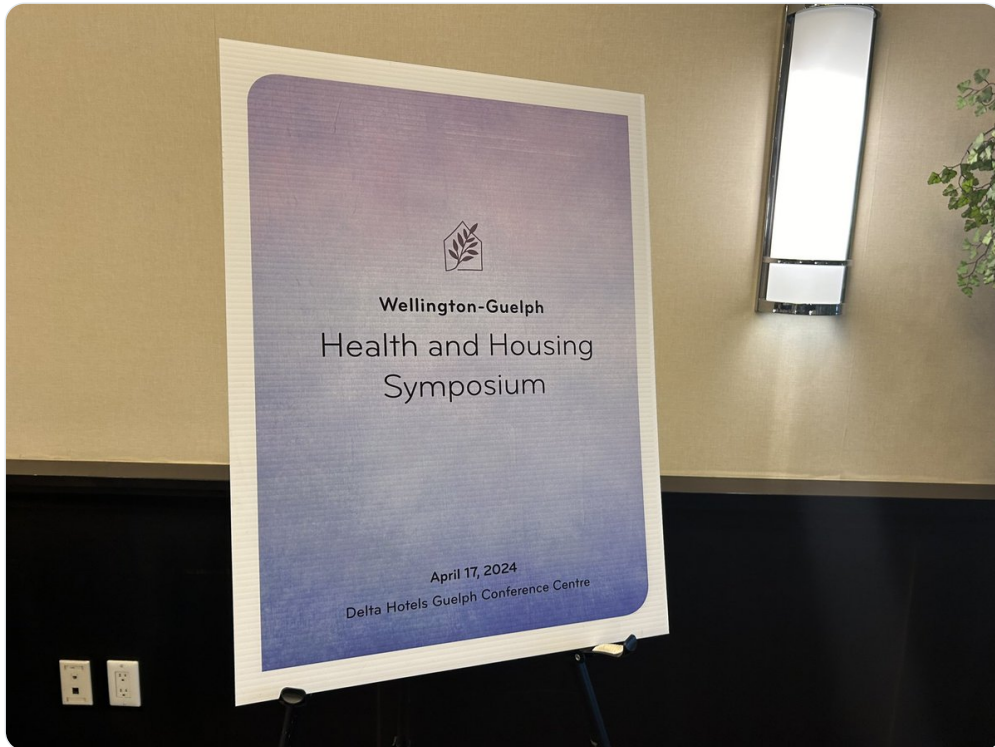




**Adam A. Donaldson** @adamadonaldson

Apr 17, 2024 · 119 tweets · [adamadonaldson/status/1780580677752152258](https://twitter.com/adamadonaldson/status/1780580677752152258)

Starting at 9 am I'll be running a live update from Day #3 of the Health and Housing Symposium. Stand by.



Luisa Artuso, social services administrator for Wellington County welcomes everyone to the start of the day's festivities.

The morning's speakers are being recorded and the video will be posted later. It doesn't sound like there's a live stream like was originally discussed.

Artuso is overviewing social services and Wellington's role as a designated consolidate system manager. That means covering housing, childcare & Ontario Works (unemployment). She says housing services is more in public eye, other services going thru "significant transformations."

Out of scope? Providing tangible basic needs like food security, primary health, mental health, heating and cooling centres, social housing, transitional housing, and building licensed child cares. You might note that we do a lot of those in any event.

Artuso says that increased need for service is not met by increased investment in those solutions, which is not a problem unique to our area. She says it's become clear that the present service levels and framework is not enough to meet people's needs.



County staff and consultants have been since engaging in the creation of a lived experience working group and an Indigenous working group. Recruiting will begin shortly. Also a Health & Housing Community Action Plan Table's been joined and they met already on Apr 5.

A health and housing project manager has been hired to assist that work. Cllr Rodrigo Goller will represent Guelph at the table, and Social Services Committee Chair Anderson will represent the County.

Ame Papatsie, an Inuit artist, kicks off the official program with a welcome. He says the last time society really cared about homeless people was 2,000 years ago with Mary and Joseph, so we're a little slow. He asks everyone to stop finger pointing and open their minds.

Papatsie says it's the rich that's making us poor, and today we're trying to activate something that's supposed to happen naturally: a society of people taking care of each other. He asks everyone to open their heart now and not wait another 20 years.

He says he has a lot of belief in the crowd gathered here right now, and he will tell the next homeless person he sees that we're working on it. He will also tell the next bored rich person he sees to give him the money to take care of people.

Jason Schwartztruber is the next speaker, a community member with lived experience. He says he's experienced housing vulnerability and homelessness, and he's now the custodian at HOPE House. He grew up on a farm, came to Mississauga for school and found out that life is hard.

He says he moved around a lot, whenever he found he needed a change, and then it was getting harder and harder to find a new place. He had a hard time affording first and last, and then he got a couch at a neighbour's. He was homeless for 2 weeks and had to carry everything he owned.

He says he got lucky, a friend at work gave him a place because after just 2 weeks it was more than apparent he was struggling. Even that ran out though, but it wasn't his last experience.

He had a 3-bedroom apartment in Palmerston, he was 25 at this point, and then one day the neighbouring apartment had a fire and he was evicted before he knew there was even a hearing. He had 7 days to move out.

He had to go home to the farm, but things were tense. He knew that he had to cope on his own, to be a man, so he ended up couch surfing at his sisters, but even that ran out and it's hard to keep a job when you're stressed all the time. That's when he came to Guelph.

He said that there was a stigma. Someone who experienced homelessness is going to be a drag on the neighbourhood, right? That makes a person open to exploitation. He had a room, but the person he was renting from tried to evict him though the rent was paid. Threaten with violence

Schwartztruber says that's why he supports having all kinds of options for housing. Even just having a safe place to keep his things, would have taken away some stress. Structured encampment, tiny house, bunk house, any of it will make a difference.

Next speaker is Dr. Erin Dej from WLU. She's a "critical criminologist" that's written about ending homelessness through prevention. She spoke at the January symposium too.

Dej says that she knows that this is hard work, but the fact that people are here and willing to have these conversations is a big victory.

She wants to talk about these key messages: 1) Homelessness is more than what we see on the street, responding to homeless means addressing root causes, and prevention as meaningful key to ending homelessness.

Definition: Homelessness describes the situation of someone who is without stable, permanent and appropriate housing. Along the continuum there are four main categories of homeless: unsheltered, emergency sheltered, provisionally accommodated and at risk of homelessness.

It means people who are staying in encampments, temporary accommodations like couch surfing or even jail, and people living with a risk of homelessness that's imminent, like people being evicted or unsafe housing like mould.

Dej says that this gets at hidden homelessness, people who are never part of the system and are unaccounted for; we don't know that it's happening, and if we don't know it or see it, we're less likely to invest in it.

Gender diverse, LGBT, Indigenous and young people are less likely to seek shelter for a variety of reasons, so they end up the most hidden. People stuck in situations of violence and abuse, couch surfers, people who spend 30%+ on housing all vulnerable.

Indigenous homelessness. Jesse Thistle helped developed the specific definition, which also includes things like separation from ancestral land and tribal disintegration.

<https://www.homelesshub.ca/IndigenousHomelessness>

Dej notes that homelessness work needs to be rooted in reconciliation for Indigenous people.

So what are the cause of homelessness? 1) Structural, big policies and investments in people, like when the feds stopped investing in social housing in 1993. 2) Systems issues, meaning gaps in services that put people at risk.

Dej says there aren't enough resources to respond to the need right now, which means we are deciding who gets to survive and who doesn't. It's triage and not everyone's going to make it.

Third cause is emergency or change, a family crisis or change in the dynamic, a medical issue or a fight with your family because you come out as queer.

Not everyone is going to blame government cuts for their homelessness, but the personal reason why one is unhoused is one-third of the reasons why homelessness happens. Dej says that it's impossible for this many people to be struggling so hard due to personal issues.

Dej says it's undeniable that COVID has had impact, visible homelessness grew because shelters were limited or restricted for safety. Homelessness grew 20% and unsheltered homelessness grew 88%, so yes, you haven't seen homelessness like this before.

Before the 90s, homeless was rare and brief and usually made up of older single men out of work. When things exploded in the 90s, they only had the tools they used for years, which

were meant for small numbers, less diverse, with fewer needs. It was about temp. emergencies.

That's not working anymore b/c it's not a long term method of addressing a crisis. We need a re-orientation of the approach to stop people from becoming homeless in the first place.

How? First, accommodation and support. Housing first, it's a human right, people are provided help to stay housed and focus on their well-being. Look to Finland which has the gold star approach; 600 shelter beds in Helsinki, but now there's one shelter with 50 beds.

Further reading:



**A Paradigm Shift in Social Policy: How Finland Conquered Homelessn...**

For years, the number of homeless people has been rising in Europe. But not in Finland. The country's Housing First program aims to eliminate the problem by 2027. But how?

<https://www.spiegel.de/international/europe/a-paradigm-shift-in-social-policy-how-finlan...>

We're doing well with accommodation and support, but we need more on prevention.

Otherwise, we're waiting for people to be mired in homelessness before they can get help. If there were lots of car accidents happening, we wouldn't build bigger emergency rooms, right?

Definition of homelessness prevention tldr - Making sure people never have to experience homeless, or if they have, making sure that they don't experience it again. It can't just be responsibility of homelessness workers, because that means opportunities were missed.

Need multiple sectors to intervene, and come on board. 5 components to prevent: 1) Structural meaning legislation and investments to increase social inclusion and economy, but this is maybe most challenging to implement.

Dej says structural gets dismissed too easily when we're talking about prevention because it seems so big and abstract, but it's actually not. People see them all the time when affordable housing is turned into a condo suite.

2) System prevention: addressing institutional and system failures like language barriers and transportation. When people age out of child protection or leave the hospital, these are key moments when someone might be vulnerable.

Dej points to a case of a woman who was thrown off ODSP because she wasn't at her residence for two months... because she was being treated at the hospital.

3) Early intervention, make homeless as brief as possible and this is where we've done the best work making sure that people don't get stuck. It's good work, but it's one out of five.

Also, becoming homeless is itself disorienting.

4) Eviction prevention, meaning looking at rent banks, landlord interventions, and advocacy. Dej recalls a friend who was given one week to get out because of her "problematic dog" and Dej connected her to legal services. It's a moment of crisis and panic and people react.

5) Housing stabilisation, or how do we make sure homelessness doesn't happen again. This means providing supports around health, education and inclusion. Once ppl get a roof that may not be the end of their struggle.

Dej says people who are housed sometimes continue to struggle and you have to support people living a full life so that they can have a full life and have a full appreciation.

We're going to take a 15 minute break, and then we will be back with an all-star panel.



30-second warning.

Okay, we're back with the panel discussion:

-Dr. Nicola Mercer, Medical Officer of Health

-Mark Walton, president and CEO of Guelph General Hospital

-Mark Poste, Director of Housing at Wellington County

First question: How would the panel characterize the current state of health and housing services?

Walton: Fragment, and siloed. When we look at the continuum, there are a number of things contributing and he hopes no one here thinks about "sticking to our lane". Regs can be a hindrance, and when he looks at Canada Health Act it sometimes feels limiting to accuse focus.

Walton does note that the Ontario Health Team intro has been off benefit, bringing different types of care together that goes outside the box and pushes upstream to dealing directly with social determinants of health.

Poste: We have a social housing waiting list that's also 3,200 households long and there are only 3,600 available units in the whole county. If you're waiting chronologically, without priority, that's 4-8 years, but even with priority that's still over a year's wait.

Poste: The pressure is leading to all the homelessness you're seeing, over 200 households right now in the area. Lack of investment since the 90s, and compared to other countries,

3.5% of our housing is social vs 7% on average. More reliant on private market.

Poste: Social assistance rates, people on disability or Ontario Works, that person is receiving a total amount of help that's a third of the average cost of a one-bedroom.

Mercer: Public sector is on a "Strict diet" in terms of resources. 6% in WC and 8% of Guelph categorised as low income, they're one crisis away from experiencing homelessness, and though Fed and ONgov have a role, we can't think they'll solve all problems.

Mercer: We need a lens of poverty when local gov creates policy. The best transit should be in low income communities, most childcare too, it puts money in people's pockets. Those are levers we have, and they will make a difference.

Mercer: Also 12,000 people who don't have primary care in this community and they are disproportionately the poor and new Canadians. There are things we can do here, like pay doctors for paper work. They did it in BC and 25% bump in med students go into family med.

Question #2: What is the most pressing challenge?

Poste: Trying to find permanent places to call home, and access to timely and appropriate health service. Even if we could house everyone, w/o supports those placements would not be successful because health needs can be destabilising.

Mercer: There's so many priorities. Mental health issues in youth risen significantly, and there needs to be a child focused report, especially if we're thinking about prevention. Invest early in the kids and we will build better adults, and it works.

Mercer says we should focus more on high school graduation rates, because if you don't graduate you're more likely to end up on the by-name list. Who are not graduating, why are they not graduating?

Walton: Need to focus on social determinants of health because those are the people the system doesn't see until pretty far into their problems. Agrees with Mercer about building up from the kids.

Also, he notes that there are some people for whom the hospital is a home because they have no where else to go. Recalls one person (not in Guelph) who was dropped off at a hospital b/c his family couldn't cope anymore. He stayed at hospital for 9 months.

Walton: Hospital is the worst place for seniors to be given how they can get sick. 25% of hospital beds everyday are allocated to people who have no where else to be, and this is a housing issue too.

Next Q: What are the broader implications?

Mercer: Poverty affects us all, and though it's difficult, we need to think about how decisions impact those living in poverty first. There are simple things that don't cost a lot of money like lockers. She's been pushing for lockers at U of G and rec centres.

Mercer: Need to stop thinking that poor people are only allowed in certain places. It's not a disease. Some people live in poverty due to a variety of factors, some of which were decided before they were born. Acting to prevent poverty has longer term benefits.

Walton: It's often sobering to find out about the complex set of systems, almost disheartening. During pandemic there were similar issues with migrant workers in ag sector who don't have normal protections, and they were adversely affected by pandemic.

Walton: Highlights this because he gave a list of things he needed and he was told that no help was coming. Sometimes, the gov't has no plan, which was sobering but empowering b/c in the absence of no plan they could create one.

Walton: Radical collaboration is what's needed, and we can cut through the bullshit (his words). We need to look at where we can have an immediate impact, and there are days he feels oppressed by the regulations, but there are opportunities to exploit.

Poste: When someone's housing is destabilised, they no longer have a home which is huge. Someone enters shelter system exhausted, and that's an impact. They're trying to maintain job while in shelter. We also know social assistance rates aren't there.

Poste: Also, that unit that someone was evicted from goes on the market and is no longer rent controlled. That affordability is gone and it will never come back.

Next question: What opportunities are there for an integrated approach?

Mercer: There needs to be some kind of common area where people can talk about decisions made and how they're impacted. One organisations actions could provoke a response needed in another.

Walton: Need to worry less about individual turfs, and that goes to collective advocacy, see funding for Community Health/Stone Henge funding for Kindle Communities, that was a community effort to get voices heard.

Poste: Need to make sure we're meeting people where they're at in a moment of crisis, and we've been working towards that. All groups doing their own work, but housing focus should be priority for all work at all groups. Need to be thinking about that stability.

Last question: If you could implement any one or two changes, what and why?

Mercer: Increase transit to low income neighbourhoods and concentrate on communities with the most disadvantages. She's speaking as someone who doesn't take transit, but we need to invest in that advantage.

Poste: Consistent and stable funding for new housing options, we cannot lose what is there, but there's nothing that's dependable for non-profits to take on a huge asset like housing. Can build one or two buildings locally, but need all 3 levels of gov to scale.

Walton: Affordable housing, inclusionary zoning, using vacant land, housing first approach, rapid placement, and more. Need those sentinel pieces for immediate impact, but also an immense act of will from the community. Need to hold politicians accountable beyond 4yr mandate.

That's a wrap for the panel discussion. We're now going to throw it to Kelly Goz, the manager of homelessness special projects at the City of Windsor. She'll talk about a "Whole of Community Collaborative Approach."



Goz says she comes from a personal space where she's had family deeply impacted by these issues and watching them try and impact supports. She notes Windsor-Essex not that different from Wellington-Guelph in terms of size and scope of the issues.

Their by-name list is 779 households long and though they are placing a lot of people there's no stop to the demand, and the waitlist has tripled in size the last 10 years. They established housing first program in 2015.

Goz says a lot of the work she'll talk about came out of COVID-19, it was a disruptive event that forced them to no longer accept the status quo, move fast and break things. There's no debate at the table, it's about the personal, what is best for the person.

One of these was the Homelessness and Housing Help Hub, there was an under-utilised facility at Water World, it was a lot of space that could be used to allow for more social distance than shelters. It was staffed with legal and healthcare help.

H4 is now looking for a more permanent space that will accommodate those experiencing homelessness and the ones on the brink. She notes operating dollars are often not coming from other levels of government, capital dollars easier to get.

Goz says over 200 unique people come through H4 every day. The focus is on engagement, getting to know people. No desks. It's open 8 am to 11:30 pm. They also brought Ontario Works there for easy access, plus probation and parole to make it more central.

Goz says 133 people managed to be diverted from re-incarceration because it was easier for them to engage with their PO or check-in. They've also brought in the John Howard Society to look at diversion tactics.

It will still take a whole of community approach to solve homelessness though, and keeping in mind that each person is complex in their own way. And keeping mind that each person is a persons makes it harder to deny them help if they're just a number.

Should everything be grounded in best practices? Yes, but within the system there has to be a need for nuance. We think about the cogs in the machine, but the cogs only work when they all work together. It's about helping the people, there are always going to be funding fights.

It's easy to put the blame on acute care, but homelessness is tied to other health issues like mental health, over half the people on the mental health ward at the hospital there are homeless, need a discharge plan for people.

Goz notes that COVID-19 forced a lot of people to look at the problems because they can't be ignored. She encourages people here to spend half-a-day at the shelter and see what is happening.

Also, hospital and police are the end of the road for everyone. Police are being forced to respond to things outside of their purview, and so they started a Nurse-Police Team in W-E to provide harm reduction supplies, fentanyl test string & episodic med care starting in May 2023.

Not-so-fun fact: Ontario has one of the highest rates of lower limb amputation in the \*world\* and this is specially true for low income people. Windsor Hospital, health team and others created program to increase access to foot care and wound care.

Goz says leverage relationships where you can make sure the people you're trying to help have a voice at the table. Engage in dialogue and make sure you clarify the mysteries. Understand that housing is healthcare and that healthcare will keep people housed.

That's lunch!



We're back from lunch. This afternoon will focus on the table conversations, and they'll be building on the January direction that there needs to be a community health and housing plan and what elements are needed. Some of that was covered this morning.

12 elements:

- Housing options
  - Indigenous solutions
  - emergency responses to homelessness
  - basic needs
  - policy and funding advocacy
  - public education
  - integration of health and housing
  - health services (incl primary care)
  - mental health, substance abuse
  - preventative
- (cont'd)

- prevention services
- mapping and data collection

Some of these are pretty self-explanatory. Public education will deal with battling stigma essentially, integrating health and housing is about breaking down barriers to access.

Indigenous solutions means access to culturally safe options and Indigenous-led solutions. Prevention services can include social inclusion and wellness, especially for children and youth. There's also situational, which means supporting high risk people.

Each of the 12 topics is set up at one table around the room, everyone will get a chance to sit at three different tables, each round is about 35 minutes. Each table will have a note taker who will write down discussion points.

Participants are reminded that they're here to make a better community, and that this is the beginning of a response. Everyone's asked to be empathetic and respectful, and that feedback will focus on issues, and not any individual or organization. Intention is to be 1 team!

Everyone's in their study groups now, but no one's really given the media table any instructions about what to do so... 🙄 Just chillin' like a villain.

We're wrapping up the third table, so there will soon be a summary of the tables and some closing remarks.

Artuso returns to the stage and thanks the speakers for their input today, and thanks county staff for organising. She hopes everyone leaves today with a sense of understanding about the scale of the problem, and the sense of community here to make change.

She emphasises that this is a beginning. Community plan is based on trust and relationship building and data, and all that takes time. She's leaving here with hope, and that there is progress to help the most vulnerable.

The info from today and January's sessions will be collated, and there will also be more consultation with the community at large. We're starting small and moving bigger with the goal of making the lives of the most vulnerable in Guelph and Wellington County better.

Ame Papatsie returns to the stage to drum us out...



@threadreaderapp unroll please!

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