

## **Homelessness Collective Impact Committee Summary, March 2022**

The issue of homelessness is a complex one which requires a collaborative effort and a forum where different questions – transformative questions can be asked. These can range from ‘how can we help someone find housing’ to ‘what does “home” mean to each individual on the path to being housed’. There is a need to work with a person’s unique circumstances so we can find a better way forward.

In October/Fall 2021 the Homelessness Collective Impact Committee was convened by the United Way KFL&A with the goal to design, develop and adapt a system of care for people who are experiencing chronic homelessness.

Co-chaired by Susan Stewart of KFL&A Public Health and Bhavana Varma of United Way KFL&A, the committee is made up people from different sectors of the Kingston community, including funders, agencies, community organizations and groups, government, healthcare professionals - with the voice of people with lived experience informing and guiding strategy and decisions. The committee comes together regularly to review the current realities of homelessness within Kingston.

Specifically, the key responsibilities of the committee are to:

- Review progress, updates and reports related to the implementation of the City of Kingston’s plan on homelessness, United Way’s Youth Homelessness strategy
- Review input from people with lived experience of homelessness or who are currently homeless, front-line agencies, healthcare providers
- Develop strategies by building on what is working, acknowledging what’s not and leveraging existing strengths & resources

Meetings were held bi-weekly with a focus on deepening the understanding of the Kingston shelter and support systems and the pressures that they are facing. It is important the committee deepened the collective understanding of the front-line agencies who serve those experiencing homelessness.

### **Key issues uncovered from front-line agencies:**

- Complete lack of permanent, affordable housing
- Income and income supports do not match cost of renting and there is a general lack of affordable units
- Greater needs of individuals, with more complexity than ever
- What we currently have is not working; the system that we have was designed for a different time
- Increase in high acuity clients, mental health, addictions and overdoses.
- Providing care for clients discharged from the hospitals is extremely difficult; agency staff are not trained to handle this type of care.
- Need to have more empathy and compassion for those we serve. Demystifying stigma
- It’s not just a matter of finding a home (which is challenging as there are very few permanent, transitional and supportive options). A lot of clients need support, skills or

are not well enough to focus on housing or to be successful in an independent living environment. Steps can be too big, a lot of clients may fail

- Demand for services far exceeds supply
- Longer length of stays in shelters creating backlogs
- Lack of safe, private, warm spaces. Drop in / warming centers are not able to offer proper care (sleep/safety)

It was acknowledged that the underpinning of moving forward together means a shared and grounded understanding of the issue within the whole community. Healthcare providers shared their perspectives to better understand the touchpoint between those who experience homelessness and access the local health care system.

#### **Key issues uncovered from healthcare providers:**

- Lack of space, privacy and resources to provide proper care in shelters or temporary shelter spaces
- Clients discharged from the hospital lack support and care to heal post-hospital, follow up care and treatment very difficult
- Client refusing care for many reasons. While everyone should feel safe getting healthcare, this is not always the reality and there is stigma associated with accessing healthcare options
- Significant shortage in long term care and PSW availability and staffing
- Many folks do not meet criteria for acute admission but have no where else to go. ICH and Lyons Street are options, but there is a lack of resources, have limited availability and lengthy waitlists
- Social workers often faced with many challenges with discharge planning, lack of time to deal with complex scenarios, confidentiality, and inability to keep client in place
- Development of the ICH has proven to be very helpful to healthcare system; but reality that ICH is very stretched with limited resources
- Gaining trust and having allies helps overcome fear or hesitancy with healthcare
- Hospitals are increasing mental health supports
- Reducing systemic stigma, homelessness is a problem, but people experiencing homelessness are not problems healthcare is supposed to fix

Through the sharing of the powerful stories and perspectives of the people served and experiences of front-line agencies, healthcare providers and city staff, it was recognised that there needs to be large-scale change to tackle the growing and complex issue of homelessness which will require broad cross-sector collaboration. There are many issues and limited resources. Through panels, breakout groups and in-depth discussions during these meetings, the committee identified the following as the most pressing issues requiring attention to affect real change.

#### **Top priority areas identified and ideas generated from discussions:**

- 1. Short-term solution for homelessness in winter/day services/housing people with high acuity:**
  - Lack of housing options to meet clients where they are

## **2. Shortage in staffing:**

- Utilizing students during a practicum (SLC, Trillium College, Queen's Nursing and OT program). Being mindful of the amount of support a student requires from staff in agencies
- Explore a centralized model for student / volunteer placement to reduce the administrative burden on agencies and the find some system efficiencies
- Engage peer workers - utilize clients who can function as staff at centres like ICH
- Make compensation and experience here recognized as valuable and appealing to qualified workers
- Explore accreditation while incarcerated, adapt policies around CPICs when hiring
- Involve organizations like KEYS or ReStart so there can be better connections for those looking for work and to help identify gaps

## **3. Discharge planning - Transitional and / or supportive housing**

- Look at how to better connect with both - healthcare and corrections
- Supporting high acuity clients with more complex needs with poly-diagnoses
- communication is key to reduce misunderstandings, need for standardized process
- Create a sense of community in housing
- Increase access to addiction and mental health services
- Create sober living homes
- Create a safe supply program
- Quicker access to home care, beneficial to start conversation with LIHN
- Shelter and ICH staff are not trained with PSW skills and their clients need more support, need to address the lack of dignity
- Embedded agency staff into institutions (healthcare) in some capacity
- Continuity of case management support, long term supports / tracking
- Move beyond the symptom management model
- Explore a risk-watch type table
- Explore Kingston Frontenac Anti-Violence Coordinating Committee's model for sexual assault/abuse victims
- Be mindful to not fall back to a treatment first model, as that didn't work and the housing first model is working, just needs long term supports and supportive housing options

## **4. Advocating and educating against stigma**

- Advocacy and education against stigma, make it a community building exercise and start at a young age through school curriculum, Sunday schools
- Change the narrative to "these are people who have great things to share"
- Allow client voices to be heard, ask them what would be helpful and give hope
- Newsletter produced by people with lived experience to be shared in the community – potentially for library to support this
- Recovery College currently in the works where someone with lived experience and a professional service provider co-develop and present topic

- Adverse Childhood Experiences (ACEs): documentary “resilience’ was shown and started a community conversation around trauma.
- Participatory theatre with people with lived experience and people from the community or service providers work together to share stories
- Add onto the City’s “Say Hello” campaign to reduce stigma
- Collaboration amongst all health and social service agencies and build a coordinated and collaborative effort to provide education to all front-line service workers to build compassion and understanding
- ICH Community Needs Assessment: <https://www.pathhomekingston.ca/wp-content/uploads/2021/10/Community-Needs-Assessment-V2.pdf>
- City of Kingston researching the Welcome Streets Program that other cities use

**The actions complete and/or to be delivered:**

1. Warming Centre/Day Services/Supports for people who are chronically homeless:
  - Warming centre at Concession St opened for the winter and through spring; along with drop-in meal program and other programs to support.
  - Sleeping cabins at Portsmouth Harbour with 24/7 supports
  - Plans being developed to look at year-round drop-in centre with program supports, and overnight warming spaces in advance of next winter
  
2. Staffing Shortages:
  - Engage students:
    - Connection made with Queen’s School of Rehabilitation, Nursing Program and the Dean of School of Business
    - Met with Dean of Social work and Business at SLC; framework developed to adapt placement programs; have agency speakers from organizations present to students
    - Encourage nursing in community settings
    - Look at potential funding for paid placements, i.e. a skills grants to offer micro-credentials for students
    - The City and the United Way KFL&A are discussing a centralized resource that agencies can tap into and identify how to support not only the placement student, but the receiving agency as well
  - Engage volunteers:
    - Ongoing recruitment for community volunteers and correctional services Canada volunteers
    - Engaging volunteers can be a challenge when agencies are short staffed. City of Kingston redeployed some staff to help with staffing shortages and support volunteer recruitment and placement within agencies
  - Engage Peer Workers:
    - Review and build on work being done by Dr. Carrie Ann Marshall, Providence Care, and the ICH
    - Discussion with HARS and the City to partner and develop / hold a 2-week peer training course

- An application to the Community Foundation is being developed to train peers and potentially newcomers who have international training but need support for the transfer of skills for the local context
      - P2P model is being researched and developed in Kingston
    - Determine and analyze inequities in compensation:
      - Do a salary review from the social service sector
      - Identify funding opportunities to help reduce the wage differential
      - Advocacy and support
3. Discharge Planning:
- Healthcare
    - KHSC, PCH, Maltby, AMHS are meeting regularly to look at this issue
    - Discussion with shelter agencies on PSW needs – United Way is able to fund PSW at shelter/ICH while Public Health is working on a longer term plan with LHIN
    - Go through scenarios to plan/validate protocol/checklist
    - Community service integration in the hospital to plan integrated discharge with particular attention to meds
  - Corrections
    - Meet with Quinte & Central East facilities to identify contacts
    - Met with Corrections Canada to explore options and identify opportunities for collaboration and community connections. Corrections Canada will come to a future meeting to share their current practices and learn more about community resources
    - Connected with the Risk Watch table and explore ways to collaborate
    - Review previous research and advocacy completed by the John Howard Society
  - Ensure safe admissions to shelter or ICH
    - Street Health is looking into to develop a structured daytime drop-in program geared to those using crystal meth
    - Communicate campaign to institutions to make sure they communicate ahead of admissions
4. Advocacy and Anti-stigma:
- KFL&A public supports the Community Drug Strategy (CDS) with an anti-stigma campaign. CDS creating petition to ask the for the decriminalization of personal amounts for substances.
  - Public Health is creating a list of all anti-stigma awareness initiatives to see if there are opportunities to collaborate. Contribute to environmental scan of anti-stigma work
  - Mayor Bryan Paterson has agreed the City will proclaim August 31st as Overdose Awareness Day in Kingston
  - Look at post-secondary to build stigma/anti-oppressive training in curricula

- Survey agencies to see interest in and challenges to stigma/anti-oppressive training. Review of agency policies, procedures and practices through an anti-oppression lens

A system mapping exercise is ongoing to identify gaps and coordinate funding streams to build a system that addresses some of these issues.