Impact Report

FISCAL YEAR 2021: APRIL 1, 2020 -MARCH 31, 2021

CUPS
resilience for life

EXECUTIVE SUMMARY

CUPS Evolving Work

At CUPS, we are innovators and trailblazers in our sector. Over the past 30 years we have moved from a traditional charity model to a science-based organization that is defining a new approach to the social challenges of poverty and trauma. CUPS programs and services support healthy brain development to improve lives for generations to come. As demonstrated in our Theory of Change, we focus on building resilience and creating lasting change, which requires an integrated approach.

CUPS Theory of Change
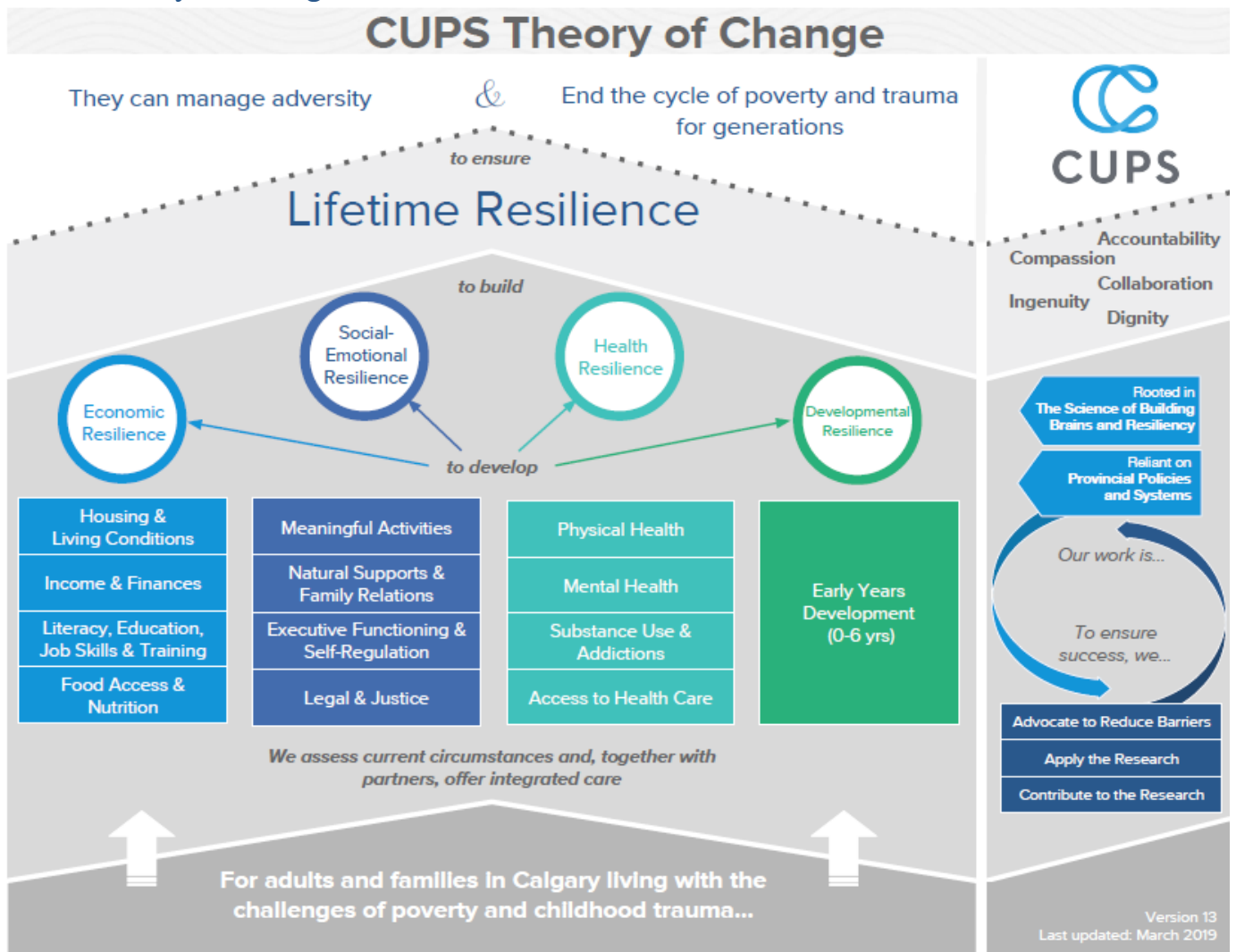
The Issues

Economic Services and Supports

In 2019, 8.2% of individuals were classified as living in low-income in Alberta.[1] Similarly, the federal census identified that 11% of individuals in Calgary were living in low income households in 2016.[2] In the 2018 point-in-time homeless count, individuals experiencing homelessness in Calgary commonly identified that they had lost their housing because of job loss, the inability to pay for housing, and substance use.[3] This aligns with the findings that "the perceived need to provide emergency-shelter beds is closely related to the affordability of housing for those with low incomes."[4] As of February 2020, 18,018 Calgarians were receiving income support and as "any earned income results in a decrease in benefits," these individuals and families will struggle to overcome poverty without additional financial assistance.[5] In order to combat the diverse economic challenges faced by many individuals living in poverty and experiencing homelessness across Calgary, through a variety of programs, CUPS' Economic Supports help individuals address financial crises and stressors and improve their housing stability (e.g. access to rental assistance, intensive case management housing supports).

Health Services and Supports

As identified by the World Health Organization, "poverty is the single largest determinant of health."[6] Research has demonstrated that individuals with lower socio-economic status are at least twice as likely to experience serious illness or to pass away prematurely when compared to those of higher status."[7] For individuals experiencing homelessness, health concerns are exacerbated by their living conditions such as "extreme weather conditions, unhygienic living areas, and danger of assault."[8] Rates of physical ailments and chronic illnesses are higher amongst those experiencing homelessness, as well as more frequent hospitalizations and emergency room visits than those not experiencing homelessness.[9] Further, individuals experiencing homelessness often have unmet health care needs and face additional barriers to accessing primary health services. Mental health and addictions are of particular importance as research has identified both as being commonly identified areas of concerns for those experiencing homelessness in Calgary.[10] In order to reduce barriers, improve access to health care for marginalized populations, and meet the unique needs of all individuals accessing health care at CUPS, CUPS provides multi-disciplinary primary care supports that include women's health services (including antenatal and prenatal care), integrated addiction supports, preventative health screening and treatment, and access to mental health supports.

Social-Emotional Services and Supports

As identified above, 11% (133,045) of individuals in Calgary were living in low income households in 2016.[11] Child poverty rates increased in 2018 and benefits available to families in Alberta decreased significantly with the transition to the Alberta Child and Family Benefit in 2020.[12] Research has demonstrated that "one of the most important factors that can buffer against the adverse effects of poverty is positive parenting."[13] CUPS provides both parenting classes and one-on-one coaching to strengthen parenting skills and provide parents with opportunities to connect with and support one another.

Addressing social isolation is critical in poverty reduction as isolation is "both a cause and impact of poverty."[14] By offering social-emotional programs at CUPS such as parenting classes, group sessions, and Community Development (one of CUPS' housing programs that offers community building events and opportunities), individuals and families are able to connect with others, strengthen their own natural supports, and improve their parenting skills, thus positively impacting not only their own social-emotional wellbeing, but also the strength and resilience of those around them.

Developmental Services and Supports

Research has shown that children's abilities to learn are significantly impacted by the stress associated with living in poverty.[15] Academic achievement has been linked to family income as, for example, "Young children living in poverty often experience chronic stress which can lead to elevated cortisol levels, adversely impacting their executive function and ability to learn."[16] By providing quality early childhood education and child care to families, the additional stresses experienced by families living in poverty can be significantly reduced.[17] CUPS provides high-quality education, healthy meals, transportation, and additional wraparound supports (such as physiotherapists and speech therapists) to children and families, preparing them for success throughout their lives.

Themes in this report

Telling Our Story Through Data. This section provides an overview of the demand for CUPS Programs and Services using client counts.

Research and Policy Advocacy. This section demonstrates how we connect research, policy, and practice to influence systems-level change.

Demographic Snapshots. This section highlights the impact of our programs and services through evidence-based practice using outputs and outcomes data.
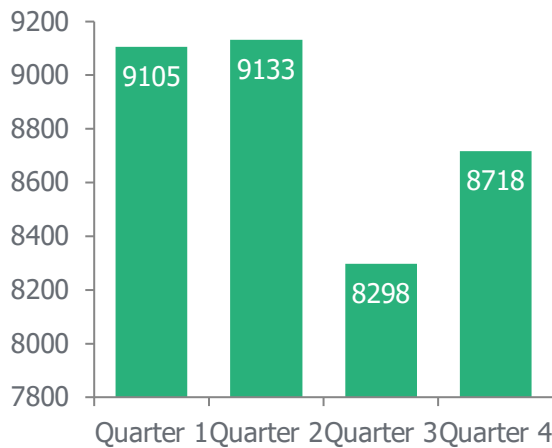
CUPS IMPACT REPORT

TELLING OUR STORY THROUGH DATA

There were 9,156 active clients at CUPS this year. **Active clients** are individuals who are actively engaged in one or more programs and/or services. These clients are active between quarters and years when they continue to access programs and/or services at CUPS over time.

Active Clients at CUPS by Quarter

As mentioned above, active clients by quarter are individuals are actively engaged in one or more CUPS programs and/or services.

New Clients at CUPS by Quarter
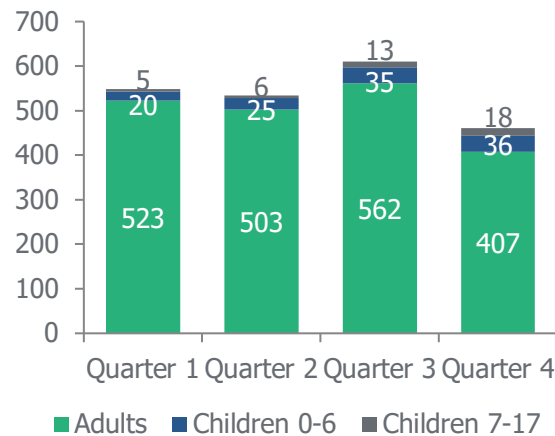
New clients by Quarter are individuals who came to CUPS for programs and/or services for the first time within the current quarter. These clients have never accessed CUPS before.

Insights: Client Data

- The number of new clients at CUPS was highest in quarter three of the fiscal year. In the last quarter of the fiscal year, there was a higher proportion of children, both between the ages of 0-6 and 7-17.

RESEARCH & POLICY ADVOCACY

Connecting Knowledge with Practice

At CUPS, we explore the linkages between research, policy, and practice to consolidate knowledge about "what works." The following highlight a few of the projects/initiatives that have occurred over the past year.

The Alberta Family Wellness Initiative developed the Brain Story course to introduce learners to brain science and brain development. All staff members at CUPS are required to complete their Brain Story Certification Training. Completion of the course supports the inclusion of Brain Science research into the daily practices of staff at CUPS.

CUPS' Social Justice Committee has been involved in many new projects throughout the year, including through working with an Elder and senior leadership to create a CUPS land acknowledgement in the spirit of reconciliation, creating an social justice page for all staff on Microsoft Teams to share educational opportunities, community events, etc., and planning for an organizational diversity and inclusion audit.

The Calgary Homeless Foundation identified that "on average, about three-quarters of those on [the] triage list awaiting housing have identified mental health concerns."[18] In response to the ongoing need for mental health supports, Rapid Care Counselling (RCC) was designed as a partnership between CUPS and Catholic Family Service to make counselling accessible for individuals currently or previously experiencing homelessness. This partnership allows both agencies to deliver services that complement their own unique skillsets.

The Trauma-Informed Care (TIC) Collective is composed of approximately 30 Alberta-based non-profit and frontline service delivery agencies that are advocating for the adoption of trauma-informed care within the Government of Alberta. Engagement has occurred over the last year with several Ministries and MLAs. To accompany the TIC Collective's position paper, a subcommittee of the Collective reviewed existing Children's Services legislation and policies and documented how trauma-informed care should be implemented throughout the Ministry. This position paper will be shared and used to support advocacy efforts as the Ministry of Children's Services has a mandate to review the Child, Youth, and Family Enhancement Act by the end of 2021.

CUPS' SERVICES AND SUPPORTS SNAPSHOTS

of Clients Active By Domain

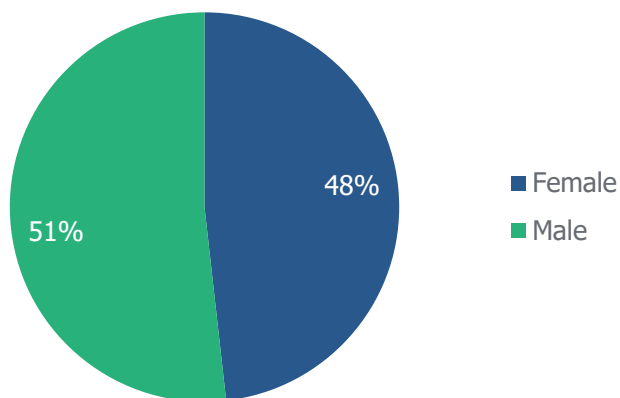| Domain	# of Clients
Economic Domain	712
Social-Emotional	233
Health	5099
Developmental	95
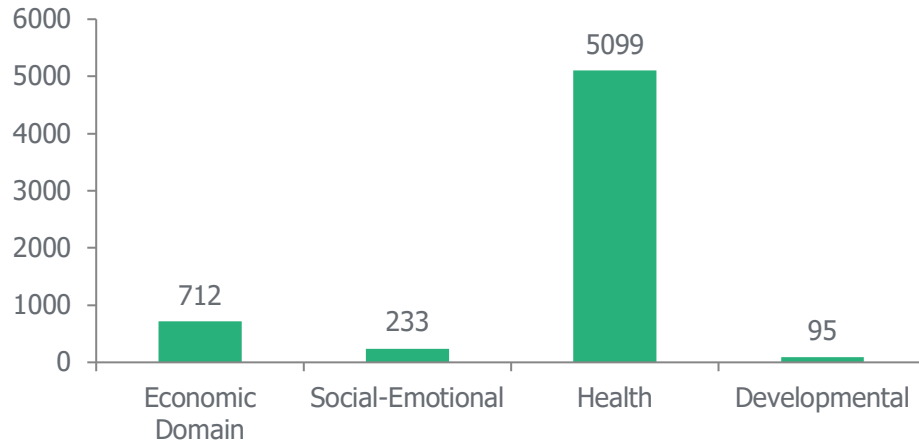
*the number of clients served in each domain are not mutually exclusive from one another as one client may be receiving services across several domains
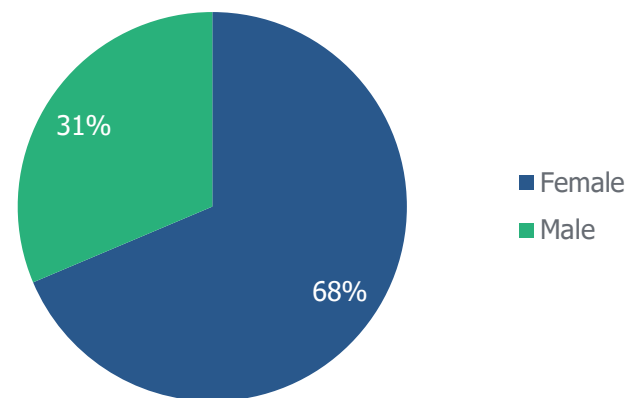
Client Demographics

The following demographics are broken down by domain to provide a better understanding of the characteristics of clients enrolled in programs in each of the four domains.
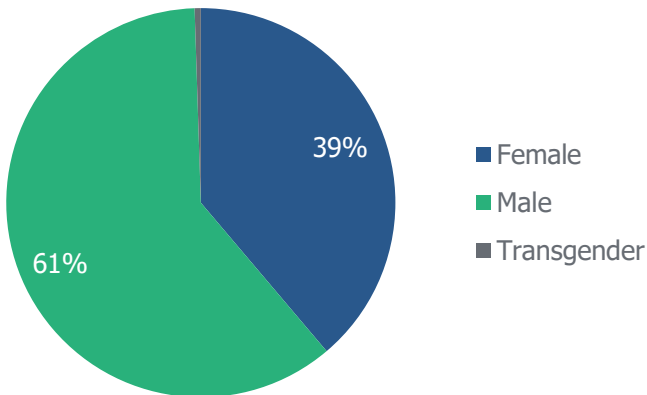
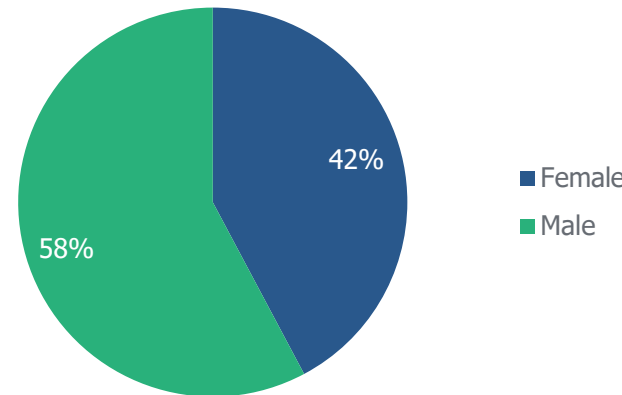## Gender

Economic Domain (n=682)

- Female: 48%
- Male: 51%

Social-Emotional Domain (n=221)

- Female: 68%
- Male: 31%

Health Domain (n=5099)

- Female — 39%
- Male — 61%
- Transgender

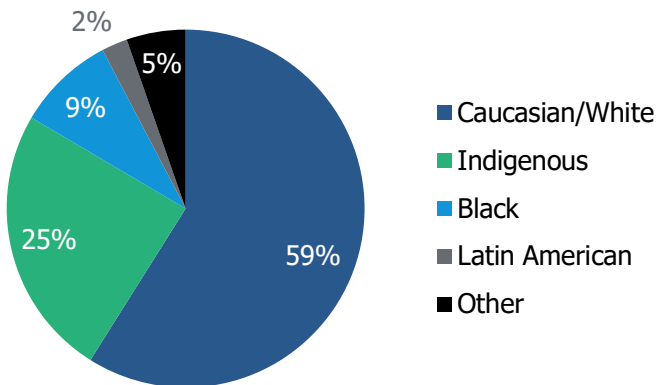## Developmental Domain (n=90)

- Female — 42%
- Male — 58%

*Note: the number of participants in economic, social-emotional, and developmental domains that identified as another gender was less than 1%.

**The health domain may underreport the number of transgender individuals as there is no consistent way to document those who identify as transgender in the health data system.

Ethnicity

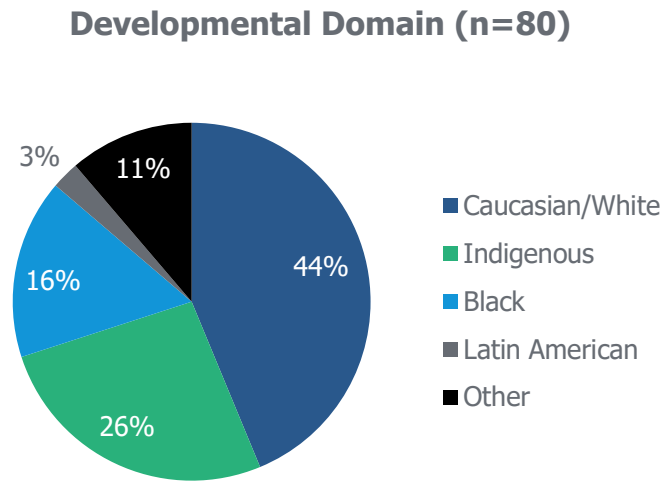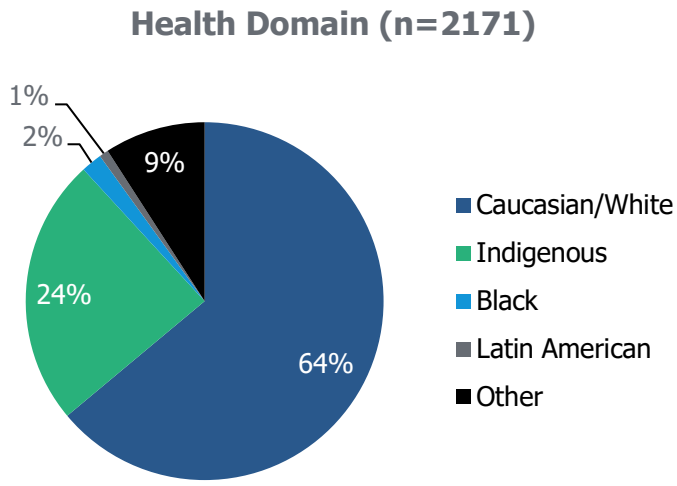## Economic Domain (n=599)

- Caucasian/White — 59%
- Indigenous — 25%
- Black — 9%
- Latin American — 2%
- Other — 5%

Social-Emotional Domain (n=216)

- Caucasian/White — 45%
- Indigenous — 29%
- Black — 13%
- Latin American — 1%
- Other — 11%

Health Domain (n=2171)

- Caucasian/White — 64%
- Indigenous — 24%
- Black — 2%
- Latin American — 1%
- Other — 9%

Developmental Domain (n=80)

- Caucasian/White — 44%
- Indigenous — 26%
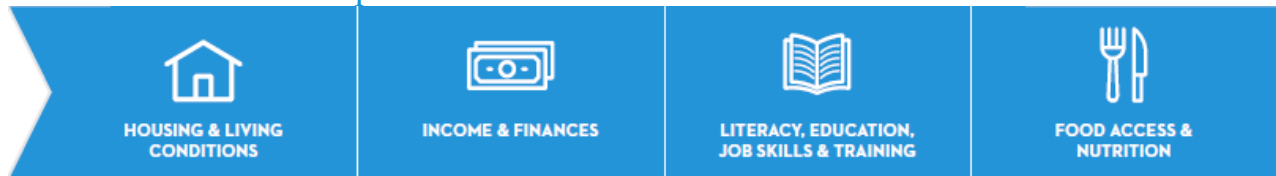- Black — 16%
- Latin American — 3%
- Other — 11%
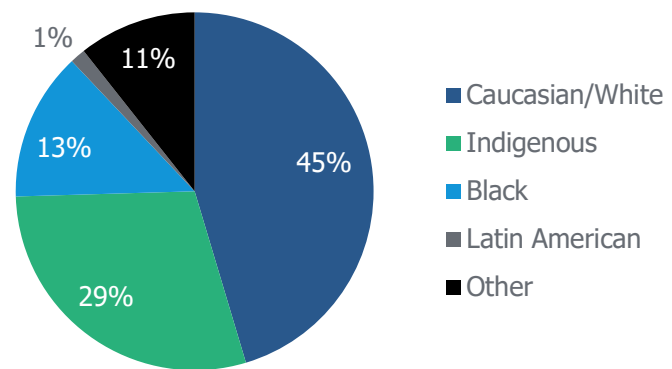
Outputs, Outcomes, and Impact

It is important that as an agency we are able to show not just our activities, outputs, and outcomes, but also our broader impact. For example, when we say how many individuals were housed, this number is an output that does not give a holistic picture of the impact of our housing programs. When we identify the percentage of individuals who maintained housing, we are using an outcome to understand the success of the housing program. Reporting both outputs and outcomes demonstrates how CUPS programs and services have an impact on the lives of individuals and families living with the effects of poverty and trauma.

Economic Domain Snapshot

| HOUSING & LIVING CONDITIONS | INCOME & FINANCES | LITERACY, EDUCATION, JOB SKILLS & TRAINING | FOOD ACCESS & NUTRITION |

CUPS aims to build economic resilience by helping individuals achieve a stable living situation, gain access to a source of income, and increase their ability to gain employment.

Program:
Community Development

→

Outcome:
74% of individuals successfully maintained housing stability for more than one year (n=154).

→

Impact:
This program helps to establish community connection and reduced social isolation which CUPS recognizes as key factors to improving housing stability.

Program:
Graduated Housing Program & Graduated Rental Subsidy Program

→

Outcome:
88% of clients in rent subsidy programs have maintained housing stability for more than one year (n=312).

→

Impact:
These programs help individuals who may struggle to maintain permanent housing by providing them with a subsidy, which in turn decreases the likelihood of accessing emergency services or entering homelessness.

Program:
Key Case Management

→

Outcome:
In the last fiscal year, 73% of newly housed clients increased their income after 3 months of being housed. 76% were on AB Works, 20% were on AISH, and 4% were on CPP, EI, or other (n=31).

→

Impact:
This measure demonstrates that this program helps individuals who were previously homeless achieve stability and remain housed. As a result, individuals are less likely to frequently access public systems, thus saving tax payer dollars and enabling individuals who have a greater chance of re-entering homelessness to build resilience.

Program:
Government Issued Personal Identification

→

Output:
226 clients were assisted in getting their Photo ID or Birth Certificates at CUPS Identification services Additionally, 245 clients received financial assistance through Basic Needs Funds. Of these, 50% avoided eviction and cuts to their utilities. 58% were helped with their first month's rent or damage deposits to help them maintain housing stability (n=245).

→

Impact:
Reducing barriers to obtaining ID enables individuals to access crucial services, such as the health care system, banks, government programs, and educational services.

Program:
Employment,
Education,
and Training

→

Output:
14 individuals in our Employment, Education, and Training program received assistance to upgrade or complete their courses, certifications and improve their future job prospects. Additionally, 70 individuals received laptop donations to help them connect with online services and programming during COVID-19.

→

Impact:
By receiving Employment, Education, and Training supports, individuals are able to improve their future job prospects, thus strengthening their long-term financial stability.

Program:
Education
Bursary
Program

→

Output:
9 individuals in our Education Bursary Program received financial assistance to cover their tuition, book expenses and materials.

→

Impact:
By receiving education bursaries, this increased students' opportunities to complete their courses, thus improving their future job prospects.

Social-Emotional Domain Snapshot

| MEANINGFUL ACTIVITES | NATURAL SUPPORTS & FAMILY RELATIONS | EXECUTIVE FUNCTIONING & SELF-REGULATION | LEGAL & JUSTICE |

CUPS aims to build social-emotional resilience by helping individuals participate in meaningful activities, develop supportive relationships with family and/or friends, exercise their executive functioning and self-regulation in different social situations, and limit their interactions with the justice system.

Program:
Nurturing
Parenting

→

Outcome:
48% of Nurturing Parenting attendees learned about understanding feelings, 48% learned about ways to enhance positive brain development in children and teens, and 43% learned positive ways to deal with stress and anger (n=88).

→

Impact:
Nurturing Parenting classes cover many diverse topics; by covering topics that are both applicable and brain science-based, clients increase their parenting knowledge and ability to apply practical skills.

Program:
Nurturing
Parenting

→

Output:
This year, 209 caregivers increased or improved their parenting skills through classes or one-on-one supports.

→

Impact:
Increasing parenting skills has a positive impact on the parent-child relationship and aids in overall child development.

Program:
Nurturing
Father
Figures

→

Output:
9 fathers increased or improved their parenting skills though classes or one-on-one supports.

→

Impact:
Both male and female parents and guardians provide positive experiences that can tip the child to more positive life outcomes.

Program:
FDC One-on-One Coaching

→

Outcome:
Of clients who participated in one-on-one coaching through the Family Development Centre, 43% discussed the nurturing parenting philosophy and methods and 38% discussed growth and development of children. Other areas of discussion included making good choices, managing and communicating feelings, managing anger and stress, and understanding discipline (n=21).

→

Impact:
By covering many diverse topics, one-on-one FDC coaching is able to provide client-centered supports that are driven by the individual's needs and circumstances. This ensures that the parenting supports each individual is receiving help them progress towards achieving their own unique parenting goals.

Health Domain Snapshot
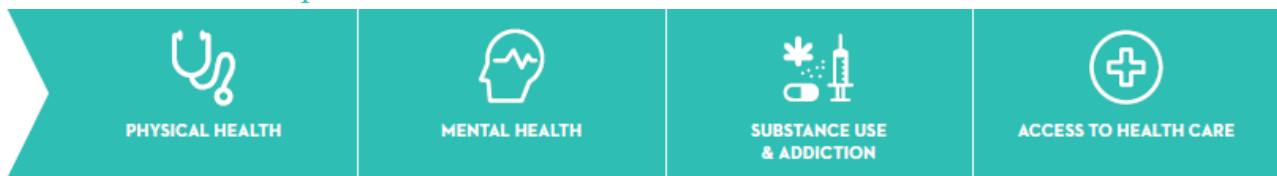
CUPS aims to build health resilience by helping individuals manage and prevent chronic physical and mental health conditions, reduce reliance on substances, and gain access to primary health care.

Program:
CUPS Health Clinic

→

Output:
5,099 individuals served by CUPS Health this year, generating 47,724 points of service within this fiscal year which includes both appointments and case management.

→

Impact:
Connecting patients to an interdisciplinary primary care team has been demonstrated to ensure better health outcomes and health equity.

Program:
Connect 2 Care (C2C)

→

Outcome:
Connect 2 Care & CAMPP worked with 259 individuals throughout the year, housing 109 individuals, graduating 101 individuals, and connecting 65 individuals to primary care.

→

Impact:
C2C clients have an improved connection to community resources, such as housing and primary care, and have seen a significant reduction in inappropriate acute care use.

Program:
CUPS Shared Care Mental Health (SCMH)

→

Outcome:
The CUPS Shared Care Mental Health (SCMH) team served 561 individuals, via a hybrid model of on site and remote appointment options.

→

Impact:
Access to mental health support helps individuals living with the negative effect of trauma begin to understand and mitigate the impact as they build resilience. SCMH continued to provide in person outreach visits consistently throughout the year despite COVID-19 related challenges.

Program:
CUPS Opioid
Agonist
Treatment
(OAT)

→

Output:
The CUPS Opioid Agonist Treatment (OAT) team facilitated referrals for 297 individuals, representing 288 initiations/enrolments. The average wait time between referral and enrolment was one day, despite COVID-19 related challenges.

→

Impact:
As a part of the community response to the Opioid Crisis CUPS has increased access to low barrier Opioid Agonist Treatment with the aim of reducing drug related harms and strengthening connections to primary care services.

Developmental Domain Snapshot

EARLY YEARS DEVELOPMENT (0-6 YEARS)

CUPS aims to build developmental resilience in children age 0-6 by reducing interactions with Child and Family Services and enabling children to reach their developmental milestones.

Program:
Child
Development
Centre

→

Output:
58 children were enrolled in the Child Development Centre. All students successfully completed the school year, 17 of whom graduated to grade one.

→

Impact:
Attending the Child Development Centre promotes school readiness for children when they enter Kindergarten and helps children from low-income families achieve success later in life.

Program:
Child
Development
Centre

→

Outcome:
CUPS provides rides to school via two bus routes for children that attend the Child Development Centre. As a result, the average attendance rate was 75% throughout the school year (n=58).

→

Impact:
Ensuring children have access to transportation increases the attendance rate and provides access to programming that helps children achieve reach their developmental milestones.

Program:
Child
Development
Centre

→

Output:
77% of CDC families participated in Nurturing Parenting Programs and 58% participated in one-on-one coaching sessions to improve their parenting knowledge and skills (n=52).

→

Impact:
Engagement with both parents and children allows for a two-generational approach to be taken, developing supports and skills for both parents and children that lead to healthy families and stronger bonds.

Program:
Child
Development
Centre

→

Outcome:
100% of our kindergarten students graduated and moved on to elementary school (n=17).

→

Impact:
The large majority of our kindergarten students received supports that they required to help them succeed throughout the school year and moving forward.

Learnings

During the 2020-21 fiscal year, the data and reporting team examined and identified how we can better use our data and reporting practices to satisfy both internal and external needs. We recognize, for example, that data has a monitoring role but also helps staff identify learnings and areas for program and service improvement across CUPS. In response, we are developing alternative strategies to satisfy the multifaceted needs of data and reporting both to support organizational learning as well as to meet external demands. CUPS is a learning organization and recognizes the need to use data on an ongoing basis to support quality improvement, guide evidence-based practice, and impact system change.

In the last fiscal year, CUPS was able to dedicate resources to identify the limitations of existing strategies, approaches, and tools used to gather and apply the high quality data required to support clients and improve outcomes. In response to these learnings, CUPS is refining and improving our current practices to better measure and support client change and support staff in their day to day work. The resources we use will become more operationally relevant and will better support the work that is happening alongside our clients to support goal setting and care planning and to ensure that we are delivery integrated care to those who need it.

References

[1] Statistics Canada. Table 11-10-0135-01 Low income statistics by age, sex and economic family type

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[3] Alicia Kalmanovitch et al., "Point-in-Time Count Report" (Calgary Homeless Foundation, Spring 2018), http://www.calgaryhomeless.com/wp-content/uploads/2021/02/2018-Calgary-Point-in-Time-Homeless-Count-Full-Report.pdf.

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[5] Vibrant Communities Calgary, "Poverty Snapshot in Calgary: Laying Bare Inequities, COVID-19, Gender, Race and Precarious Employment," December 2020, 4, https://prismic-io.s3.amazonaws.com/enoughforall/bd3e6c01-4cd0-4fc9-89f8-6f131ec4b74c_poverty-snapshot-in-calgary_2020.pdf.

[6] World Health Organization Regional Office for Europe, "Poverty and Social Determinants," World Health Organization, accessed October 25, 2021, https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/activities/poverty-and-social-determinants.

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[9] Vivian Darkwah et al., "A Systematic Review on the Intersection of Homelessness and Healthcare in Canada," *Journal of Nursing & Care* 1, no. 5 (June 27, 2012): 1, http://www.omicsgroup.org/journals/a-systematic-review-on-the-intersection-of-homelessness-and-healthcare-in-canada-2167-1168.1000115.php?aid=8621.

[10] David J. T. Campbell, Braden G. O'Neill, and Wilfreda E. Thurston, "Primary Healthcare Needs and Barriers to Care among Calgary's Homeless Populations," *BMC Family Practice* 16, no. 139 (October 2015): 4, http://bmcfampract.biomedcentral.com.ezproxy.lib.ucalgary.ca/articles/10.1186/s12875-015-0361-3.

[11] Vibrant Communities Calgary and Canadian Poverty Institute, "The Risk and Depth of Poverty in Calgary: A Socio-Demographic Profile. 2016."

[12] Vibrant Communities Calgary, "Poverty Snapshot in Calgary: Laying Bare Inequities, COVID-19, Gender, Race and Precarious Employment."

[13] Kunmi Sobowale and David A. Ross, "Poverty, Parenting, and Psychiatry," *Biological Psychiatry* 84, no. 5 (September 1, 2018): 2, https://doi.org/10.1016/j.biopsych.2018.07.007.

[14] Vibrant Communities Calgary and Canadian Poverty Institute, "The Risk and Depth of Poverty in Calgary: A Socio-Demographic Profile. 2016.," 6.

[15] Centre for the Study of Social Policy, "Poverty in Early Childhood Fact Sheet," 2018, https://cssp.org/wp-content/uploads/2018/08/Poverty-in-Early-Childhood-Fact-Sheet.pdf.

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[17] Carol-Anne Hudson, "Poverty Costs 2.5: Investing in Albertans" (Vibrant Communities Calgary and Action to End Poverty in Alberta, 2014), https://d3n8a8pro7vhmx.cloudfront.net/actiontoendpovertyinalberta/pages/19/attachments/original/1421860062/569b482d06.compressed.pdf?1421860062.

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