



## Committee Report

AD-24-02

**To:** Chair and Members of the Social Services Committee  
**From:** Luisa Artuso, Social Services Administrator  
**Date:** Wednesday, March 13, 2024  
**Subject:** **Wellington-Guelph Health and Housing January Symposium Summary**

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### Background:

In September 2023, Social Services announced plans to host a Wellington-Guelph Health and Housing Symposium to respond to the rising health and housing issues in our service delivery area. The main reason for initiating the symposium was to address the lack of integration and expansion of health and social housing services for our community's most vulnerable population who access social assistance.

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 (PWLE), Indigenous community members, and our immediate health and community partners as a first step towards addressing the health and housing challenges in Wellington County and Guelph.

A Symposium Planning Table was established to inform the objectives, deliverables, and key considerations for the January symposium. Members included representatives from the City of Guelph, Community Resource of Centre of North and Centre Wellington, Guelph Police Services, Stonehenge, Ontario Health Team, Poverty Task Force, Southwest Ontario Aboriginal Health Access Centre, Stepping Stone, Thresholds, Housing Services, and Wyndham House.

The 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 we can achieve necessary changes.

### Symposium Objectives:

- Gain information and knowledge from symposium participants, local presenters, and external speakers.
- Identify the issues and challenges of health and housing services.
- Develop a shared vision for health and housing services in our community.
- Identify health and housing priorities to better support the wellbeing of high-risk individuals.
- Establish a foundation and key objectives for community action to address health and housing needs of our communities' most vulnerable people.

This report is to provide a general summary of the information collected from participants at the January symposium. This information is to be viewed as a 'pre-planning' step for the development of a comprehensive Wellington-Guelph Health and Housing Community Plan that requires holistic community engagement, evidence-based planning, implementation, monitoring, and evaluation processes. It is important to note that the information in this report does not reflect agreement with all participants of the Symposium. Also, that the information in this report needs to be vetted through a rigorous and robust planning process ensure our community makes evidence informed decisions and not decision informed evidence.

### **Participants:**

102 invited participants attended the January symposium.

- 7 from Indigenous-Led Organizations
- 13 People with Lived/ Living Experience (including 3 Indigenous individuals)
- 54 Service Providers (21 Health, 21 Community Service Partners, 12 Housing/Shelters,)
- 22 Elected Officials
- 6 Municipal staff

A list of all participants is included in the attached document, Health and Housing January Symposium Welcome Package, which was designed and produced by the County's Communication Department.

### **People with Lived/Living Experience**

Several seats at the Symposium were reserved for people with lived/living experience (PWLE) and Indigenous community members. Local service providers who work with or support PWLE of homelessness helped to organize their participation at the Symposium.

County staff also worked with VINK Consulting to develop strategies and resources to ensure PWLE had a positive experience participating in the Symposium. Some strategies included providing financially 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, meet each other and ask questions, having a quiet space to gather throughout the day that included on site supports if required, made possible through Community Mental Health Association, and finally, providing assurance that there would be no media coverage or pictures taken of participants.

### **Indigenous Community Members/Service Providers**

The County's Indigenous Advisory Committee (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 both days of Symposium.

One of the Indigenous community members said a few words 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.

Another Indigenous community member drummed at the end of each day to close the day’s work with a blessing and thanks to all participants. At the end of the second day, he invited other Indigenous community member participants and County IAC members to drum with him, which made for an exceptional wrap up for all participants, ending the day with energy and positivity.

## **Symposium Summary:**

### **Facilitation**

The Health and Housing Symposium was facilitated Dr. Rebecca Sutherns who is an insightful and high energy collaborative strategist and world class facilitator who has served as a trusted advisor to hundreds of mission driven organizations for over 25 years. Rebecca is the Founder and CEO of Sage Solutions, a Guelph-based consulting firm that has extensive experience working with local non-profits, municipalities, universities, and coalitions and brings strong familiarity with both housing and health issues. Rebecca holds a PhD in Sustainable Rural Communities, is a Certified Professional Facilitator, frequent keynote speaker, and a skilled communicator, with a particular gift for helping leaders and organizations reimagine their next chapter. Rebecca’s strong collaborative planning and facilitation skills were essential to the success of the symposium, given the magnitude and complexity of issues to address with almost 100 participants.

### **Information and Knowledge**

Participants learned from researchers, those with lived experience, Indigenous community members, and each other, throughout both days of the Symposium.

Presentations from Dr. Andrew Boozary, Executive Director at the University Health Network, Dr. Erin Dej, Associate Professor at Wilfred Laurier University, Clarence Cachagee and Melissa Joseph from Crow Shield Lodge, Kristen Cairney, Executive Director of Wyndham House, and Maggie Phelan, Community Voices Co-Chair at the Guelph and Wellington Taskforce for Poverty Elimination provided global data, local data, and local stories.

Participants reported learning new perspectives from PWLE, the massive lack of housing investments Canada-wide, the importance of the By-Name List, how being unhoused shortens a person’s life span by 50%, positive reductions in youth homelessness, and the critical need for social integration and social connections to be included alongside planning for health services and housing, to name a few take aways.

### **Current Issues and Challenges**

Participants actively engaged in several activities and group discussions throughout the Symposium. One of the first activities was for participants to contribute up to three descriptive words of the current local health and housing situation which resulted in the following word cloud on the next page.



The lack of Indigenous-led solutions and services (self-autonomy and self-governed) which includes ownership and direction on Indigenous data is a gap that needs to be addressed in our community. Indigenous-led solutions have proven to be successful when providing culturally appropriate wrap-around services as they offer community connections - connections to land, sense of family, belonging, personal value, and return to spirit. Indigenous representation should also be seen across all services and locations so they can support services by showing their way.

Finally, that our community is safe for all people who need services, service providers, businesses, and the community at large.

### **New Community Health and Housing Plan**

There was overwhelming consensus that a Wellington-Guelph Health and Housing Community Plan is needed to address homelessness and experiences of precarious health and housing. The plan must equitably represent urban and rural areas, as well as all 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.

A well-developed evidence-based Health and Housing Community Plan will:

- Provide a needs assessment through mapping of services and gap analysis.
- Identify and address short-, medium-, and long-term goals and objectives.
- Prioritize outcomes and funding investments.
- Promote service and funding efficiencies by reducing silos and duplication.
- Promote public buy-in and provide people with ways they can contribute.
- Allow for strategic advocacy and quick grant application submissions.
- Promote common understanding of service mandates, language/terms, and standards.
- Allow for monitoring and evaluation to adapt and celebrate successes.

The following are key objectives to address in the Health and Housing Community Plan:

#### **1. Integration of Health and Housing Services**

The integration of health supports in all housing services (emergency shelters to permanent housing) is critical to help people obtain and be stabilized in permanent housing. There is a need to create a continuum of services that match need from a clinical/social/housing lens where people are supported where and when needed, including once they have been housed. More wrap-around mental health services are also needed to those experiencing homelessness, mental health, and/or addictions.

The benefits of integrated services will help people stabilize in housing and reduce the cycle of returning to homelessness. It will also promote tenant and public safety by preventing adverse behaviours as well as reduce expenses to repair intentional damage to shelters and housing units that can instead be used to house more people. Integrating health and housing services where people are will promote building trust, sense of belonging, reduce complexity to access services,

and improve health outcomes in all domains. Further, it may reduce costs in police services, land ambulance, and hospital emergency rooms.

## **2. Health Services**

Participants expressed the need for better connections and seamless communication between primary care, community health, and hospitals – for better pathways and processes when multiple agencies are involved in addition to long term case management. Also, for services to be more available and accessible with timely access to services with special attention to rural areas. Coordinated health care hubs to offer seamless health care support and inter-agency sharing of information were mentioned to promote access to health services in both Wellington County and Guelph as well as more mobile crisis teams and safe beds. There is also need for alternative health options from Western medicine to be readily available.

In addition to more detox beds, increases to withdrawal management and recovery-oriented services are also needed. Services also need to be provided with a harm reduction approach with access to counselling and psychotherapy that are based on the root causes and provide solutions that are patient/client centred.

Participants also shared for youth to have timely access to mental health, grief supports, and trauma care at no cost, and to have access to adult waitlists.

## **3. Housing Services**

Participants expressed the need for a clear measurable plan to end homelessness and the social housing waitlist. The plan should address all sections of housing continuum and identify the need in each area of section for each community across Wellington and Guelph – including forecast of future needs based on community growth. The plan should consider data from the By-Name List, the social housing waitlist and identify the types of housing people want, which may include options for people who don't feel comfortable indoors.

Ongoing clear and concise communication to promote the understanding of waitlist numbers and housing needs will support the business community and municipalities to make informed decisions on their growth plans. Communities should consider needs identified in the plan to determine opportunities for land, funding, and partnerships to action housing projects starting with the greatest depth of need.

Each community should include a range of affordable housing options that includes accessory units, multi-generational, co-op, and tiny homes within zoning. Municipalities are encouraged to look at vacant municipal land to build permanent housing, include funding for transitional, supportive, social, and deeply affordable housing in their municipal budgets, and provide faster approval for planning applications.

Strong advocacy to provincial and federal levels of government for increased capital and operational funding must also be a priority.

#### **4. Other Objectives**

The following is a list of key objectives that will be further discussed at a future symposium and sub-working groups:

- Mapping of Services
- Data Collection
- Identify and Address Root Causes
- Prevention Strategies
- Public Education
- Advocacy
- Increased Funding

#### **Urgency for Provision of Basic Needs for People Experiencing Homelessness**

Symposium participants expressed urgency to create a task force provide the following basic needs to people experiencing homelessness in Guelph and those rural areas across Wellington County.

- Daytime supports and services
- More emergency shelter options and review of service delivery
- Structured encampments (Guelph)
- Provision of warming and cooling stations
- Access to washrooms and food security 24/7/365
- Access to showers, laundry, and storage
- For health and shelter providers to hold risk plans for high-risk people
- Shelter in the County with shared health hub
- More assertive outreach for health services

In conclusion, the Symposium demonstrated that while there is good working happening in our community, the lack of adequate funding and resources in both health and housing is exacerbated by lack of information, clarity of roles, collaboration of service providers. And, that the current service delivery framework is missing voice of PWLE and Indigenous community members.

The complex intersection of health, homelessness, income security, and permanent housing solutions can only be addressed through a united community-based collaborative approach with commitments from local services providers and all three levels of government.

The Symposium proved to be a good first step to understand that current service framework needs to change, and that our community has a strong willingness to work together towards the development and implementation of a united community plan to instill hope for a better future.

#### **Update:**

##### **Ongoing PWLE and Indigenous Advisory Groups**

County staff are working with VINK Consulting to develop a PWLE Advisory Group and an Indigenous Advisory Group in the commitment to engage with individuals who have lived/living experience of homelessness and Indigenous community partners in all steps of the community planning process.

Recruitment plans include a nomination process as well as a more open call for expressions of interest, an application package, and the opportunity to attend an Information Session.

**Health and Housing Community Planning Table**

A new Health and Housing Community Planning Table has been established, with more members to be added after the April symposium. The Health and Housing Community Planning Table co-chairs are the Director of Transformation, Guelph Wellington Ontario Health Team, and the Administrator of Social Services, County of Wellington. Members have been selected from those who expressed interest at the January Symposium who are directly involved in health and housing services. Their work will prioritize integrating health and housing services. A new position, Health and Housing Project Manager, reporting to the Social Services Administrator, will support the work of the planning table.

**April Symposium**

A second follow-up symposium will be held on Tuesday April 17, 2024, in Guelph. This one-day symposium will include a larger number of participants to continue learning together and to explore and build upon the key objectives identified at the January symposium. Specifically, encampments, emergency shelters, data collection and sharing, public education, prevention, increase housing options, increase health options, provision of basic needs, and advocacy. It is expected that the April symposium will lead to sub working groups (present or newly developed) that will support the Wellington-Guelph Health and Housing Community Plan. To note: The morning portion of this symposium will be live streamed, and media will be invited to attend the full day.

**Recommendation:**

That the report, Wellington-Guelph Health and Housing January Symposium Summary, be received for information.

Respectfully submitted,



Luisa Artuso  
Social Services Administrator