and Personal Items**: Each program will have their own policies, but in general, do not give money, personal information, or a ride in your vehicle. If pushed, say that the program coordinator (or some other authority) does not allow it.
- **First Aid and PPE**: Some basic first aid may be necessary and appropriate. If performed, ensure the individual has proper training and Personal Protective Equipment (PPE), such as gloves and hand sanitizer.

For Ongoing Effectiveness

To help with connection, follow-up, evaluation, planning and fund-raising, ensure:

- Stats and consistent record keeping in place (with consent forms as appropriate)
- Regular communication between staff, volunteers, and other stakeholders
- Incident reports are filled out ASAP and with as detail (but not opinions)

In every interaction, determine realistic and participant-determined goals.

- Determine what we can do and what we refer to others
- Document next steps and who will follow-up
- Check back often with participant

Be detailed when making notes or filling out forms. Helps clients complete applications, and only when necessary use our names as the contact. Ensure accurate information (names, addresses, dates) and do not leave critical sections blank.

Be clear on a **budget**, as some forms and services require payment. Create policies and ensure approval before committing to pay for things.

Forms and Documentation

Each region will have different documents. Following are British Columbian and Canadian examples.

	Documentation Type	Notes
ID Replacement	• Driver's License, • Personal Health Card • Birth Certificate • Certificate of Canadian Citizenship or Landing (or New-Comers)	• Each require a different form/process • Fees • Needs contact (address + phone) • Some need guarantor
Provincial Benefits	• Income Assistance[3] • Person's with Disability[4] • Social Housing • Transit Pass • Senior's Benefits (65+)	• Need to be below a certain income, above a certain age, &/or have a diagnosis for some of these
Federal Benefits	• **CPP** – pension for those who have worked) • **OAS** – pension for any Canadian 65+ who has lived in Canada for 10+ years • **GIS** – Guaranteed Income Supplement (65+) which tops up the OAS	• Administered by Services Canada[5] • Some benefits start at age 60 for individuals on a disability
Referrals	• Dental • Legal • Eye + Dental Care • Nutrition Supplements	

Housing

In British Columbia, BC Housing[6] administers and/or funds many housing programs, including Extreme Weather Response (EWR) Shelters, emergency shelters, supportive housing (i.e. *SRO's, Modular units,* subsidized housing (no extra supports), SAFER (rental top up for seniors in private market), RAP (rental top up for families in

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[3] https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance
[4] https://www2.gov.bc.ca/gov/content/family-social-supports/services-for-people-with-disabilities/disability-assistance
[5] https://www.canada.ca/en/employment-social-development/corporate/portfolio/service-canada.html
[6] https://www.bchousing.org/home

private market) and a federal rental top ups for vulnerable singles (**See Shelter Module**).

Thank-you to the Westside Anglicans Neighbourhood Ministry[7] for their direction on this module.

Reflect & Review

1. Define advocacy in your own words. Does this align or is it different than how it was described above? What other elements or practices would you include in the role of a good advocate?

2. "Agency" refers to the capacity of individuals to act independently and to make their own free choices. Can you list an example of how your program limited a participant's agency? How has your program supported a participant's agency?

3. Have you experienced any of the barriers to care listed above as you have supported a program participant to access a needed service (or for yourself)? Have you experienced any other barriers to care? What did you do (or could you have done) to overcome that barrier?

4. Briefly describe a time when you observed a colleague or fellow volunteer effectively build rapport and trust with a participant. What stood out to you?

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[7] https://neighbourhoodministry.com/

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5. What is one thing you could do to improve your program on respecting your participant's confidentiality and your Duty of Care?

6. Do you, or someone in your program, have an up-to-date list of resources available to your program participants? If yes, is it adequate and easy to use? If no, what would it take to ensure you had the information?

7. What is your programs policy around giving money and personal items, or a ride in your vehicle? Do you agree with this, or think it should be stricter or looser?

8. Do you have access to the right PPE and first aid equipment? If no, what would you need to do (or who would you need to talk to) to ensure you do?

Learn More

Read:	Anglican Diocese of New Westminster Screening in Faith

	[Trauma-Informed Practice Guide](#). BC Provincial Mental Health and Substance Use Planning Council (2013) BC Housing- [Subsidized Housing Assistance](#)
Study:	**BC211 https://bc211.ca/**
Do:	Imagine that you lost your ID and are needing to apply for subsidized housing. Explore what you would need and what barriers would arise as you figure out how to do this. Use the BC Housing Subsidized Housing Assistance link as a way to navigate the system.

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Contact churchrelations@ugm.ca to explore these ideas further.