

On Tuesday, November 21, 2023, the Living Space Relocation Review team held a working session with service providers 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.

38 people participated including representation from 20 organizations, including the Anti-Hunger Coalition, CMHA, CDSSAB, Cochrane Timiskaming Resource Centre, Ellevive, Infrastructure Canada Reaching Home, Ininew Friendship Centre, Monteith Correctional Centre, Northern College, Ontario Aboriginal Housing Services, Porcupine Health Unit, Safe Health Site Timmins, Salvation Army, Timmins and Area District Hospital, Timmins and Area Women in Crisis, Timmins Native Friendship Centre, Timmins Police, Timmins Victim Services, Timmins Youth Wellness Hub, and the United Way. Elder Pat Etherington Sr. shared opening and closing prayers, along with Elder Francis Whiskeychan. 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](mailto:nicole@thirdpartypublic.ca). For more information about the Relocation Review see [www.livingspacereview.ca](http://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.

## Working Session with Service Providers

Living Space Relocation Review – Part 2

Tues, Nov 21, 2023

9 am – 12 pm

## SUMMARY OF FEEDBACK

*The intent of this feedback summary is to capture the perspectives shared, not to assess the merit or accuracy of any of these perspectives. It 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 14 Individual worksheets, 7 Small Table worksheets, and the “raw notes” projected on screen during the plenary discussion).*

*There were many times during the working session when participants said that they agreed and supported the points raised by others. Specific objections to points were not raised (or were very limited), however it’s also important to note that every participant was not specifically asked if they agreed with every point shared. As a result, this summary should not be interpreted as consensus on the part of all participants.*

### What does an emergency shelter that’s working well look like to you?

There was significant common ground among participants about what an emergency shelter that’s working well looks like. The points reflecting this common ground are listed below.

#### **In response, participants said that an emergency shelter that’s working well:**

- 1. Has a clear mandate, leadership stability, and continuous improvement.** Participants said:
  - there’s clarity on who can access the shelter and has a clear definition of services offered;
  - the shelter has clear policies informed by those with Lived Experience and First Nations;
  - there’s strong board governance and a strategic plan;
  - the shelter has long-term planning for sustainability, despite uncertainties with long-term funding;

- the shelter has rules for safety;
  - there are qualitative measures of success, and improvements are made over time with data; and
  - there's more focus on outcomes.
2. **Has qualified/well-trained staff with wages reflective of the cost of living.** This includes hiring people that are understanding and compassionate, with social service work education as well as peers who can deliver peer-led programs. A thorough on-boarding process is needed and specific training in several areas, including (but not limited to):
- understanding the truth about the history of First Nations communities;
  - incorporating First Nations culture and cultural healing into services;
  - culturally safe and culturally appropriate services;
  - how to be tolerant with emotions;
  - sensitivity training;
  - crisis prevention, de-escalation, and intervention;
  - suicide prevention;
  - anti-stigma and anti-racism; and
  - trauma-informed approaches.
3. **It's not just a shelter, it's also a service hub (that works in tandem with the emergency shelter), with culturally appropriate drop-in centre activities.** Participants said an emergency shelter that's working well:
- is accessible by foot;
  - has 24 hour service navigation, 24 hours a day, 365 days per year;
  - is low barrier that offers equitable services;
  - doesn't lock out or ban people (though there were some that disagreed that said that people should be banned for x number of days for violence);
  - provides the option for people to stay inside in the morning (not requiring people to leave the shelter);
  - allows animals;
  - is homey;
- is an open concept, safety-oriented facility where everybody is able to see everybody, making sure everyone is protected; and
  - has early interventions, with conversations right when people come in to ask "Where are you at? What do you need?" What are you hoping to achieve in the next few days/weeks?" and
  - provides incentives for accessing services.
4. **It provides client-centred, trauma-informed, culturally appropriate wrap around services on-site,** including:
- addictions and mental health counselling;
  - food on-site (3 meals per day) and/or access to the food bank;
  - medical and physician services;
  - dental hygiene;
  - life skills (e.g., cooking, getting identification cards like Status cards, health cards);
  - how to transition out of jail;
  - more showers and hygiene facilities;
  - specific services for youth;
  - social activities that bring joy;
  - info sessions and outings that support interactions with people;
  - cooking outside; and
  - stories and supports from elders.
5. **Offers access to services that are efficient and well-coordinated.**
- The services are provided through structured visits (not randomly), with a weekly calendar with information about which agencies will be there and when.
  - There is collaboration between organizations/partners providing services and information sharing. Services aren't duplicated.
  - An option for mobile treatment is offered so that services can be delivered outside of the community and to other communities.
6. **Has a monitoring system for clients who are under the influence of substances.** There are people trained in addiction and mental health

services who know how to observe clients using substances. We can train people to do this. “I don’t want to hear about another death at Living Space ever again.”

**7. Is Housing First focused, following evidence-based best practices.**

- Every individual has a right to be housed in adequate and safe living circumstances. People are better equipped to move forward with their lives when the basic need of shelter is addressed. We know from both experience in the field and the research that recovery is strongly dependent on an individual’s access to housing. Many folks attend treatment and are forced to return to the same environment where drug use is rampant. This causes individuals to relapse the majority of the time and the cycle continues. This is not to say those using drugs should not access emergency shelters. This is to demonstrate the need for links to housing resources for those that have already accesses this crisis-based service. Instead, what we currently have, is individuals staying at the emergency shelter for an extended period of time, without proper support in moving them towards their goals and next steps of the continuum of care.
- An emergency shelter that’s working well should have dedicated funds, workers, and resources allocated to affordable, adequate, and permanent housing. If this is not prioritized, many folks will remain in this emergency setting which will further put a strain on them at the individual level (mental

health, substance use, financial) as well as more broadly on the system itself (extending services beyond capacity and not fulfilling the mandate and goal to end homelessness).

- It has discharge planning services that support departure from the shelter into long-term affordable housing with enough supports to make that new housing situation successful for the client.
- Many folks are set up to fail when they are discharged from hospitals or treatment centres, back into homelessness.

**8. Has the necessary equipment and supports to support a harm reduction approach.** This requires equipment and supplies, health teaching and outreach services to become a priority.

**9. Has the support of the public.** If we want the public on board, we need to look at it from their perspective – this needs to be a measure of success. There also needs to be transparency to the community – we need to think about what the annual report to the community can look like. The stigma around homelessness needs to be addressed.

**10. Has adequate supports for staff and service providers who are experiencing vicarious trauma.** There needs to be more attention given to Living Space staff, including Employee Assistance Program (EAP) services, counselling services, and other supports to keep staff healthy and well. Our agencies and the community are also going through this.



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

	In-town	Out-of-town
Advantages	<ul style="list-style-type: none"> <li>• <b>Easier</b> – accessibility for everyone (clients and service providers), close to housing, school, public transit, other services (legal, medical, etc.)</li> <li>• <b>Cheaper</b> – moving an organization costs money that could be used for something else; decreased cost transportation; DSSAB owns the building; better for taxpayers</li> <li>• <b>Safer</b> – for clients, and quicker response time for police, ambulance, hospital, if needed</li> <li>• <b>Closer to formal and informal social and emotional supports</b>, community connection</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Less burden on the downtown</b>, less overt stigma, less public discrimination</li> <li>• <b>Community would feel safer and on board with the decision</b></li> <li>• <b>Less access to substances</b> for clients (but temporary), away from negative influences and triggers in the community</li> <li>• <b>More physical space for different types of programming</b> and meeting different needs (e.g., healing in a peaceful place; space for land based programming, especially since 4/5 people experiencing homelessness identify as Indigenous; more space for families; gardening; etc.)</li> <li>• <b>Reduces burden on people who don't want the weight of seeing people struggling on the street</b></li> <li>• <b>Less exposure for those that use the service to the increased anger towards the homeless population</b> (and fewer pictures and videos of homeless people being taken without consent and being uploaded to social media to be ridiculed)</li> </ul>
Disadvantages	<ul style="list-style-type: none"> <li>• <b>Increases visibility of homelessness</b></li> <li>• <b>Increased stigma and hate</b>, puts a big target on the population being served,</li> <li>• <b>Victimization</b> of community members, clients, staff</li> <li>• <b>Limits choice</b> (one shelter option, in one location)</li> <li>• <b>Contributes to misconceptions</b> that having shelter leads to crime and increased risk for people (“There is crime in my neighbourhood and it has nothing to do with Living Space.”)</li> <li>• <b>Substances more readily available</b> in town than out of town, and are more in the neighbourhood (on street, near homes, schools, businesses)</li> <li>• <b>Moving the emergency shelter to another location in town</b> doesn't address concerns</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Doesn't solve the problem.</b> Moving the shelter doesn't mean people will move – it may just displace people further into streets, alcoves, and sidewalks.</li> <li>• <b>Increases cost</b> of transportation.</li> <li>• <b>Less access</b> to services and resources.</li> <li>• <b>Endangers lives</b> due to elements and weather.</li> <li>• <b>Retraumatizes people already impacted by colonial practices</b> (as learned through the National Inquiry into Missing and Murdered Indigenous Women and Girls).</li> <li>• <b>Public will no longer see problem therefore won't advocate for change</b> (out of sight, out of mind).</li> <li>• <b>Will lack inclusion and connection</b>, which is opposite of what we want to do with our displaced neighbours.</li> </ul>

## Other options to consider related to shelter location/relocation:

1. **Some participants suggested that different types of shelter locations may help meet** the diverse needs of folks experiencing homelessness and support provision of multiple levels of service supports. It was suggested that a multi-shelter model could include locations and/or services specific to different needs, such as:

- one land-based shelter;
- one low barrier shelter;
- one zero tolerance/drug free shelter;
- one shelter for women and gender diverse folks (to address safety and security issues with this population);
- separate areas for whole families; and
- a shelter specifically for youth.

It was also suggested that the City could provide lots specifically for people who want to live on the land.

2. **Some participants suggested that all services be in one place**, providing a “hub” for multiple services, and that should happen at Living Space. Different spaces could be created on different levels and/or in different locations of the same building.

3. **Some suggested that it may be helpful to differentiate between overnight versus daytime locations**, with the potential to identify additional daytime locations where service providers can come to provide supports.

4. **Mobile treatment** was suggested to deliver services outside of the community and to other communities.

## Other feedback:

### Related to First Nations

1. **Mental health and addiction services on reserve are almost insignificant or not prioritized.** There are important Acts that don't apply on reserves, like the *Ambulance Act*, the *Fire Prevention Act*, etc. So Indigenous people come to larger communities to access services that aren't available on reserve, and often we don't receive those services here either.

2. **Need to have a place where people can go and learn and understand about First Nations.**

- I work in the sector and I don't see an opportunity to learn about First Nation culture. There should be more awareness and festivals, for example, maybe one day per month dedicated to this.
- I had to go to library to learn about my culture too – learned my politics, history culture there.
- First Nations leadership and City leadership need to be at the table together to build bridges and support cross cultural services. This is a two-way street. Timmins needs to try and understand First Nation culture and First Nations leadership needs to understand and accept that and think about how they can help. There used to be a “Building Bridges” event years ago to strengthen relationships, but it went in a different direction than intended.
- Smudging is a way of invoking good spirits. There is a place and time for it, and reasons. When we light up sage, it's a way of invoking good spirits. It's an option, not an obligation to smudge.

3. **I don't show my emotions because in residential schools we were punished for showing our emotions.** I've put my comments in writing on the worksheet.

## Related to homelessness

4. **The many systems that affect homelessness/poverty are definitely not broken...they are doing exactly what they've been designed to do.** They separate the “haves” from the “have nots” and leave vulnerable individuals in a state of constant struggle left to rely on these very same systems. The cycle of poverty will only continue.
5. **It's not the homeless person that's at fault.** The homeless situation was created long ago in legislation and policy – that's what needs to be revisited.
6. **All of these things we are talking about are linked to ending homelessness.** The emergency shelter is part of solution to ending homeless. People here are working to make their jobs redundant, so these services aren't needed.
7. **We need to address the Wait List for housing.** There were participants that said:
  - People want help. People do make an effort. And when they finally latch on to one service provider, their next challenge is to find shelter or a home and they're told to wait – anywhere from one week to one year. That means they're not going to make it. I've seen it happen and I know what they go through.
  - The presentation said that 4 out of 5 people experiencing homelessness are Indigenous, so 4 out of 5 housing units should be for Indigenous people.
8. **People struggle to survive when they have to spend so much per month on rent.**

## Related to the Relocation Review Process

9. **I'm in awe of people who work in this sector in Timmins.** When I hear you speak I'm hopeful and inspired.

10. **I honour and respect the process being implemented for the Relocation Review** – it holds impartiality and is objective. It should include something about how to facilitate implementation of the outcomes of the Relocation Review.
11. **It's disappointing that there aren't more Indigenous people participating** in this working session.
12. **It would be helpful to define the catchment area for the emergency shelter.** People come from Timmins and they also come from outside Timmins because there are no other emergency shelter services throughout the Cochrane district (or they are few and scattered). We can think about how to scale services to other areas.
13. **Most people here don't want to come to the Community Working Session tonight.** There were participants that said:
  - So many bridges need to be built. It's not just cultural – our community needs healing. People don't want to come because it's too difficult.
  - We need to provide the opportunity for a service provider or two to be a bridge to strengthening the understanding of residents and businesses.
  - I wish I was strong enough and brave enough to come tonight. We need to paint the picture that anyone can be homeless and we need to say it in a way that people can hear it. I've been here for years and I've never seen it like this. Any of us can be on the street. People need to know that.
  - It's distressing to hear that people are afraid to go to the community meeting and that people are emotionally burnt. General meetings provide an opportunity to express and to vent, and that's fine. We need to accept and understand that. But let's not let it detract us or let it scare us off. Fear is fine – it's part of our everyday life. We face it every time we take on a new challenge.

People will yell and it can be scary and maybe it's not the best way to communicate, but if we're not listening, the conversation will be about closing the shelter. Everything we said won't matter if the public doesn't want the shelter.

### 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](http://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. All feedback is important. Anything received before Friday, December 8, 2023 will be included in our Part 2 Feedback Summary, with any comments received after that point being captured in our final Relocation Review Report.

## ATTACHMENT 1. Transcribed Feedback from Small Table Worksheets

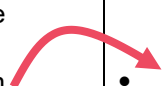
There were seven (7) small table worksheets handed in at the meeting (the notes on these worksheets reflect points raised during group discussion among members sitting at the same table). Some small tables answered all of the questions, while others answered a subset of questions. The numbers included 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).

<b>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?</b>	
<b>#</b>	<b>Transcription of hand-written feedback on the worksheet</b>
1	<ul style="list-style-type: none"> <li>• Public needs to be on board. Need transparency (budget report to the public, annual report). Need accountability to the public.</li> <li>• 24 hour service navigation – accessible, with mandate on who can access it. Define services.</li> <li>• Early intervention – where from, why here?</li> <li>• Multiple levels/locations and service support – low barrier, zero tolerance, women &amp; gender diverse, land based</li> <li>• Physicians on site</li> <li>• 2 daytime locations connected with (the emergency shelter)</li> <li>• Clear mandate and defined services</li> <li>• Don't duplicate services – work with service providers</li> <li>• Monitoring for health and safety, someone with disabilities that may fall out of bed</li> <li>• Discharge planning</li> <li>• Qualitative measures of success</li> <li>• Address stigma around homelessness</li> <li>• Trauma informed and culturally appropriate</li> </ul>
2	<ul style="list-style-type: none"> <li>• Housing 1<sup>st</sup> focused</li> <li>• Low barrier, substances (people under influence can attend)</li> <li>• Indigenous services</li> <li>• Equitable services</li> <li>• Open concept, safety focused</li> <li>• More facilities (hygiene, showers)</li> <li>• Services from community go into the shelter</li> <li>• Mental health, housing, case management</li> <li>• Rotation of staff</li> <li>• Staff training – specific to helping clients, crisis intervention, cultural safety, trauma-informed, etc.</li> <li>• Right resources for the clientele</li> <li>• Online database that includes info about clients who access the shelter – info sharing between community service providers (less privacy settings)</li> <li>• Collaboration between partners</li> <li>• Multiple organizations partnering to provide services to clients</li> <li>• Food – cooked meals</li> <li>• 24 hour operation, 265 days/year</li> <li>• Youth services – partnership</li> <li>• Allow animals</li> <li>• Service gaps for teen boys who can't access Living Space or women's shelters</li> </ul>
3	<ul style="list-style-type: none"> <li>• Wrap around services</li> <li>• Client centred, trauma informed care, cultural</li> <li>• Harm reduction model</li> <li>• Service provider buy-in, collaborative effort, have on site</li> <li>• Transparency</li> <li>• Community inclusion</li> </ul>



	<ul style="list-style-type: none"> <li>• Safe space for clients</li> <li>• Housing First approach – truly Housing First</li> <li>• Maximize efficiency/limited resources – adding to the need for wrap around services</li> <li>• Leadership stability – continuity – strategic plan, improvement with data</li> <li>• Qualified/trained staff with wages reflective of the cost of living</li> <li>• Strong board governance – with informed policies built from all levels, including those with Lived Experience and First Nations</li> <li>• No encampments – everyone wanting to access the emergency shelter can</li> <li>• Food provided, 3 meals per day, health care</li> <li>• Access/connection to wrap around services – life skills, budgeting</li> <li>• Ask the right questions/personal understanding of client needs – linked to having qualified staff</li> <li>• Focus on bringing cultural healing practices to the shelter – PEER SUPPORT</li> </ul>
4	<ul style="list-style-type: none"> <li>• Accessible 24/7, by foot, AODA, inclusive/safe</li> <li>• Staff – understanding and compassionate</li> <li>• Activities/fun – there’s no permission to enjoy life when you’re so down, bring joy in the work</li> <li>• Braided approach to care – accountability, transparency, connection</li> <li>• Purpose</li> <li>• Giving ID = bank won’t open an account until they can get it, policy</li> <li>• Multiple locations – youth / low barrier / high barrier / drug free</li> <li>• Services align/service navigators</li> <li>• Any service provider who could/should be involved with people experiencing homelessness are committed to service (if they don’t feel safe, that gaps needs to be filled – accountability)</li> <li>• Not just a shelter, but a service hub</li> <li>• Emergency shelter and service hub close and working in tandem</li> <li>• Elevate the voice of the people using services – continuous improvement</li> <li>• Walk through transitions – into housing (case managers navigate everything, getting to the right shelter, someone who is central touch point and a safe space)</li> <li>• Vibrant neighbourhood – not “us and them”, silos – we’re all <u>people</u></li> <li>• Close = quick critical care</li> </ul>
5	<ul style="list-style-type: none"> <li>• Drop in center activities (culturally appropriate), works with social, emotional, mental supports</li> <li>• Life skill building activities</li> <li>• City could provide lots to people who wan to tlive on the land</li> <li>• Food bank only serves housed clients and not the homeless population</li> <li>• Access to showers and bathroom facilities (mobility accessible)</li> <li>• On site services (permanent)</li> <li>• Different barrier shelter</li> <li>• More Fire Keepers</li> <li>• 4 out of 5 units should be geared to Indigenous</li> <li>• More housing</li> <li>• Worry less about stats and more about outcomes</li> <li>• Hire competent / not so much over qualified staff</li> <li>• More brown faces at every table</li> <li>• Positive cultural training</li> </ul>
6	<ul style="list-style-type: none"> <li>• Policy change – municipal decision</li> <li>• Making encampments – benches</li> <li>• First Nations involvement at table</li> <li>• Emergency shelters in other areas</li> <li>• Wait list reductions</li> <li>• Collaboration and understanding</li> <li>• Connection to permanent housing (no affordable housing)</li> <li>• Multidisciplinary services onsite: hub for all services examples: CDSSAB Employment, addiction and mental health, CMHA, food programs</li> <li>• Culturally appropriate services on site and collaboration</li> <li>• Approaches A-O-P and trauma informed practice</li> </ul>

	<ul style="list-style-type: none"> <li>• Harm reduction approach: outreach, equipment and supplies, health teachings</li> <li>• Onboarding staff with education and peer-led programs</li> <li>• Cultural competency training/history</li> <li>• Anti-stigma training</li> <li>• Mental health first aid</li> <li>• Crisis prevention and de-escalation</li> <li>• Suicide training</li> <li>• Monitoring people who are under the influence</li> <li>• Example other shelters</li> </ul>
7	<ul style="list-style-type: none"> <li>• In house services</li> <li>• Other service providers – structured visits (i.e., every Friday)</li> <li>• Court support, health, TNFC, mental health, SCAS</li> <li>• Life skills</li> <li>• Weekly calendar – programs/services available for the week</li> <li>• Better coordination of services</li> <li>• ID clinics, status cards</li> <li>• Location is key – access to services is necessary</li> </ul>

<b>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?</b>		
#	<b>Transcription of hand-written feedback on the worksheet</b>	
	<b>ADVANTAGES In-Town Locations</b>	<b>DISADVANTAGES In-Town Locations</b>
1	<ul style="list-style-type: none"> <li>• Access to services, accessibility, both directions (agency's access to clients, clients can access agencies)</li> <li>• Safety – quicker responses, Timmins police, hospital, closer to organizations</li> <li>• Cost – funding on services not infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Moving in town does nothing to address any of the concerns. It just costs money to move and will have same issues in a different location. Closer to schools in some options. Still in residential areas.</li> <li>• Safety / access / influence – substances readily accessible, temptation (80% self-report substance use)</li> <li>• In residential neighbourhoods, locations near schools</li> <li>• Business damage</li> </ul>
2	<ul style="list-style-type: none"> <li>• Access to services, proximity to services, availability</li> <li>• Close to social supports – formal and informal</li> <li>• Feasibility – travel would be an issue</li> </ul>	<ul style="list-style-type: none"> <li>• Increases visibility of homeless population</li> <li>• Stigma, social media perpetuates this</li> <li>• Puts a target on marginalized population</li> </ul>
3	<ul style="list-style-type: none"> <li>• Accessible – people, resources</li> <li>• Community connection</li> <li>• Lower costs for transportation associated with shelter operations</li> <li>• Better for tax payers (EMS, resources, support)</li> <li>• DSSAB owns the building</li> </ul>	<ul style="list-style-type: none"> <li>• Nimitysm, visible</li> <li>• Victimization of community members/clients and staff</li> <li>• Limiting choice – only having 1 shelter means no choice in how best to be successful in accessing what is need to be housed sustainably</li> </ul>
	<b>ADVANTAGES Out-of-Town Locations</b>	<b>DISADVANTAGES Out-of-Town Locations</b>
1	<ul style="list-style-type: none"> <li>• Land based healing</li> <li>• More space for families – demographic that could benefit</li> <li>• Lots of activities – gardening, puppies, more expansive programming</li> <li>• It mitigates the crime in that specific location </li> </ul>	<ul style="list-style-type: none"> <li>• If not very strategic, can fail</li> <li>• Needs to have an in-town shelter</li> <li>• But: it displaces people into downtown</li> </ul>
2	<ul style="list-style-type: none"> <li>• Less burden on downtown</li> <li>• Less overt stigma on people accessing services</li> <li>• Less public discrimination online</li> </ul>	<ul style="list-style-type: none"> <li>• Less access to all services and resources, toilets, food</li> <li>• Endangering people due to elements, weather</li> <li>• Trust building</li> </ul>

	<ul style="list-style-type: none"> <li>• Happy tax payers, temporary solution (I guess?), we pay taxes, we want shelter here</li> <li>• Less access to substances</li> </ul>	<ul style="list-style-type: none"> <li>• MMIW – re-traumatize, intergenerational, people will be alone if using substances</li> <li>• Public no longer see the problems, advocacy will not happen with public</li> <li>• Lacks inclusion and connection – opposite of inclusion of our displaced neighbours</li> </ul>
3	<ul style="list-style-type: none"> <li>• Land based</li> </ul>	<ul style="list-style-type: none"> <li>• Access to services</li> <li>• Costs associated</li> <li>• Isolating</li> </ul>

<b>3. Do you have any other comments to share with the Relocation Review team?</b>	
<b>#</b>	<b>Transcription of hand-written feedback on the worksheet</b>
1	<ul style="list-style-type: none"> <li>• There are no services on reservations – like mental health and addictions</li> <li>• The Ambulance Act, the Fire Prevention Act, Health Care Act don't apply to reservations</li> </ul>

## ATTACHMENT 2. Transcribed Feedback from Individual Worksheets

There were fourteen (14) individual worksheets handed in 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).

<b>2. 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?</b>	
<b>#</b>	<b>Transcription of hand-written feedback on the worksheet</b>
1	<ul style="list-style-type: none"> <li>• A large enough capacity for folks that require the service, keeping in mind the capacity of staffing of the site.</li> <li>• Low barrier, while also being mindful of necessary rules for safety of those that access the shelter and those that staff it.</li> <li>• An emergency shelter that's working well should have dedicated funds, workers, and resources allocated to affordable, adequate, and permanent housing. If this is not prioritized, many folks will remain in this emergency setting which will further put a strain on them at the individual level (mental health, substance use, financial) as well as more broadly on the system itself (extending services beyond capacity and not fulfilling the mandate and goal to end homelessness).</li> <li>• An ideal framework would include designated "transitional" beds to help move folks through the system according to their needs. Many individuals do not have the stability in their lives to go from an emergency shelter straight into their own apartment.</li> <li>• Likewise, many folks are set up to fail when they are discharged from hospitals or treatment centres, back into homelessness. It becomes a revolving door for many services because of the lack of Housing First solutions in the community.</li> <li>• Moreover, the emergency shelter should have dedicated program workers that prioritize building community connections to ensure those accessing shelter receive the necessary help they need to progress – recognizing the shelter cannot be the "be all and end all" for service users.</li> </ul>
2	<ul style="list-style-type: none"> <li>• Mental health and addictions/psychology treatment</li> <li>• Life skills building</li> <li>• Restricted drug use</li> <li>• 24 hour services</li> </ul>
3	<ul style="list-style-type: none"> <li>• In-house services – health care, mental health</li> <li>• Schedule of services – court, ONWA, OAHS, life skills, cooking classes, dental hygiene</li> <li>• Incentives to attend programs/services</li> <li>• Accommodating people's needs</li> <li>• Coordination of services</li> <li>• In-house counsellor</li> <li>• ID clinics, status cards, health cards, ODSP, OW</li> <li>• Land based options</li> <li>• Access to treatment/land-based treatment</li> </ul>
4	<ul style="list-style-type: none"> <li>• Social activities – elders' stories</li> <li>• Option to stay in or out, should not be kicked out of shelter</li> <li>• Tolerant with emotions</li> <li>• Access to food banks, access to showers/toilets, wheelchair accessible</li> <li>• Homey</li> <li>• Mental health supports</li> <li>• Information session on policies</li> <li>• Outings, cooking outside, teepee</li> <li>• Transition supports, including after getting out of jail</li> <li>• Separate area for a whole family</li> <li>• Sensitivity training for staff, cultural activities</li> <li>• Mobile treatment that could deliver services outside of the community and to other communities</li> </ul>

#	Transcription of hand-written feedback on the worksheet																								
5	<ul style="list-style-type: none"> <li>• Sufficient number of beds</li> <li>• Services directly in the building</li> <li>• No violence (banned for x number of days)</li> </ul>																								
6	<ul style="list-style-type: none"> <li>• In-house services (primary care, legal aid, cultural, addiction, mental health, life skills, vocational, ID clinics, counselling, housing, help applying for ODSP and Ontario Works)</li> <li>• Harm reduction approach</li> <li>• Individualized care/safety plans</li> <li>• Meet folks basic needs</li> <li>• Provide incentives</li> <li>• Clear communication between staff and residents</li> <li>• Accommodate folks to de-escalate potential crises (e.g. letting them contact family or access services/offer a quiet space)</li> <li>• Create an intake package and provide weekly calendar for programming/services</li> <li>• Proper discharge planning (individualized) with significant input from residents</li> <li>• Quick response time for service providers to show up when needed (e.g. court worker for first appearance, traditional medicine/elders, bail workers, community health nurse – Tilda@TDH for sublocade injection)</li> <li>• Give autonomy and choice to shelter residents</li> <li>• Hire more people with lived/living experience (peers)</li> </ul>																								
7	<ul style="list-style-type: none"> <li>• Services that will go and be accountable for these</li> <li>• Have an incentive for service users</li> <li>• Utilize the kitchen – for cooking skills, life skills</li> <li>• Safety for all service users and staff</li> <li>• Counselling services for clients and staff</li> <li>• ID clinics/support</li> <li>• Doctor twice a week</li> <li>• Training for staff, housing safety, homelessness services/supports, human trafficking</li> <li>• Harm reduction</li> <li>• Cultural supports “for all cultures”, for both sides</li> <li>• Support for staff – crisis de-escalation, therapy</li> <li>• 24 hour public bathroom</li> </ul>																								
8	<ul style="list-style-type: none"> <li>• Support from First Nations, municipality, and Canadian government</li> <li>• It would be 3 shelters: (1) Detox/treatment out of town, and could be land-based; (2) One big shelter that has a long-term side (for supporting clients with mental health issues), and a short term side (for clients on bail/coming from jail); and (3) Women and gender based shelter</li> <li>• Speak to clients like they are real people and change is immediate</li> </ul> <p>Drawing from worksheet:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="6">SERVICES</th> </tr> <tr> <th>Food</th> <th>Housing</th> <th>Mental health</th> <th>Legal/Bail</th> <th>Finances</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td colspan="3">Short/Jail Release</td> <td colspan="3">Long-term/Mental health</td> </tr> <tr> <td colspan="2">Male</td> <td colspan="2">Female</td> <td colspan="2"></td> </tr> </tbody> </table>	SERVICES						Food	Housing	Mental health	Legal/Bail	Finances	Other	Short/Jail Release			Long-term/Mental health			Male		Female			
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4. 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"> <li>Proximity to services</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
2	<ul style="list-style-type: none"> <li>Closer to services</li> <li>Easily accessible for those in town (Living Space)</li> <li>Possible closer to their support system</li> </ul>	<ul style="list-style-type: none"> <li>Still close to neighbourhoods and businesses</li> <li>Crime rates will stay high</li> <li>Still have easy access to substances</li> </ul>
3	<ul style="list-style-type: none"> <li>Close to essential services and programs</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced community stigma and hate (more "Move Living Space" groups)</li> <li>NIMBYism</li> </ul>
4	<ul style="list-style-type: none"> <li>Close to services</li> <li>Urban experience</li> <li>Visible homelessness</li> </ul>	<ul style="list-style-type: none"> <li>Increased risk of danger</li> <li>Cultural clash</li> <li>Lack of food</li> <li>Racist/ignorant environment (aka racial profiling)</li> <li>Lack of homeless visibility (out of sight, out of mind)</li> </ul>
5	<ul style="list-style-type: none"> <li>Closer to <u>necessary</u> services (bus terminal, food services, financial – Ontario Works office, mental health and addictions)</li> <li>Centralized location allows those using the service to have more <u>access</u> to this emergency service</li> <li><u>Low barrier</u> meets the needs of those using the service and does not push them outside of the city</li> </ul>	<ul style="list-style-type: none"> <li>Perceived and actual troubles with neighbours (business and/or residents)</li> <li>Targeting by people that want to take advantage of those using the service (drug dealers)</li> <li>Increased stigma and hostility towards the homeless population</li> </ul>
	ADVANTAGES Out-of-Town Locations	DISADVANTAGES Out-of-Town Locations
1	<ul style="list-style-type: none"> <li>Not a lot of advantages</li> <li>Safer, away from temptations</li> <li>Land-based, cultural</li> <li>Community would be feeling safer and on board with the decision</li> </ul>	<ul style="list-style-type: none"> <li>Being close to the highway (Missing and Murdered Indigenous Women and Girls)</li> <li>Costs to access services</li> <li>Won't access services (e.g., housing, addictions)</li> </ul>
2	<ul style="list-style-type: none"> <li>Away from triggers in the community (people, places, things)</li> <li>More access to smaller communities surrounding Timmins, as previous shelters in those locations have since shut down</li> <li>Less exposure for those that use the service of the stigma and increased anger towards the homeless population (and fewer pictures and videos of homeless people being taken without consent and being uploaded to social media to be ridiculed)</li> </ul>	<ul style="list-style-type: none"> <li>Removed from their support network and basic needs (income, food, mental health and addictions support transportation)</li> <li>Difficult for community members to monitor effectiveness of service (neighbours, service providers, business representatives – NIMBY)</li> <li>Less pressure on local and provincial/federal powers to address the ongoing issues associated with the shelter, including the effects on those that use the service</li> </ul>
3	<ul style="list-style-type: none"> <li>None!</li> <li>None!!</li> <li>None!!!</li> </ul>	<ul style="list-style-type: none"> <li>Too far from essential services/food programs</li> <li>Feelings of isolation for residents</li> <li>If 4 out of 5 people experiencing homelessness are Indigenous, it could be seen as segregating or re-creating a reserve system all over again/colonization</li> </ul>
4	<ul style="list-style-type: none"> <li>Healing in a peaceful place</li> <li>Could be land based treatment and volunteer work</li> <li>Privacy during a difficult time</li> </ul>	<ul style="list-style-type: none"> <li>Segregation from urban society</li> <li>Far from the city and services</li> <li>Client may not want to go that far and stay on the streets in town</li> </ul>
5	<ul style="list-style-type: none"> <li>Businesses will feel safer</li> <li>Further away from negative influences</li> <li>Possible safer being away from "angry" business owners/social media discrimination</li> </ul>	<ul style="list-style-type: none"> <li>Too far for those who don't have a ride</li> <li>More people will be on the streets as they won't be able to find transportation to out of town location</li> </ul>

		<ul style="list-style-type: none"> <li>• Will lose trust/relationships as people will feel isolated</li> </ul>
<b>3. Do you have any other comments to share with the Relocation Review team?</b>		
<b>#</b>	<b>Transcription of hand-written feedback on the worksheet</b>	
1	<ul style="list-style-type: none"> <li>• Peer support – lived experience, cultural</li> <li>• Maximizing the limited resources that exist (limited because of funding but also because of lack of qualified staff – so even more important)</li> </ul>	
2	<ul style="list-style-type: none"> <li>• The many systems that affect homelessness/poverty are definitely <u>not</u> broken...they are doing exactly what they've been designed to do – separating the “haves” from the “have nots” and leaving vulnerable individuals in a state of constant struggle left to rely on these very same systems. The cycle of poverty will only continue.</li> </ul>	
3	<ul style="list-style-type: none"> <li>• To address the homelessness issue you must address the lack of services in: mental health, children aging out of foster care, treatment, and housing.</li> <li>• Instead of offering a demographic (i.e., those experiencing homelessness) better services, mental health supports, and housing...the City would rather build a new shelter to relocate this demographic. Not more housing and support, but a new shelter out of town. The question is why? Who is the demographic?? What colour are they?</li> </ul>	
4	<ul style="list-style-type: none"> <li>• Need to increase service delivery within the shelter</li> <li>• Should put more support/resources into basic needs</li> <li>• People will never be happy – need to focus on the clients rather than on social media</li> </ul>	
5	<ul style="list-style-type: none"> <li>• I strongly believe the City of Timmins needs to approach this Review and the community in general from a Housing First perspective. Every individual has a right to be housed in adequate and safe living circumstances. People are better equipped to move forward with their lives when the basic need of shelter is addressed.</li> <li>• We've witnessed an uprising in the community of advocates calling for more services (treatment centres and mental health assistance) however we know from both experience in the field and the research that recovery is strongly dependent on an individual's access to housing.</li> <li>• Many folks attend treatment and are forced to return to the same environment where drug use is rampant. This causes those individuals to relapse the majority of the time and the cycle continues. This is not to say those using drugs should not access emergency shelters. This is to demonstrate the need for links to housing resources for those that have already accessed this crisis-based service. Instead, what we currently have is individuals staying at the emergency shelter for an extended period of time, without proper support in moving them towards their goals and next steps of the continuum of care.</li> </ul>	

## 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?

- Mostly on the same page – housing first focused, with low barrier equitable services
- Specific training for staff, crisis intervention, trauma informed, cultural safety
- Right resources for clientele on site – at LS
- Collaboration between partners and info sharing – database to share info and an in-person info sharing
- Food on site, 24 hr, 365 days per year
- Some type of specific service for youth
- Allow animals
- Open concept, safety-oriented facility – being able to see everybody, make sure everyone protected
- More facilities – showers, hygiene facilities
- -----
- Disappointed don’t see more Indigenous voices, thought I would see friends
- Need to look at policies, they need to change
- Policies are what helps accommodate or help people – strict policies evict the homeless – need to explore that a bit more, it’s a Municipal Council issue
- Wait list – people want help, people do make an effort, and when finally latch on to one service provider, their next challenge is shelter or home and they’re told to wait – anywhere from one week to one year – and they’re not going to make it. I’ve seen it happen, know what they go through.
- This issue is a two-way street, not only Timmins trying to understand First Nations culture, it’s also First Nations coming to the table – it’s a two-way street. City of Timmins is trying to do something. First Nations leadership need to understand and accept that – how they can help.
- City of Timmins needs to have that approach too – especially when it comes to affordable housing.
- Abandoned housing flipped and only person that can afford it move in. Average cost of rental today is \$2000.
- Struggle to survive when \$2k/month on rent alone.
- Cross cultural services or sessions – we need people working in services to really understand the history of our First Nations communities. People only hear about lazy drunken Indian. Never heard about the history, the truth of the history.
- I spoke to couple constables in Thunder Bay and now have different perspective when see homeless people. Not homeless person that’s at fault. Created homeless situation long ago in legislation and policey – that’s what you need to revisit.
- Evidence based best practice to Housing First approach. Having connections to permanent and affordable housing.
- Hub for multi service – all in one place at Living Space
- Culturally appropriate services on site collaborating and trauma informed approach. Facilitate through on boarding
- High barrier or low barrier – harm reduction approach requires equipment and supplies, health teaching and outreach services to become a priority.
- Onboarding – hire social service work education, also individuals who understand peer perspectives. Peer led programs
- Incorporate First Nations culture – long list of trainings
- Other shelters in community have monitoring system when someone under influence of substances. People trained in addiction and mental health to observe – don’t want to hear about another death at LS ever again. We can train people to do that.
- -----
- Transparency to community, public – can look differently. What does annual report look like? What report to community looks like?



- 24 hr service navigation
- Clear on mandate, who can access, define what services are and what that looks like
- Early intervention – right when people come in, conversations – where you at, what you need, what you hoping to achieve in next few days/weeks
- Service provision on site
- Let's not duplicate – invite folks in again, physicians and medical on site
- Discharge planning – some don't come back, for large part they do
- Qualitative measures of success – quality supports
- Addressing stigma around homelessness
- Trauma informed, culturally appropriate, anti-racism
- Multiple locations, multiple levels of service supports
- 4 levels/locations – allows access from different spaces
- One land based
- Low barrier
- Zero tolerance
- Women and gender diverse folks (for safety and security)
- 2 other daytime locations – what do these look like where service providers come in
- Definition of catchment area for shelter – currently = Timmins, but also come from outside Timmins because no other services throughout district (or few and scattered), how to scale to other areas
- **Public needs to be on board for shelter to be successful**
- Measures of success – has to work for member of the community, a lot of people just want numbers, how many people has this helped, if we want public on board, really need to look at it from their perspective, and not look at it from ours
- Reservations for agencies, some people return to homeless
- Indigenous learning and culture learning – I don't see opportunity to learn about First Nation culture, should be more awareness, festivals, one day per month, example
- -----
- Need to have a place where people can go and learn and understand, I had to go to library to learn about my culture too – learned my politics, history culture
- Used to have Building Bridges event, years ago, went different direction – took a detour and skirted the issue
- -----
- Making sure variety of in house services being offered to patrons LS, through structured visits, not just popping in randomly, Native Friendship centre, addictions counselling, life skills (cook, everyday things), maybe weekly calendar of which agencies will be there when, printed and posted, handed out to patrons
- Better coordination of services – give back IDs, health cards as well, give people back some of their identity
- Location is key – have to be in area where no barriers to access, don't have to find a ride to go there
- -----
- Social activities, elder stories, options to stay in or out in morning
- Not locked out or banned
- Tolerant of emotions
- Access to food bank, showers, toilets, wheelchair accessibility
- Make it homey
- Policies, info sessions, outings, cooking outside, teepee, interactions with people, transition after getting out of jail (transitional housing), separate area for whole families, sensitivity training for staff
- More brown faces at the table
- 4 out 5 homeless are Indigenous so 4 out of 5 units
- -----
- What makes a successful shelter is the services provided, whether it moves or not, comes down to many other things that aren't about the location – we need to get that across to people. Problems will come from moving it – MMIW – move people to highway
- -----

- Most people here don't want to come tonight, so many bridges need to be built – not just culture, our community needs healing, some people didn't come because its too difficult
- -----
- In awe of people who work in this sector in Timmins, when I hear you speak I'm hopeful and inspired
- Most of what was said so far, we covered
- Housing First and wrap around services – make sure people accessing the shelter are getting client-centred, trauma informed, culturally appropriate services in the shelter, and make sure departure from shelter is long term affordable housing with enough supports to make that successful
- Long term planning and sustainability, despite uncertainties with long term funding
- All of these things are linked to ending homelessness – shelter is part of solution to ending homeless. People working to make their jobs redundant, so these services aren't needed.
- -----
- Getting people IDs. No bank account without ID. Find bank partner so can get a bank account at same time as working to get ID.
- Some time did joyful activities and paused at Living Space and didn't focus on other things. Bringing a little joy in is a beneficial aspect to.
- Wish I was strong enough and brave enough to come tonight, if there's a way to paint the picture that anyone can be homeless. How to paint it in a way that people can hear that. I've been here for years and I've never seen it like this. Any of us can be on the street. People need to know that.
- -----
- Vicarious trauma – something a lot of service providers in sectors are going through. Needs to be more attention for LS staff on this and counselling services, EAP services, keeping people well. Staff needs to be healthy. Our agencies going through it, so is community.
- Town hall was not done strategically. Provide opportunity for service provider or two to be provide bridge or understanding to residents and businesses
- -----
- Fear to attend general meeting – it's an opportunity to express, vent, its an opportunity for them. Its fine. Accept and understand that. But let's not let it detract us or let it scare us off. Fear is fine – it's part of our everyday life. We face it every time we take on a new challenge.
- Switzerland – offered to do full moon ceremony as a woman. Needed a fire keeper. That's a privilege and honour. Gathering of women to express freely, opening, gathering without fear. Was good. Labelled that practice years ago, burnt women, labelled them as witches. It was an entity's way of saying "we cannot have good in the community" evil prevails, and behind it comes grief, etc. All about land, control, instilling fear.
- Smudging, place and time for that and reason. It's a way of invoking good spirits. Don't have to do it. Light up sage, you don't have to go over there. Bad anger, negativity.
- -----
- Distressing to hear people afraid to go to this meeting. (emotionally burnt)
- These are the people we're servicing. Ya, will get on table and yell, scary, and not best way to communicate. If not listening, will be about closing it. Everything we said won't matter if public doesn't want the shelter.
- -----
- I don't show my emotions because in residential schools we were punished for showing our emotions (see handwritten notes)

**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 of these suggested locations?**

#### **IN TOWN: Advantages**

- Accessibility, for everyone, people with lived experience, also the resources, every source of community help and partnership within reach
- Community connection – people are part of the community, out of town, out of sight out of mind
- Decreased cost of transportation associated with shelter and service providers
- Close to housing, services, school, public transit (don't have \$ to support cost of transportation)

- Connection is the opposite of addiction, in town is in community
- cheaper, easier, social and emotional supports closer, access to legal services, other services
- access to services (proximity), close to formal, informal social supports
- feasible (travel huge issue out of town)
- Accessibility\*\* both directions (agencies and clients)
- Safety – for clients, quicker response time for police, ambulance, hospital, if needed – MMIWG – put them on highway
- Cost – moving an organization costs money, could be used for something else

### **IN TOWN: Disadvantages**

- Increases visibility homelessness, stigma
- Puts a big target on the population being served
- NIMBYism\*\* increased stigma and hate
- Victimization of community members, clients, staff
- Limiting choice (one option, in one place)
- Not enough washroom, food, clothing, already
- Misconceptions that having shelter leads to crime and increased risk for people (crime in my neighbourhood has nothing to do with the shelter)
- -----
- Moving in town doesn't address concerns
- Residential areas are in town
- Substances more readily available in town than out of town
- Substances are more in the neighbourhood (on street, near schools, businesses)

### **OUT OF TOWN: Advantages**

- Multi shelter model, opportunity for diverse programming and more land based programming, if 4/5 identify as Indigenous, need to think about culturally appropriate programming and different types of opportunity
- More physical space for different types of programming and meet different needs
- Potentially gives voice to folks saying “I don't want the weight of seeing people struggling on the street” – addresses their discomfort and the problems that brings to their life
- Less burden on the downtown
- Less overt stigma
- Less public discrimination
- Happy taxpayers (temporary, once see what happens later)
- Less access to substances (but temporary)

### **OUT OF TOWN: Disadvantages**

- Doesn't mean people will follow the shelter, that may just displace people further into streets, alcoves, sidewalks
- Doesn't solve the problem
- Less access to services and resources
- Endanger lives due to elements and weather
- MMIWG – retraumatizing colonial practices
- Public will no longer see problem therefore won't advocate for change
- Will lack inclusion and connection – which is opposite of what we want to do with displaced neighbours

### **Other comments:**

- Mental health and addiction services on reserve are almost insignificant or not prioritized – ambulance act, fire prevention act, don't apply to reserves – so come to larger communities to access health care and not getting it here either
- Different types of locations may help meet diverse needs of folks experiencing homelessness