



On Thursday, November 23, 2023, the Living Space Relocation Review team hosted the first of two Community Working Sessions held during Part 2 of the Relocation Review. The purpose of the working session was to share the results from Part One of the Living Space Relocation Review and seek feedback on factors to consider when contemplating the relocation of the Living Space emergency shelter.

About 33 people participated, including representatives of the Youth Wellness Hub Youth Advisory Committee. Thank you to all participants.

The meeting was facilitated by Third Party Public Inc., the organization leading the Living Space Relocation Review, in collaboration with Eagle Cree Consulting. This summary was written by Nicole Swerhun, with notes from Ruth Belay and completed participant worksheets.

A draft of this summary was subject to participant review before being finalized. No suggested edits were received. If you have any questions about this summary, please contact Third Party Public at nicole@thirdpartypublic.ca. For more information about the Relocation Review see www.livingspacereview.ca.

Note that points are numbered in this summary for ease of reference only and are not intended to imply that some points are more important than others.

Community Working Session (2 of 2)

Living Space Relocation Review – Part 2

Thurs, Nov 23, 2023

7 – 9 pm

SUMMARY OF FEEDBACK

The following points summarize the overall outcomes from the Community Working Session. A synthesis of all feedback is provided in the pages that follow, including the transcribed feedback received on all completed worksheets and the notes projected “live” onscreen during the working session.

Overall Working Session Outcomes

1. Participants shared many significantly different perspectives and lived experiences in a way that was respectful and constructive for the vast majority of the working session. Some focused on the importance of patience and re-building trust.
2. Several participants identified a need for more than one shelter, with different shelters serving people with different needs. Others identified a need for one multi-service hub.
3. There were participants who saw no advantages and several disadvantages to an in-town location and others who saw no advantages and several disadvantages to an out-of-town location.
4. Many said that the shelter should meet people's basic needs. The need for other services and programming was also identified, customized to meet client needs and coordinated between service providers.
5. The importance of respecting the human rights of all people living in Timmins was raised, with a focus on the rights of people experiencing homelessness to be served and the rights of people not experiencing homelessness to live in a safe community.

Note from the Third Party Public facilitation team (as presented during the Working Session):

The intent of this feedback summary is to capture the perspectives shared, not to assess the merit or accuracy of any of these perspectives. As process facilitators, our Third Party Public team acknowledges:

- *Everyone has and brings different life experiences and perspectives.*
- *There are multiple public interests and tensions that exist between them for many reasons, including systemic factors that have historically and presently impact people differently.*
- *The Relocation Review process provides space for the full range of opinions and perspectives to be considered and opportunities to learn from each other.*
- *Our responsibility to support participants in discussing and addressing tensions and disagreeing (even vehemently) in a constructive way that builds trust in our ability to work together.*
- *People are complex and are at different places on their learning journeys. We will aim to hold each other accountable with grace.*
- *As a facilitation team, we are always learning, and we are open to feedback on how we can improve the process.*

The summary is based on the points shared verbally during the working session, as well as the written feedback received on completed worksheets (see Attachments for feedback shared through 10 Individual worksheets, 6 Small Table worksheets, and the “raw notes” projected on screen during the plenary discussion).

What does an emergency shelter that's working well look like to you? What's happening to make it successful?

There was a wide range of different perspectives shared in response to these questions. In broad strokes, we have grouped responses into three general categories of responses, including:

- Where the shelter(s) is located, the physical form of the shelter, and who it services;
- What services are provided; and
- How the emergency shelter is operated.

Where the shelter(s) is located, the physical form of the shelter, and who it serves

In terms of the location of the shelter, there were a range of perspectives shared.

1. **There were participants who said that they do not consider Living Space an emergency shelter** These participants said that they see a need for three types of facilities to address the full spectrum of homelessness, including:
 - A high barrier shelter for people suffering from mental health and addictions issues to

go to be matched with services. It is essential that this shelter have food because people struggling with these issues will face challenges getting food themselves. And if they're kicked out of the facility at 8am and hungry, they'll go find it in a dumpster or steal it.

- A low barrier shelter for people who don't have mental health and addictions issues also need a safe place to go.
- An “emergency” shelter when the low and high barrier shelters are full, it's -40 degrees, and we step up and open a church, arena, or other facility until the system can meet the need.

2. **There were participants who said that what's needed is one shelter that services as a multi-service hub.**

3. **There were participants who said that the shelter location needs to consider the make-up of the community.** There were participants who said:

- It needs to be located where it does not affect the local population;
- It must not be in a residential area;

- It must be away from schools and walking trails; and
- Away from vulnerable populations, children, schools, and seniors' centres.

4. **In terms of who is served and where they are served, there were participants who said that an emergency shelter should not be concentrated in one location.** Feedback shared included:

- An Indigenous-specific shelter;
- Separate sections for youth, couples, and seniors;
- Two distinct areas for men and women;
- More than one location to support the needs of different people (low/high barrier shelters, in-town/out-of-town shelters); and
- Separate sites that keep people facing major problems in a different location from others.

5. **There were participants that identified a need for rehab facilities and/or treatment centres and/or mental health facilities to serve people in a location that is not the emergency shelter, and ideally out of town.** There were participants who said:

- There should be no wait times to get into treatment; and
- People with mental health and addictions issues do not belong in the emergency shelter.

6. **Other thoughts on the form and location of the shelter included:**

- Think about a residence model where people have their own room with a common kitchen. It wouldn't be just for those that are homeless, it would also be for people who want to leave home, seniors and others.
- Timmins needs to re-introduce the co-op housing model. They manage themselves and if you meet the rules, you stay in.
- Space to access lockers to store items.
- Larger location with more beds and land.

What services are provided

There were participants who said that a successful emergency shelter:

1. **Has dedicated resources to meet the unique needs of the individual client.** There were participants who said:

- It has an intake process that meets people where they're at;
- Individualized care plans would be provided;
- Supports and services would be flexible and align with what works best for clients;
- There would be more rehab services and resources for youth;
- Has no wait times to access services – they're available today; and
- It would assume all homeless want to participate in the services.

2. **Basic needs would be met.** There were participants who said that this would include:

- Access to water
- A 24/7 kitchen (and healthy meals);
- Bathrooms;
- Access to showers and laundry;
- Access to winter gear.

3. **Has coordination between service providers.** There were participants who said:

- There are multiple service providers on-site;
- There is collaboration between shelters and supportive services and in-service education between service providers;
- There is a central service hub to assess a client's needs
- There's emphasis on coordinated access;
- There's a Memorandum of Understanding between all collaborating agencies that defines their commitment and accountability;
- There's a calendar of supports provided weekly with clear programming; and
- There are 24/7 services, with all support services in one building.

4. **Other services that were identified in a successful shelter included:**

- Life skills/learning opportunities (e.g., budgeting);
 - Crisis supports;
 - Mental health supports
 - Legal supports;
 - Addiction supports;
 - Housing supports;
 - Education (e.g., learn a trade);
 - Employment (e.g., jobs around the community);
 - Medical supports; and
 - Identification (ID) clinics to help people get their IDs (health cards, birth certificates, drivers licenses, status cards).
 - Handicrafts and painting.
5. **Has other activities.** There were participants who said that this could include:
- Speakers to inspire clients;
 - Cultural support and activities; and
 - An activity area for people to keep busy during the day (play cards, games, etc.).

How the emergency shelter is operated

There were participants who said that a successful emergency shelter:

1. **Has adequate resources and funding.** There were participants who said:
 - Just about everything mentioned during the meeting would be very helpful and very good, but who's going to pay for it?
 - It would be nice to have transparency on funding.
2. **Is a safe space.** There were participants who said:
 - There's adequate supervision, trained counsellors, and adequate protective service (24/7 coverage by guards that are trained and effective).
 - There are regulations related to weapons.
 - It's safe for staff and clients of the shelter.
 - Is a controlled environment with rules and clear expectations.
3. **Has skilled staff.** There were participants who described staff that:
 - Are multicultural, and that have received training from multicultural trainers;
 - Receive training in supports available in the community, harm reduction, trauma-informed, and sensitivity training; and
 - Treat clients with respect and are not judgemental.
4. **Has a mandatory needle return program and more staff to help clean up needles.**
5. **Has clear hours of operation.** There were participants who said:
 - There is no 8pm curfew.
 - It is open 24 hours.
6. **Has day-time community space that's safe and warm.** Full drop-in available.
7. **There is community engagement and open communication.**
8. **Is operated consistently with the Truth and Reconciliation Commission Calls to Action**
9. **Is based on a trauma-informed model.**
10. **Operates with direct input from shelter residents.** Clients have autonomy and the right to make their own choices.
11. **Takes a rights-based approach,** ensuring support for the Human Rights Code, Accessibility for Ontarians with Disabilities Act (AODA), doesn't discriminate based on illness or disability.
12. **Has a different approach to holding folks accountable for their actions.** It doesn't use the "service restriction" model. It's the behaviour that's the problem, not the person.
13. **Is free of drugs and alcohol.**
14. **Has privacy for clients.** In the dynamics at the current location, there are people taking pictures and posting pictures of clients. It's not a safe environment for the clients or the neighbours.
15. **Learns from other places,** like Australia and Alberta.

What do you see as the advantages and disadvantages of in-town and out-of-town potential locations for the emergency shelter?

Feedback from participants is summarized in the chart below.

	In-town	Out-of-town
Advantages	<p>To people experiencing homelessness:</p> <ul style="list-style-type: none"> • Easy to access, close to services (stores, medical, library, food providers, meal/soup kitchens, food banks, churches, hospital) • Close to support systems (family, friends) • Sense of community, being part of the community • Inclusive • Legal and ethical • Safety <p><i>There were participants who didn't identify any advantages.</i></p>	<p>To people experiencing homelessness:</p> <ul style="list-style-type: none"> • Privacy during a difficult time, isolate while recovering • Less interaction with discriminatory community • More focused help, much better outcomes • Away from drug dealers • Services could be accessed more efficiently, if done correctly (one-stop-shop or shuttle buses) • Easy access to land-based programming (not much outdoor space at current or previous facility) • Space to build a multi-use facility with services <p>To people not experiencing homelessness:</p> <ul style="list-style-type: none"> • Safer for residents and business owners • Fulfill mandate of town • Low impact on surrounding community • City is clean again <p><i>There were participants who didn't identify any advantages.</i></p>
Disadvantages	<ul style="list-style-type: none"> • Easier access to addiction • Living with constant discrimination, not feeling welcomed by the community • Angry homeowners • Crime, overdoses, concerns about public safety, danger to residents and businesses • Needles are a danger • Human trafficking puts people at risk • Hard to find space to provide land-based, cultural programming • Goes against City Council direction to explore options away from residential and commercial areas <p><i>There were participants who didn't identify any disadvantages.</i></p>	<ul style="list-style-type: none"> • Segregation, constant sense of discrimination, exclusion (especially if the majority are Indigenous – then it's like being on reserve, and we never asked to be there) • Harder to access the location and services (if services not available onsite) • People won't go if not easily accessible • Isolation from support systems, family, friends • Risk of mental health struggles • Cost – police, medical, mental health, groceries, transportation, moving the shelter • Safety concerns, vulnerability, people walking along the highway at night (Missing and Murdered Indigenous Women and Girls), risk of human trafficking increases, farther away from emergency services • Time – will take too long, we need a quicker solution <p><i>There were participants who didn't identify any disadvantages.</i></p>

Other feedback:

Related to concerns about crime, there were participants who said:

1. Catch and release does not work. Stop it. If there were consequences for illegal actions, that may bring crime down. Laws need to protect the general public so there need to be consequences to crimes.
2. The police have an obligation to protect the general public to live in safety. This is also a human right.

Related to patience and trust, there were participants who said:

1. The problem won't be solved overnight, so please be patient with the community and the agencies.
2. I wish our community finally gets together and we love and trust again.
3. Everyone is a member of our community and deserves the community's commitment to their well-being.
4. The community trust needs to be brought back.
5. People who are housed have been inconvenienced by the homeless issue. Imagine the inconvenience of people who are homeless.

Related to the relationship between tenants and landlords, there were participants who said:

1. Homeless people are not going into your yards because they want to. They're on the street because of discrimination with landlords. The shelter has a good connection with landlords willing to rent to people wanting to leave the shelter.
2. In response, there were participants who raised concerns about properties being damaged because they're being rented to tenants without living skills. This is a huge concern. It's linked to Iain de Jong's report "An Updated Plan and Investment Strategy for Homelessness Prevention Program Funding in the Cochrane DSSAB" which says one of the core principles on which the Housing First approach is based is

"No housing readiness requirements" and no preconditions for housing.

Related to the Relocation Review process, there were participants who said:

1. There should be more advertising of the Relocation Review process – suggest ads in the Timmins Times.

Related to needles and the safe injection site, there were participants who said:

1. Get rid of the safe injection site – it continues to have problems. If it exists, have it out of City limits.
2. Have a mandatory needle return program, more needle disposal boxes, and staff to clean up.

Related to other levels of government, there were participants who said the Provincial and federal governments have failed this file across the country.

Related to interest in accessing services, there were participants who said most items discussed assume that all or most of the homeless would take part in the services. Large portion of the homeless do not want services.

Next steps:

The Third Party Public team committed to sharing a draft summary of the feedback from participants for their review to confirm nothing major from the discussion was missing or off-base. The same process will be followed for all working sessions held, with final summaries posted on the Relocation Review website. That way people can review all summaries and see the same inputs as the Relocation Review team.

In addition to in-person working sessions, there is an online feedback form at www.livingspacereview.ca that asks the same questions. That gives an opportunity to people who are unable to attend working sessions to share their thoughts and/or those who have additional perspectives to share either before or after the working sessions.

Attachments

- ATTACHMENT 1. Transcribed feedback from Small Table Worksheets
- ATTACHMENT 2. Transcribed feedback from Individual Worksheets
- ATTACHMENT 3. “Raw Notes” projected on the large screen during the plenary discussion (as participants shared reports from their small table discussions and any additional comments)

ATTACHMENT 1. Transcribed Feedback from Small Table Worksheets

There were six (6) small table worksheets completed at the meeting (the notes on these worksheets reflect points raised during group discussion among members sitting at the same table). Some small tables answered all of the questions, while others answered a subset of questions. The numbers included here are for ease of reference only and do not reflect any order of priority. They also do not align with the numbered responses to other questions (because not all worksheets had responses to all questions).

1. Timmins will have an emergency shelter. What does an emergency shelter that's working well look like to you? What's happening to make it successful?	
#	Transcription of hand-written feedback on the worksheet
1	<ul style="list-style-type: none"> • (lack of funds) • It has to be a safe space with adequate supervision, trained councillors, adequate protective services (24-7 coverage by guards that are trained and effective) • Has to be located where it does not affect the local population – theft, break and enters, a threat to people on the street, must not be in a populated area (i.e., residential areas) • Not a safe injection site, it just continues their problem. • Catch and release does not work – it never ends. • Have activity area for people to keep busy during the day – play cards, games, etc. • Men and women in two distinct areas • Separate sites for people with major problems and well-behaved people • Treated with respect – feel that they are not loved, given hope, no self-worth, training and services, hope of a future, learn a trade, get prepared for society • Controlled environment • Assume that all homeless want to participate in the services
2	<ul style="list-style-type: none"> • Multi-service providers on site • Multicultural staff and training from multicultural trainers • Central services hub to assess client's needs • Indigenous specific shelter • Skilled staff, non-judgemental • No wait time or wait list/access services today • Truth and Reconciliation Calls to Action • Community engagement and open communication
3	<ul style="list-style-type: none"> • Clear hours of operation, Calendar of supports – when time for clients • ID clinics to support for ID • Expectations of shelter, What support service user needs • Supports and services user meets to see what's working for them, being flexible • Separating sections youth, couples, seniors • Community purpose, Legal supports, Basic needs • Talking about low/high barrier – confusing with a treatment centre
4	<ul style="list-style-type: none"> • Public safety or general public currently at high risk against our collective human rights • Emergency shelter should not be concentrated one location • No one addiction or mental health belong there – only people that really need help – we need rehabs and mental health facilities • No safe injection sites in Timmins – out of City limits if any people need the proper help • *has to be high barrier need to open mental health facilities • Need to build rehab centres there should be no wait ties to get in
5	<ul style="list-style-type: none"> • Access to resources/services (food, water, mental health supports, winter gear) • Away from schools and walking trails • More than 1 location to support the needs of different people (low/high barrier shelters, in/out of town shelters, with food access) • Mandatory needle return program • No 8pm curfew. Access to come in, but not out. This is huge barrier to services. • Larger location, more beds, more public garbages • Land space to be themselves

	<ul style="list-style-type: none"> • More needle disposal boxes and staffing to clean up • Space to access lockers to store their items • More rehab/resources for youth, specifically
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2. Both in-town and out-of-town locations for the Living Space emergency shelter have been suggested. What do you see as the top 3 advantages and disadvantages of both these suggested locations?

#	Transcription of hand-written feedback on the worksheet	
	ADVANTAGES In-Town Locations	DISADVANTAGES In-Town Locations
1	<ul style="list-style-type: none"> • Close to services and supports, stores, medical, library, food providers, meal/soup kitchens, food banks, churches • Hospital • Sense of community 	<ul style="list-style-type: none"> • Easier access to addiction • Living with constant discrimination • Human trafficking putting people at risk • Not feeling welcomed by the community • Moving from the current location adds cost to all service providers
2	<ul style="list-style-type: none"> • Accessibility – service providers, service users • Being part of community, Human Right 	<ul style="list-style-type: none"> • Angry homeowners • Discrimination
3	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Crime, Overdoses, Public safety
4	<ul style="list-style-type: none"> • More access to services/resources (food, water, mental health services) • Close to support systems (family, friends) • Easy to access quick, to get services 	<ul style="list-style-type: none"> • Danger to residents and businesses • Crime/needles are a danger • Hard to find space to provide land-based / cultural programming / house all services
	ADVANTAGES Out-of-Town Locations	DISADVANTAGES Out-of-Town Locations
1	<ul style="list-style-type: none"> • Privacy during a difficult time • Less access to urban substances and services • Less interaction with a discriminatory community 	<ul style="list-style-type: none"> • Segregation • Could create or use unsafe drugs due to addiction • Less access to necessary services • Putting people at risk (Missing and Murdered Indigenous Women and Girls) • Cost – police, medical, groceries, mental health, transportation, moving shelter
2	<ul style="list-style-type: none"> • Away from family supports • Community engagement, Land-based 	<ul style="list-style-type: none"> • Vulnerability • No transportation
3	<ul style="list-style-type: none"> • Less crime, Less temptation, More focused help, Much better outcomes 	<ul style="list-style-type: none"> • They won't want to go so we need laws to force them
4	<ul style="list-style-type: none"> • Away from dealers/away from pressure to go into drug use/controlled environment • Rehab programs away from the city safer for the residents/business owners in the city • Services could be accessed more efficiently, if done correctly (one stop shop or shuttle buses) • Easy access to land-based programming/farm programs, routine schedule, with activities 	<ul style="list-style-type: none"> • Harder to access the location and services (food, drinks, mental health counselling) • People won't go if the location is not easily accessible • Isolation away from support systems, family, friends • Risk of mental health struggles

3. Do you have any other comments to share with the Relocation Review team?

#	Transcription of hand-written feedback on the worksheet
1	<ul style="list-style-type: none"> • Laws need to protect the general public so there needs to be consequences to crimes
2	<ul style="list-style-type: none"> • There needs to be more empathy for the homeless population in Timmins • We <u>need</u> to know where the funding is going – more transparency
3	<ul style="list-style-type: none"> • We are victims of every scenario of impact. When we tried to speak, our landlords silenced our voices. We still in these situations, fearing our livelihood. We are living in a trap house. Was not like this before Living Space opening. A fence went up to protect us but because our voice was silenced the problem trapped us in our homes/apartments. We seen it all. From dealers to people in dire need. We are currently living in 3rd hand smoke. Apartments are broken into and daily we fear burning down, even tonight. It is affecting our livelihood in every way. We are taking this to Landlord Tenants Act and still waiting – going homeless. We spoke to Living Space when this started that it would affect community and that was ignored, (which is) why we are here now. I have done civil service for 10 years. I am a plasterer by trade and would love to rebuild the city instead of losing everything, including my life. And we were told we were racist for speaking up.

ATTACHMENT 2. Transcribed Feedback from Individual Worksheets

There were fourteen (14) individual worksheets completed and one written submission received at the meeting. Some people answered all of the questions, while others answered a subset of questions. The numbers included here are for ease of reference only and do not reflect any order of priority. They also do not align with the numbered responses to other questions (because not all worksheets had responses to all questions).

1. Timmins will have an emergency shelter. What does an emergency shelter that's working well look like to you? What's happening to make it successful?	
#	Transcription of hand-written feedback on the worksheet
1	<ul style="list-style-type: none"> • Calendar of supports weekly – TNFC, SCAS, Housing, CMHA, medical • Life skills/learning opportunities • IDs – HC (health cards), status, BC (Birth Certificates), DL (Drivers License) • Clear expectations – clear programming • Crisis supports • Clear hours
2	<ul style="list-style-type: none"> • Has an intake process that meets people where they're at • Separation between women/men • Supports in the moment – mental health, addiction, housing, medical, life skills, budgeting • Basic needs • Transitional process – steps towards being housed, plan of care process • Empowerment, jobs around community, education • 4 shelters – high barrier, low barrier, transgender, cultural/men's • Cultural support and activities • Collaboration between shelters and supportive services, in-service education between service providers • Training on supports in community, harm reduction, sensitivity training • Safety for folks – staff/service users
3	<ul style="list-style-type: none"> • Open 24 hours • Essential needs, laundry, washrooms, nutritious food • Secure, properly staffed, full drop-in available • Access to services
4	<ul style="list-style-type: none"> • Emergency – this is your last resort • Using emergency shelter doesn't define what currently or needed in Timmins • Acknowledge difference between low/high barrier and serving both is critical, is required • Dedicated resources to meet unique needs of the individual client • Food – dignified access to food but that is at the shelter or very easily accessed • Access to a wide-range of services that are identified in the system of care • Away from other vulnerable populations – children (schools, seniors centres)
5	<ul style="list-style-type: none"> • Individualized care plans • Emphasis on coordinated access • Memorandum of understanding between all collaborating community/provincial/federal agencies = defines commitment and accountability • Strong emphasis on meeting people's basic needs – 24/7 kitchen (healthy meals!!), access to showers and laundry (restores dignity) • Trauma informed model • Direct input from shelter residents, shelter residents should be made to feel empowered and have autonomy and the right to make their own choices • Come up with a different approach than a "service restriction" model while still holding folks accountable for their actions - it's the behaviour, not the person
6	<ul style="list-style-type: none"> • Needs to be a high barrier, has to have rules
7	<ul style="list-style-type: none"> • Have rules
8	<ul style="list-style-type: none"> • 24/7 services – all support services in one building!
9	<ul style="list-style-type: none"> • Bathroom, food, shower, 24 hours a day • Daytime community space – need safe, warm space • Hire security • December 31 / plan in place – injection site, methodone, get rid of it

	<ul style="list-style-type: none"> • Crime – no catch/release – 28 days, jail cells • Hiring/crafts, painting, activities • Reward – program – interest them in doing better, everyone has choices • Hope – speakers to inspire
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2. Both in-town and out-of-town locations for the Living Space emergency shelter have been suggested. What do you see as the top 3 advantages and disadvantages of both these suggested locations?

#	Transcription of hand-written feedback on the worksheet	
	ADVANTAGES In-Town Locations	DISADVANTAGES In-Town Locations
1	<ul style="list-style-type: none"> • Access to supports • Inclusive • Legal 	
2	<ul style="list-style-type: none"> • Accessibility for clients • Accessibility for service providers • Ethical and legal (human rights) 	<ul style="list-style-type: none"> • Perceptions • Discrimination
3	<ul style="list-style-type: none"> • Proximity to specialist services • If not accessing Living Space, then option “shelter” easier to access • Proximity to friends/family support circles 	<ul style="list-style-type: none"> • Impact on surrounding area (i.e., residents, business climate) • Lack of privacy for clients, open to harassment
4	<ul style="list-style-type: none"> • Access to other services, 24/7 service • Safety • Family access 	<ul style="list-style-type: none"> • ? • ? • ?
5	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • No access to services • No 24/7 access • Disability – sex traffic
6	<ul style="list-style-type: none"> • Services that give them hope • Health/mental issues worked on, lift up • Rehab – independence, career of worth, educate, accomplish, hope 	
	ADVANTAGES Out-of-Town Locations	DISADVANTAGES Out-of-Town Locations
1		<ul style="list-style-type: none"> • Accessible • Transportation • Isolation
2		<ul style="list-style-type: none"> • Inaccessible – will create more people downtown • Safety concerns • Discrimination and exclusion • Risk of human trafficking increases
3	<ul style="list-style-type: none"> • Fulfill mandate of town • Time to develop and funding 	<ul style="list-style-type: none"> • Transportation • Access
4	<ul style="list-style-type: none"> • Space to build a multi-use facility with services • Anonymity/stigma because a pos. for treatment • Low impact on surrounding community (i.e., neighbours, businesses) 	<ul style="list-style-type: none"> • Transportation, logistics = barrier • If services not available on site, then distance to reach services is a disadvantage • Lack of funding to support services needed
5	<ul style="list-style-type: none"> • Away from citizens, kids can play outside and elders can go uptown without being harassed • City is clean again 	<ul style="list-style-type: none"> • None • Bring the services to the shelter
6	<ul style="list-style-type: none"> • Treatment • Get off drugs • Learn options for a skilled trade/interests • Isolate while recovering 	<ul style="list-style-type: none"> • They all want to be in town, so will that solve anything • If no intervention • Isolation, depression

2. Do you have any other comments to share with the Relocation Review team?

#	Transcription of hand-written feedback on the worksheet	
1	<ul style="list-style-type: none"> • Homeless people are not the real problem and its not fair to them to mix them in with people that may transition them to homeless to being a drug addict. They should be kep separate and safe from this. Having different separate locations would I think would be better. The ones that are addicts can receive treatment then they can go back into the community only when they are well enough to do so. 	
2	<ul style="list-style-type: none"> • Pharma is the winner in all of this – drug dealers 	

ATTACHMENT 3. “Raw Notes” projected on the large screen during the plenary discussion (as participants shared reports from their small table discussions and any additional comments)

Timmins will have an emergency shelter. What does an emergency shelter that’s working well look like to you? What’s happening to make it successful?

- Wherever shelter is and whatever it looks like, need access to services – food, water, etc.
- Away from schools and walking trails
- More than one location to support needs of different people – in and out of town, low and high barrier
- Curfew can pose problem – idea – people can come in but not go out
- Larger location with more beds to serve more people
- More rehab programs and resources specifically for youth, 12-25
- Access to lockers for people to store their items, and mandatory needle return programs
- More staffing to help clean up needles
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- Open 24/7 not closed during day
- Should be free of alcohol or drugs
- Should be guidelines
- Needs regulations
- Regulations related to weapons
- More security
- Need strict rules – no drugs or alcohol
- Basic essential needs met – food, living skills,
- More coordination between agencies
- -----
- Adequate resources and funding
- Accessible services – so meeting people where they’re at and responding to issues they present with
- Return to hub model with 24/7 supports
- Rights-based approach, ensure support Human Rights Code, AODA, services based in reality of the supports we can provide
- AODA – e.g., can’t discriminate based on illness or disability, specifically talks about addictions – can’t limit access to services based on a disability, can’t put a rule that would disqualify them
- Need options for people
- -----
- Should be a separate place for people with drug problems, instead of in place where others can get hooked – should be all separate
- Don’t mix homeless people with drug addicts
- -----
- “emergency shelter” – for us, Living Space is not an emergency shelter
- For us, “emergency”
- Low barrier and high barrier shelters, determine needs of clients when entering – we need shelter space to address the full spectrum of homelessness
- Need space for people suffering from mental health and addictions with matching services
- People who don’t have those issues, and safe place to go
- “emergency” – when those places tapped out and still homeless and -40, then step up and open church, arena, facility, until get rest supports to balance it
- 3 different levels
- Essential to have food, especially in low barrier situation, struggling with MH and addictions issues, having them figure out where to go to figure it out, nightmare
- Not ask someone to leave 8am with no food – they’ll go find it in dumpster, bag it, steal it
- Until in position when choose eat or don’t eat, you don’t know why I made the decision I did – that’s a dynamic at play and need to feed the people we provide services for
- Whatever service required by individual client, every person has different need – need to ensure those are provided at proper facility. NOT 8-noon at X location, and 3-6 on Friday go here – need an Service-Hub type structure
- Away from other vulnerable populations – children, seniors – when put people out who are suffering in life, putting them outside bus stop for kids at same time of day when kids going to school. Feel for everyone involved – people on the street at 8am and feel for kids standing 10-15 feet away doing drugs beside them
- Value Village right below gym facility, 16 yr old daughter, that business would pay the price if people stopped going
- CONSIDER THE MAKE Up of the community

- Facility that has ability to have privacy for the clients – in the dynamics its in now, have people taking pictures, people posting pics, not safe environment for clients or the neighbour
- -----
- 19 years ago at big AGM for Goldcorp in Mexico, fly through Toronto to get to Mexico. Never had seen street people in Timmins. In Australia, anyone on street is put in jail. Human Rights – the police has an obligation to protect the general public to live in safety.
- Last 4 years its been going down. We're killing these people because many don't want to go to shelter.
- It's a BIG failure – I'm ashamed to be called Canadian. Shelters with no rules, doesn't work.
- Need more than one shelter, can't be just one location. No one addicted or mental health issues belongs there. Need rehab. That would be serving these people a lot better and whole community at large.
- Not sure where common sense went.
- Safe injection site should not be in town.
- Need to open mental health facilities and rehab centres. Should be no wait time to get in because when someone's ready, there needs to be a place for them.
- Swiss couple – our country went through what you're going through years ago, need special places to bring people.
- -----
- I'm in ground zero, victimized in every which way by standards in this community. Rights violations of every angle.
- Still doing neighbourhood watch. Still picking up needles. It's an extreme crisis. Picked up over 5000 needles in a month, half on my property.
- Fundamental rights are being slipped under the rug. We should be able to have a voice on every angle of these rights.
- We've survived dealers, break ins constantly. Affected mental health, quarantined because of bed bugs. Constantly fear safety and being burned down every night because no safety. Tried to speak to landlords, and OAHS – feared going home. Told were racist.
- Wish our community finally gets together and we love and trust again.
- -----
- BIG item that no one has mentioned, where does the money come from? Just about everything mentioned would be very helpful and very good. But who's going to pay for it?
- -----
- Homeless people are not going into your yards because they want to. They're on street because of discrimination with landlords. Shelter has good connection with landlords willing to rent to people wanting to leave shelter.
- Has to be engagement from people that own houses that are empty – could get people out of yards and out of your face.
- Shelter would have multicultural staff, multicultural teaching training, multi-services, multiple locations (ideally), but most of all there would be community engagement, everyone wants to problem solve but no one wants to help.
- Problem that won't be solved overnight, so please be patient with the community and the agencies.
- There's wait time for everything – the services need to be now, today. There aren't enough staff. Can recommend people for treatment but if no treatment centre, doesn't help.

Both in-town and out-of-town locations for the Living Space emergency shelter have been suggested.

a) What do you see as the top 3 advantages and disadvantages of an in-town location?

b) What do you see as the top 3 advantages and disadvantages of an out-of-town location?

- Out of town
- Advantages
- Away from dealers and pressure to go back to drug environment
- Safer for residents businesses and others
- Had home broken into to, kicked in door – less like
- Services could be accessed more efficiently – one stop shop or shuttle buses, easier to access land based programming
- Disadvantages
- Harder to access – food drinks mental health counselling, would be nice to have that onsite
- People won't go if not easily accessible, could lead to more harm to city than we have now
- Somewhere for people to comfortable, safe, have stuff stored. Right now at LS lay on stuff all day
- Isolation from support systems, family and friends – want transition to be as easy as possible, and as community we need
- -----
- Disadvantages Out of town
- Inaccessibility – people typically have to get around by foot
- Safety concerns – increased risk human trafficking, people walking along highway at night, farther away from emergency services (like overdose response)
- Idea of exclusion – some people welcome within city limits, and others are not
- -----

- Out of town
- Advantages
- Depends on what the facility is, what transportation provided is
- Space to build the proper facility with the proper amenities and service provisions on site
- Difficult to take any building in high density area of city and try and transition all services required
- Culturally appropriate spaces – could be indoor outdoor if out of town (current and previous facility didn't have much outdoor space)
- Issue of privacy and anonymity, not under constant scrutiny and invasion of privacy
- Social media extremely disheartening – there's a right to dignity, people aren't even doing anything wrong and photo plastered – place for people to live
- Low impact on surrounding area and neighbours, lower density area has fewer
- DISADVANTAGES
- Transportation logistics, if don't have that in way that people can come and go as they wish, and safe – additional cost
- Based on type of facility, if not all inclusive, distant from other services is an issue
- Lack of upper level government funding to support the facility that would exist – FAILED this file across country (province and feds)
- -----
- 1995, City developed 250 units, and 30% of those units were geared to income, and 70% subsidized the 30%. Operated as coops. Had rules, and integrated.
- 5 wards, everything concentrated.
- Another 300 units were also developed. City needs to create 30% of new units – not to have concentration in shelter in winter.
- Need coop model. They're managed themselves. If you meet rules, you stay in.
- All here and all full. That's likely 20% of housing stock. No new developments since late 90s. It's in Official Plan and provincial guidelines, just forgotten.
- -----
- No advantage to having LS like it is today in town.
- First LS location ridiculous because right by Algonquin where big trucks passed.
- DIS
- Overdoses and public safety.
- Out of town
- ADV – less time, less temptation, huge plus if going to be successful trying to quit, get more focused help if have facility. Will have much better outcomes
- DISADV – some people may not want to go, if someone keeps committing crime, need to go to jail or go to rehab. Depends on crime. May not be able to save everybody, but have to give it a go. Somebody's brother, somebody's parents. A lot of people are making money off these people. About 12 years ago – biggest addiction was prescription drugs.
- -----
- If we have resource out of town, will need a central hub. Place to for people to go – need a hub to evaluate people, that community trust needs to be brought back.
- Gatineau – have a service hub where have resources, arts, crafts, tool room, music room, instruments, hobby tools, carpentry, bead work, managed by intervention workers. Signs can be seen. Community supports are there.
- Limited to certain groups (16-30)
- Addiction – stuck in emotional block somewhere
- Need a resource/game room/community house to link all the other resources
- No age restriction
- -----
- In town – goes against mandate of City away from residential and commercial
- Out of town – disadvantage, time – need a quicker solution, will take too long
- -----
- Just about everybody assumes that all or most of homeless would take part in the services, whether in or out of town
- Large portion of the homeless do not want services. Want to stay high, stay out there, and don't bother me. Most items discussed would be for people who want to take part in these services. Just want to get high and survive.
- -----
- As an Indigenous person, need to remember call to action for Truth and Reconciliation
- Several issues heard – homeless, mental health and addiction, crime – sometimes these intersect, but they don't always. Important to understand this.
- ADV IN TOWN – maybe we need an Indigenous-focused shelter. Would need to be close to services and supports. Stores, library, food services, meals, soup kitchens, food bank, churches.
- Sense of community

- DISADV OUT OF TOWN – big cost for the city, because we need probably to have more bus service or else stuck in town
- Constant sense of discrimination, especially if majority indigenous – like being on reserve and we never asked to be there
- Increased risk to human trafficking
- Added cost to move – to all service providers
- Segregation, could create or use unsafe drugs
- Less access to necessary services, put people at risk
- Murdered and missing Indigenous women
- ADV OUT OF TOWN
- Privacy during difficult time
- I can't speak for another nation
- I'm not surprised to see the demographic of the room. You've been inconvenienced by homeless issue, imagine inconvenience of people who are homeless
- Ask people why they stay in town – have families who are housed, putting them far away is not always good for people who have already been separate from their families for so long.
- -----
- Could location of safe injection site be considered along with the way we're considering LS relocation
- Everyone is a member of our community and they deserve the community's commitment to their well being
- Would be nice to have transparency on funding.
- -----
- Danielle smith, Check Alberta
- RADIO – Q93.1 – a couple
- Change catch and release law – that would lower crime
- If there were consequences for their actions, that may bring crime down. Police
- TIMMINS TIMES**
- Bail beds on subdivisions – parents afraid to let kids out.
- -----
- Huge concern if provide addicts housing without living skills, not fair
- CDSSAB – allowed people to wreck house and don't worry
- -----
- Residence model – own room with common kitchen, not just for homeless, people who want to leave home, seniors, others
- **Really worried about no housing readiness requirements** see Iain De Jong report**
- That's another consequence of having them trashed -