Stronger Together:
Collaborating for a Vibrant Community

A community conversation about Housing, Homelessness, and Addictions in Lambton County

What We Heard

MARCH 21, 2023
Lambton College Event Centre

INTRODUCTION

On Tuesday, March 21, 2023, community leaders from across Lambton County gathered at Lambton College to discuss the current state of housing, homelessness, and addictions within the county, and collaborate on how to make lasting change in these areas.

The Stronger Together: Collaborating for a Vibrant Community summit brought together over 170 individuals from a variety of organizations related to housing, homelessness, and addictions.

Participants heard presentations from representatives with the County of Lambton's Social Services and Public Health Services divisions, the Canadian Mental Health Association Lambton-Kent, the Canadian Alliance to End Homelessness, and from a local individual with lived experience who was willing to share her story. Indigenous partners also shared reflections, cultural knowledge, and offered song throughout the day.

DISCUSSION QUESTIONS

Throughout the afternoon, participants discussed the following questions in a roundtable format.

1. What are your initial reflections on what you've been hearing? Does the data that has been shared align with what you are experiencing in the community?

2. What are our current strengths and resources in housing, homelessness, and addictions? Think about existing partnerships and collaborations.

3. Where are our biggest gaps and opportunities?

4. What are our top priorities for moving forward? How can we move these priorities forward over the next year? Which organizations can help move these forward? Do you see your organization/ collaborative body you participate in helping to move this forward? If so, what role can you/your organization/collaborative body play in supporting moving the priority forward?

The outcomes and ideas from these discussions have been summarized in the following pages.

INITIAL REFLECTIONS

Participants were asked about their initial reflections on what they had been hearing, and whether the data aligns with what they are experiencing in the community. Key themes are discussed below.

Some participants less familiar with the issues reported being surprised and alarmed by the data presented, whereas those with more familiarity generally felt it was a good reflection of the current reality and significant need they are seeing in the community.

Some participants reported being surprised and alarmed by the data presented and the severity of situation. Some of the information participants thought were surprising were the high rates of homelessness, addictions and heavy alcohol consumption, the mortality rates of people experiencing homelessness, the rates of people with no fixed address accessing mental health and addictions services at Bluewater Health, and the cost of homelessness to the community. Many participants also reported not being surprised, and felt it was a good reflection of the current reality and significant need they are seeing in the community.

Many participants reported that they found the information powerful.

Many participants reported that they found the information powerful, and in particular many participants reported that hearing from someone with lived experience was impactful. They appreciated that housing provides such a strong foundation for change.

Several participants noted sub-populations that are likely under-represented in the data and raised concerns that the situation is likely worse than what was presented.

Population groups that participants thought may be under-represented include families, children (including those in the care of child welfare), Indigenous peoples, seniors, people with disabilities, youth, people experiencing hidden homelessness, and those not giving consent [to be added to the By Name List].

Participants stressed the importance of taking timely action to address the challenges presented.

EXISTING STRENGTHS AND RESOURCES

Participants were asked about current strengths and resources in housing, homelessness, and addictions. The strengths and resources identified were diverse, but included several common themes:

There are many examples of collaboration between community partners.

Participants identified many existing partnerships and collaborations, including and not limited to the following collaborative initiatives mentioned by more than one group:

- Active social services network in the community, which has supported collaborative service delivery and allowed community supports to be more nimble
- Co-ordinated access for housing and homelessness
- MHEART and IMPACT initiatives
- Integration of CMHA with health services, including services to support access to housing for people in Mental Health In Patient care and services at withdrawal management and Ryan's House
- Social worker providing supports in the jail

Positive approaches are being used to deliver services.

Participants reported that positive approaches are increasingly being used to deliver services. Some of the approaches commonly identified as strengths include:

- Police services are learning, training, and looking through more of a health lens
- No wrong door approach that is being used to deliver services in the community
- Housing First philosophy is being used for homelessness services
- Increased emphasis on outreach services going to where people are at and building relationships and trust with clients
- There are caring, non-judgmental workers
- Increasing number of people in the community are dedicated to making changes

Many existing services are seen as strengths and valuable resources.

Participants identified a wide range of services that are seen as strengths and valuable resources in the community. These include, but are not limited to, services identified by multiple groups: the shelters, Nightlight Sarnia, Salvation Army's mobile food truck/outreach bus, the Circles program, Ryan's House withdrawal management facility, and the existing transportation network.

! **New services are being added that participants are enthusiastic about.**

Several participants identified being encouraged by the fact that various new services are being developed in Lambton County, including:

- Ontario Aboriginal Housing Services' 40-unit affordable housing development that is under construction
- Mobile mental health bus coming to Lambton
- Outreach team that Rapids Family Health Team received funding to create
- Services that North Lambton Community Health Centre is now providing at the jail
- Youth mental wellness drop-in hub

GAPS AND OPPORTUNITIES

Participants discussed our biggest gaps and opportunities. Several themes emerged:

Increase access to affordable housing.

Participants identified a range of suggested initiatives and policies to increase access to affordable housing. Common suggestions included creating tiny homes and looking at opportunities to use vacant school and church assets for affordable housing. Other suggestions included:

- Increase zoning flexibility
- Additional staff to reduce time for building applications
- Incentives for developers to build affordable housing and to rehabilitate existing housing along with a cap on rent
- Remediation of brownfield sites
- Using surplus government owned land or tax foreclosed land for affordable housing
- Leverage empty vacation homes
- Repurpose old "group homes" for other purposes, such as for ODSP clients
- Convert motels to transitional housing
- Tax overseas investors to avoid empty buildings and unaffordable housing
- Build relationships with landlords for access to units

Advocate for policies to address poverty and income gaps.

Participants would like to see policies that address poverty, including a shelter allowance for Ontario Works and ODSP that reflect the cost of housing, living wages, and improved financial supports for seniors.

A full continuum of housing.

Participants would like to see the development of a full continuum of housing, including low barrier (harm reduction) shelters, transitional housing, social and affordable housing, case management to support housing stability for individuals with mid levels of acuity, Intensive Case Management supports and other supportive housing, and seniors care housing such affordable retirement homes and long-term care beds.

Increase access to substance use services.

Participants would like to see additional substance use services, and most frequently identified the need for local residential treatment options and supervised consumption sites. Other suggested substance use services include more beds in withdrawal management, a Managed Alcohol Program, safe supply programs and street outreach addiction workers / a mobile response team.

Increase communication and collaboration among partners.

Participants would generally like additional collaboration to reduce "silos" at various levels. They would like to see multi-sectoral collaboration to create appropriate housing for people with various needs and create an integrated system of homelessness and health services. They would also like to see front-line worker meetings to support front-line service collaboration.

Increase community education.

Participants identified opportunities for additional community education, including education to increase awareness of, and de-stigmatize, homelessness and substance use issues, and education to reduce NIMBY'ism (Not-In-My-Back-Yard). Participants also suggested the need for education to vulnerable populations, including incorporating information about drugs into schools and educating tenants about their rights related to eviction.

Increase access to physical and mental health care.

Participants identified the need to address various gaps in physical and mental health care, including limited doctors accepting new patients, restrictions at hospitals, limited psychiatry, hoarding supports, and preventative dentistry. Other health services that participants would like to see include a Healing Lodge at Walpole Island, incentives for hepatitis-C testing, and a holistic approach to diagnosis and treatment for newborns to 18 months.

🚧 Address barriers to accessing services.

Participants identified a need to address barriers to people accessing the housing and services they need. Some of the identified barriers related to service access include experiencing judgement, service restrictions or services that are geared to people with lower acuities of need, and disconnected service pathways. Barriers to current housing opportunities include age, employment status, and being a recipient of social assistance.

TOP PRIORITIES

Participants were asked about our top priorities for moving forward.

Affordable housing, public education, improved access to services, collaboration, and advocacy were the most commonly identified priorities.

The top priority for participants was additional affordable housing, including supportive and transitional housing. Public education was also a top priority, and in particular, education to address **NIMBY'ism**. Another priority was supporting easily navigated services, including simplifying the process and creating consistent pathways to access services, additional outreach and mobile resources, after-hours services if someone is in distress, and improved communication about available services. Many groups also identified the need to continue to increase collaboration. Advocacy for additional funding was also a priority.

PUBLIC EDUCATION

AFFORDABLE HOUSING

TOP PRIORITIES

ACCESS TO SERVICES

COLLABORATION

ADVOCACY

MOVING FORWARD

Participants discussed how can we move these priorities forward over the next year:

Many participants expressed an eagerness to collaborate and to be part of the future change, and some identified roles for themselves in moving various priorities forward.

Actions where various partners saw a role for themselves included:

Collaboration – Exploring options to work together and learn from each other

Contributing to the development of a full continuum of Housing – including contributing land resources and funding for affordable housing; building a tiny home community; contributing to innovative housing solutions; continuing discussions about utilizing vacant church spaces; and developing transitional housing

Service provision – including bringing services to where people are; providing resources to assist with basic needs (food, shoes, blankets); responding to calls about individuals in distress; emotional support and community building; trauma counselling; building stronger families; support youth with child welfare involvement in securing housing

System planning and management – Ongoing advocacy for funding; supporting navigation and access to services; getting socially minded corporations involved; developing training/ workshops for new and existing staff of community organizations

Absolute Homelessness | Emergency Shelter | Transitional Housing | Supportive Housing | Social Housing | Private Market Rental | Home Ownership