Wellington-Guelph

Health and Housing Community Planning Table

One Year Update May 2024 – April 2025

Introduction and Background

In January and April 2024, the County of Wellington's Social Services Department, serving Wellington and Guelph, hosted a series of 'Health and Housing Symposiums' to respond to the rising health and housing challenges in the Wellington-Guelph Community. The symposiums aimed to highlight the lack of integration and expansion of health and social housing services for the community's most vulnerable population who access social assistance and the need for collaborative community-wide action to address the complexity of issues facing a growing number of people in Wellington-Guelph.

Social services alongside health services, community agencies, and municipalities are usually the first point of contact for people who are experiencing homelessness and whose health and housing are most precarious. Given its mandate, the Social Services Department brought together people with lived experience of homelessness, Indigenous community members, health service providers, community partners, and municipal representatives from the eight municipalities in the service delivery area as a first step towards addressing health and housing challenges.

A steadfast commitment to inclusive participation was upheld throughout the planning, organization, and execution of the symposiums. Attendance was reserved for members of the Indigenous community and people with lived experience (PWLE) of homelessness and housing precarity. By ensuring a safe space for those most impacted by these issues, the event moved beyond conventional approaches that often prioritize decision-makers over those directly affected. Local service providers who work with or support PWLE of homelessness helped to organize their participation at the symposiums. This intentional effort highlights the value of firsthand perspectives in shaping meaningful discussions about and solutions to address health and housing challenges, setting a precedent for authentic engagement and representation in service planning and delivery conversations.

County staff also worked with VINK Consulting to develop strategies and resources to ensure PWLE had a positive experience participating in the symposiums. Some strategies included providing financial compensation and transportation, providing an information session one-week prior to the Symposium to allow participants to learn more about the event, see pictures of the venue, and meet each other and ask questions. A quiet space was also available for PWLE to gather during the days of the symposium, which included

on-site supports if required, made possible through the Community Mental Health Association Waterloo Wellington.

The County's Indigenous Advisory Circle (IAC) helped staff prepare tobacco ties for Indigenous participants. Traditional tobacco, grown at the County's Indigenous Garden in Centre Wellington, was used and Indigenous participants were given tobacco, respecting traditional practices. Two members of the IAC smudged the main symposium space and the small quiet space prior to the start of the symposium each day. They also remained on site at the start of each day with medicines/smudge kit so that Indigenous community members had the option to smudge before, after, and throughout the days of symposium.

An Indigenous community member said a few words at each symposium about proceeding with the work of the day "in a good way" at the beginning of each day which helped to set a positive tone and create a safe space and sense of belonging for Indigenous community members attending the symposium. Drumming closed each day's work with a blessing and thanks to all participants, ending the day with energy and positivity.

The first symposium prioritized providing a safe and welcoming environment to actively engage with PWLE, Indigenous community members, and for service providers to openly share each other's experiences and challenges with the current service delivery framework, to re-imagine health and housing services, and how we could achieve necessary changes. When discussing the current local health and housing situation, participants identified that despite the good work happening in our community, it is not meeting the needs of the people in the Wellington-Guelph service delivery area – we need to do more, and we need to do things differently.

Gaps identified in the symposium included:

- A lack of access to basic needs for those experiencing homelessness
- A lack of affordable housing including deeply affordable and supportive housing options
- Significant gaps in the provision of health services, and in mental health and addiction services
- A lack of consultation with people with lived/living experiences
- A lack of Indigenous-led solutions and services

While participants acknowledged good work happening in our community such as youth services, supportive housing, innovation, and responses to crisis/emergency situations, they also noted gaps in adequate and sustainable funding that prevent equitably available and accessible health services and housing services/options - especially in rural areas and Indigenous-led services.

Other gaps that do not necessarily require increased funding were a united plan of action, mapping of services, public education strategy, better coordination and communication between agencies, collection and sharing of reliable data, identifying the root causes of homelessness and precarious health and housing, and ensuring the voice of people with lived/living experience in service planning and delivery.

Working to address these action areas for those experiencing homelessness and precarious health and housing in the Wellington-Guelph community will require a collaborative community approach, and there was an overwhelming consensus that a 'Wellington-Guelph Health and Housing Community Plan' was needed to address homelessness and experiences of precarious health and housing. The plan must equitably represent health and housing services, urban and rural areas, as well as families, youth, adults, and seniors.

The plan is to be guided by bold, ethical leadership that is grounded in innovation, transparency, equity, and momentum. It must be based on a united vision, reliable research, and data, as well as the advice of PWLE and Indigenous community members. It must also include engagement with all sectors (non-profit and for-profit), stakeholders, the community at large, and all levels of government. Organizations and community agencies interested in participating in health and housing community planning were identified at the Symposiums.

As a result of the identified need to better align and integrate health and housing services in the Wellington-Guelph Community, the 'Wellington-Guelph Health and Housing Community Planning Table' (referred to as the Planning Table) and a Provision of Basic Needs Sub-Working Group were quickly established. Given the priority to integrate health and housing services and to expedite the provision of basic needs to individuals experiencing unsheltered homelessness, direct service providers from both health and housing and associated community agencies in Wellington-Guelph were invited to join the Planning Table and/or the Provision of Basic Needs Sub-Working Group.

Section One: Administrative Structure

Wellington-Guelph Health and Housing Community Planning Table

The Wellington-Guelph Health and Housing Community Planning Table was formed in May 2024, following the Health and Housing Symposiums. The Planning Table developed a 'Terms of Reference' (Appendix A) document to outline their purpose, mandate, scope, responsibilities, decision-making process, and membership in summer 2024. The mandate of the Planning Table is to "provide advice, oversight and actively contribute leadership to support **both planning and action** towards a vision and community plan to integrate health and housing services in Wellington-Guelph based on consultation with/input from those with lived and living experience". The Planning Table revised the document in March 2025 to reflect updated membership, governance, and decision-making processes.

The Planning Table is co-chaired by the Administrator of Social Services, County of Wellington (serving Wellington and Guelph) and the Director of Transformation of the Guelph Wellington Ontario Health Team (GW OHT). Additional members who provide health and/or housing services Wellington-Guelph were invited to join the Planning Table in 2025.

Purpose

The essential task of aligning, integrating, and coordinating efforts across the health and housing systems is inherently complex. A whole-of-community approach is required to address the needs of people experiencing homelessness and precarious health and housing in Wellington-Guelph via a Community Plan. The Planning Table will support partners across the health and housing systems to optimize the use of resources in support of equitable access to health and housing services and realize improved health and social outcomes for people experiencing homelessness and precarious health and housing in Wellington-Guelph.

Mandate

The Planning Table provides advice, oversight, and actively contributes leadership to support both planning and action towards a vision and community plan to integrate health and housing services in Wellington-Guelph, based on consultation with and input from those with lived experience.

Membership

Membership of the Table includes executive decision-makers from partners that have a primary health and/or housing mandate. Current membership of the Planning Table includes:

Organization	Geographic Service Area
Canadian Mental Health Association of Waterloo Wellington	Wellington County, Guelph
City of Guelph	Guelph
City of Guelph Councillor*	Guelph
Community Resource Centre of North and Centre Wellington	Wellington County
County of Wellington Councillor*	Wellington County
East Wellington Community Services	Wellington County
Guelph & Wellington Task Force for Poverty Elimination	Wellington County, Guelph
Guelph Community Health Centre	Guelph
Guelph General Hospital	Guelph
Guelph Wellington Ontario Health Team	Wellington County, Guelph
Homewood Health Centre	Wellington County, Guelph
Rural Wellington Community Team	Wellington County
Social Services, County of Wellington	Wellington County, Guelph
Stepping Stone	Wellington County, Guelph
Stonehenge Therapeutic Community	Wellington County, Guelph
Thresholds Homes and Supports	Wellington County, Guelph
Wellington Health Care Alliance	Wellington County
Wellington-Dufferin-Guelph Public Health	Wellington County, Guelph
Wyndham House	Wellington County, Guelph

*Elected officials are ex-officio members and represent the interests of community and electorate.

Wellington-Guelph Lived Experience Advisory Group

The Social Services Department worked with VINK Consulting to develop the 'Wellington-Guelph Lived Experience Advisory Group' (WG LEAG) to advise the work of the Planning Table and Social Services system planning and service delivery. People who are currently accessing or have accessed health, housing and/or social services programming in Wellington County or Guelph were recruited using a nomination process and an open call for expressions of interest. Interested candidates completed an application package and had the opportunity to attend an information session. To join the LEAG, members successfully completed an interview process and committed to attending meetings for a minimum of one year. Through the recruitment process, a diverse group of individuals from both rural and urban backgrounds—who have accessed health, housing, and social service supports and have experienced homelessness or housing instability—was established.

People with lived experience have expert knowledge of their communities, the problems they face, service gaps, and potential solutions. Research has shown that programmes and policies benefit from the involvement of those with lived experience.[1] Individuals with lived experience have valuable insights to share that can support good decisions in the best interests of the Wellington-Guelph community.

The Planning Table, through WG LEAG and other channels, actively engages individuals with lived experience of homelessness and/or housing insecurity in programmes planned or delivered by health or housing services. The focus of the Advisory Group's work is to bring forward lived experience perspectives to help inform key aspects of service delivery, address barriers, and/or support effective planning and policy development. Although the work of the Advisory Group may help inform future community-based advocacy, it is not an advocacy group. The LEAG's Terms of Reference is attached as Appendix B.

Members of the Advisory Group:

- Actively participate in discussions and activities on a variety of topics related to health, housing and/or social services
- Share information on needs and gaps, bring forward recommendations, identify challenges, etc. based on personal experiences and knowledge but also that reflect a broader awareness of challenges, barriers and solutions of people accessing services
- Support the development of and/or participate in planning and carrying out of engagement activities to better understand the needs and service gaps in our area

- Participate in ad-hoc engagement activities including but not limited to focus groups or conversations about specific plans and programming that is under review or development
- Help identify common challenges and issues related to trends and system barriers
- Help identify and improve the understanding of community needs and service gaps
- Bring forward ideas and suggestions about topics that the Advisory Group could work on and how to connect with people with lived/living experience beyond the Advisory Group.
- Review/provide feedback on the function and purpose of the Advisory Group

Wellington-Guelph Lived Experience Advisory Group Members

The Advisory Group consists of 18 people with a wide range of lived experiences and viewpoints that reflects the people in Wellington-Guelph, including:

- Diversity across race, age, gender, ethnicity, sexual orientation, household type
- People living with disabilities and people who have health, mental health, substance use or addiction support needs
- People who have experienced homelessness and/or housing instability
- People who have accessed different services (e.g., shelters, transitional, supportive housing, outreach services, housing stability services, tenants in subsidized housing)
- People who reside in Wellington County and Guelph
- Diverse youth voices
- People who are able to draw upon their own experiences and also have an awareness of the experiences of others regarding seeking different services, barriers, to help inform key aspects of service delivery, address barriers, and/or support effective policy development.

We recognize that systemic discrimination based on gender, ethnicity, Indigeneity, ability, physical and mental health, substance use/addictions, age, household composition, and socio-economic status has limited the participation of equity-deserving groups in program and policy development related to homelessness and are committed to equity in this work.

Following best practices[2], LEAG members receive a gift honorarium for attending meetings. Accommodations such as transportation and child care supports are provided, as needed. Accessibility is considered when selecting meeting locations and presentation formats, and personal assistants,

caregivers, or support staff can accompany members at meetings, if required. Lunch and refreshments are provided at meetings.

Consultation with the Wellington-Guelph Lived Experience Advisory Group

The LEAG has been meeting regularly since its inception in September 2024. The group has provided input on a variety of topics that has informed, and will continue to inform, the activities of the Planning Table and its associated service providers.

The LEAG has provided input on both action- and planning-oriented activities, as requested by the Planning Table. A breakdown of the areas of input is provided below:

Month	Area of Input
September 2024	1) Winter Response Plan Tangibles and Supports (for Housing Services) 2) Provision of Basic Needs for People Experiencing Unsheltered Homelessness
October 2024	1) Unsheltered Homelessness Check-ins 2) How we work together: Process of Engagement for LEAG and the Planning Table
November 2024	Daytime Programming for People Experiencing Homelessness
December 2024	Year-end Roll-up and Team Building
January 2025	Vision Statement Development 1
February 2025	Vision Statement Development 2
March 2025	Vision Statement Development 3
April 2025	Joint Visioning Session with Planning Table Members

In September, the LEAG provided input about the basic needs of individuals experiencing unsheltered homelessness, which were incorporated into the development of Housing Service's Winter Response Plan. The discussion focused on identifying the specific items necessary for individuals to endure the winter months effectively. As a result of the LEAG's input, a majority of the suggested items were procured and distributed to those in need during the past winter season. These items included tents, sleeping bags, hand warmers, winter clothing, and hygiene supplies.

In October, the LEAG further contributed recommendations on check-ins and outreach strategies for individuals experiencing unsheltered homelessness, again informing the refinement of the Winter Response Plan. Discussions centred on best practices and strategic approaches for assisting community members living unsheltered or requiring support. One key recommendation emphasized the importance of delivering services directly to individuals. For instance, the LEAG proposed providing healthcare and social assistance on-site to better reach individuals where they are residing. This approach is particularly critical in rural areas of the County, where individuals are more geographically isolated and lack proximity to urban centres with available services.

In November, the LEAG provided input on the development of daytime programming, offering recommendations on the establishment and operation of daytime programming in the medium- to long-term for individuals who are unsheltered or in need of support. Discussions focused on identifying appropriate locations for these spaces, the types of services they should provide, and key considerations for effectively engaging individuals with current or past experiences of homelessness. The LEAG emphasized the importance of establishing daytime hubs in various communities to ensure accessibility to essential services such as showers, washrooms, laundry facilities, and other daily necessities. One example of this approach is the ongoing initiative at the Mount Forest District Sports Complex, where outreach workers facilitate access to showers and distribute laundry cards to those in need.

Additionally, the LEAG developed a ‘Collaborative Framework for Working Together’ with the Planning Table to foster a more integrated approach. Initially, the two groups operated separately, but the LEAG advocated for increased collaboration, proposing that representatives from the Planning Table attend LEAG meetings and vice versa. This initiative aimed to enhance coordination and ensure a unified effort in addressing the needs of our community. At the request of the LEAG, two members attend Planning Table meetings, where they present the group's work. Staff support is provided to help members prepare for these presentations. Additionally, Planning Table members participate in LEAG meetings upon request, fostering collaboration and information-sharing.

For instance, the Poverty Task Force, the Family Health Team, and the Guelph Community Health Centre (GCHC) participated in LEAG meetings to provide education, share information, and contribute to discussions. Likewise, members of the LEAG attended Planning Table meetings to present requested input and further strengthen the collaborative process.

The Planning Table and the LEAG have a formalized engagement process, in line with the IAP2 Guidelines for Ethical Participation.[3] The LEAG developed the engagement process, which was approved and adopted by the Planning Table.

The engagement process is outlined below:

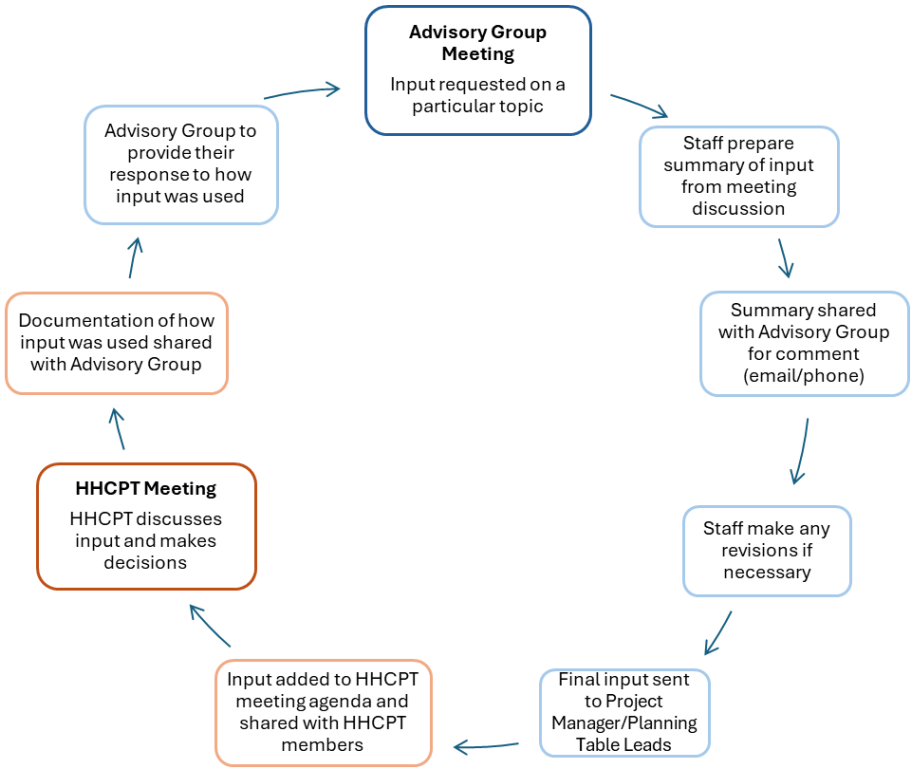


Figure 1. Engagement Process adopted by the Planning Table and LEAG.

In December, the LEAG convened for a year-end review, which included a presentation outlining how their input had been utilized by the Planning Table. Additionally, the group engaged in a team-building exercise to strengthen collaboration and foster a sense of community.

In early 2025, the LEAG engaged in discussions to develop a vision statement for the Wellington-Guelph Health and Housing Community Plan, generating multiple drafts before ultimately deciding to involve some Planning Table members in the process. This approach ensured that the vision statement reflected a shared perspective and fostered meaningful collaboration among the two groups. Over time, the engagement process has been refined to ensure more effective communication and alignment between both groups.

Indigenous Engagement and Solutions

The Symposium highlighted the need for Indigenous-led solutions in the Wellington-Guelph community. In 2021, 23% of the population experiencing homelessness in Wellington-Guelph was Indigenous, despite being only 2% of the local population.[4] The Planning Table wants to ensure that collaboration with Indigenous partners is intentional and respectful of Indigenous rights to sovereignty, self-determination, and self-governance.[5]

The Planning Table is collaborating with organizations that are also working on Indigenous-led solutions and services, including the GW OHT. The GW OHT has carried out extensive engagement with local Indigenous community members, leaders, and knowledge keepers to develop a verification process and guidelines for engagement with our Indigenous community. The Planning Table intends to follow these guidelines and is committed to addressing this identified gap in our community. The Planning Table is also consulting with Indigenous organizations that deliver services in Wellington-Guelph (i.e., Crowshield Lodge provides services at the County of Wellington's transitional housing through Thresholds). It is necessary to be conscientious in the way that we engage with the urban Indigenous community, particularly because there is not a specific band, friendship centre, or reserve connected to Wellington-Guelph. Progress updates on this initiative will be shared as efforts to strengthen and cultivate these community relationships continue.

Provision of Basic Needs for People Experiencing Homelessness Sub-Working Group

The Provision of Basic Needs for People Experiencing Homelessness Sub-Working Group (PBN SWG) was established in July 2024 to address the urgent needs of individuals experiencing unsheltered homelessness. The group developed its Terms of Reference (Appendix C), incorporating three key areas identified from the Health and Housing Symposiums: 1) coordinated outreach response; 2) engagement with individuals experiencing unsheltered homelessness; and 3) daytime programming space (daytime hub). Recommendations regarding engagement with individuals experiencing unsheltered homelessness were presented to the Planning Table in October 2024. Recommendations for daytime programming space remain in progress and will be presented to the Planning Table by the end of June 2025. Work to support development of recommendations regarding coordinated outreach is on-going throughout summer 2025. All recommendations are aligned with and informed by the Lived Experience Advisory Group (LEAG).

Moving forward, the Provision of Basic Needs Sub-Working Group will continue to meet on a quarterly basis, taking direction from both the Planning Table and

the LEAG regarding the implementation of these recommendations, should an oversight role be required.

Coordinated Outreach Response

Development of a coordinated outreach response includes a community-based strategy centred on shared goals and understanding of harm reduction, Housing First principles, and trauma-informed engagement with individuals experiencing homelessness or precarious housing. This strategy will bring together service partners to provide basic needs support beyond regular business hours, ensuring availability during evenings and weekends. Additionally, it would involve a trained team specializing in motivational interviewing and intensive case management. Following endorsement by the Planning Table, leadership and frontline staff have convened multiple meetings to advance coordinated outreach efforts. A frontline staff training session was held in March 2025, drawing over 100 participants. The training covered key topics, including Built for Zero principles, support for individuals with complex needs, harm reduction, assertive outreach, and the use of a shared assessment tool (SBAR). The event featured guest speakers and small group case studies, fostering collaboration among various service providers to deliver wrap-around health and housing supports for individuals experiencing homelessness.

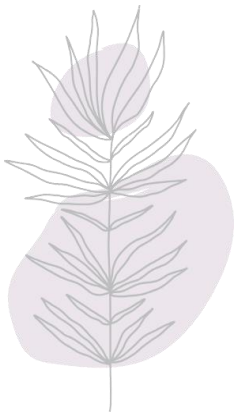
The Social Services Department had a unique opportunity to contract OrgCode to support development of the coordinated outreach strategy, aimed at supporting individuals experiencing unsheltered homelessness. This initiative is funded through a one-time allocation of Federal 'Reaching Home' funding. This work is intended to compliment the existing efforts to develop a coordinated outreach response. While this project aligns with Housing Services' mandate and reporting obligations regarding responses to homelessness, a key outcome will be a comprehensive report outlining best practices, roles and responsibilities, and an implementation plan by October 2025 - ensuring effective support for Housing Services' Winter Response.

Engagement with Individuals Experiencing Unsheltered Homelessness

The engagement with individuals experiencing unsheltered homelessness recommendations focus on reviewing the cases of all individuals experiencing unsheltered homelessness within the Coordinated Access System and assigning both a primary and secondary outreach worker to ensure tailored support for individual's basic needs. Once individuals have identified their specific needs, outreach workers prioritize the most vulnerable cases and develop a person-centred plan. The overarching goal is to distribute support equitably among all individuals experiencing unsheltered homelessness, remove barriers to essential services, and establish clear health and housing objectives through sustained engagement.

Daytime Programming Space (Daytime Hub)

Although efforts to develop recommendations for daytime programming space are ongoing, the PBN SWG collaborated with the Guelph and Wellington Task Force for Poverty Elimination to map existing services and identify gaps in both Wellington County and Guelph. In the long term, the PBN SWG is developing a plan for sustainable services that will effectively address the basic needs of individuals experiencing homelessness in Wellington County and Guelph.



Section 2: Action Areas

Health and Housing Community Planning Table Areas of Focus

In its first year, the Planning Table's focus has largely been on emergency responses to health and housing challenges in the Guelph-Wellington community. The Symposiums illustrated the need for long-term planning to mobilize necessary support and prevention efforts in both the health and housing sectors to meet the needs of people experiencing homelessness and health and housing precarity. The Planning Table is coordinating collaborative work, developing and providing the plan, working on collaborative messages, and advocacy. The 'Wellington-Guelph Community Health and Housing Plan' is being developed to address these action areas in our community for the long-term.

The Planning Table is exclusively responsible for leading the action areas pertaining to the 'Integration of Health and Housing' and 'Funding and Advocacy'. This section of the report will provide progress updates about the Planning Table's action-oriented work over the past year.

Integration of Health and Housing

The Integration of Health and Housing is the Planning Table's priority focus area, which aims to address the siloed nature of services and inequitable access to health and housing services among individuals with precarious housing. This includes mechanisms to enhance service integration, facilitate multi-agency collaboration, and support access and shared policies and practices (e.g., communication, documentation, privacy etc.) across different systems. The Planning Table aims to leverage partnerships for integrated services, develop shared pathways and processes, and reorganize resources to meet complex needs.

Members of the Planning Table have begun the process of mapping the current state of health and housing services. This complex work is critical to the integration of health and housing and will be used to identify the resources currently available and system-level health and housing gaps, which will inform the strategies and solutions adopted in Health and Housing Community Plan.

Over the past year, the Planning Table has been collaborating with local governments, health and housing service providers, and other community agencies. A key aspect of this work has been to secure and coordinate funds to urgently address homelessness and precarious health and housing needs in Wellington-Guelph. The Planning Table aims to leverage partnerships for integrated services, develop shared pathways and processes, and reorganize resources to meet complex needs.

Daytime Services

Between August and November of 2024, the Planning Table and PBN SWG worked collaboratively to urgently address the gap in daytime services in the City of Guelph. The City of Guelph provided $450,000 of 100% Municipal funding to the Planning Table and approved the use of these funds to support food security and tangibles to people experiencing unsheltered homelessness. As a result of this collaborative work, Royal City Mission was funded to expand their services to include evenings and weekends until December 2025. The Planning Table was grateful to be a partner in this short-term solution, designed to meet the needs of people experiencing unsheltered homeless urgently, while acknowledging the need for long-term programming and sustainable solutions in our community.

Mobile Health Services

In November 2024, the Guelph-Wellington Paramedic Services, a member of the Planning Table, successfully applied for Health Canada's Emergency Treatment Funding – Health Outreach Mobile Engagement in both Guelph and Wellington County. As a result, the Guelph Community Health Centre will offer mobile services in Guelph and Sanguen Health Centre will offer rural mobile services in Wellington County. Additionally, the Mount Forest Family Health Team hired one Peer Coordinator and two Peer Workers to support residents of the County through this funding.

Next Steps

A whole-of-community approach necessitates collaboration with existing community groups to effectively address the 12 broad action areas identified during the symposium. To facilitate this effort, the Planning Table has identified and engaged relevant community groups operating within similar domains to establish partnerships and advance this important work.

The initial step in this process involves sharing the definitions and aim statements developed during the symposium. Subsequently, the Planning Table will invite a different community group each month to explore alignment and collaboratively develop strategies for action.

A breakdown of partner organizations is provided below:

Action Area	Proposed Group
Housing Options	Housing Services in partnership with the Community Advisory Board (CAB)
Mental Health and Addictions Services	GW OHT Tier 4/5 Working Group
Comprehensive Healthcare	GW OHT Steering Committee/Primary Care Network
Upstream Prevention	WDG Public Health, Growing Great Generations
Situational Interventions	Potential new sub-group of the CAB
Health and Housing Emergency Responses	Housing Services in partnership with the CAB
Provision of Basic Needs for People Experiencing Homelessness	Provision of Basic Needs Sub-Working Group
Indigenous Solutions	GW OHT, Social Services
Funding and Advocacy	**Wellington-Guelph Health and Housing Community Planning Table**
Public Education	WDG Public Health
Integration of Health and Housing	**Wellington-Guelph Health and Housing Community Planning Table**
Data Sharing and Management	New 'Data and Evidence' Sub-Working Group

The Planning Table has endorsed the shared definitions and goals that emerged from the Symposiums. A select group of community partners has refined these definitions using evidence from best practice research, and they will continue to evolve as collaboration with community organizations advances across the action areas. The definitions and goals can be found below.

Action Area	Proposed Definition	Goal
Housing Options	Refers to the different kinds of permanent housing including (subsidized housing and government-funded affordable housing) and a range of permanent supportive housing programs which include supports designed to meet the diverse needs of individuals, including youth and seniors, and families facing health and housing complexity. *Safe, stable, affordable, and appropriate housing requires that health supports and services for mental health and substance use challenges be available in our community for everyone who needs them, regardless of housing option.[6,7,8]	Increase the availability and diversity of housing options to meet current housing needs.
Emergency Responses	Refers to shelter services and emergency supports, including integrated health services and crisis response, needed to respond to diverse needs of individuals and families experiencing homelessness. *Care must be taken to provide dedicated resources to meet the unique needs of youth and families as well as to provide culturally appropriate and safe supports and services that are accessible to everyone who needs them.[6,9]	Ensure everyone can access safe, dignified, and accessible emergency accommodation.
Provision of Basic Needs for People Experiencing Homelessness	Refers to services and supports that provide safe, dignified access to food, water, laundry, showers, to individuals and families experiencing unsheltered homelessness. These services also include access to warming and cooling spaces as well as access to 24/7/365 washrooms for people experiencing unsheltered homelessness. People experiencing homelessness should feel a sense of belonging and community.[10]	Ensure 24/7/365 access to washrooms, showers, water, food, laundry, warming/cooling space.

Definitions and Goals Continued.

Action Area	Proposed Definition	Goal
Advocacy and Funding	Refers to the collective approaches to advocating for policy reforms that address the systemic causes of homelessness, health, and housing instability. This may also include other approaches to increase local funding commitments for health and housing systems, as well as advocating for Federal and Provincial funding.[11,12]	Establish a collective approach to advocate for policy reforms and changes to funding to address health and housing needs.
Public Education	Refers to actions taken to raise awareness, minimize stigma, and respond to misconceptions about homelessness, mental health and substance use, and the need for community understanding and empathy for people experiencing homelessness, mental health, and/or substance use disorders.[13,14]	Create community understanding and empathy for people experiencing homelessness, addictions and mental health issues.
Integration of Health and Housing	Refers to initiatives to address the siloed nature of services which contributes to inequitable access to health and housing services among individuals with precarious housing. Central to this work is the development of mechanisms to enhance service integration, facilitate multi-agency collaboration, and support access across different systems. Enhanced collaboration will leverage existing partnerships for integrated services, developing shared pathways and processes, and reorganizing resources to meet complex needs.	The integration of health supports in all housing services (emergency shelters to permanent housing).
Comprehensive Health Services	Refers to ensuring access to person-centred approaches and interventions that integrate various health supports to meet the unique needs of individuals/families. This includes primary care, and services may require collaboration between providers, ensuring continuous and coordinated care. It may include a unified plan that is shared with everyone involved to avoid duplication of services and care gaps.[15]	To ensure equitable access to comprehensive health services, including primary care.

Definitions and Goals Continued.

Action Area	Proposed Definition	Goal
Mental Health and Addiction Services	Refers to the resources, services, and interventions needed to support individuals experiencing mental health and/or substance use disorders that aim to enhance a person's quality of life. These supports include a range of professional and peer-based services, such as clinical treatment (bed-based services, day programs), assessment and diagnosis, harm reduction (e.g. needle exchange programs, overdose prevention etc.), psychiatry, group therapy, crisis intervention, peer and community supports, aftercare, safety planning, and social and structural supports.[15]	To ensure equitable access to mental health and substance use services.
Upstream Prevention	Refers to proactive strategies to prevent homelessness, mental health challenges, and substance use disorders that address structural and systems factors that contribute to health and housing precarity and risk of homelessness. This includes a diversity of supports necessary for social inclusion and access to health care, wellness, including, child, youth and family support, and community programs.[6]	To reduce homelessness, mental health challenges, and addictions by ensuring access to support and resources that promote social inclusion and enhance overall wellness.
Situational Interventions	Refers to targeted interventions that address structural and systems factors to ensure access to appropriate health and housing supports for people at high risk of, newly experiencing, or who have previously experienced homelessness. This includes early interventions such as early identification, eviction prevention and housing retention services for those at high risk of homelessness; facilitating effective transitions from public institutions or systems (e.g., hospital to shelter); and providing housing stability supports for people who have experienced homelessness.[6]	To prevent homelessness and support housing stability for individuals at high risk of, newly experiencing, or who have previously experienced homelessness by ensuring access to targeted, situational interventions.

Definitions and Goals Continued.

Action Area	Proposed Definition	Goal
Indigenous Solutions	Refers to services provided by Indigenous-led organizations/agencies to make available and accessible culturally appropriate health and housing services, that incorporate spiritual health, self-autonomy, and self-governance for Indigenous peoples experiencing homelessness and/or precarious health and housing.[16]	To enhance access to culturally appropriate health services and housing for Indigenous peoples with precarious health and housing, by supporting Indigenous-led solutions and establishing partnerships to develop tailored services and housing options.
Data Sharing and Management	Refers to an integrated approach to sharing data and information that promotes informed decision-making, grounded in high quality evidence and data.	To develop and maintain user-friendly service mapping and data collection on health and housing services that provides data necessary to make informed decisions.

Section 3: The Health and Housing Community Plan

The table is undertaking an extensive and robust community planning to develop a 'Wellington-Guelph Health and Housing Community Plan' that addresses the needs of the community, as identified in the Symposiums. Over the past year, the Planning Table's work has been more action-focused activities to respond to urgent needs in the Wellington-Guelph community. Since the beginning of 2025, the Planning Table has been focusing on developing a long-term community plan to build on the information from the Symposiums. The successful implementation and execution of this plan will require collaboration and leadership from other institutions, agencies, and service providers in the Wellington-Guelph community.

The Planning Table and LEAG have co-developed the vision, mission, and values that will guide this work.

Vision

Our vision of the future is:

Everyone in Wellington County and Guelph has a safe place to call home in a loving and healthy community.

Mission

The Planning Table's Mission is:

Grounded in trust, collaboration, and the wisdom of lived experience, our mission is to collectively create and support a system where every member of our community has equitable access to safe, dignified, and connected health and housing services.

Values

Initiatives proposed in the Health and Housing Community Plan should be in line with our values and must be:

Accessible	*Equitable*
Connected	*Responsive*
Dignified	*Safe*

The Community Planning Process

A community planning process is required to design a community plan that is responsive to the needs of our community, particularly to support equitable access to health and housing services and realize improved health and social outcomes for people experiencing homelessness and precarious health and housing in Wellington-Guelph. While the Community Plan will align with other strategic plans and directives, it will notably be different than a strategic plan. Collaboration and shared ownership of the plan are key to successful plan development and implementation.

The Planning Process has the following steps:

1. Create the vision
2. Assess the current situation
3. Set goals and establish objectives
4. Identify issues of interest/concern to community (Done at Symposium)
    a) Prioritize identified issues
    b) Formulate a strategy to address priority issue
    c) Develop and implement action plans to resolve the issue
    d) Evaluate progress and results
5. Transition to a new issue (Iterative approach)

The Planning Table is concurrently advancing steps 2, 3, and 4. The current state mapping remains ongoing, with the Planning Table actively collaborating with community organizations to define goals and establish clear objectives.

In addition, the Planning Table is prioritizing its areas of focus while working alongside community partners to develop long-term strategies that address the remaining identified action areas. This process follows an iterative approach to action planning, ensuring flexibility and responsiveness to the evolving needs of the community.

Project Timeline

The development of a long-term Community Plan follows a structured community planning process, which requires considerable time and effort. This is particularly important when aiming to implement evidence-based actions while adhering to established best practices. The timeline for the Health and Housing Community Plan is as follows:

Time	Project Activities
Year 1	- Project Initiation and Visioning - Background Research and Working Reports - Asset Mapping and Action Planning - Community Engagement
Year 2	- Draft Plan Prepared - Community Consultations - Plan Approval - Implementation
Year 3	- Monitoring and Evaluation - Continuous Refinement and Improvement - Ongoing Implementation

Community Engagement

Engaging with the community is integral to the process of developing a community plan. Over the course of the plan's development and implementation, members of our community, including key population groups, will be engaged about the health and housing services in Wellington-Guelph to foster responsive, community-based solutions. Key population groups include service providers at all organizational levels (including frontline and management staff), Indigenous community, racialized groups, and people with lived/living experience of homelessness (including youth). The Community Plan will use a community empowerment process[17], to address identified issues in our community. The contents of the plan will be informed by robust qualitative and quantitative data collected during community engagement sessions. This approach will allow us to collaborate with community leading to shared ownership of the plan, engage in meaningful discussions with key stakeholders about intersections in the health and housing system and to hear ideas about how to address issues and community needs, and collect robust qualitative and

quantitative data during community engagement sessions to inform the contents of the plan.

Framework for the Health and Housing Community Plan

To enhance coordination and effectiveness, a structured framework is being introduced to organize and align ongoing efforts in addressing homelessness and precarious health and housing. This framework is action-oriented and grounded in best practices from both health and housing sectors. It provides a shared foundation for guiding decisions, prioritizing initiatives, and ensuring a strategic approach to progress.

A unified structure is essential to understanding how various efforts interconnect and contribute to long-term solutions. By adopting this framework, greater clarity can be achieved in identifying priorities and optimizing impact. This approach encourages all stakeholders to assess how their work fits within the framework and identify opportunities to strengthen collective efforts. Establishing a shared focus ensures consistency, direction, and momentum in addressing key challenges.

The Homelessness Prevention Framework, developed by Stephen Gaetz and Erin Dej, is organized into three core areas:[6]

- Prevention – Addressing root causes to reduce the number of individuals reaching a crisis point.
- Emergency Response – Providing immediate interventions to support individuals during crises.
- Health & Housing Supports – Ensuring access to essential services that facilitate stabilization and long-term recovery.

This structured approach ensures that all efforts are strategically aligned, responsive to community needs, and positioned for sustainable impact.

To identify and implement solutions to address the needs of people experiencing homelessness and precarious health and housing in Wellington Guelph, the 12 action areas were organized into the Homelessness Prevention framework:

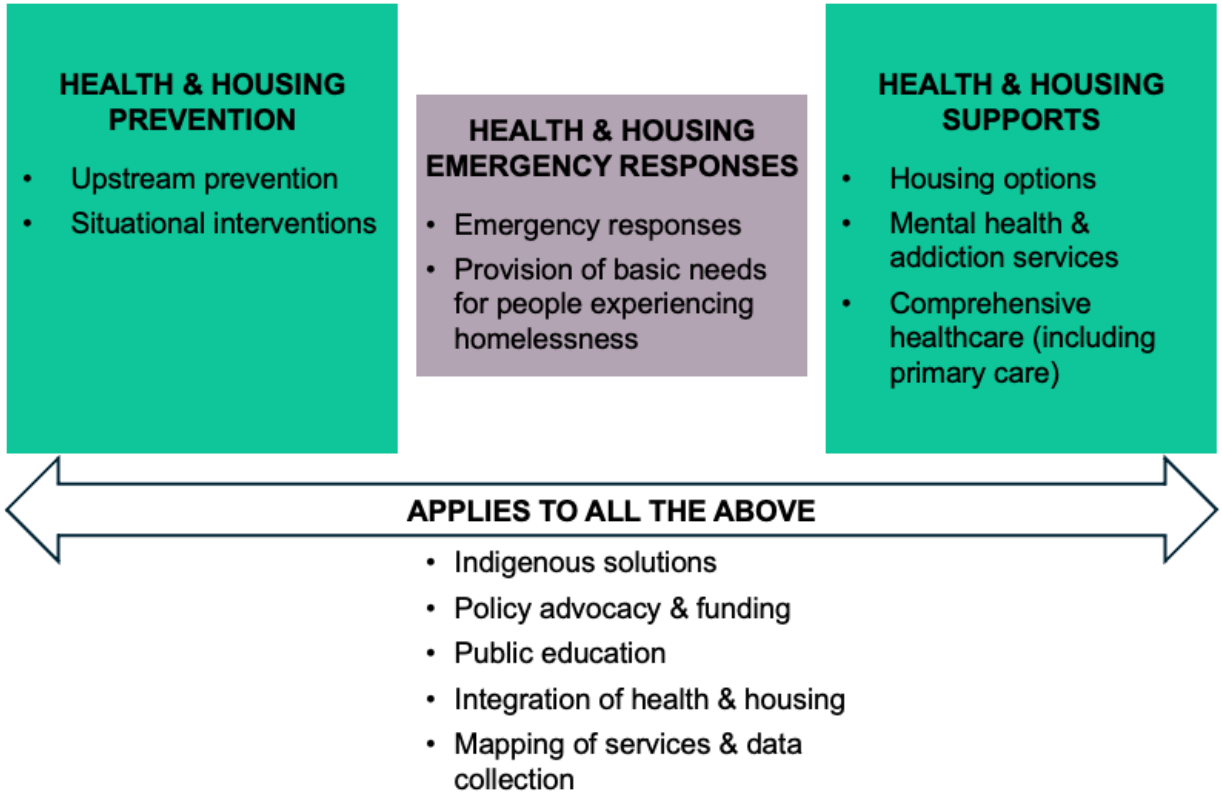


Figure 2. The 12 Action Areas organized using the Homelessness Prevention Framework.

Each action area is categorized under prevention, emergency response, and supports within both health and housing systems. By mapping these areas within this framework, it becomes easier to identify current areas of focus, assess potential gaps, and determine opportunities for greater impact. Under the 'Prevention' category, both health and housing strategies emphasize upstream approaches designed to prevent individuals from entering homelessness. Additionally, situational interventions are prioritized to reduce instances of recurring chronic homelessness. The 'Emergency Responses' category represents the primary focus of current efforts. This includes crisis interventions within health and housing systems, as well as the provision of essential resources for individuals experiencing homelessness. The 'Supports' category focuses on ensuring that housing options are tailored to meet the needs of individuals experiencing homelessness and precarious health and housing. Furthermore, it encompasses mental health and addiction services, along with comprehensive healthcare solutions. Additionally, this framework

integrates key cross-cutting priorities, including Indigenous solutions, policy advocacy and funding, public education, the integration of health and housing systems, and a focus on service mapping and data collection. These elements are embedded across the prevention continuum to ensure a holistic and inclusive approach to addressing homelessness in the Wellington-Guelph Community.

Staying Informed

The Planning Table is developing a comprehensive communication strategy to ensure consistent and transparent engagement with community partners, symposium attendees, and the broader Wellington-Guelph Community. In response to the feedback and outcomes from the 2024 Symposiums, Planning Table is committed to maintaining accountability to the community and fostering collaboration through various communication channels.

The Communication Strategy currently includes regular webinars (to be held twice/year) and sharing of key messages from each meeting to disseminate information about the work of the Planning Table. These efforts are designed to keep stakeholders informed, encourage active participation, and integrate the insights shared during the Symposiums into ongoing planning work.

Additionally, a dedicated Health and Housing Community Planning Table website is currently under development. Once launched, it will serve as a central repository of updates, providing members of the public and community partners with easy access to documentation, news, and other relevant information regarding key initiatives. Using these strategies, the Planning Table aims to create a cohesive network that supports effective communication, promotes transparency, and strengthens the overall impact of its community outreach efforts.

References

[1] Kopec, A., & Smith, A. (2024). Lived Expertise in Homelessness Policy and Governance. *Social Sciences*, *13*(5), 271. https://doi.org/10.3390/socsci13050271

[2] Lived Experience Advisory Council. (2016). *Nothing about us without us: Seven principles for leadership and inclusion of people with lived experience of homelessness.* Toronto: The Homeless Hub Press.

[3] International Association for Public Participation. (2024). *IAP2 spectrum of public participation*. Federation of International Association for Public Participation. https://www.iap2.org/page/guidelines

[4] The Corporation of the County of Wellington. (2021). *Guelph-Wellington 2021 Everyone Counts*. wellington.ca/media/file/everyone-countsindigenous-participant-results

[5] United Nations. (2007). United Nations Declaration on the Rights of Indigenous Peoples. https://social.desa.un.org/sites/default/files/migrated/19/2018/11/UNDRIP_E_web.pdf

[6] Gaetz, S & Dej, E. (2017). *A New Direction: A Framework for Homelessness Prevention*. Toronto: Canadian Observatory on Homelessness Press. https://homelesshub.ca/wp-content/uploads/2024/04/COHPreventionFramework_1.pdf

[7] Flynn, A., Hermer, J., Leblanc, C., MacDonald, S-A., Schwan, K., Van Wagner, E. (2022). *Overview of Encampments Across Canada: A Right to Housing Approach*. Canadian Human Rights Commission. https://publications.gc.ca/collections/collection_2023/ccdp-chrc/HR34-8-2022-1-eng.pdf

[8] *National Housing Strategy Act. (2019). Canada. S.C. 2019, c. 29, s. 313*. https://laws-lois.justice.gc.ca/eng/acts/N-11.2/

[9] Association of Municipalities of Ontario. (2024). *Homeless Encampments in Ontario: A Municipal Perspective.* https://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Homelessness/2024/AMO_Homeless-Encampments-in-Ontario_2024-07-02.pdf

[10] Farha, L., Schwan, K. (2020). *A National Protocol for Homeless Encampments in Canada*. UN special rapporteur on the right to housing. https://www.make-the-shift.org/wp-content/uploads/2020/04/A-National-Protocol-for-Homeless-Encampments-in-Canada.pdf

[11] Helpseeker Technologies. (2025). *Municipalities Under Pressure: The Human and Financial Cost of Ontario's Homelessness Crisis*. https://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2025/2025-01-08-EndingChronicHomelessnessinOntario.pdf

[12] Office of the Auditor General of Canada. (n.d). *2022 Reports 5 to 8 of the Auditor General of Canada to the Parliament of Canada*. https://www.oag-bvg.gc.ca/internet/English/parl_oag_202211_05_e_44151.html

[13] Wellington-Guelph. (2024). *2024 Everyone Counts - Point-in-Time Count*. https://www.wellington.ca/media/file/2024-pit-count-results-final-aodapdf

[14] Canadian Human Rights Commission. (2024). *Upholding dignity and human rights: the Federal Housing Advocate's review of homeless encampments*. Office of the Federal Housing Advocate. https://www.chrc-ccdp.gc.ca/sites/default/files/documents/final-report-federal-housing-advocate-s-review-of-encampments_0.pdf

[15] Ganesan, K., Matte, A., Williams, AR., Wilkie J., Chan., C., O'Connor, K. (2025). *Unlocking*
Solutions: Understanding and Addressing Ontario's Mental Health and Addictions Supportive
Housing Needs. AMHO. https://amho.ca/wp-content/uploads/2025/03/Unlocking-Solutions_Understanding-and-Addressing-Ontarios-Mental-Health-and-Addictions-Supportive-Housing-Needs-AMHO2025.pdf

[16] Office of the Auditor General of Canada. (n.d). *2024 Reports 2 to 4 of the Auditor General of Canada to the Parliament of Canada*. https://www.oag-bvg.gc.ca/internet/English/parl_oag_202403_02_e_44451.html

[17] Yoo, S., Weed, N. E., Lempa, M. L., Mbondo, M., Shada, R. E., & Goodman, R. M. (2004). Collaborative community empowerment: an illustration of a six-step process. *Health promotion practice*, *5*(3), 256–265. https://doi.org/10.1177/1524839903257363

Wellington-Guelph Health and Housing Community Planning Table

Terms of Reference

Approved by the WG HHC Planning Table on March 21, 2025

1.0 Purpose

Health and housing services in Wellington-Guelph were not designed with intention nor capacity to address the current magnitude and complexity of need that currently exists in our community. Services have instead evolved in response to repeated crises and emerging opportunities. As a result, the essential task of coordinating, optimizing and aligning efforts across the health and housing continuum is inherently complex. A whole-of-community approach is required to develop a 'Wellington-Guelph Health and Housing Community Plan' to address the needs of people experiencing homelessness and precarious health and housing in Wellington-Guelph. The Health and Housing Community Planning Table will support partners across the health and housing systems to optimize use of existing, and advocate for additional, resources to support equitable access to health and housing services and realize improved health and social outcomes for people experiencing homelessness and precarious health and housing in Wellington-Guelph.

2.0 Mandate

The Wellington-Guelph Health and Housing Community Planning Table (the Table) will provide advice, oversight and actively contribute leadership to support both planning and action towards a vision and community plan to integrate health and housing services in Wellington-Guelph based on consultation with/input from those with lived and living experience.

3.0 Scope

The vision and plan will consider health and housing in both the City of Guelph and the County of Wellington as well as the needs of families, youth, adults and seniors. The vision and plan will support the development of an integrated and equitable spectrum of social, housing and health supports to address prevention as well as the needs of those:

- at risk of crisis due to the intersectionality of health and housing issues (prevention and diversion)
- in crisis (acute intervention/support)
- emerging from crisis and in need of on-going health and housing and social supports to maintain housing in order to continue on their journey to health,wellbeing, and independence

As the vision for integrated health and housing services in Wellington-Guelph (as informed by the January and April 2024 Health and Housing Integration Symposiums and other consultations) is finalized, the Wellington-Guelph Health and Housing Community Planning Table will provide advice, guidance and oversight to the development of a community plan to achieve the vision for integrated health and housing services including:

- Inventory of existing tables working to address the needs/issues facing this population
- Mapping existing and needed health and housing services along the continuum
- Prediction/forecasting future needs and resources
- Identification of opportunities to further integrate health and housing functions including those identified in existing plans

- Opportunities to secure funding for new resources to address identified gaps in services
- Cost benefits analysis of investment in upstream prevention
- Identify facilitators and barriers to integrated care
- Other(s)

Once developed, the Table will oversee execution and evaluation of the plan. An evaluation framework (including KPIs) will be developed to support the on-going evaluation of progress of the Community Plan and vision.

The Wellington-Guelph Health and Housing Community Planning Table will also provide support and oversight to advance practical, real-time opportunities and activities to advance integrated health and housing, including:

- Coordinated access
- Planning and operationalization of changes to existing services and/or new initiatives/services that involve both health and housing services/partners
- Meeting the basic needs of people experiencing homelessness
- New shared services funding (eg.10 Shelldale)
- Strategize and collaborate to address emerging issues and opportunities
- Clarifying and improving Personal Health Information sharing/flow including the development of an approach to shared care planning
- Other(s)

The Health and Housing Community Planning Table will be supported by and support/oversee the work of the County of Wellington Community Planning Project Manager.

4.0 Responsibilities - Members of the Community Table will:

- Be jointly and collectively accountable to each other and persons with lived experience for achievement of the vision, plan and realization of improved health and social outcomes for persons with health and housing needs in Wellington-Guelph.
- Contribute bold and transformative leadership to find new, radically collaborative ways to address the integrated health and housing needs of the persons served by the health and housing system in Wellington-Guelph.
- Employ a strength-based approach to partnership development and maintenance by supporting and leveraging the strengths that each partner brings to the collaborative partnership table.
- Foster the development of culturally appropriate services
- In acknowledgement of the complexity of the system and issues that exist, will employ complexity theory and be intentional in designing a complex adaptive system of health and care and social supports and one that support the delivery of complex capable care/support.

- Practice distributed leadership by:
    - Ensuring bi-directional communication and engagement with their staff, boards and other stakeholders
    - Seeking, representing and empowering the voices, perspectives and wholistic needs of the persons served by their respective organizations as well as the staff who serve those individuals
- Support the development of a relational foundation and a “One Team” approach/culture by:
    - adopting and advancing a population health approach to planning and service delivery including equitable access to integrated health and housing within and across the in-scope resources
    - representing/supporting the Table’s shared purpose, objectives, directions, decisions and common voice.
- Relentlessly seek data and evidence to support decisions and directions
- Contribute to:
    - the development and distribution of Key Messages after each Community Planning table meeting.
    - a quarterly ‘Community Partner Meeting’ to engage enabling and impacted partners in the work of the Planning Table.

5.0 Governance and Decision Making

The planning table is self-governing and is accountable to the community. Consensus will be sought for all decisions. Consensus involves collaboration, not compromise; it requires focus on developing the relationships among stakeholders.

- If consensus cannot be reached, the decision will be made by voting – specifically, by majority (i.e., 50% plus 1) support from voting members in attendance.
- If after thorough review and discussion, a decision still cannot be reached by consensus, the (co)-chair(s) will put the issue to a vote.
- For decisions requiring a vote, each Direct Core Partner organization will be entitled to one vote.

If a decision is required/requested before a next scheduled Planning Table meeting, a decision will sought via e-mail. If consensus cannot be achieved by e-mail, the decision will either be deferred to the next scheduled Community Planning Table meeting or a special meeting will be arranged to support the required decision.

6.0 Conflict of Interest

Each member will, to the best of their ability, eliminate or minimize any conflict between the work of the Planning Table and its other contractual and service obligations and relationships. If a member becomes aware of any fact or circumstance that may harm that or another member’s ability to perform its roles and responsibilities, as described in this document, it will promptly notify the co-chairs of the Planning Table of the nature of the conflict and its anticipated impact so that the members of the Planning Table may consider how to remedy, mitigate, or otherwise address the fact or circumstance

7.0 Membership

Membership of the Table will include executive decision makers from partners that have a primary mental health and addictions and/or housing mandate. Members will make a strong commitment to attend meetings. When attendance isn't possible, members may designate a consistent delegate with decision making authority on behalf of their respective organization.

Position	Organization
Director of Transformation	Guelph Wellington OHT
Social Services Administrator	County of Wellington
Housing Services Director	County of Wellington
Housing Stabilization & Interim Supports Manager	County of Wellington
President and CEO	Wellington Health Care Alliance
Team Leader	Rural Wellington Community Team
Councillor*	City of Guelph Council
Executive Director	Wyndham House
CEO	Guelph Community Health Center
CEO	Stonehenge Therapeutic Community
Executive Director	Stepping Stone
CEO	Canadian Mental Health Association of Waterloo Wellington
VP Community Health and Wellness	Wellington-Dufferin-Guelph Public Health
Councillor*	County of Wellington Council
CEO	Thresholds Homes and Supports
Emergency Department and SA/DV Program Director	Guelph General Hospital
Chief of Psychiatry	Homewood Health Centre
Director	Guelph & Wellington Task Force for Poverty Elimination
Deputy CAO Public Services (on behalf of Guelph Wellington Paramedic Services)	City of Guelph
Chief Executive Officer	East Wellington Community Services
Executive Director	Community Resource Centre of North and Centre Wellington

*Elected officials are ex-officio members and represent interests of community/electorate

Representatives from stakeholder groups may be invited to attend meetings on an as needed basis.

Sub-working groups may be developed to address specific functions/activities in support of the community plan. However, the Table is committed to minimizing complexity and looking first at the mandate, membership etc. of existing groups to consider if/how existing groups could support then needed functions/work.

7.0 Terms of Reference Review

Terms of Reference will be reviewed annually.

Appendix B

Wellington-Guelph Lived Experience Advisory Group

Terms of Reference

Last Reviewed and Updated: September 25, 2024

1.0 Purpose

The Wellington Guelph Lived Experience Advisory Group ("Advisory Group") is being established by the County of Wellington Social Services to bring forward perspectives from individuals who have experience accessing health, housing, and/or social services programming in Wellington County or Guelph to help inform key aspects of delivery of health, housing, and social services, address barriers, and/or support effective planning and policy development.

2.0 Scope

The Advisory Group will inform planning and action towards a vision and community plan to integrate health and housing services in Wellington-Guelph through the Health and Housing Community Planning Table. The work of the Advisory Group may help inform future community-based advocacy, but it is not an advocacy group.

3.0 Responsibilities

The Advisory Group will:

- Meet approximately six times a year in person with potential for additional communications through email, online or phone meetings
- Co-create agendas for meetings with Social Services staff
- Develop its "house rules" or expectations together so that there is a common understanding of processes and expectations at meetings.
- Actively participate in discussions and activities on a variety of topics related to health, housing and/or social services
- Share information on needs and gaps, bring forward recommendations, identify challenges, etc. based on personal experiences and knowledge but also that reflect a broader awareness of challenges, barriers and solutions of people accessing services
- Support the development of and/or participate in planning and carrying out of engagement activities to better understand the needs and service gaps in our area
- Participate in ad-hoc engagement activities including but not limited to focus groups or conversations about specific plans and programming that is under review or under development
- Help identify common challenges and issues related to trends and system barriers
- Help identify and improve the County's understanding of community needs and service gaps

- Bring forward ideas and suggestions about topics that the Advisory Group could work on and how to connect with people with lived/living experience beyond the Advisory Group.
- Review/provide feedback on the function and purpose of the Advisory Group

The County of Wellington Social Services Department will:

- Adhere to the IAP2 spectrum of Public Participation to Inform and Consult
- Make available a Housing Services staff member and at least one additional staff member to support the work of the Advisory Group.
- Provide support for initial establishment and ongoing function of the Advisory Group
- Support initial and ongoing training and opportunities for mentorship, personal and professional growth of all members.

4.0 Confidentiality

Members are expected to maintain confidentiality and keep discussions, and any content shared at Advisory Group meetings confidential.

5.0 Membership

Any resident of Wellington County or Guelph, sixteen years of age or older who is currently accessing or has accessed health, housing and/or social services supports in Wellington County or Guelph can express interest in participating as a member of the Advisory Group.

The Advisory Group will consist of Core Members who will attend in-person meetings approximately six times a year, and an undetermined number of members who will not attend regularly scheduled in-person meetings but will share their feedback in other ways. Members are encouraged to commit to being involved for 2 years, but it is not required.

Periodic recruitment will take place to ensure the advisory group has enough members to support diverse perspectives.

Prioritization/key considerations for selecting members include:

- Diverse lived experiences, including individuals who have accessed different services (health, housing, other social services) as well as those from various demographic backgrounds (age, gender, ethnicity, sexual orientation, household type, immigration status) and various subgroups (such as individuals with disabilities and people with mental health and substance use challenges).
- Recent experience and experience in Guelph and Wellington County, which will help ensure the relevance of insights provided.
- Geographical representation, including individuals living in both the urban and rural areas of Guelph and Wellington County.
- People who have experience volunteering, working or who have previously advocated (formally or informally) on health, housing, and/or social services and can provide an informed perspective based on both their personal experiences and their broader understanding of systemic issues.

- People who are genuinely committed to improving policies and services for people accessing health, housing and/or social services.
- People who work well with others, including policy-makers and service providers.

6.0 Meetings

- The core Advisory Group will meet once per month from September to November and every other month from January to June.
- The schedule for the general members will be determined as opportunities for engagement arise.
- Timelines may shift depending on departmental and/or strategic priorities, available resources, and workloads.

7.0 Supports Provided

Gift Honorarium

- Core members will receive a gift honorarium of $50 per meeting by cheque or direct deposit. Members may choose to receive a grocery card for the equivalent amount if they prefer.

Transportation

- A gas card in the amount of $25 per meeting will be given to members driving their own vehicles if they reside in the County and are attending a meetings in Guelph, and vice versa, to compensate for mileage.
- Members residing in Guelph are expected to arrange their own method of transportation to attend meetings in Guelph. Taxi rides or specialized transportation requests can be considered on a case-by-case basis if there is a demonstrated need.
- Transportation for members residing in the County and/or members residing in Guelph and attending a meeting in the County can be arranged through the Rural Transportation Programme

Child Care

- Childcare costs can be covered through Ontario Works informal childcare funding for members in receipt of Ontario Works.
- For childcare costs for members who are not in receipt of Ontario Works, childcare costs can be reimbursed at an hourly rate equivalent to minimum wage to account for meeting time and travel to and from the meeting.

Training and Learning

- Core members will receive access to training, skills development, ongoing support, and other learning opportunities within the scope of the Advisory Group as available.
- County Social Services department staff can provide professional references for participating members.

Accessibility

- Meeting locations will be accessible (wheelchair access and accessible washrooms)
- Interpreters can be made available as needed
- Closed captioning will be available for video conferencing
- Documents can be provided in accessible formats
- If needed, personal assistants, caregivers and support staff can accompany members at meetings
- Dietary restrictions and preferences will be considered
- Members will be able to provide feedback on accessibility and suggest improvements
- Staff will work with members to provide other supports as needed

8.0 Reporting

Meeting notes and summaries of feedback will be shared with members after each meeting. Members can review and suggest changes as required.

9.0 Terms of Reference Review and Amendments

The Terms of Reference will be reviewed and revised as required by County of Wellington staff and Health and Housing Community Planning Table members. Any revisions and updates will be shared with the Advisory Group.

I agree to the terms outlined above:

Name

Signature

Today's Date:

Provision of Basic Needs for Persons Experiencing Homelessness Sub-Working Group

Terms of Reference

1.0 Purpose

Health and housing services in Wellington-Guelph were not designed with intention nor capacity to address the current magnitude and complexity of need that currently exists in our community. Services have instead evolved in response to repeated crises and emerging opportunities. As a result, the essential task of coordinating, optimizing and aligning efforts across the health and housing continuum is complex. A whole-of-community approach is required to develop a 'Wellington-Guelph Integrated Health and Housing System Plan' to support partners across the health and housing systems to optimize use of existing, and advocate for additional, resources to realize improved health and social outcomes for persons with health and housing needs in Wellington-Guelph.

2.0 Mandate

The Provision of Basic Needs for Persons Experiencing Homelessness Sub-Working Group will provide recommendations and proposals to the Wellington-Guelph Health and Housing Community Planning Table (the Table) to support the areas of focus identified and the Health and Housing Symposiums held in 2024.

3.0 Scope

The overarching goal for this Sub-Working Group is to bring recommendations forward to the Table where there are identified gaps in services and resources for persons experiencing homelessness in meeting their basic needs in Wellington County and Guelph. This Sub-Working Group agrees to identify existing resources and gather information about day-time support services to make recommendations about a day-time hub for persons experiencing homelessness to access food, water, laundry, showers, warming and cooling space and access to 24/7/365 washrooms. Moreover, the Sub-Working Group agrees to draft a proposal of coordinated outreach response to engage and support all persons experiencing homelessness both in the County and City of Guelph. The primary goal of the coordinated response aims to bring supports to those living in encampments, and to make connections to supports seamless where barriers exist.

The Sub-Working Group will provide data and information to guide community planning of the Table that:

- Represents an inventory of existing outreach services, resources, and supports for persons experiencing homelessness
- Maps existing health and housing resources, outreach services, and locations
- Identifies gaps in services and resources
- Makes recommendations for addressing future needs and resources, including best practices of day-time hubs
- Makes recommendations on day-time hub locations
- Researches service partners, staffing compliment, and operational cost for day-time hub
- Provides guidance and feedback on items brought forward from the Table
- Follows recommendations and direction of the Persons with Lived Experience Advisory Group
- Other(s)

4.0 Responsibilities - Members of the Sub-Working Group will:

- Be collectively accountable to each other and persons with lived experience towards the goal of addressing gaps in supports, services, and resources for those experiencing homelessness
- Work towards the achievement of, plan, and realization of improved health and social outcomes for persons with health and housing needs in Wellington-Guelph
- Contribute constructive input on existing systems and how the community can better meet the basic needs of those experiencing homelessness and living in encampments
- Employ a strength-based approach to partnership developed through the Sub-Working Group, and with the Persons with Lived Experience Advisory Group
- Ensure bi-directional communication and engagement with Sub-Working Group Members
- Represent and support the Sub-Working Groups shared purpose, goals, direction, and decisions with a common voice
- Foster the development and inclusion of culturally appropriate services
- Use data and evidence to make informed decisions

5.0 Decision Making

The Group will work towards consensus to forward recommendations and proposals to the Wellington-Guelph Health and Housing Community Planning Table. Where consensus can't be met, a vote of majority will be accepted.

6.0 Membership

Membership of the Sub-Working Group will include service partners with mental health and addictions commitment, housing focused mandate, community building expertise, and/or Persons with Lived Experience. Members agree to make a strong commitment to all attend meetings. When attendance isn't possible, members may designate a consistent delegate with expertise of their respective organization or circumstances that is able to contribute to the discussion.

Samantha Wellhauser-Bells (Co-Chair)	Guelph Public Library
Sarah Gillies (Co-Chair)	County of Wellington
Emmi Perkins (Ex Officio Member)	Ontario Health Team
Luisa Artuso (Ex Officio Member)	County of Wellington
Anthony Dolcetti	City of Guelph
Corey Parish	Community Resource Centre
Cory McKeown	City of Guelph By-Law
Dominique O'Rourke	City of Guelph Councilor
Dominica McPherson	Poverty Task Force
Jean Hopkins	Wellington-Guelph Drug Strategy
Julia Martine	East Wellington Community Services
Kevin Coghill	Royal City Mission
Kerri Mitchell	Guelph-Wellington Paramedicine

Lindsey Sodtke	Guelph Community Health Centre
Kira Valentine	Traverse Independence
Teresa Hatch	Ontario Health Team
Rebekah Brah	Community Member
Derek Rutherford	Downtown Guelph Business Association
Candace Wrixon	Stepping Stone
Lindsay Sprague	Sanguen Health Centre

7.0 Terms of Reference Review

The Sub-Working Group agree to review the Terms of Reference on an annual basis.