

# Integrating Healthcare and Shelter: A Solutions Lab

## What We Heard Through Engagement

A broad range of stakeholders including participants, shelter and healthcare staff, along with other system partners were engaged throughout the ShelterCare Solutions Lab project. Tools to gather information involved surveys, 1:1 interviews, participant journals, and journey maps. Themes emerging through the data are included here.

### Provide holistic support to individuals as they transition out of ShelterCare

- Create a user experience that makes every participant feel welcome and included, while prioritizing supporting people to transition to safe, affordable, and secure housing
- Provide more diverse programming to meet participant needs (e.g., create positive routines, cooking classes, grief counselling, employment support) as well as additional workers who can attend appointments with participants outside of shelter to directly support their transition to housing
- A circle of housing, health, and social supports should be established for the participant while they are in shelter and continue as needed as that person moves into and lives in permanent housing
- Clarify where ShelterCare fits in the continuum of housing services

*“If I was offered solutions instead of just advice, I would have chosen treatment a long time ago.”*

- SHELTERCARE PARTICIPANT

*“We need to look at the housing end of things when it comes to health and hold tension on a permanent housing outcome.”*

- HOUSING STABILITY PARTNER

### Support participant autonomy and individuality

- Provide recreational activities and avenues to help participants build interpersonal connections and feel a sense of purpose
- Solicit participant feedback and use that feedback to inform policy development
- Work with participants to help them set and achieve goals
- Provide timely assessments and connect participants to best treatment options
- Clarify who the target population will be that a ShelterCare model can best support... avoid a one-size-fits-all approach

*“I am hopeful to one day have a meaningful life, one with purpose that I can control.”*

- SHELTERCARE PARTICIPANT

### Provide mental health and addiction supports through a trauma-informed lens

- Develop a multifaceted overdose prevention strategy
- Practice harm reduction by creating a safe space for people involved in drug use
- Provide in-house education, addiction, and mental health supports
- Remember that people struggling with a substance use disorder need treatment and support, not punishment

*“I am still battling my inner demons to somehow maintain a stable, sane mind to get a normal life.”*

- SHELTERCARE PARTICIPANT

*“We have made meaningful connections with people and are having conversations about people’s health that we weren’t before. Health is more of a priority now.”*

- REGISTERED NURSE



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### Collaborate with other organizations to establish continuity of care

- Coordinate across the community to address systemic issues that we are hearing from participants and staff, acknowledging that no one organization or group can solve the challenge of homelessness alone
- Related organizations to come together to improve collaboration and better understand each other's mandates
- Provide permanent, 24/7 access to trauma-informed health care
- Integrate healthcare workers, counselors, outreach workers to provide wrap-around support
- Develop systems that enable cross-organizational teams to support participants (e.g. electronic records, shared consent processes, etc)

***“Even though we have seen success, we need to continue to cooperate and coordinate more than we do now.”***

—STAFF INTERVIEWEE

***“How does a change at one site impact the broader Emergency Shelter network?”***

—HOUSING STABILITY PARTNER

### Support and empower staff

- Increase staffing levels and build multidisciplinary teams
- Provide staff with better training to ensure a consistently applied trauma-informed lens
- Build relationships through a team-based approach
- Raise wages and hire more people with lived experience

***“We need to look at the sustainability of House of Friendship staff.”***

—STAFF INTERVIEWEE

### Identify emergent needs and opportunities connected to COVID-19

- COVID-19 exposed how challenging it is for people experiencing homelessness to access basic supports, such as public bathrooms, food services, and harm reduction. These learnings need to be documented
- Physical distancing requirements during COVID-19 increased privacy and space in shelter setting, leading to more respect, dignity, and wellness
- There is more politically motivated desire for hope and communities seem more generous
- Economic effects of COVID-19 will increase need for services in near future

***“I am thankful for the solitude away from roommates and potential danger.”***

—SHELTERCARE PARTICIPANT

***“Most shelter staff have said participants have never been so healthy.”***

—REGISTERED NURSE

### Help participants transition out of the justice system

- Psychological impact of prison makes adjusting to life outside prison difficult
- Establish warm handoffs between justice system and housing systems

***“Prison causes people to be constantly on guard. I hit first and ask questions later.”***

—SHELTERCARE PARTICIPANT



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Overall, the stories shared by participants revealed important commonalities between seemingly disparate experiences of homelessness. These can be distilled to four common themes:

Trauma causes, and is exacerbated by, homelessness

*“Living on the streets is very cold. It messed up my body and head, so I went back on drugs.”*

- SHELTERCARE PARTICIPANT

Participants often lack social supports and safety nets

*“People move on from others who use drugs, so I lost my family.”*

- SHELTERCARE PARTICIPANT

Connect families with children to appropriate supports

*“I was hoping to get help and get my kids out of a bad situation.”*

- SHELTERCARE PARTICIPANT

There is a desperate need for affordable housing in Waterloo Region

*“I retired from the navy with no drug and alcohol use, but rent is too expensive for a single person in Waterloo.”*

- SHELTERCARE PARTICIPANT

