Lookout Ethical Employment Program: Final Evaluation Report

Revised April 19, 2024

Barbara Dobson
Xiaoyang Luo
Masashi Miyairi

SRDC SINCE 1991 DEPUIS SRSA
INNOVATION • EXPERIMENTATION • EVALUATION

SRDC Board of Directors

Richard A. Wagner
Former Partner, Norton Rose Fulbright LLP

Tim Aubry, Ph.D.
Professor, School of Psychology
Senior Researcher, Centre for Research on Educational and Community Services

Gordon Berlin
Past President, MDRC

Gary Birch, Ph.D.
Executive Director, Neil Squire Society

Satya Brink, Ph.D.
International Consultant, Research, Policy Analysis and Strategic Policy advice
Education, Lifelong Learning and Development

Erica Di Ruggiero, Ph.D.
Director, Centre for Global Health
Director, Collaborative Specialization in Global Health
Dalla Lana School of Public Health, University of Toronto

Marie-Lison Fougère
Former Deputy Minister, Ministry of Francophone Affairs
Former Deputy Minister Responsible for Women's Issues

Renée F. Lyons, Ph.D.
Founding Chair and Scientific Director Emeritus,
Bridgepoint Collaboratory for Research and Innovation,
University of Toronto

Andrew Parkin, Ph.D.
Executive Director of the Environics Institute

Nancy Reynolds
Managing Partner, Sterling Lifestyle Solutions

SRDC President and CEO

David Gyarmati

The Social Research and Demonstration Corporation (SRDC) is a non-profit research organization, created specifically to develop, field test, and rigorously evaluate new programs. SRDC's two-part mission is to help policy-makers and practitioners identify policies and programs that improve the well-being of all Canadians, with a special concern for the effects on the disadvantaged, and to raise the standards of evidence that are used in assessing these policies.

Since its establishment in December 1991, SRDC has conducted over 450 projects and studies for various federal and provincial departments, municipalities, as well as other public and non-profit organizations. SRDC has offices located in Ottawa and Vancouver, and satellite offices in Calgary, Hamilton, Montreal, Regina, St. John's, Toronto, and Winnipeg.

For more information on SRDC, contact

Social Research and Demonstration Corporation
55 Murray Street, Suite 400
Ottawa, Ontario K1N 5M3
613-237-4311 | 1-866-896-7732
info@srdc.org | www.srdc.org

Vancouver Office
890 West Pender Street, Suite 440
Vancouver, British Columbia V6C 1J9
604-601-4070

Remote offices:
Alberta, British Columbia, Manitoba,
Newfoundland and Labrador, Ontario,
Quebec, and Saskatchewan
1-866-896-7732

TABLE OF CONTENTS

EXECUTIVE SUMMARY **1**

INTRODUCTION **5**

Evaluating LEEP 13

Evaluation findings 17

Characteristics and outcomes 17

Implementation of the LEEP model 36

EXPERIENCES OF LEEP **44**

Participants' experiences of LEEP 44

Employers' experience with LEEP 48

LESSONS FOR FUTURE PRACTICE **50**

LEEP is more than just an employment program 50

Features of the LEEP model that worked 51

Improvements to LEEP 52


Canada
BRITISH COLUMBIA
This program is funded by the Government of Canada
and the Province of British Columbia.

EXECUTIVE SUMMARY

The aim of the Lookout Ethical Employment Program (LEEP) was to create and test a new approach to providing those in supportive housing, living with multiple barriers to employment, with the support they need to find work. Key features of LEEP include creating a client-centred, place-based, comprehensive employment and skills training model for individuals with multiple barriers to employment. As such LEEP's approach includes providing one-on-one personalized support and training to assist individuals to build skills and to facilitate their (re) entry into the job market in addition to helping improve their overall well-being. Individuals who participate in LEEP have access to a range of supports to help them navigate and access pre-employment testing, life skills training, in-demand certifications, and work experience with ethical practices and fair wages. LEEP staff includes six employment navigators (ENs) and a job developer (JD) who work directly with and provide ongoing support to both participants and employers. The LEEP program is delivered in Vancouver including North Vancouver, Surrey, New Westminster, and the Fraser Valley.

LEEP recruited participants in cohorts which usually began every 12 weeks. Up to January 15, 2024 12 cohorts had been recruited (297 participants) and 11 cohorts had participated in the LEEP program. This report draws on data from the 11 cohorts that had participated in LEEP (238 participants).

To develop LEEP, the Lookout Housing and Health Society (LO) has been funded from October 2020 to March 2024 by the BC Ministry of Social Development and Poverty Reduction's Community Employer Partnerships Research and Innovation Program. The program is funded by the Government of Canada and the Province of British Columbia. LO has contracted with the Social Research and Demonstration Corporation (SRDC) to conduct an independent evaluation of LEEP. The data incorporated into this report was collected from October 2020 to January 2024. Data was collected from LEEP program participants and individuals in a comparison group at three data points, baseline, 12, and 36 weeks. LEEP program administration data has also been included as part of this evaluation. Interviews, focus groups, and workshops were conducted with program participants, LEEP program staff, and employers.

Outcomes

LEEP participants had more recent work experience compared to the comparison group and were more likely to be looking for work at baseline. While LEEP participants saw statistically significant increases in four out of five work readiness indicators across the survey points, the comparison group did not. LEEP graduates, those who completed the foundation skills

component (171 participants), were also significantly more likely to have up-to-date resumes and employer references than LEEP non-graduates.

The LEEP program participants and comparison group members were similar at baseline to the proportion who earned income from employment (9 per cent for both groups). For LEEP participants this proportion increased to 24 per cent and 34 per cent at subsequent survey points, while there was little change for the comparison group. While LEEP participants increased their employment earnings, the survey responses did not capture a decrease in the receipt of social assistance or disability benefits. In reviewing this data on receipt of benefits, LEEP program staff conducted additional data collection to update their records as of March 28, 2024. Based on this data they report that 8 people are no longer in receipt of monthly Income Assistance and are gainfully employed and 7 people are no longer in receipt of monthly PWD disability benefits but are still connected for reporting purposes.

LEEP administrative data shows that 90 participants participated in 135 spells of work experience placements (77) or employment (58), of which 66 are ongoing as of January 2024. Participants who graduated from the LEEP program were more likely to participate in work experience placements, employment, or both, compared to those who did not complete the program.

The LEEP program and comparison groups had similar characteristics in terms of gender, age, country of origin, and experiences of homelessness at baseline. They differed slightly in terms of mental and physical health, with LEEP program participants reporting higher instances of substance use and mental health issues, while a higher proportion of the comparison group reported medical conditions and physical disabilities. At the 12-week follow-up, LEEP participants reported a statistically significant decline in substance use issues, while the comparison group saw statistically significant decreases in substance use and medical conditions. Despite these changes, the program group's self-reported mental and physical health ratings remained relatively constant at baseline and 36 weeks, there were fluctuations at 12 weeks suggesting participants' health was 'up and down'. For the comparison group, there was a decline in mental health after the baseline survey. Both groups reported poorer mental and physical health and stress ratings compared to the broader Vancouver Coast Health region.

Experiences with LEEP

The majority of participants were very positive about their experience with LEEP and appreciated the range of support provided by the LEEP program staff who were described as understanding the complexities of their lives. Participants found LEEP to be very different from mainstream employment programs suggesting these were "much more hands-off," "restrictive," and "more intimidating." By comparison, LEEP was flexible, and the support provided was

designed to meet individual needs. Participants described LEEP as 'more than an employment program.' During interviews and focus groups participants did identify improvements in well-being, increased self-confidence, and reduced substance use and attributed these to participating in LEEP which provided them with a sense of purpose, a routine, and the possibility of doing something different including working.

Employers report positive experiences with hiring LEEP participants who they see as being 'more committed to doing their best' and having a 'good work ethic.' Employers commented that for participants the job was 'more than a job' as it was an opportunity for them to return to 'working and normal life'. The experience of employers to date means they have no hesitation in hiring LEEP participants or in recommending the program to other employers. A key reason for this is the ongoing support provided by LEEP program staff that addresses issues as they arise. Employers trust the LEEP job developer if they recommend a participant as being a suitable candidate and ready to work. Employers report being pleased to be part of LEEP participants' second chance at employment and to see people grow in confidence and ability. They suggested that the commitment and effort of participants meant they frequently contributed more than they got.

Features of the LEEP model that worked

LEEP program staff, participants, and employers suggest the following components of the LEEP model support improvements in health and well-being that enable some participants to return to work.

- Place-based. LEEP program staff go to the supportive residential buildings to meet with participants and to deliver the program. Participants admit they are unlikely to attend a program or to meet with staff if they have to go to them, especially as they are learning about the program. This allows LEEP Employment Navigators to connect with other staff at the location and with other individuals who might be interested in LEEP.

- Client-focused. From the initial outreach and engagement with the LEEP program, the focus of LEEP staff is on the individual client. As staff and clients develop a positive and trusting working relationship, staff tailor their approach to individual participants starting on where they are at the time in terms of their needs, health, and employment goals. LEEP staff emphasize the ethos of the program which is to help clients identify 'good' and 'desirable' jobs based on their individual preferences. This approach gives clients choice and a sense of control. For employers, it means when they do hire LEEP participants they find them committed to doing their best and to being respected and trusted employees.

- Low-barrier service. LEEP is a low-barrier service which means individuals who want to participate in it can do so without meeting prerequisite criteria including for substance use.

Participants have to be interested in the program, ideally considering the possibility of employment and willing to attend. This approach encourages participation from individuals who would not otherwise attend. Some participants report 'surprising' themselves with what they achieve in terms of improvements to well-being and employment. For others, it results in a start-stop pattern of service use as participants may take time away from LEEP because of challenges to their health and well-being. When this happens, Employment Navigators remain in touch and encourage participants to restart LEEP when they are ready.

- Flexible and individual support. The LEEP program incorporates a flexible approach to delivering support to meet individual need. This means the engagement with and the participation with the LEEP program changes to reflect the context and experiences of participants. This approach also enables those participants who are ready earlier to find employment as LEEP staff will support participants to progress at the pace they are comfortable with. LEEP program staff check-in regularly with participants which allows them to stay informed with what is happening with participants and provide support. Participants appreciate the consistency of working with the same EN as they do not have to retell their stories and it helps them with accountability.

- Work experience placements. These placements are a key support to helping participants re-engage with the labour market. LEEP program staff use these to enable participants to try working in a supportive environment. Participants earn minimum wage while gaining experience they put on their resume. For some participants, the placements are a confidence boost by showing them employment is a possibility. For others, it identifies training needs or additional support required and participants are encouraged to engage (again) with the LEEP workshops and training.

- Competitive employment. It is important to participants and program staff that the employment opportunities offered are ethical in that, they do not exploit or take advantage of participants. Participants have a real sense of achievement when they are employed and a desire to do well and not let themselves or LEEP down.

- Step-by-step. For LEEP staff and participants, this step-by-step approach is a key component to the success of the program as it helps to prevent participants from becoming overwhelmed. When participants reached agreed milestones, for example, completing the foundation skills component, LEEP held graduation events. Participants are invited to lunch, receive graduation certificates, and have the opportunity to reflect on their achievements and to plan the next step of their journey with LEEP. These achievements include improved health, making healthier and safer decisions, and reducing their substance use to attend the LEEP program or on days when they are working.

INTRODUCTION

The research literature is clear on the importance of housing, as well as employment and treatment to end chronic homelessness.[1,2] While supportive housing helps tenants with challenges to life skills and community engagement, tenants often face many challenges in attempting to find and keep work. Most tenants in supportive housing experience multiple barriers to employment, including mental health challenges, substance use challenges, and other disabilities. Previous research shows these tenants are unlikely to obtain work independently or to successfully use traditional job search activities to find employment. Many in this group have not had an attachment to paid work for some years.[3] Yet despite the barriers, employment can be important as individuals who are homeless often want to work and they recognize the benefits of doing so including increasing confidence and a sense of achievement, feeling part of society as well as increasing their income.[4]

However, research suggests traditional approaches to providing employment supports to people with multiple barriers have limited success. Marshall and colleagues (2022) conducted a systematic review of employment support for people with multiple barriers (including homelessness) and concluded, that 'existing interventions require adaptation', or that 'new interventions need to be developed' to deliver employment supports to meet the needs of individuals in this population group.[5]

The aim of the Lookout Ethical Employment Program (LEEP) was to create and test a new approach to providing those in supportive housing, living with multiple barriers to employment,

1 Dobson, B., Gurr, S., & Pakula, B. (2019). Employment Navigator Pilot Project Final Report: Pathways to Employment. https://srdc.org/project/employment-navigator-pilot-project-final-report-pathways-to-employment/

2 Tiderington, E., Henwood, B. F., Padgett, D. K., & Tran Smith, B. (2020). Employment experiences of formerly homeless adults with serious mental illness in housing first versus treatment first supportive housing programs. Psychiatric Rehabilitation Journal, *43*(3), 253–260. https://doi.org/10.1037/prj0000391

3 SRDC (2008). Downtown Eastside Case Coordination Project: Moving Hard-to-Employ Individuals from Welfare to Opportunity. http://www.srdc.org/publications/Downtown-Eastside-Case-Coordination-Project-Moving-Hard-to-Employ-Individuals-from-Welfare-to-Opportunity-details.aspx

4 Poremski, D., Whitley, R., & Latimer, E. (2014). Barriers to obtaining employment for people with severe mental illness experiencing homelessness. Journal of mental health (Abingdon, England), *23*(4), 181–185. https://doi.org/10.3109/09638237.2014.910640

5 Marshall, C. A., Boland, L., Westover, L., Goldszmidt, R., Bengall, J., Aryobi, S., Isard, R., Easton, C., & Gewurtz, R. (2022). Effectiveness of employment-based interventions for persons experiencing homelessness: A systematic review. *Health & Social Care in the Community*, 30, 2142–2169. https://doi.org/10.1111/hsc.13892

with the supports they need to find work. Key features of LEEP include creating a client-centred, place-based, comprehensive employment and skills training model for individuals with multiple barriers to employment. LEEP's approach includes providing one-on-one personalized support and training to assist individuals to build skills and to facilitate their (re) entry into the job market in addition to helping improve their overall well-being. Individuals who participate in LEEP have access to a range of supports to help them navigate and access pre-employment testing, life skills training, in-demand certifications, and work experience with ethical practices and fair wages.

To develop LEEP, the Lookout Housing and Health Society (LO) has been funded by the BC Ministry of Social Development and Poverty Reduction's Community Employer Partnerships Research and Innovation Program. The program is funded by the Government of Canada and the Province of British Columbia. LO has contracted with the Social Research and Demonstration Corporation (SRDC) to conduct an independent evaluation of LEEP.

This final evaluation report describes the implementation and outcomes for LEEP. The report draws on data collected between October 2020 and January 2024. It includes an overview of the LEEP model, and a brief description of the evaluation methods, and draws quantitative and qualitative data to present the project findings. This report concludes with a discussion of lessons learned and recommendations.

The rationale for LEEP

> *"Nothing that I have studied has the same kind of impact that employment does: Medication, case management, and psychotherapies tend to produce a small impact on people's overall adjustment. But the differences are often striking and dramatic with employment."*[6]

The existing literature from the evaluations of Housing First Initiatives[7] highlights the importance of stable housing for vulnerable individuals. However, once individuals have stable housing, the challenge becomes how to help them make progress towards self-determined goals

[6] Referenced in Vaz, J., Tallengrand, A., & Harbus, N. (2014). Modifying the Supported Employment Model with a Housing First Population. Downloaded from https://static1.squarespace.com/static/513e08bfe4b0b5df0ec24cda/t/533f02e9e4b016f70ff654aa/1396638441122/Modifying+Supported+Employment+for+Better+Outcomes_Vaz.pdf

[7] Baxter, A. J., Tweed, E. J., Katikireddi, S. V., & Thomson, H. (2019). Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials. Journal of epidemiology and community health, *73*(5), 379–387. https://doi.org/10.1136/jech-2018-210981

including employment. Kwan and colleagues (2021, p. 2)[8] note the benefits of employment to individuals who experience complex barriers include improved quality of life and satisfaction with life by providing individuals with a structure, a sense of purpose, and an opportunity for increased social support and social inclusion. These results are supported by findings from the Employment Navigator Project (2019) that suggest it is possible for formerly homeless to make progress towards employment and for some, paid work is attainable if one-to-one supports are provided, and individuals achieve jobs that reflect their interests, skills, and capabilities.

However, previous research suggests individuals who experience multiple barriers to employment are unlikely to obtain work independently or successfully use traditional job search activities which could require individuals going to local employment offices to access support. The distance to the office and the program approach can be a significant barrier to those attempting to access employment support. In response, initiatives such as ENP and Links to Employment (Kwan et al., 2023)[9] have adopted a place-based and client-centred approach to delivering services. Using this approach, pre-employment and employment supports are delivered to individuals where they live or in a familiar accessible setting and by staff with whom they have developed a working relationship. SRDC conducted a scan of existing employment programs targeted to this client group and identified the following promising practices:

- Client-centred
- Place-based
- Strength-based focus
- Flexible and tailored to the needs of individuals
- Non-judgemental harm reduction approach aimed at building trust and creating a sense of security for clients
- Reducing barriers to attendance by using incentives or providing flexibility in appointment times
- Offering vocational skills development and certification
- Providing post-program and retention support to both participants and employers.

[8] Kwan, A., Morris, J., & Barbic, S. P. (2021). Protocol: A mixed methods evaluation of an IPS program to increase employment and well-being for people with long-term experience of complex barriers in Vancouver's downtown and DTES. PloS one, *16*(12), e0261415. https://doi.org/10.1371/journal.pone.0261415

[9] Links to Employment https://news.gov.bc.ca/releases/2023SDPR0008-000188 Social Development and Poverty Reduction B.C. helps people with complex needs through long-term recovery.

The rationale for LEEP was to develop a model that incorporated these promising practices into the delivery of employment supports for multi-barriered individuals experiencing challenges including homelessness, mental health issues, disability, trauma, and substance use. By taking a flexible and supportive approach meeting people "where they are at" physically and psychosocially. LEEP aims to engage with participants, providing encouragement and coaching as they choose to participate in the program and explore opportunities that can lead to full-time, part-time, or peer employment.

LEEP model

LEEP has developed a flexible, yet systematic, approach aimed at integrating access to onsite employment opportunities into supportive housing by offering individual support and mentorship to tenants who want or are interested in the possibility of work. As a place-based and client-centred program, LEEP staff go to residential sites to connect with potential participants and to deliver programming. Once project participants have been identified, they are invited to take part in programming either as part of a small group, via one-to-one sessions with LEEP staff, or a combination of both. Participants may enter the program at different points depending on their job readiness which is discussed on a case-by-case basis with LEEP staff. At all stages of the program, staff encourage participants to explore appropriate employment, volunteering, and training opportunities.

Originally, LEEP consisted of four distinct components, foundation skills, job readiness, job development, and ongoing support. It was envisioned that cohorts of participants would complete each component before moving on to the next. The original components included are described below.

1. Foundation skills – This was a 12-week program that delivered approximately 40 hours of training and support to participants. LEEP classes were two hours in length and were held twice a week at LO supported housing locations. The courses offered included 10 soft skills (motivation, accountability, teamwork, stress management, self-confidence, adaptability, attitude, presentation, budgeting, and time management) and an assessment of Workplace Essential Skills (WESA). LEEP staff work with each participant to identify employment and other goals and to develop a plan to achieve these goals. On completion of the Foundation component, participants receive a certificate specifying they have completed the LEEP program and detailing the courses.

2. Job Readiness – Classes and support were provided over four weeks to improve job readiness and to help individuals acquire the certifications needed to secure employment. This

included resume preparation, interview skills, job search skills, and workplace certifications (First Aid, FOODSAFE, Mental Health First Aid, and WHMIS[10]).

3. Job Development – Participants met with the LEEP job developer to identify employment and training opportunities and to help them apply for and secure employment.

4. Ongoing Supports – The LEEP job developer provided ongoing support to participants and employers to help sustain employment. When necessary LEEP staff also provided support.

However, the LEEP model evolved during its implementation. While the components have remained the same, the foundation skills and the job readiness components were combined. This change was made so participants completing the first component of LEEP were more job-ready which included having updated resumes, job search, and interview skills. Participants completed workplace certifications as part of this phase of LEEP or as soon as possible thereafter.

Other changes to the LEEP program included:

- Five new courses were added to Foundation Skills, which included confidence building and communication skills, internet matters, reading, writing, and numeracy. Additional certification in non-violent crisis intervention (NVCI) has also been included as part of LEEP.

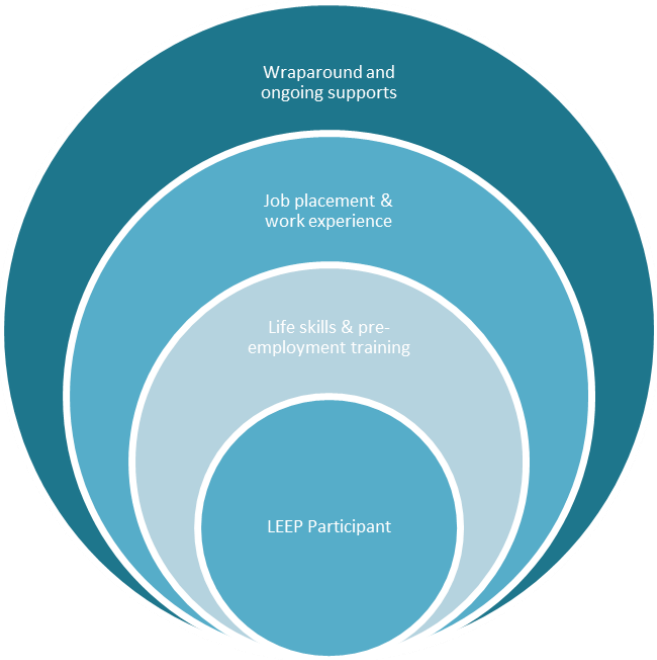
- Initially, the full Workplace Essential Skills Assessment (WESA) was administered to participants at the beginning and end of the foundation skills component. However, most participants were unable to complete it without assistance, and or required several hours to do so. As a result, the LEEP administers one module of the WESA, the Success Traits, at the beginning of the foundation skills component to provide a benchmark and it is repeated at 36 weeks to track any improvements in workplace essential skills. WESA measures Success Traits through the administration of 75 questions that assess workplace-focused social-emotional skills and include task performance, emotional stability, open-mindedness, emotional intelligence, and working with others.

- LEEP was designed for cohorts of participants to move through program components together. Cohorts usually begin every 12 weeks. However, some participants start LEEP but, for a range of reasons, are unable to continue. LEEP has adopted a 'door always open' approach to encourage participants to return to the program when they are ready.

[10] The Canadian Centre for Occupational Health and Safety define WHMIS as the Workplace Hazardous Materials Information System. It is a comprehensive system for providing health and safety information on hazardous products intended for use, handling, or storage in Canadian workplaces. https://www.ccohs.ca/oshanswers/chemicals/whmis_ghs/program.html

Figure 1 shows the current LEEP model as of January 2024.

Figure 1 The LEEP model



Target population

The target population for LEEP is individuals living in Lookout supported housing in the Lower Mainland and it is designed to be a low or no-barrier program that aims to address gaps in employment services for individuals who:

- are interested in employment but are not "ready and able" to work
- have wavering motivation and varying ability to reliably participate in programming
- have low income and would like to be employed
- are interested in peer employment, or further education
- could benefit from programming to overcome specific barriers due to past homelessness.

Initially, LEEP was to recruit 230 individuals during the three years of the project. As LEEP was extended to March 2024 additional participants were to be recruited. This evaluation report captures data on program participants from the beginning of LEEP in October 2020 to

January 15, 2024. Implementation of LEEP was phased, with the first year focussing on individuals living in the Downtown Eastside (DTES). The catchment area for subsequent cohorts was extended to include Surrey, New Westminster, Fraser Valley, and North Vancouver.

The project administration data records the location of participants recruited to LEEP and shows:

- 101 in Vancouver
- 76 in Surrey
- 7 in New Westminster
- 57 in Fraser Valley
- 17 in North Vancouver.

Staffing

The LEEP project employs nine fulltime staff with the Lookout Health Director providing in-kind oversight to LEEP. Project staff include:

- LEEP Manager
- Job Developer
- LEEP Administrator
- LEEP staff who deliver the program are referred to as Employment Navigators. Six Employment Navigators have been recruited who conduct outreach activities and deliver the LEEP program to participants. Two Employment Navigators deliver the program in Vancouver (with one covering North Vancouver), two in Surrey, one in New Westminster, and one in the Fraser Valley.
- One Peer Employment Navigator has been employed by the LEEP program. This individual has participated in and completed the LEEP program and has been trained and recruited to LEEP as a member of staff.

Outreach

As stated above, LEEP is designed to incorporate a flexible approach to delivering employment support to participants. It combines small group sessions with one-on-one support. LEEP begins with staff engaging in outreach with tenant support workers (TSWs) in the supportive housing settings to raise awareness among tenants and the TSWs about the LEEP program. LEEP staff also engage with LO staff to identify individuals who may be interested in participating in the program. TSWs and others have been encouraged to refer individuals to LEEP. Individuals interested in the program are invited to information sessions or to meet with program staff. Those individuals who agree to participate in LEEP, attend an initial meeting during which they will complete consent forms, discuss employment-related goals (if any), and are given a schedule for upcoming LEEP sessions. If participants miss a session, they can arrange for a make-up class with LEEP staff.

Project Management Information System (PMIS)

A PMIS was developed by LO for LEEP and became operational in October 2021. The system collects participant and program information including the following information:

- Demographic details
- Employment history
- Self reported health information
- Essential skills assessment before and after participation in LEEP
- Outcomes including participation in employment, volunteering and training
- Program attendance and participation
- Certifications achieved.

Leveraging additional funding

In March 2021, LEEP was successful in their first of three applications for a work experience grant under the Covid-19 recovery-funded, Work Experience Opportunities Grant administered by the BC Ministry of Social Development and Poverty Reduction. LEEP received $100,000 to provide work experience for individuals who are:

(a) qualified to receive assistance under the *Employment and Assistance Act* as a person with persistent multiple barriers to employment; or

(b) designated under the *Employment and Assistance for Persons with Disabilities Act* as a person with disabilities.

(c) qualified to receive assistance as a Persons with Disabilities (PWD) or Person with Persistent Multiple Barriers (PPMB) from a Treaty First Nation that is funded through the Federal Department of Crown–Indigenous Relations and Northern Affairs Canada; or

(d) qualified to receive assistance as a Persons with Disabilities (PWD) or Person with Persistent Multiple Barriers (PPMB) from a First Nation Administering Authority that administers an Income Assistance Program on behalf of Indigenous Services Canada.

As per the terms of the grant, the Ministry provides approval for individuals in receipt of the work experience grant.

LEEP Program staff have also raised additional funding to support the development of a Food Hub in which LO partners with the Vancouver Food Bank. The Food Hub serves as a collection and distribution point for the food donations. Through the work experience placements, LEEP participants work in different aspects of the Food Hub such as processing incoming donations, conducting inventory and quality control checks, and delivering food. Participants receive minimum wage for participating, except for the supervisor who earns more.

COVID-19 and LEEP

The implementation and evaluation of LEEP were affected by the restrictions arising from COVID-19. LEEP participants were concerned about the possible spread of the virus with many preferring to attend one-on-one sessions with Employment Navigators rather than take part in a group session. LEEP staff followed provincial guidelines and, when possible, met with participants outside or in well-ventilated spaces. SRDC worked closely with LEEP program staff to arrange interviews with participants conducting them via Zoom or telephone during the first year of the project. COVID-19 restrictions also affected the recruitment of the control group participants, as there was restricted access to residential buildings. SRDC worked with LEEP staff to identify individuals who could administer the surveys in compliance with the restrictions.

EVALUATING LEEP

The evaluation of LEEP was designed to be comprehensive and to explore the opportunities and challenges of using a client-centred and place-based approach to help participants in supported

housing attain employment or make progress towards it. The evaluation consisted of two components, an outcomes study and implementation research.

Research questions and expected outcomes

The key questions addressed by the evaluation of the LEEP program are:

1. Is LEEP an effective approach to supporting marginalized individuals who experience multiple barriers to employment? What does it deliver to individuals, employers and partnering organizations who engage with it?
2. What are the milestones, outcomes, and impact of LEEP on participants, employers, and partner organizations?
3. What are the experiences of participants in LEEP in terms of those who move along the employment pathway and those who do not?
4. What are the lessons learned and best practices for connecting individuals with a history of chronic homelessness to employment?

LEEP was expected to generate a range of outcomes including:

- Number of participants completing the LEEP foundation skills component and receiving certificates of completion
- Participants self-reporting improvements in health, mental health, quality of life, confidence, and hope
- Increase in work readiness for program participants
- Participants obtain employment and report improvements in employment quality in terms of type of position and pay. Participants report work experience placements and volunteering positions
- Employers increase their capacity to provide employment opportunities for LEEP participants.

Outcomes study

To examine outcomes of LEEP, a randomized control study was designed which consisted of 100 individuals assigned to a program group and 100 to a control group. Given the extensive

outreach required to recruit participants, SRDC adopted a block random assignment process. In doing this SRDC took into consideration the total number of tenants, their genders, and ages living in the supported LO buildings. Buildings were randomly assigned to the program or control group. Individuals living in the program buildings were invited to participate in LEEP and to receive services. Individuals in the control group buildings were able to receive existing services if they chose to do so.

The design called for each cohort of program and control group individuals to be surveyed three times, at baseline, 12 and 36 weeks. Baseline data was collected from the program group as part of the intake process for LEEP. To maintain the control group sample, individuals received an honorarium for each survey completed.

The data collected by the surveys includes both the program and control groups:

- Socio-demographic information including experience of homelessness, sources of income, employment history and highest level of education
- Self-reported health, quality of life and stress
- Assessment of hope for the future, self-confidence, and support network
- Work readiness questions.

The program group also completed a satisfaction survey that explored their experience of the LEEP program.

The target of 100 individuals in the program and proposed control group was achieved at baseline. However, administering the surveys to the control group at 12 and 36 weeks proved very challenging despite multiple call-backs and liaising with tenant support workers, and as many these participants were not connected to services, they were very difficult to follow up. As a result, sample attrition was a significant issue at the 36-week milestone. In addition, the patterns of service use for LEEP participants revealed that individuals started, stopped, and restarted the program. So program group members also had periods when they did not engage with service providers. While it is a key feature of the LEEP program to be client-centred and to proceed at the pace of the individual, this approach added further challenges to ensuring data quality. A further complication and challenge for data collection was the COVID-19 pandemic and associated lockdowns. These restrictions made data collection challenging as individuals were reluctant to participate in meetings to complete surveys and there were also restrictions for LEEP staff attending locations to facilitate the program. As a result of these data challenges the

research team was unable to complete the random assignment study. Instead, the data is presented for the **program group** and a **comparison group**[11] and not for a control group.

Implementation research

This implementation research aims to understand the real-world context in which LEEP was developed and operated so the factors that supported or hindered the program and outcomes are identified.

The data sources for the implementation research include:

- Program administrative data includes information on participants, graduation rates, attendance at classes, and a cost study.
- Interviews and focus groups with LEEP program staff, participants, and employers. These interviews explored the implementation of the program, the experience of individuals and unintended consequences.
- A photovoice project conducted with participants. Photovoice is a qualitative method that asks individuals to take photographs as a way of sharing their stories of participating in LEEP. The participants attended a two-day workshop and were provided with a disposable camera. They were asked to take photographs to explore two of the following questions:
    - What would they tell a friend about the LEEP program?
    - What are the differences in daily life before and after participating in LEEP – then and now?
    - What does success in the LEEP program mean to them?
    - What important message would they want to share about the LEEP program?

The photographs taken by participants are included in this report.

[11] The comparison group consists of individuals recruited from LO buildings not participating in the LEEP program. The comparison group consists of individuals recruited as part of the control group for the original random assignment study.

Data included in this report

Table 1 summarizes the quantitative data collected by the surveys for both the program and comparison groups.

Table 1 LEEP evaluation data to January 2024

Surveys administered	Program group	Comparison group
Baseline	11 cohorts – 238 participants	6 cohorts – 100 individuals
12-week follow-up	11 cohorts – 115 participants	6 cohorts – 71 participants
36-week follow-up	9 cohorts – 77 participants	6 cohorts – 62 individuals

EVALUATION FINDINGS

The evaluation findings are presented in four sections:

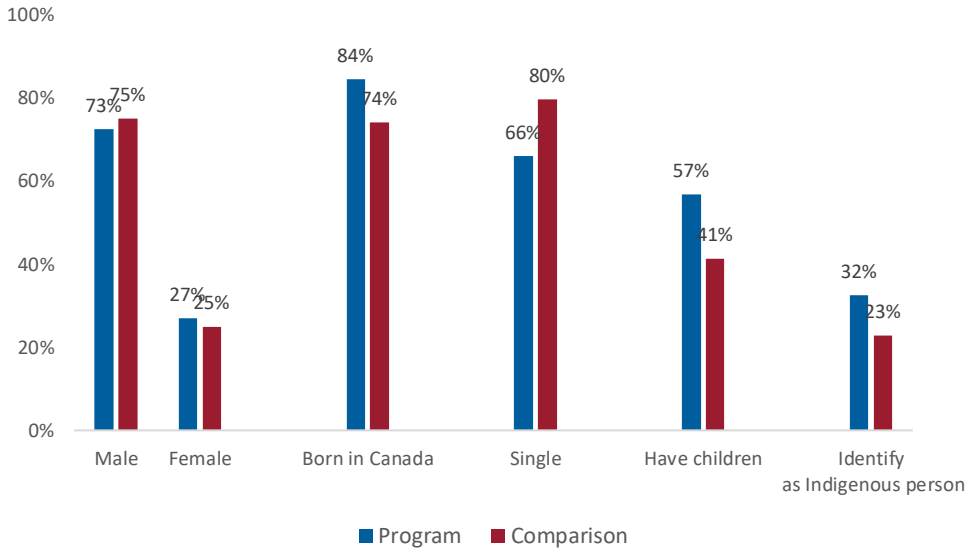
- An overview of participant characteristics and outcomes achieved
- Implementation of the LEEP model
- Participants and Employers Experience with LEEP
- Lessons for future practice.

CHARACTERISTICS AND OUTCOMES

There is baseline data for a total of 338 individuals – 238 LEEP program participants and 100 individuals in the comparison group. Figure 2 shows for both the program and comparison groups almost three-quarters of participants identified as male (73 per cent of LEEP participants and 75 per cent in the comparison group) with the remaining participants identifying as female. There was no difference in the average age of men and women in LEEP which was 47 years. LEEP participants were slightly younger than those in the comparison group who had an average age of 55 years; the average age of men was 56 years and for women, it was 54 years. The age and gender of both the LEEP program and the comparison groups remained relatively unchanged at the 12-week follow-up. However, although the gender composition remained the same at 36 weeks, the average age for the LEEP program group increased to 51 years while that for the comparison group increased by a year to 56 years.

The majority of LEEP participants were born in Canada (84 per cent) and almost one-third (32 per cent) identified as First Nations, Inuit or Métis. In the comparison group almost three-quarters of individuals (74 per cent) were born in Canada of whom 23 per cent identified as First Nations, Inuit, or Métis.

Figure 2 Baseline characteristics of LEEP program participants and comparison group

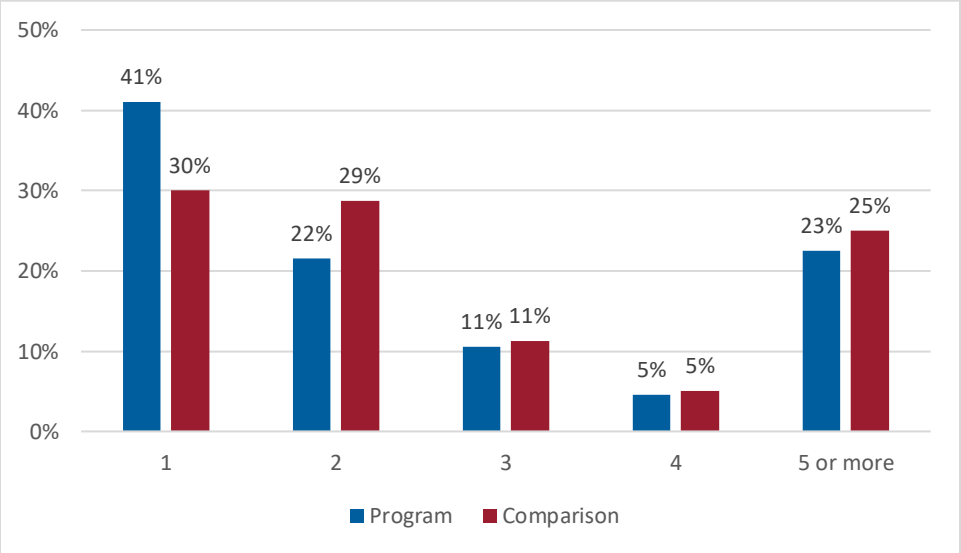


In the program group, two thirds of participants were single (66 per cent) and over half had children (57 per cent). In the comparison group, 80 per cent of individuals were single, and 41 per cent had children.

Homelessness

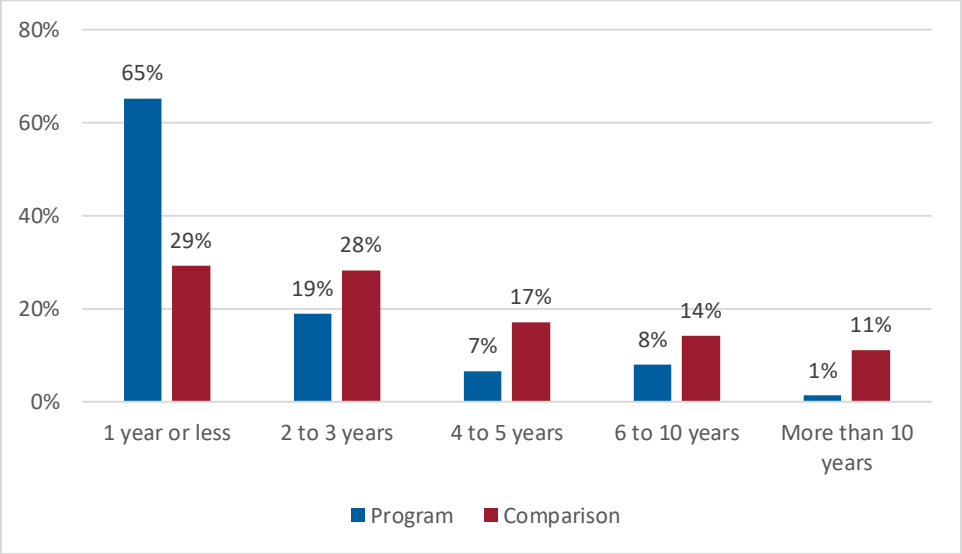
Individuals in both the LEEP program and comparison groups had experienced homelessness at some point in their lives (90 per cent compared with 82 per cent respectively). Figure 3 shows housing had been precarious for both the LEEP program and comparison groups. Over half of those in the program and comparison groups had experienced at least two spells of homelessness with approximately 1 in 4 from both groups having experienced five or more spells of homelessness.

Figure 3 Number of experiences of homelessness



Both the program and comparison groups have recent experience of homelessness. Over 40 per cent of LEEP participants had at least one episode of homelessness in the last year and almost a third of those in the comparison group had similar experiences. In terms of housing stability, over half of the LEEP participants had been at their current address for a year or less compared with 29 per cent in the comparison group. Those in the comparison group appear to have more stable housing with 42 per cent who had lived at their current address for four years or more compared with 16 per cent in the LEEP program group. Participants' housing situations remained relatively stable at 12 and 36 weeks. A total of 20 LEEP participants changed their housing situation with 15 moving to other housing within LO.

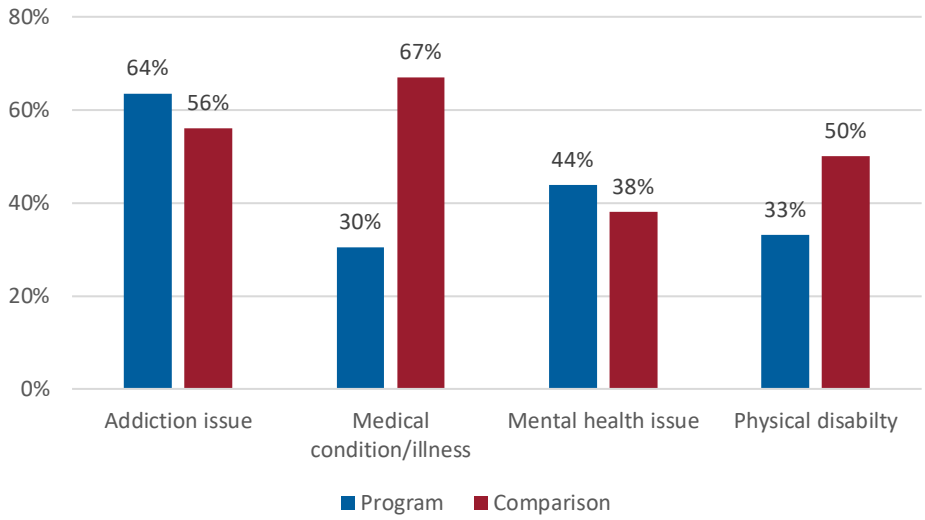
Figure 4 Number of years at current address



Health and wellbeing

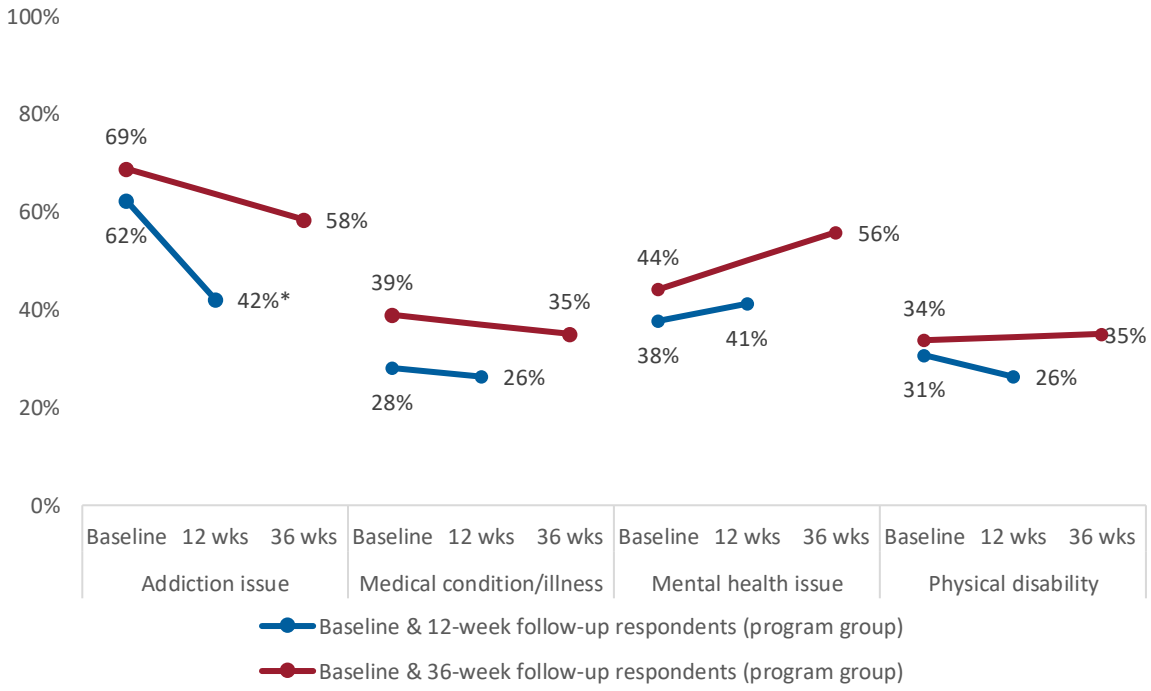
At baseline, participants were asked about the health challenges they currently experienced. Figure 5 highlights that for LEEP program participants, substance use challenges was their primary health issue (64 per cent vs 56 per cent for those in the comparison group). For the comparison group, the main issue was ongoing medical conditions (67 per cent compared to 30 per cent in the LEEP program group). Approximately 4 in 10 individuals in both the LEEP program and the comparison groups were experiencing mental health challenges (44 and 38 per cent respectively).

Figure 5 Health challenges reported by program and comparison group at baseline



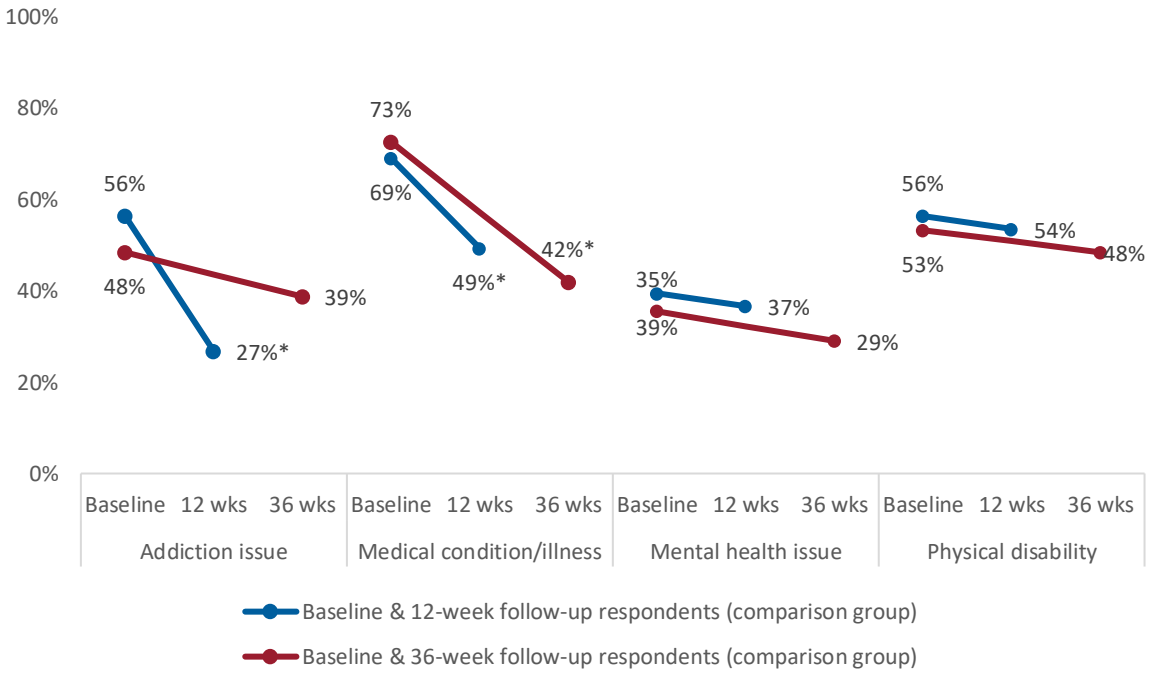
Figures 6 and 7 present the changes in health challenges in restricted samples that include only those who responded to the question both at the baseline and follow-ups. The blue lines show changes from baseline to 12 weeks and the red lines show changes from baseline to 36 weeks. For each health issue, the changes from the baseline survey to both the 12- and 36-week follow-up surveys generally go in the same direction for both program and comparison groups. The decline in addiction challenges experienced is statistically significant for both program and comparison groups from the baseline to the 12-week follow-up, but the corresponding change from the baseline to the 36-week follow-up surveys are not statistically significant. In contrast, the decline in medical condition/issue for the comparison group is statistically significant in both follow-up surveys.

Figure 6 Changes in health challenges among the restricted sample for the program group



Notes: * indicates that the change from the baseline survey to the corresponding follow-up survey is statistically distinguishable from no change. The baseline level for each health challenge is different between the two restricted samples because not every program participant responded to both follow-up surveys.

Figure 7 Changes in health challenges among the restricted sample for the comparison group



Notes: * indicates that the change from the baseline survey to the corresponding follow-up survey is statistically distinguishable from no change. The baseline level for each health challenge is different between the two restricted samples because not every comparison group member responded to both follow-up surveys.

Program and comparison groups were also asked to rate their physical and mental health using the Canadian Community Health Survey scale. The data for both self-reported physical and mental health suggest that while the overall pattern from baseline to 36 weeks shows relatively small changes, there were changes at 12 weeks for both the program and comparison groups. The data indicates that self-reported health fluctuated over time. Figure 8 shows that a higher proportion of the LEEP program participants reported their physical health was excellent or very good compared to the comparison group at all survey points with little variation over time (27 per cent at baseline and 25 per cent at 36 weeks). However, at 12 weeks, the data for the program group shows changes in self-reported physical health. There was a four-percentage point reduction in those stating their health was poor at baseline and a five-percentage point increase for those in their self-reported health assessment from baseline (43 to 38 per cent respectively). By 36 weeks, the proportion reporting their physical health as good returned to baseline values. The data for the comparison group shows a similar pattern of fluctuations in self-reported physical health. For context, the proportion of individuals in the Vancouver Coastal Health region who reported their physical health as excellent or very good was 61 per cent,

which is more than double than that of the program and three times that for the comparison group.[12]

Figure 8 Self-reported physical health for LEEP program and comparison groups at baseline and 12- and 36-week follow-ups

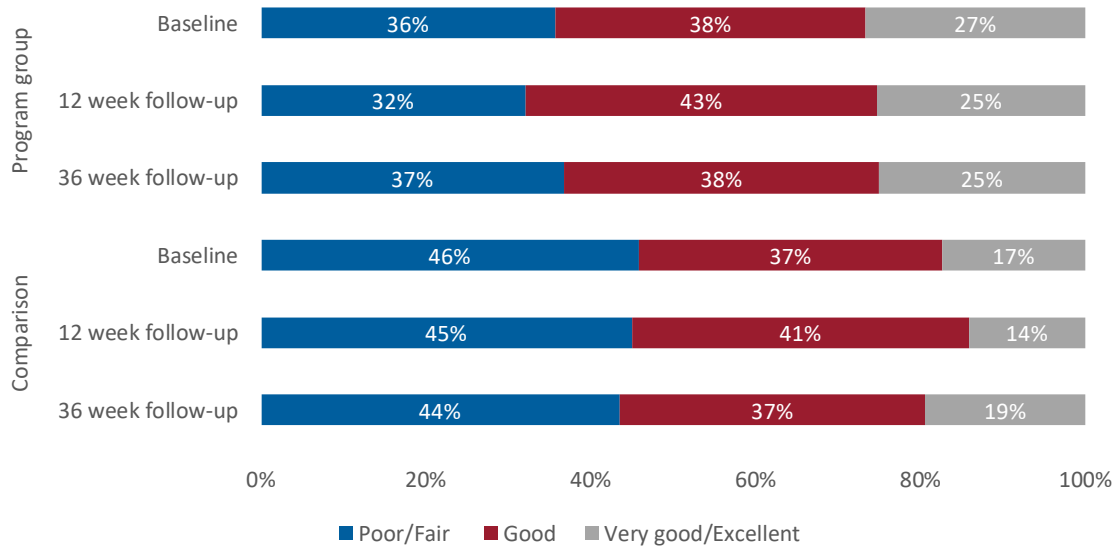


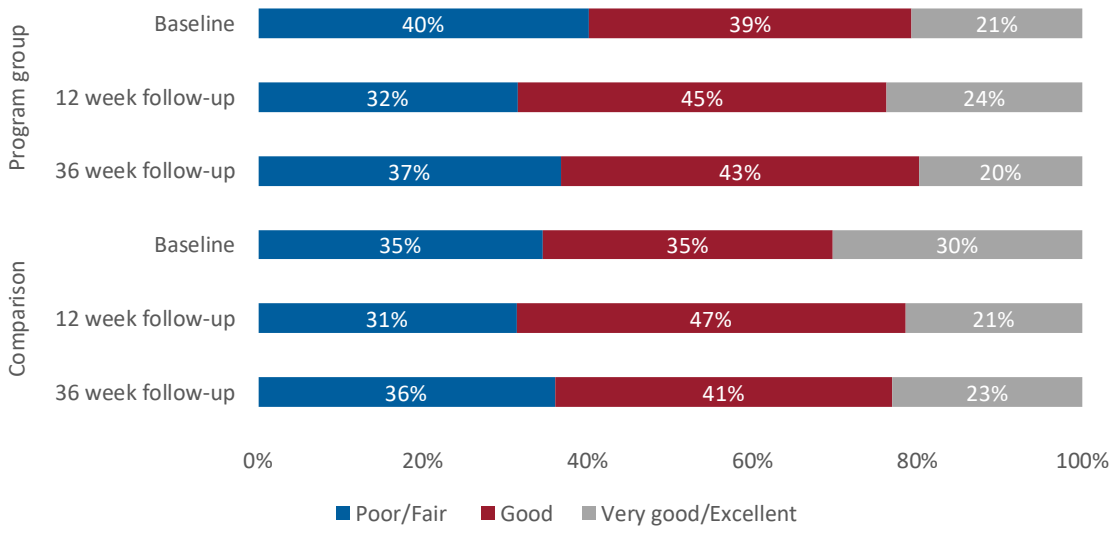
Figure 9 shows the proportion of the LEEP participants who reported their mental health was excellent or very good and it remained relatively stable from baseline to 36 weeks (20 to 24 per cent across all three surveys). Similar to self-reported physical health, the data for the program group at 12 weeks shows an increase in the proportion of those stating their mental health was good (there was a six-percentage point increase from 39 to 45 per cent from baseline to 12 weeks). There was also a decline in those describing their mental health as poor (8 percentage point decrease from 40 per cent at baseline to 32 per cent at 12 weeks). The improvements in mental health were not sustained at 36 weeks. There was an increase from 12 to 36 weeks in those reporting their mental health was poor (five percentage point increase from 32 to 37 per cent) and a slight decrease in those reporting their mental health was good.

For the comparison group, there was a decline in the proportion of those reporting their mental health was excellent or very good (from 30 to 23 per cent) from baseline to 36 weeks. However, the data fluctuates for those reporting their mental health was poor and good. At baseline those reporting their mental health was poor decreased at 12 weeks (from 35 to 31 per cent) which

[12] Canadian Community Health Survey Dashboard, Regional Profiles. http://www.bccdc.ca/health-professionals/data-reports/health-status/canadian-community-health-survey-dashboard

then increased to 36 per cent at 36 weeks. For those reporting their mental health was good, there was an increase from baseline to 12 weeks (increase of 8 percentage points from 35 at baseline to 47 per cent at 12 weeks). By 36 weeks the proportion of the comparison group reporting their mental health was good had dipped to 41 per cent. For context, 67 per cent of those in the Vancouver Coastal Health region reported their mental health was excellent or very good.[13]

Figure 9 Self-reported mental health for LEEP program and comparison groups at baseline and 12- and 36-week follow-ups



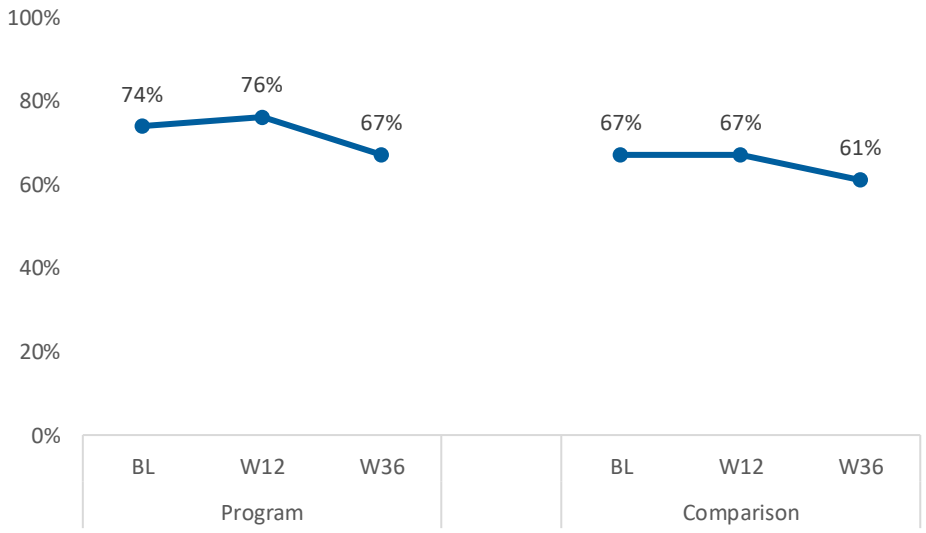
Stress

Participants were asked to assess how stressful their lives were. LEEP participants reported slightly higher levels of stress than the comparison group, but this decreased from baseline to 36 weeks (74 to 67 per cent). Those in the comparison group reported a similar pattern with their self-reported stress decreasing to 61 per cent by 36 weeks. For context, 21 per cent of individuals in the Vancouver Coastal Health region reported their lives were stressful.[14]

13 Ibid.

14 Ibid.

Figure 10 Self-reported stress levels for LEEP program participants and the comparison groups

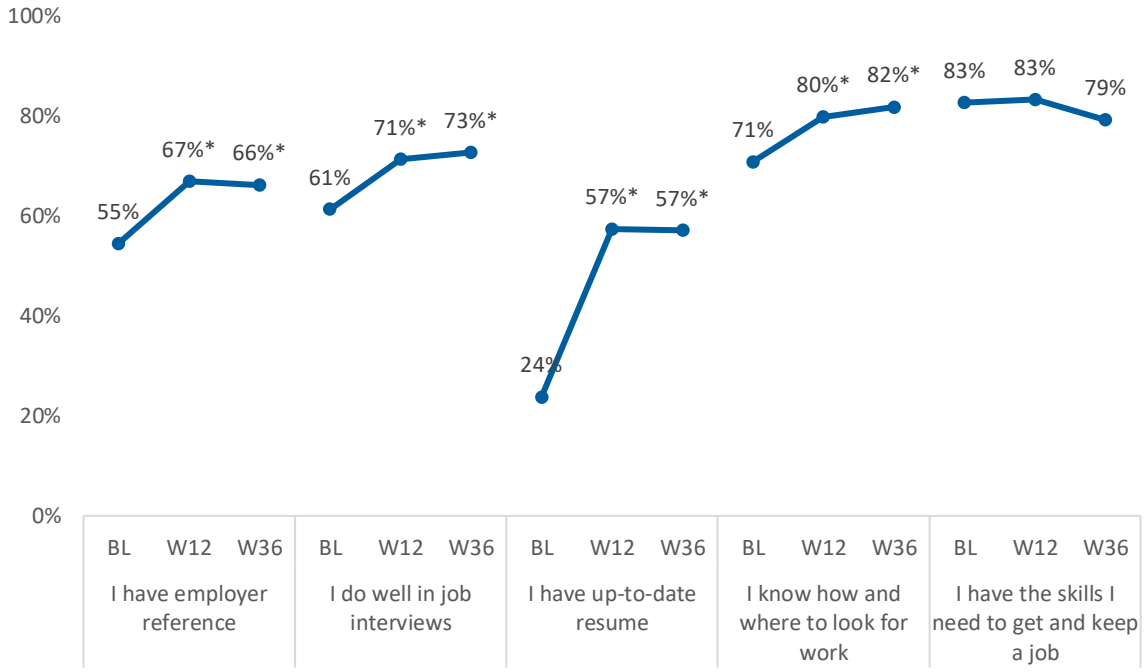


Employment history and work readiness

At baseline, almost three-quarters of LEEP participants (73 per cent) and 41 per cent of the comparison group had worked within the last five years. Over a quarter of LEEP participants and approximately three-fifths of those in the comparison group had not worked for more than five years and therefore had relatively little recent experience of participating in the labour market. Of the LEEP program participants, 60 per cent were looking for work at baseline when they joined the program compared to 29 per cent in the comparison group.

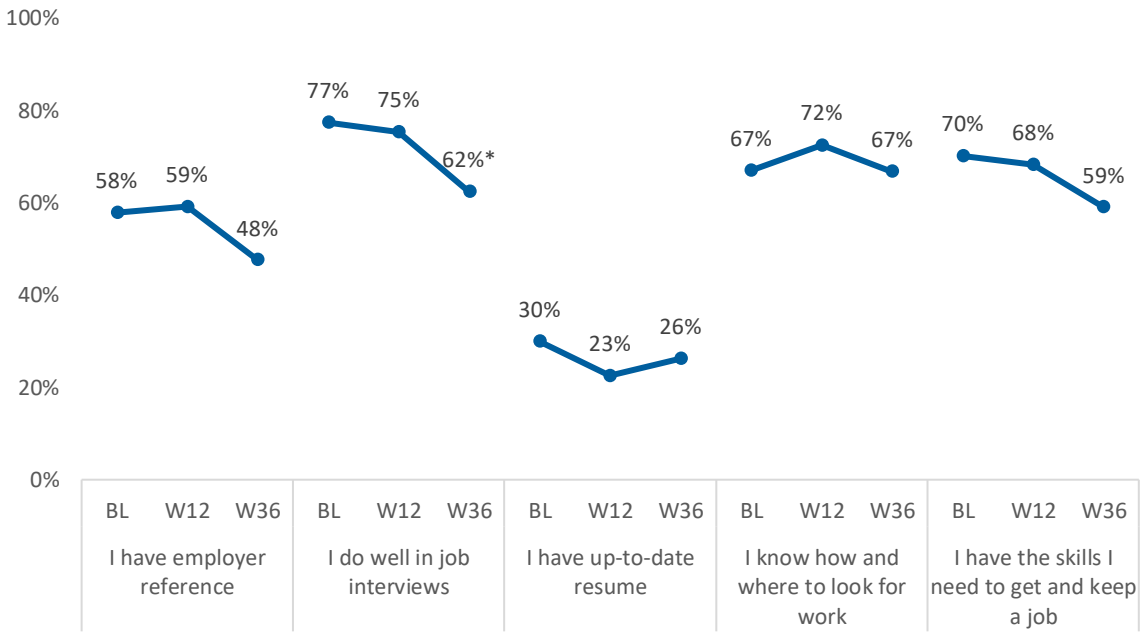
Participants were asked about their work readiness across five factors: availability of current references, a belief they interviewed well, having a current resume, knowing how to find a job, and having the necessary skills to get and keep a job. Figure 11 shows that for LEEP participants, there was an increase across four of the work readiness factors at 12 weeks which was maintained at the 36-week follow-up, suggesting they felt more ready to work after participating in the LEEP program. This is in contrast to those in the comparison group who reported decreases in work readiness across most indicators (Figure 12).

Figure 11 LEEP participants and work readiness at baseline, 12, and 36 weeks[15]



[15] Notes: The labels BL, W12, W36 on the horizontal axis represent the baseline, 12- and 36-week follow-up surveys, respectively. * indicates that the change from the baseline survey to the corresponding follow-up survey is statistically distinguishable from no change.

Figure 12 Comparison group work and readiness at baseline, 12, and 36 weeks[16]



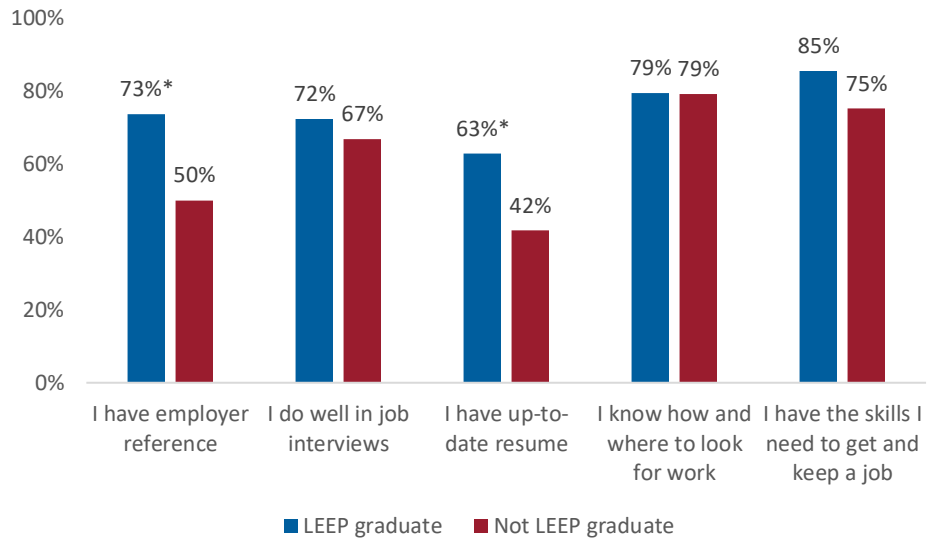
This analysis was repeated using a restricted sample which consisted of only those individuals who responded at baseline **and** each follow-up survey. The changes in work readiness remained consistent with the data reported above; that is LEEP participants increased their work readiness in four out of the five categories while work readiness did not improve over time for those in the comparison group.

Work readiness was also explored in terms of whether LEEP participants graduated foundation skills at 12 weeks. At 12 weeks, LEEP graduates reported that they had employer references and up-to-date resumes at significantly higher rates than LEEP non-graduates (Figure 13).[17]

[16] Notes: The labels BL, W12, W36 on the horizontal axis represent the baseline, 12- and 36-week follow-up surveys, respectively. * indicates that the change from the baseline survey to the corresponding follow-up survey is statistically distinguishable from no change.

[17] Of the 236 participants, 171 graduated foundation skills at 12 weeks.

Figure 13 Work readiness of participants who did and did not graduate LEEP (12 weeks)[18]



Sources of income

At baseline, the proportion of participants in the LEEP program and comparison groups who received income from employment was low (9 per cent for both groups). However, at both the 12-week and 36-weeks, the proportion of LEEP program participants receiving income from employment increased to 24 and 34 per cent respectively. This was not the case for the comparison group were there was little change in the proportion who received income from employment (7 and 8 per cent at the 12- and 36-week follow-ups, respectively).

The main sources of income for both LEEP participants and the comparison group were social assistance including disability benefits (91 and 77 per cent respectively) and were similar at 36 weeks (91 and 72 per cent). This suggests, that although LEEP participants did earn money from employment, their employment earnings did not affect their receipt of social assistance payments, although it increased their overall income. For individuals in receipt of disability benefits there is an income disregard of $16,200 per year for a single person as of January 2024. It is possible that the 36-week data collection window does not capture changes to disability benefit receipt as it would take time of participants to reach this income threshold. Further research would be necessary to explore if those participants whose income exceeds this disregard move off disability benefits.

[18] Note: * indicates that the difference between LEEP graduates and non graduates is statistically distinguishable from zero difference.

In reviewing this data on receipt of benefits, LEEP program staff conducted additional data collection to update their records as of March 28, 2024. Based on this data they report the following:

- 6 people (1 from cohort 11 and 5 from cohort 12) are identified as employed and transitioning off Income Assistance
- 8 people (1 from Cohort 9, 1 from Cohort 10, 5 from Cohort 11, 1 from Cohort 12) are no longer in receipt of monthly Income Assistance and are currently gainfully employed
- 7 people (4 from Cohort 1, 1 from Cohort 4, 1 from Cohort 9, 1 from Cohort 11) report to be employed and no longer in receipt of monthly PWD disability benefit but are still connected for reporting purposes.

Employment

At baseline very few participants in either the program or comparison group were employed (8 and 7 per cent respectively). The survey data shows that by 12 weeks the number of LEEP participants in some form of employment increased to 34 compared to 5 in the comparison groups. At 36 weeks, 27 participants were employed in a work experience placement. LEEP participants reported the program was important in helping them find and maintain employment and the majority were satisfied with their jobs.

However, for some LEEP participants, finding employment took longer than 36 weeks as participants were completing the program and work experience placements. The analysis of LEEP administration data shows that 90 participants participated in 135 spells of work experience placements (77) and or employment (58) of which 66 are continuing as of January 2024. The data shows that work experience placements served as a stepping stone to employment. However, individuals also moved from employment in the labour market to a work experience placement if the participant was unable to continue for health or other reasons.

- 45 individuals have 1 work experience spell
- 13 individuals have 2 work experience spells
- 2 individuals have 3 work experience spells
- 30 individuals have labour market jobs only.

The program administration data shows approximately two thirds of LEEP participants completed from the foundation skills program (171 participants). Participants who did this were more likely to participate in work experience placements (37 vs 11 per cent), employment (36 vs 2 per cent) or both (58 vs 13 per cent) than those who did not complete the program.

There is considerable variation in the hourly wage which ranges from minimum wage to over $30 per hour with an average of $17.70.

LEEP participants were employed by almost 30 different employers, with LO providing 14 employment opportunities to participants. Other employers included restaurants, construction companies, the service sector, retail and industrial. The majority of work experience opportunities were provided in the Food Hub (34) and LO (33).

Summary of characteristics and outcomes

The LEEP program and comparison groups had similar characteristics in terms of gender, age, country of origin, and experiences of homelessness at baseline. They differed slightly in terms of mental and physical health, with LEEP program participants reporting higher instances of substance use and mental health issues, while a higher proportion of the comparison group reported medical conditions and physical disabilities. At the 12-week follow up, LEEP participants reported a statistically significant decline in substance use issues, while the comparison group saw statistically significant decreases in substance use and medical conditions. Despite these changes, the program group's self-reported mental and physical health ratings remained relatively constant at baseline and 36 weeks there were fluctuations at 12 weeks. For the comparison group, there was a decline in mental health after the baseline survey. Both groups reported poorer mental and physical health and stress ratings compared to the broader Vancouver Coast Health region.

LEEP participants had more recent work experience compared to the comparison group and were more likely to be looking for work at baseline. While LEEP participants saw statistically significant increases in four out of five work readiness indicators across the survey points, the comparison group did not. Compared to LEEP non-graduates, LEEP graduates were also significantly more likely to have up-to-date resumes and employer references.

The LEEP program participants and comparison group members were similar at baseline to the proportion who earned income from employment (9 per cent for both groups). For LEEP participants, this proportion increased to 24 per cent and 34 per cent at subsequent survey points, whereas there was little change for the comparison group. While LEEP participants increased their employment earnings, the survey responses did not capture a decrease in social assistance or disability benefits.

According to LEEP administrative data, 90 participants participated in 135 spells of work experience placements (77) or employment (58), of which 66 are ongoing as of January 2024. Participants who graduated from the LEEP program were more likely to participate in work experience placements, employment, or both, compared to those who did not complete the program.

Participant satisfaction with LEEP

LEEP program participants completed a satisfaction survey at 12 weeks and again at 36 weeks.

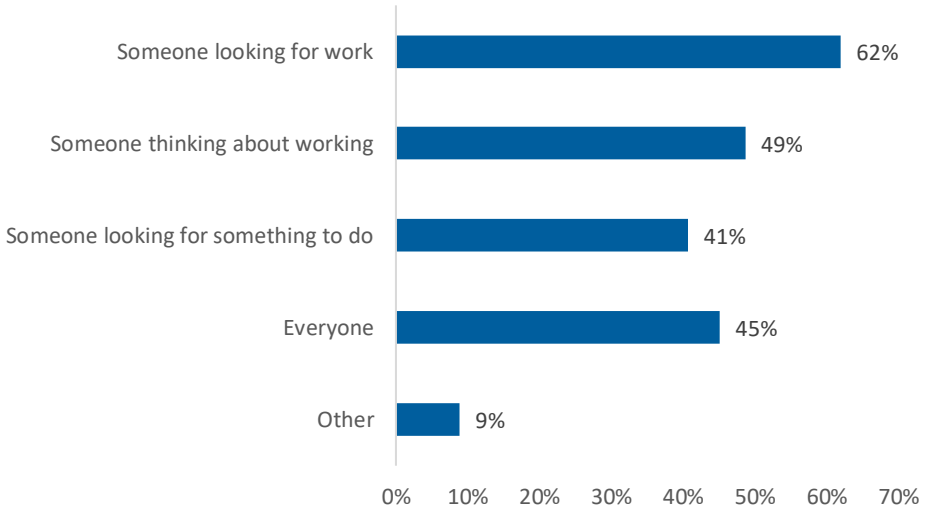
Of the 115 LEEP participants at 12-weeks, 113 completed the 12-week satisfaction survey. Of these participants over 80 per cent were satisfied or very satisfied with their participation in the LEEP program. Analysis of the open-ended data shows that participants welcomed the support received from program staff to connect them with employment, they enjoyed meeting other program participants in the workshops, and they were successful in obtaining employment and or participating in work experience placements. Three participants were dissatisfied with LEEP however, their open-ended responses report they were disappointed with their lack of participation, and not with the program itself.

At 36 weeks, 77 participants completed a satisfaction survey and overall satisfaction with the program increased to 92 per cent. Over 80 per cent of participants agreed or strongly agreed it helped them to stay motivated, and over 70 per cent of participants agreed or strongly agreed it helped them stay on track with their goals and almost 70 per cent found it helps them to connect to other services. The open-ended responses suggest participants were satisfied with their learning, growth, and increase in confidence and motivation throughout the program; the support they received to find work, and the check-ins they receive from LEEP staff. A few participants reported they were dissatisfied with LEEP because of staff turnover which resulted in changes to their EN which they found disruptive.

Recommend LEEP

At 12 weeks, participants were asked if they would recommend the program, and over 80 per cent said they have either already recommended the program to someone else (31%) or were very likely to do so (50%). When asked who they would recommend the program to, over 60 per cent of participants indicated that they would recommend it to someone looking for work.

Figure 14 To whom participants would recommend the LEEP program (12-week survey)



By 36 weeks, the number of participants who would recommend LEEP increased to almost 90 per cent. The proportion of participants who would recommend the program to everyone increased from 45 to 66 per cent suggesting the broad appeal of the program. Almost two thirds said they would recommend it to "someone looking for work."

Most useful component of LEEP

Participants were asked about the components of the LEEP program they found most useful. While participants appreciated gains in skills and labour market attachment, they also found aspects of LEEP that supported their health, wellbeing, and social connectedness useful.

In open-ended answers, participants indicated that the most useful part of participating in LEEP has included:

- Connection to work placements and employment
- Finding the right training
- The mobility and range of supports available (wraparound supports) including obtaining ID, housing, resume building, criminal record checks, driving instruction
- Receiving financial support with studies and access to grants

- Becoming involved in the community, helping others
- Learning new skills, soft skills, and job search skills
- Improving health and mental health
- Connecting and socializing with others
- Gaining confidence and motivation
- Attending workshops
- Gaining certifications
- Having purpose
- Feeling seen
- Gaining balance
- Consistency and accountability
- Support from program staff, having a mentor
- Having access to resources.

By 36 weeks the components participants found most useful remained very similar. In addition to skills and employment gains, participants valued being able to increase their social and professional networks and their sense of purpose, accountability, stability, and normalcy.

Most helpful LEEP components

LEEP participants identified 1-1 support from Employment Navigators as the most helpful component of the program, with 85 per cent rating it as very or extremely helpful. Other components that were rated highly were obtaining certifications such as WHMIS, First Aid, FoodSafe, and Street Degree[19] (80%); LEEP Foundation skills completion certificates (74%); workshop curriculum/training (73%), and support in finding job opportunities (73%).

[19] Street Degree is a Vancouver Coastal Health program that consists of over 20 interactive courses available to peer works in the Toxic Drug Response. The courses are provided by people with lived experience, nurse educators and community educators. It offers 20 hours of training which is provided twice a month. https://www.vch.ca/en/media/22736

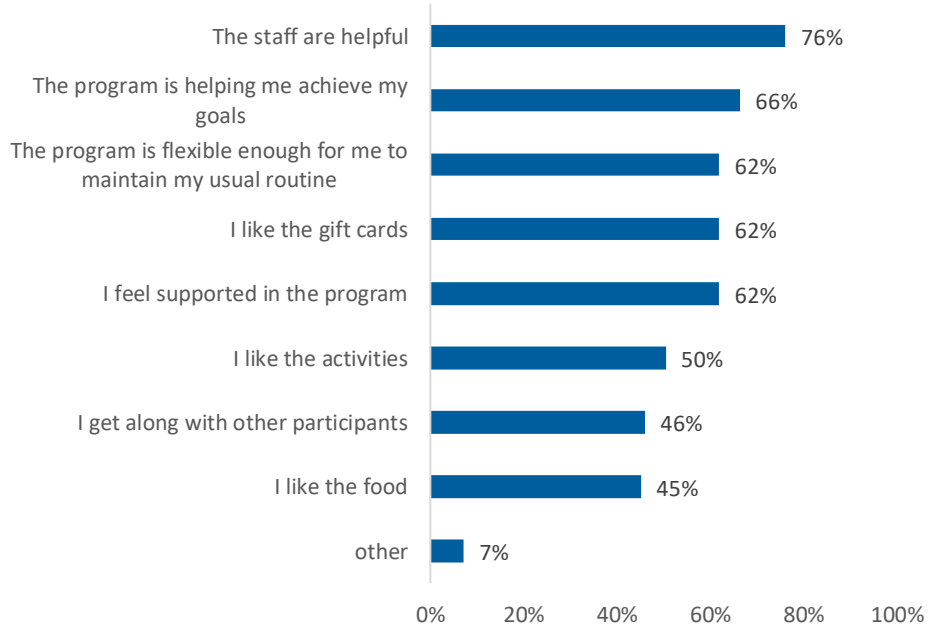
Place-based program

A key feature of LEEP is that it is a place-based program, in which program staff go to the supportive residential buildings to meet with participants and to deliver the program at that location. Participants admit they are unlikely to attend a program or to meet with staff if they have to go to them, especially as they are learning about the program. This allows LEEP Employment Navigators to connect with other staff at the location and with other individuals who might be interested in LEEP. Over 90 per cent of participants were very satisfied or satisfied with the location of workshops (93%) and 1-1 meetings (95%). Participants were also very satisfied or satisfied with the timing of workshops (94%) and 1-1 meetings (95%).

Continuing with LEEP

Ninety-four per cent of participants indicated that they planned to continue attending the LEEP program at the 12-week survey point. The top five reasons participants gave for planning to continue with the LEEP program are: staff are helpful (76%), the program is helping participants achieve their goals (66%), the program is flexible enabling participants to maintain their usual routine (62%), they feel supported (62 %). The open-ended responses suggest participants wanted to continue in LEEP because they have goals they want to accomplish and they believe LEEP program staff will provide help if and when it is required. They reported that LEEP offered a great opportunity to help them to achieve their goals.

Figure 15 Reasons for continuing with LEEP



Although the 36-week survey was supposed to coincide with the end of the program, 87 per cent of participants planned to continue with the LEEP program. For some participants, this may be because they require a longer time to achieve their goals, with approximately one-third wanting to continue to find employment. For others, their reasons for continuing were because they appreciate the support from program staff.

IMPLEMENTATION OF THE LEEP MODEL

LEEP project administrative data and qualitative data (annual interviews and focus groups with staff, participants, and employers) highlight the key features of the model developed and implemented.

Client-centred

LEEP staff (Employment Navigators and Job Developers) took time to get to know clients, to connect with them to understand their reasons for participating in the program. This was essential information to enable them to tailor support to meet individual needs. For example, most participants were somewhat circumspect and unsure of their ability to work having not done so for many years and were more interested in participating in something that would give them some 'structure and a sense of purpose'. The majority of participants had experienced or were currently experiencing physical and mental health challenges as well as substance use issues. These participants appreciated LEEP's low-barrier, non-judgemental, and strength-based approach that meant program staff met individuals where they were; for some participants, this involved attending LEEP sessions, others were ready to participate in work experience placements, some accessed counseling supports, and some were ready to work with a job developer. The initial meetings between participants and program staff helped to establish trust and to identify the most appropriate support.

> *"It is about listening and getting a win, starting with something we can do, something that matters to them. So, if they need ID, that's what we do – they won't get a job without it. … I get it, for a lot of them, getting a job isn't, they think it won't happen, they've been living this life and they don't think anyone will give them a job. They're stuck, so when I ask what they want to do, they don't know. We work on that, when they get an idea and we break it into steps, step one, get ID, and step two do the LEEP program or maybe it's the Food Hub and then LEEP, we work it out. … It's not easy … when they do their resume, when they get references on it or First Aid, something, they surprise themselves and you see their confidence coming back."* LEEP Employment Navigator

Place-based

LEEP is a place-based program delivered in the supportive housing buildings where participants live. This approach reduces barriers for participants, as they do not have to travel to access the program. Employment Navigators liaise with residential staff to provide reminders to participants about upcoming sessions. Individual sessions with participants are also located at a participant's residence or nearby in libraries, community spaces, or coffee shops.

> *"I always give them reminders, the TSWs are great, they knock on doors and remind them that it is Tuesday and it is a LEEP day. Would they turn up if it was somewhere else? No, it's that simple, no if they had to come to me, no."* LEEP Employment Navigator

Outreach and engagement

Outreach and engagement are essential components of the LEEP program. LEEP staff hold information and drop-in sessions in residential buildings to raise awareness about the program and liaise with other tenant support workers to identify individuals who might be interested in LEEP. Program staff also provide ongoing support to participants checking in with them once a week or bi-weekly to see how things are going and provide encouragement. Although this process requires considerable time, LEEP staff regard it as essential as it not only enables them to stay in touch, it allows them to help participants to problem-solve. If participants decide to step away from LEEP, the Employment Navigators continue to check-in and encourage them to re-engage with the program when they are able to do so. LEEP does not have any limitations on the length of time participants can participate in the program.

> *"When I am there, someone asks if I am from LEEP, they want to know what it is. So just being able to talk with them, gets them interested."* LEEP Employment Navigator

> *"We do regular check-ins, if they miss LEEP, then I get in touch to see if they're ok, if they need anything. Some are embarrassed but I don't judge, just tell them they can come back."*

> *"When they've a job, they know I am still here. [Job Developer] connects with their employer to check everything is ok, to sort work stuff out before big problems happen. But I still connect with them – sometimes they want to tell me how well they're doing, do you remember how I was last year, and look at me now. They've turned their lives around, made big changes and sometimes they just want encouragement, … a confidence boost."* LEEP Job Developer

Role of LEEP Employment Navigators (ENs), Peer ENs, and Job Developers (JD)

The role of the ENs is to work directly with participants including delivering the group and individual sessions. LEEP program staff are grateful for the opportunity to work with participants and to support them in making improvements in their lives. They recognize the importance of collaborating with participants to identify goals and the steps required to achieve these. LEEP program staff highlighted the need to have a good working relationship with participants based on trust.

> *"If I tell them I will do something, then it is on me to follow through so when I ask them to do something, they do the same."* LEEP Employment Navigator

The ENs appreciated the client-centred, place-based approach incorporated in LEEP as it provides them with the flexibility to meet participants where they are, and to provide the support needed. ENs are aware they are asking individuals to step outside their comfort zone and to take a risk. To respect this ENs 'try our best' to set participants up for success by finding the balance between encouraging progress but not 'pushing' too hard or before participants are ready. The initial outreach and engagement with participants help ENs to understand participants, the challenges they experience and their interest and readiness for employment. For some participants this process is relatively straightforward, for others it takes the ENs longer to establish trust and to encourage them to 'try' LEEP.

The weekly check-ins allow ENs to track progress and enable them to gauge potential next steps. Program staff report keeping themselves up-to-date on other resources and services to which they can refer participants. Since the training provided by LEEP is tailored to individuals, "learning continues regardless" of the barriers or challenges participants may be experiencing.

To deliver LEEP the ENs adopt a flexible approach recognizing participants' progress through the LEEP program is not necessarily constant nor linear as some start and stop for a variety of reasons including, health issues and substance use. The ENs adapt their approach to supporting individual participants to participate in LEEP, complete the program, graduate, and connect them with the labour market through work experience placements and eventually, a job. The ENs describe their role as bringing an 'employment lens' to their interactions with participants to explore with them what is needed to help them progress toward employment.

While ENs found their role rewarding it was also very intense and at times, challenging. On a personal level, ENs stressed the importance of 'self-care' and establishing boundaries for working with participants. Without appropriate self-care and maintaining a healthy work-life balance, ENs are concerned, they could experience burnout. They have had to deal with the deaths of several participants, which is emotionally difficult. The LEEP program has experienced considerable staff turnover, especially during the first two years when the program was

becoming established and Covid-19 restrictions were in place. Some of the reasons given for staff departures include moving to another position within LO, returning to education, securing a permanent role in another organization, and long-term sick leave.

Although ENs saw the benefit of a place-based approach, the downside for staff is moving between sites to meet with participants and to deliver LEEP program sessions. For ENs the travelling can be time-consuming and if participants fail to attend sessions or to keep appointments, it can be frustrating. To encourage participants to attend, ENs work closely with residential support staff to provide appointment reminders, or if participants have a phone, ENs will send reminders by calling and leaving a message or by texting. In some locations, ENs found it challenging to find 'somewhere quiet' to deliver program sessions or to meet with participants depending on what was happening that day in the residential building including attendance by emergency services which could disrupt planned activities and access to rooms.

Finally, accessing the project management information system to complete participant documentation could also be 'frustrating'. To help address this challenge, LEEP program managers and LO have worked with database experts to resolve issues and improve stability.

Peer Employment Navigators

The role of peer employment navigator evolved as part of the implementation of LEEP. Peer navigators are participants who have completed LEEP, who are ready to work and want to help others benefit from the program as they have done. To date three peer employment navigators have been trained and one is employed by LEEP while the other two are employed by the LEEP extension project. LEEP program staff continue to involve program participants as alumni mentors who meet with participants to provide encouragement and to share their experiences with LEEP and employment.

> *"I never thought I would be doing [peer employment navigator]. I had always helped out in my in my building, then my navigator talked to me about a job, I wasn't sure but I did the training and now here I am."* Peer Employment Navigator

Job Developer

The role of the job developer has grown with the increased number of participants. This role has three components:

1. Meet with participants to create an employment plan and identify any training or additional certification needed

2. Identify potential employment opportunities for participants and engage employers to be part of LEEP

3. Provide ongoing in-work support for participants and employers.

In meeting with participants, the job developer may suggest a work experience placement to provide them with the opportunity to 'try' working in a supportive setting. During these placements, participants are encouraged to establish healthy routines that enable them to be on time and able to work. As part of the placements, participants interact with co-workers and if needed training and support are available to help them negotiate workplace dynamics.

Participants receive minimum wage from work experience placements. LEEP program staff help participants develop a budget and to find a balance between working and managing health and wellbeing as they transition to work.

The work experience placements also provide participants with evidence of recent employment experience and current references. As many participants have not worked for a number of years, being able to demonstrate their ability to work effectively is really important for employers but they also add to the self-confidence of participants. The work experience placement enables the job developer to establish if a participant is ready for employment. This information is important as the job developer wants to set participants and employers up for success and to ensure employers have a positive experience with LEEP.

> *"[work experience placements] shows me how someone will cope when they get a job. You want them to do well and for employers to have a good experience, you want them to come back to LEEP if they have more openings. If someone is late and doesn't get on with other people, then they're not ready and I won't recommend them because employers have to rely on me if I say this person is ready."* LEEP Job developer

Work experience placements are available in the Food Hub. Participants fulfill several roles including, receiving, and processing donations, ensuring food is safely and appropriately stored and handled, and delivering food to sites. Other work experience placements include roles as building maintenance, housekeeping staff, and movers.

Sessions provided by LEEP

As part of LEEP, ENs deliver the program curriculum, which currently consists of 15 workshops or sessions. Participants discuss with ENs which sessions they want to attend and whether they will do so as part of a group or individually. If participants miss a program session, the ENs will provide an opportunity to make it up. As of January 2024, LEEP had delivered almost

1400 sessions to participants, with the average number of sessions per participant being seven. The top five sessions attended by participants were self-presentation (135), attitude (126), motivation (119), accountability (117), and time management (115).

Table 2 LEEP sessions delivered to participants

Session	Total number of participants
Accountability	117
Self-presentation	135
Teamwork	96
Motivation	119
Attitude	126
Collaboration	48
Time management	115
Adaptability	98
Problem solving	74
Stress management	97
Self-confidence	95
Communication	73
Internet matters	52
Reading	64
Writing	53
Numeracy	33

LEEP also provided additional certifications for participants to support employment. The certification includes:

- 14 WHMIS
- 43 FOODSAFE

- 42 First Aid
- 23 Non-Violent Crisis Intervention
- 4 Mental Health First Aid.

In addition, LEEP program staff also refers participants to counseling supports accessed as part of the program. This provides support to participants who have experienced trauma, those experiencing mental health and substance use challenges.

Workplace Essential Skills Assessment (WESA)

LEEP administers the Success Traits module of the Workplace Essential Skills Assessment (WESA)[20] to participants at baseline and 36 weeks. The success traits module consists of 75 questions that assess workplace-focused social-emotional skills and include task performance, emotional stability, open-mindedness, emotional intelligence, and working with others. The participants complete the assessment online and a report is generated which places individuals in one of three categories, entry, intermediate and advanced. The Essential Skills Group descriptions for these categories are as follows:

- Entry – Participants in this category are likely to give up when facing challenges. They may even try to put a stop to change when it's happening. Individuals are reminded that criticism from others can be a valuable tool for growth. At the extreme, individuals may believe there is nothing they can do to change fate and they need a lot of reassurance from others to get motivated during times of change.
- Intermediate – Individuals are likely thoughtful when facing challenges and change. They do not shy away from change, but they respond best when they understand why the change is necessary. Individuals like to have a "Plan B" in case things do not go as anticipated.
- Advanced – Individuals are likely highly adaptable when facing a challenge and embrace change. They have developed coping strategies for overcoming obstacles. Advanced scores indicate the need to be mindful that not everything is within individual's control and are reminded to use caution when facing unknown situations.

Administering the WESA to participants proved very challenging especially at 36 weeks despite incentives provided. The WESA success traits module was administered to 200 of the 238 LEEP participants at baseline and to 40 at 36 weeks. Table 3 shows the WESA reports for LEEP participants at baseline and 36 weeks. The majority of LEEP participants were identified as being

[20] The Essential Skills Group Inc. https://www.essentialskillsgroup.com/

in the intermediate category. The number of participants who completed the WESA at 36 weeks is small but suggests some improvements from baseline to 36 weeks. The results of those who completed both assessments were analyzed. Overall, the increase in WESA score was 5.8, on average, which is not statistically significant. However, a small number of individuals saw substantial increases in WESA score; of 34 individuals whose score was in the intermediate range, 4 individuals attained the advanced range in the next assessment.

Table 3 LEEP participants and WESA scores at baseline and 36 weeks

WESA category	Baseline	36 weeks
Entry	0	0
Intermediate	84% (168)	80% (32)
Advanced	16% (32)	20% (8)

Calculating the cost of the LEEP program

Estimates of the cost of delivering the LEEP program have been calculated using program administrative data. The cost estimates include fixed and variable costs. The variable costs include – staff costs, counseling for participants, training and certifications, work experience placement costs, and incidental work-related costs including transport and work clothing.

- The cost of the LEEP program per participant is $8,075.
- The cost for a LEEP program participant to graduate is $13,693.75.
- The cost per LEEP program participant who participates in employment either as part of the work placement program or in a labour market position is $16,210.98.
- The cost per LEEP program that secures employment in the labour market is $24,227.40. This cost includes ongoing support for participants and support provided to employers including regular check-ins to help sustain employment.

EXPERIENCES OF LEEP

A range of qualitative data was collected and analyzed thematically to explore the experience of participants, program staff and employers with LEEP. Data collection was conducted with program staff and employers; program staff took part in focus groups and interviews and individual interviews were conducted with employers. Data was collected on a rolling basis from program participants using focus groups and interviews. LEEP participants also took part in two photovoice sessions in June 2023 and some of their photographs are included in this report. In addition, the discussions from the co-design workshop in January 2024 that identified aspects of LEEP that worked well and things that could be improved have been included. The co-design workshop brought together LEEP participants, program staff, employers, partners, and representatives from the Ministry of Social Development and Poverty Reduction.

PARTICIPANTS' EXPERIENCES OF LEEP

The majority of participants were very positive about their experience with LEEP and appreciated the range of support provided by the ENs who were described as understanding the complexities of their lives. Participants found LEEP to be very different from mainstream employment programs suggesting these were "much more hands-off," "restrictive," and "more intimidating." By comparison, LEEP was flexible, and the support provided was designed to meet individual needs. The consensus among participants was that ENs:

> *"got to know my strengths and weaknesses. They answer promptly if I ever have a problem. I can talk to them about anything and they give feedback, support, and lots of encouragement."*
>
> *"ENs help put people back together when they break down."*
>
> *"[I've] never met people who were this supportive in my life."*
>
> LEEP participants

Participants described LEEP as 'more than an employment program.' They attributed improvements in health and wellbeing, increased self-confidence and reduced substance use to participating in LEEP that provided a sense of purpose, a routine, and the possibility of doing something different including working.

> *"my self-confidence went up and I could imagine doing a real job."* LEEP participant

"It motivated me in a good way, it made me want to work, it made me want to mentor other people." LEEP participant

Step by step



For many participants, taking part in LEEP was an incremental process with the first step being meeting the ENs. Often participants were hesitant to take part in an employment program as many were in receipt of disability or other benefits and were not actively looking for formal employment. By meeting with the ENs and discussing the possibility of employment, participants were persuaded to 'give the program a try' and see if it could help. The features of LEEP that encouraged participation included: a low-barrier and non-judgemental approach in which everybody was welcome, participants did not have to travel to attend the program as it was delivered where they lived, they could choose how to participate either as part of a group or individually and the sessions they wanted to attend. In delivering the sessions, ENs focused on how participants could apply the information to their situations. The ongoing support, encouragement, and belief that the ENs cared about individual participants helped sustain participation. The participant who took this photograph captured someone going down steps because they wanted to stress it was the first step that was most difficult, and that participation got easier the more steps they took. Participants attended the weekly LEEP program sessions and found themselves graduating which pleased and surprised them. The momentum they gained persuaded some to continue by completing workplace certifications, work placements, and eventually employment.

"To have a job, can't tell you what it means. To get a paycheck, to have money I earned, didn't think it would happen, didn't dream it. I can get dinner at a restaurant … last time, it has been a while. … I look different, I feel different, life is better. Without my navigator, nothing, it would be the same." LEEP participant

An open mind

The intention of this photograph is to encourage people thinking of participating in LEEP to have an open mind about the program as well as employment. A recurring theme across interviews and focus groups was the surprise participants felt at their achievements in the LEEP program. For some this was an improved sense of health and wellbeing they had not expected.



> *"I have a routine now, two days a week I have LEEP. I have something I enjoy, I look forward to and there is no pressure."* LEEP participant

> *"On the days I have class I don't use as much and I feel better."* LEEP participant

For others it was recognizing LEEP was different to mainstream employment programs. Participants explained they would feel stressed or anxious if they had to attend employment programs, they worried they would be judged because of how they looked and because of health issues. LEEP 'isn't like that' participants agreed ENs treated everyone with respect.

Participants reported a sense of pride, satisfaction, and surprise at graduating from the LEEP program. Having a graduation ceremony to celebrate this, where they received a certificate and congratulations for their efforts was an important milestone. Some participants hung the certificates in their room and a few shared them with families to share their progress with them.

As LEEP is becoming established, awareness of the program has increased as more LEEP participants complete the program and find employment. This is helping LEEP gain a reputation for helping participants find work that interests them and that provides reasonable pay and conditions.

> *"I didn't think I would get a job, didn't think anyone would hire me, my past is, is complicated… To get a job that's not minimum wage, with benefits, paid vacation, I didn't think it would, it would be for me. When I started, I didn't see this, but I tried and it's what I tell people, give it a go. No-one is more surprised than me. …What do I want? If I stay on this path, be in touch with my family. It wasn't even a dream before but maybe."* LEEP participant

Managing successes and challenges



For some participants, progress through the LEEP program is characterized as a start-and-stop process. The main reasons for this were periods of poor physical or mental health and or, increased substance use. These episodes could be triggered by both successes and challenges experienced by participants therefore it was important for ENs to have regular check-ins so they could continue to provide support when needed. The participant who took this photograph wanted to warn others their progress might slip and to reassure them if, and when this happened, they could ask for help from LEEP program staff.

> *"Something trips you up, maybe it's the people you're working with or the people you live with stress you out, but it doesn't mean you're out of LEEP, you just talk to your navigator and sort it out. No biggie, you don't loose everything … you learn from it."* LEEP participant

Life before and after LEEP





These photographs highlight the difference that LEEP made to the lives of participants. The photograph on the left represents the chaos of everyday life, there was no structure, life felt out of control and had no direction. The one on the right shows a tree tall, straight and growing, there is a road suggesting a way forward. For some participants, LEEP had a "transformative" impact on their lives. These participants were surprised at how they had "turned their lives around" and were now working. The main reason for this change was their relationship with and the belief of the ENs in their abilities. The participants stated that the ENs "*saw something in me that I didn't know was there*" and this belief and practical support helped them to keep moving forward. When things did not go as planned, the participants stressed there was "*no judgement*" and it was simply a case of what can we learn from this situation and keep moving forward. The supports provided to participants were individualized and developed collaboratively with the ENs and participants. Participants appreciated the time the ENs took to find the "right supports at the right time."

For some, the changes they experienced through participating in LEEP were more subtle. It was the routines they established, the money they earned through work-experience placements or employment that enabled them to buy small gifts for family members or to purchase new clothes

for the first time in years. These small 'wins' motivated participants to remain part of the LEEP program.

EMPLOYERS' EXPERIENCE WITH LEEP

Eleven employers were interviewed in addition to the seven who participated in the co-design workshop. The interviews aimed to learn about their experiences with LEEP and their role in supporting participants in employment.

The motivation for hiring participants from LEEP is a combination of wanting to give people a second chance and having vacant positions they need to fill.

> *"I find that pays me back 10-fold in effort and gives me personal and professional satisfaction."* Employer

> *"I prefer hiring people who I think the job is giving them a step up from escaping poverty and homelessness."* Employer

Employers have positive experiences with hiring LEEP participants who they see as being 'more committed to doing their best' and having a 'good work ethic.' Employers commented that for participants the job was 'more than a job' as it was an opportunity for them to return to 'working and normal life.' Their experience to date means they have no hesitation in hiring LEEP participants or in recommending the program to other employers.

> *"For sure – the ones that I've seen come through are definitely capable of being accountable, showing up on time, reliable, eager to learn, definitely employable."* Employer

Most employers require LEEP participants to undergo the same interview and selection procedure as other candidates. This is particularly important for customer-facing positions when LEEP participants are dealing with customers and representing the company. Employers explain organizational rules and expectations, to be on time, do a good job, be respectful, and comply with health and safety – no drinking or drugs. Employers are keen to stress this has not been an issue because the LEEP refers participants whom they 'vet' and identify as ready to work. When asked whether they had any concerns about hiring LEEP participants, employers agreed they had none.

> *"No concerns – I am familiar with Lookout and that they are not going to set up people for failure – I felt confident people would be appropriate and might just need a bit of extra support."* Employer

The extra support includes some additional training and to get participants up to speed with being back at work. However, this did not include changing the job requirements. Participants are hired if they are able to do the job. Employers may offer part-time positions to help participants get used to working again but that is the only accommodation offered.

Employers were asked how participants fit into their organizations and the reaction of other staff to them. To date, there have been no significant issues with LEEP participants in the workplace. If there is a need to discuss participant performance, workplace etiquette / cultural expectations or English comprehension, employers contact the LEEP program job developer and alert them to the issue. The employer and the job developer agree how to approach the participant, sometimes the employer talks with the participant and the job developer will follow up with the individual to check-in and ensure the participant understands the issue and has a plan going forward. In other situations, the job developer will meet with the participant and talk through the issue and create a plan that focuses on identifying support to find a resolution to the situation. When appropriate the job developer will update the employer and if necessary, will provide additional follow-ups.

LEEP participants are treated the same as other employees and personal information is not shared in the workplace. One organization provides training on unconscious bias and working with LEEP was a good example of not judging or assessing candidates based on characteristics that were unrelated to their skills and job performance. This employer noted the LEEP participant who worked at this organization is highly motivated and is one of their best employees.

While some employers had pre-existing relationships with LO, LEEP staff or employment programs, for others this is a new experience. The LEEP job developer contacts potential employers to explain the aim of the program. An important part of this discussion is explaining the ongoing support for LEEP participants and employers. Some employers attributed the success of participants to the commitment of program staff to remain in contact and provide ongoing support.

Employers said they are pleased to be part of LEEP participants' second chance at employment and to see people grow in confidence and ability. They suggested that the commitment and effort of participants meant they frequently contributed more than they got. In reflecting on the program, the general feeling is that LEEP is

> *"... a good program it should keep going, it is a positive step in a good direction."*
> Employer

LESSONS FOR FUTURE PRACTICE

The evaluation of the LEEP program has provided a unique opportunity to explore the range of support required to help individuals engage with employment who are experiencing complex health challenges, have an extensive history of homelessness and have limited recent attachment to formal employment. This section draws on the evaluation data from LEEP to identify lessons for future practice for those in the sector.

LEEP IS MORE THAN JUST AN EMPLOYMENT PROGRAM

A key message is LEEP provides more than mainstream employment support and incorporates ongoing and wrap-around services. Participants and employers highlight the following support as supporting the pathway to employment. Participants appreciate access to support to:

- improve life skills and self-confidence;
- address complex health challenges including mental health and substance use which participants reported improved as they participated in the LEEP program. For some it helped them reduce substance use when they engaged with the program;
- participate in work experience placements which not only provide additional income but also the opportunity to 'try' working in a safe and supportive setting. This provides them with employer references and recent work history that demonstrates their punctuality, their ability to work as part of a team and to complete tasks;
- obtain work-related certifications required by employers.

In addition to delivering the LEEP courses, the program also provided ongoing support to participants; LEEP program staff regularly checked in often every week to encourage, help with problem-solving, and ensure participants stay on track. This approach created trust between participants and LEEP staff so if issues emerged participants reported being able to ask staff for help before situations escalated. If participants went off track, LEEP staff would remain in touch and reassure them they were welcome to restart the program without judgment but with an opportunity to learn to move forward.

LEEP also provided ongoing support to employers. LEEP job developers worked with employers to identify potential positions for participants. The goal was to find stable and long-term employment opportunities that offered market-rate wages in environments that met health and safety requirements. Employers trust the LEEP job developer if they recommend a participant as

being a suitable candidate and ready to work. The LEEP job developer also checked in with employers to provide ongoing support if needed and to help sustain participants in work.

FEATURES OF THE LEEP MODEL THAT WORKED

The interviews with LEEP program staff, participants, and employers suggest the following components of the LEEP model support improvements in health and well-being that enable some participants to return to work.

- Place-based. LEEP program staff go to the supportive residential buildings to meet with participants and to deliver the program. Participants admit they are unlikely to attend a program or to meet with staff if they have to go to them, especially as they are learning about the program. This allows LEEP ENs to connect with other staff at the location and with other individuals who might be interested in LEEP.

- Client-focused. From the initial outreach and engagement with the LEEP program, the focus of LEEP staff is on the individual client. As staff and clients develop a positive and trusting working relationship, staff tailor their approach to individual participants starting on where they are at the time in terms of their needs, health, and employment goals. LEEP staff emphasize the ethos of the program which is to help clients identify 'good' and 'desirable' jobs based on their individual preferences. This approach gives clients choice and a sense of control. For employers, it means when they do hire LEEP participants they find them committed to doing their best and to being respected and trusted employees.

- Low-barrier service. LEEP is a low-barrier service which means individuals who want to participate in it can do so without meeting prerequisite criteria including for substance use. Participants have to be interested in the program, ideally considering the possibility of employment and willing to attend. This approach encourages participation from individuals who would not otherwise attend. Some participants report 'surprising' themselves with what they achieve in terms of improvements to well-being and employment. For others, it results in a start-stop pattern of service use as participants may take time away from LEEP because of challenges to their health and well-being. When this happens, ENs remain in touch and encourage participants to restart LEEP when they are ready.

- Flexible and individual support. The LEEP program incorporates a flexible approach to delivering support to meet individual need. This means the engagement with and the participation with the LEEP program changes to reflect the context and experiences of participants. This approach also enables those participants who are ready earlier to find employment as LEEP staff will support participants to progress at the pace they are comfortable with. LEEP program staff check-in regularly with participants which allows

them to stay informed with what is happening with participants and provide support. Participants appreciate the consistency of working with the same EN as they do not have to retell their stories and it helps them with accountability.

- Work experience placements. These placements are a key support to helping participants re-engage with the labour market. LEEP program staff use these to enable participants to try working in a supportive environment. Participants earn minimum wage while gaining experience they put on their resume. For some participants, the placements are a confidence boost by showing them employment is a possibility. For others, it identifies training needs or additional support required and participants are encouraged to engage (again) with the LEEP workshops and training.

- Competitive employment. It is important to participants and program staff that the employment opportunities offered are ethical in that, they do not exploit or take advantage of participants. Participants have a real sense of achievement when they are employed and a desire to do well and not let themselves or LEEP down.

- Step-by-step. For LEEP staff and participants, this step-by-step approach is a key component to the success of the program as it helps to prevent participants from becoming overwhelmed. When participants reached agreed milestones, for example, completing the foundation skills component, LEEP held graduation events. Participants are invited to lunch, receive graduation certificates, and have the opportunity to reflect on their achievements and to plan the next step of their journey with LEEP. These achievements include improved health, making healthier and safer decisions, and reducing their substance use to attend the LEEP program or on days when they are working.

IMPROVEMENTS TO LEEP

Interviews and discussions with participants, LEEP program staff, and employers explored aspects of the program that could be improved.

- Overall participants are very satisfied with LEEP and happy to recommend it to friends and those who are interested in finding work.

- Employers are very satisfied with the LEEP program. They appreciate the work ethic and abilities of those participants they hire and the ongoing support from the program. Suggestions for improvements include raising awareness of the LEEP program at job fairs and community events, using testimonials from employers to reassure those skeptical and concerned with employing someone with an addiction issue.

- LEEP program staff appreciated the opportunity to help someone rebuild their self-esteem, confidence, and skills in such a way that it could change the trajectory of their lives. This sometimes meant their roles are emotionally demanding and could leave them feeling burnt-out. LO provides LEEP program staff with access to wellness support through their benefit package, wellness initiatives, supplemental training, and counseling. However, for some LEEP program staff, the demands of the extensive outreach and delivering a place-based program was not a good fit for them. Others who left, moved to permanent positions either with LO or organizations in the sector. LEEP program staff suggested improving the PMIS to increase its stability as well as providing new staff with additional training and a manual that would improve their experience with this administrative task.

OTTAWA • VANCOUVER • CALGARY • HAMILTON • MONTREAL

REGINA • ST. JOHN'S • TORONTO • WINNIPEG

www.srdc.org • 1 866 896 7732 • info@srdc.org

SRDC SINCE 1991 DEPUIS SRSA

INNOVATION • EXPERIMENTATION • EVALUATION