# 24/7 Safe Spaces in Winnipeg: A Brief Review of Existing Reports & Services

Submitted to the City of Winnipeg Community Services Department

September 20, 2019

**All information identifying specific agencies in the original report has been removed.**

# Executive Summary

On December 18, 2018, Winnipeg Mayor Brian Bowman, Health, Seniors and Active Living Minister Cameron Friesen, and Member of Parliament for Winnipeg Centre Robert-Falcon Ouellette announced the creation of the Illicit Drug Task Force, signaling a coordinated Manitoba response to the challenges posed by illicit drugs. The Illicit Drug Task Force Report was released in June.

The recommendations include the expansion of 24-hour Safe Spaces:

> "There is a need for expanded services for individuals (including youth) who use substances, both in Winnipeg and across the province, that offer safe environments and foster positive relationships in neighborhoods where they are most needed…. It is a recommendation of the Illicit Drug Task Force that efforts be undertaken to resource safe spaces in existing, dispersed and accessible community agencies to operate with longer hours (ideally 24/7)" (p.14).

On July 2, the City of Winnipeg's Executive Policy Committee passed a motion to bring forward options in the 2020 multi-year budget process to fund additional 24/7 Safe Spaces in the city. To help identify local needs for 24/7 Safe Spaces, End Homelessness Winnipeg (EHW) conducted a brief scan of existing resources, gaps, and capacity for new or expanded 24/7 Safe Spaces in Winnipeg.

The project team included representation from End Homelessness Winnipeg & City of Winnipeg's Community Services Department.

**Note:** this review was a *brief* scan of reports and organizations. It was not an in-depth study or consultation, but rather of summary of existing reports/strategies and brief engagement with organizations through a survey and follow-up phone calls.

This document includes:

1. Summary of existing reports on 24/7 Safe Spaces, as well as other relevant resources deemed as appropriate by project team. This section summarizes barriers to accessing safe spaces, gaps in services, and best practices.
2. Summary of questionnaire to local agencies to determine current services, gaps, and needs.
3. Recommendations for City of Winnipeg to support 24/7 Safe Spaces.

**Recommendations**

City Council should consider funding (through a multi-year grant) an existing agency, or agencies, with a credible reputation, and whose mandate it is to work with one or more of the priority populations:

- **Women**
- **People who use drugs**
- **Youth**
- **2SLGBTQ+**
- **Sexually exploited girls and women**

The **granting process should ensure the organization(s) satisfy the best practices** outlined in section 1.5 before approving funding. The grant application could be based off these best practices and require applicants to specifically outline how they satisfy the following:

- ✓ **Indigenous organization or Indigenous-led services;**

- ✓ **Trauma-informed approach;**
- ✓ **Staff with lived/living experience;**
- ✓ **Harm reduction approach;**
- ✓ **Access to on-site skilled medical/mental health staff.**

**Funding amount**

Based on the brief consultation with agencies through the survey and follow up conversations, there are tiers for capacity for expansion, along with financial resources required. To adequately fund and meet the needs in Winnipeg, the City of Winnipeg should look to partner with other funding sources.

**A. Funding for staffing to organizations operating at, or close to, overnight hours to expand hours or areas of expertise (ie. more mental health and medical staff support).**

Amount $100,000 - $150,000/annually

**B. Funding for organizations not currently at overnight capacity, but serving priority populations to expand to 24 hr supports.**

Amount $330,000 - $400,000/annually

**AND**

**Funding for renovations and/or purchase of a new building.** Some groups are interested in expansion but require renovations or building upgrades to support this expansion and/or more minimal fire code or building requirements. These groups should be supported to access one-time capital funding through the City or Winnipeg and/or leveraging funds with other sources to support establishment of new 24/7 Safe Spaces. This would ensure groups that have the mandate and capacity to meet priority populations' needs would be able to access operating funding (Option A or B)

Amount *Varied* (dependant on current space; large-scale renovation might be in the range of $500,000-750,000, while more minimal upgrades would be much lower)

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# 1: Scan of Existing Reports

## 1.1 Introduction

> Offering 24/7 safe space alternatives to the street for youth and adults who are in need of immediate support and resources are an important component of specialized management of addictions and mental health. It allows individuals to build a sense of connection and belonging within their community, reduces the social isolation they experience, and is a vital link in referring them to appropriate resources and programming.
>
> There is a need for expanded services for individuals (including youth) … that offer safe environments and foster positive relationships in neighborhoods where they are most needed. These centers should provide respective services within their agency's mandate and targeted to their clients such as food, shelter and a staffed environment where people can feel safe, have some food, rest/sleep if needed, participate in recreation and access community mental health services. The goal is to provide neighborhood safety spaces off hours and year-round in a welcoming "street credible" environment where people have relationships, can access safety and do not feel judged or stigmatized (P. 14, *Illicit Task Force*).

Numerous reports and studies have noted the importance and need for a 24/7 Safe Space. This section summarizes a number of reports relevant to Winnipeg and 24/7 safe spaces. A full list of these reports can be found in **Appendix I.** This section provides a generally agreed upon definition of 24/7 safe spaces, identifies the barriers to accessing safer spaces, gaps in services, and shares some common best practices when operating safe spaces. Safe spaces play a critical role in providing services to a vulnerable segment of the population.

## 1.2 Definition of *Safe Space*

We are offering the following definition of *Safe Space* which combines elements from the Merriam Webster dictionary, the *Here and Now Report*, and the *Illicit Drug Task Force* recommendations:

> A place intended to be free of bias, conflict, criticism, or potentially threatening actions, ideas or conversations. Safe spaces address the immediate needs including the provision of shelter, meals, treatment services, culturally relevant services, and referrals to health services or community organizations.

## 1.3 Barriers to Accessing Safer Spaces

A review of the reports identified the following common barriers for accessing safer spaces:

**I. Stigma, distrust & perception**

- Fear of stigma, discrimination, and racism when accessing services
- Lack of confidence in the system; Perceived notion that "government doesn't care"
- Feelings of unworthiness; shyness
- Youth may be distrustful of adults in perceived positions of authority
- "Don't put it in my neighbourhood" from general public

**II. Fear & safety**

- Fear of Police congregation outside of the building
- Fear for safety – not being able to access certain spaces or supports to due hostile environments, lack of safety procedures, or emotional triggers
- Connection to crime, gangs, law difficulties

**III. Population-specific services**

- Programming that is available is segregated by gender, leaving families and gender-diverse individuals few places to go
- Parents are often scared to ask for support or access services out of fear of having their children apprehended by Child and Family Services (CFS). Evidence shows that breaking up families is a pathway into lifelong homelessness for young people.
- Age range limitations (eg. youth agencies with different age limits)

**IV. Challenges with emergency shelters**

- Shelters are found to be unsanitary, bedbug or pest ridden, have unsupportive and unempathetic staff, or people are being turned away
- Nowhere to keep belongings
- Being unable to sleep due to lack of beds, fear of assault, not wanting to sleep on a mat on the floor in an open room
- Gender-segregated shelters can be problematic for gender non-binary and trans people

**V. Mental health, substances, and addictions**

- Addictions can lead to further challenges such as abusive relationships, CFS, lack of employment, and lack of stable housing
- People who were using alcohol chronically would use excessively prior to accessing a shelter bed to avoid withdrawal for as long as possible while accessing dry shelters, then discharge themselves early to begin drinking again to prevent withdrawals.
- Mental health can impact people's ability to access resources – either from being triggered by certain spaces, or because staff are unwilling to support someone struggling with a mental health crisis. Staff may also lack the necessary training and skills to offer mental health support.

**VI. Other barriers**

- Language barriers
- People are focused on meeting their basic survival needs
- Affordable transportation options are limited and are not always safe or easy
- Limited awareness of services / lack of information on what is available

## 1.4 Gaps in Services

Common gaps in services identified in the reports that are relevant to safe spaces include:

I. **Lack of safe spaces**
   - There is a lack of safe spaces that allows people to socialize with their peers, have positive human interaction, and have fun in safe environment while having access to care and services.

II. **Addictions, health care, and mental health supports**
   - There are not enough supports available for addictions in Winnipeg. The addictions services that exist need to be expanded as many people reported that a 14-day detox and 28-day addictions program is not enough support to overcome addictions.
   - There are not enough supports for people experiencing mental health challenges or health care supports (family doctors, dentists, counsellors) needed to live a healthy life. The most common issues are that people are waiting long periods of time for support, are put on wait lists, and must wait when experiencing mental health or health emergencies.

III. **Employment and Income Assistance (EIA)**
   - There are several challenges to accessing the support of EIA such as unsupportive workers, lengthy waits to see a worker, and clients withholding of relevant information due to lack of trust and fear of having their benefits revoked.

IV. **Lack of culturally competent supports and services**
   - There is not enough culture-based support available in Winnipeg. There are reported incidents with workers who are gender-biased, racist, have a lack of anti-racism and cultural competency training, and are not trauma informed.
   - There are not enough culturally *safe* services available in Winnipeg (a space where one is safe from racism and discrimination from everyone; not just workers).

V. **Child and Family Services**
   - As is consistent with other research, youth report that there are too many unsupportive caregivers (foster parents).
   - There is also a lack of supportive workers (CFS and support workers) and youth are aging out of care without proper skills or resources to live stably on their own.

VI. **Support staff**
   - It was consistently identified that there is a lack of people who have lived experience working as front-line staff.
   - Reports also identified that there is a shortage of social workers in Winnipeg.

VII. **Lack of affordable housing**
   - Winnipeg has a serious lack of safe, affordable, and social housing options. There are also not enough housing supports such as transitional housing.

VIII. **Emergency shelters**
   - Women and members of the 2SLGBTQ+ population report feeling unsafe in shelters. Members of the 2SLGBTQ+ community also fear the expression of sexual orientation and gender identity at shelters may lead to being stigmatized.
   - People are also sleeping in spaces not meant for human habitation (eg. bus shacks, parks) due to the lack of beds. Mats on the floor are not considered suitable beds and can lead to safety concerns.

## 1.5 Best Practices Research

The reviewed reports outline best practices that can help fill gaps and overcome barriers, along with outlining important components of a 24/7 Safe Space:

### I. Culturally appropriate programs and services

People need access to relevant, accessible cultural opportunities that include ceremony, medicines and healing supports (e.g. Elders for Indigenous groups). There is a need for access to counselling services that are grounded in Indigenous (First Nation, Inuit, Métis) worldviews and recognize the historical and intergenerational impacts of Canada's colonial and assimilation policies. Cultural sensitivity training should be mandated throughout all systems.

### II. Safety & Comfort

Safe spaces require room for people to rest, eat, receive services, have social interaction, have a coffee, sit on a comfortable couch, charge a phone, warm up/cool off from outside temperatures, seating, support with housing and shelter, traditional or cultural practices and healing, income or employment assistance, primary health care, child care, addictions treatment, and secure storage. People who have experienced trauma tend to enjoy a private and low profile. As people have had mixed experiences with police/cadets, it was suggested that police, cadets, or patrol organizations could be helpful in the area *near* the safe space, but not within the site, to enhance safety.

### III. Access to Resources & Programming

People first and foremost require access to basic needs. They also need access to the proper supports and resources to thrive and succeed in life. Access to a variety of resources such as pre-employment opportunities, help to support independent living, and knowledge of places to go for basic needs support would be beneficial to anyone accessing services. Participants in various reports identified that they needed help obtaining IDs, a bank account, and medical services. A safe space would need to be materially resourced to meet these needs.

Access to programs that support life skills development, as well as providing practical training opportunities is crucial. Supporting activities could include taking part in programs that makes job searching, work experience, and training opportunities fun. Youth identified that community programs can offer important knowledge to improve youth's lives and provide critical supports that help them thrive (such as job employment programs, addiction programs, housing programs, etc.).

Safe spaces should also provide a space that promotes social interaction, belonging, community, and/or an opportunity to become involved meaningfully through employment or volunteering. A suggestion was to review best practices of existing programs and build upon what is already working while recognizing that individuals are at different stages in their journeys.

### IV. Staff

A prevalent theme in most reports is the need for frontline staff to have lived experience. People identified that they need to have more relatable workers and more outreach support offered to meet people where they are at in their life. Youth also noted that they feel most connected to support

workers who also have experiences of homelessness or addictions. It was noted that staffing should reflect the population being served.

Interacting with people who are in crisis or survival mode inevitably leads to heightened levels of stress amongst staff members. Providing support to staff in the form of weekly discussions, in which staff may discuss difficult situations they have encountered during the week, are helpful. Daily huddles can provide a venue to review activity schedules and review special circumstances for certain people. The working environment should encourage open communication and regular training, which may include conflict resolution, cultural competence training and regular mentorship with senior staff members.

### V. Community engagement

Safe spaces should be accessible, which includes both physical and emotional components and should be integrated as part of the community and are often most successfully housed in existing structures. The space should be easily identifiable and have an inviting entrance to encourage young people to walk through. Youth also identified that being able to engage with other youth in the community and take part in creative arts programming can help youth with healing and dealing with triggers.

### VI. Implement person-centred, trauma-informed care

A person-centred approach should be adopted to ensure the needs of the participants are kept in mind throughout all interactions. Rather than employing a facility or service-centred model, providing services in a person-centred approach ensures the needs of the people are addressed by matching the individual to appropriate interventions, services and housing opportunities in a non-bias manner. This approach recognizes that intensive case management is not necessary for everyone and the level of one-on-one interaction differs by individual. Person-centred approaches underpin all best practice solutions to working effectively with people who are experiencing homelessness. Recently, trauma-informed care has been recognized as a critical component of how we interact with people in the human services field, including how we engage with youth. A definition of trauma used by Klinic Community Health in Winnipeg, Manitoba comes from wellness educator Tara Brach. Brach (2011) states that: “Trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love.”

Trauma-informed simply means that we understand that people experience various (and often multiple) forms of trauma that could impact how they view the world and react/act in situations.

***Trauma Specific Services & Trauma Informed Care***

*Trauma Specific Services (TSS)* are programs, interventions, and therapeutic services aimed at treating the symptoms or conditions resulting from a traumatizing event(s).

*Trauma Informed Care (TIC)* is an approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff.

### VII. Gender accessibility

Discussions about relationships (partners, friends or family) done in a safe way so that one's identity, whether they identify as 2SLGBTQ+, is not taboo. A gender-neutral space is important to ensure that everyone is included and safe. It should be noted that there is a major gap in the homelessness research regarding the 2SLGBTQ+ community because of the perceived fear of their safety when participating in research initiatives.

### VIII. Physical space

Spaces that are devoid of disruption, such as jarring sounds, loud knocking, yelling, or slamming doors – calm and comforting by way of lighting, sound, room temperature, furniture, and human relations seem to work best. In imagining a space, participants suggested calming imagery (such as an aquarium, paintings, plants), soft lighting (outside of the injection space), and highlighted the challenge of using a safe space for both day-time and overnight purposes – balancing welcoming, bright, and open environment for day-time use, with calming, quiet environment for evenings and overnight.

### IX. Rules, norms, and/or guidelines are respected

Expectations of social conduct contribute to safety, especially if those expectations are reasonable, flexible, communicated, honoured, enforced, and developed in consultation with people who use the space. Community Standards are a common practice used in group facilitation, where the group engages in an exercise to discuss some basic guidelines on how the group will interact together. Some examples of guidelines would include what is acceptable behaviour, what makes a space safe, how to resolve conflict, and how we can treat everyone with respect and dignity. This can also be a good opportunity to discuss triggers, how to cope if one feels overwhelmed, and what does harm reduction look like if you are engaging with someone who is drug dependent. Create and implement an inclusion policy that ensures everyone (including 2SLGBTQ+) are welcome.

### X. Coordinated access/ intake / assessment

Create a coordinated intake and assessment system that supports a 'no wrong door policy' to ensure people do not get 'lost' by being directed, redirected and misdirected through our various governmental and community systems. This should include on-line access to all services from emergency shelters to transitional and long-term housing. Use intake process to establish relationship of trust and openness. Having access to services in one location is less demanding and stressful to those who are required to travel from one office to another, usually without any means of transportation.

### XI. A place to rest

Almost every report has identified the need for sleep and the lack of places to rest, nap, or sleep as a barrier for those experiencing homelessness. A place for day (or multi-day) sleeping/napping without being kicked out at closing time is particularly important for people coming off drugs. Every report and health professional agree that sleep is essential to the health and wellbeing of any human being. Everyone is different but it's generally agreed that adults need 7-9 hours of sleep per day; for teenagers its 8-10 hours; pre-teens at 9-11 hours, preschoolers at 10-13 hours; and toddlers are at 11-14 hours per day.

## 2.4 Criteria or Rules for Access

The survey asked what, if any, criteria, rules or policies exist for people to access services. This question helps to identify barriers in existing services, in context of best practices identified by the literature (Section II).

- 7 indicated there are rules around being respectful/following a code of conduct in the space;
- 7 indicated their services were for specific populations (1 for women, 2SLGBTQ+ and non-binary people; 1 for Indigenous people; 1 for people living with FASD; and 4 serve young people with varying age criteria);
- 2 indicated drugs, alcohol, illegal items, or weapons are not allowed;
- 1 indicated that people are asked not to *use* drugs in the space.

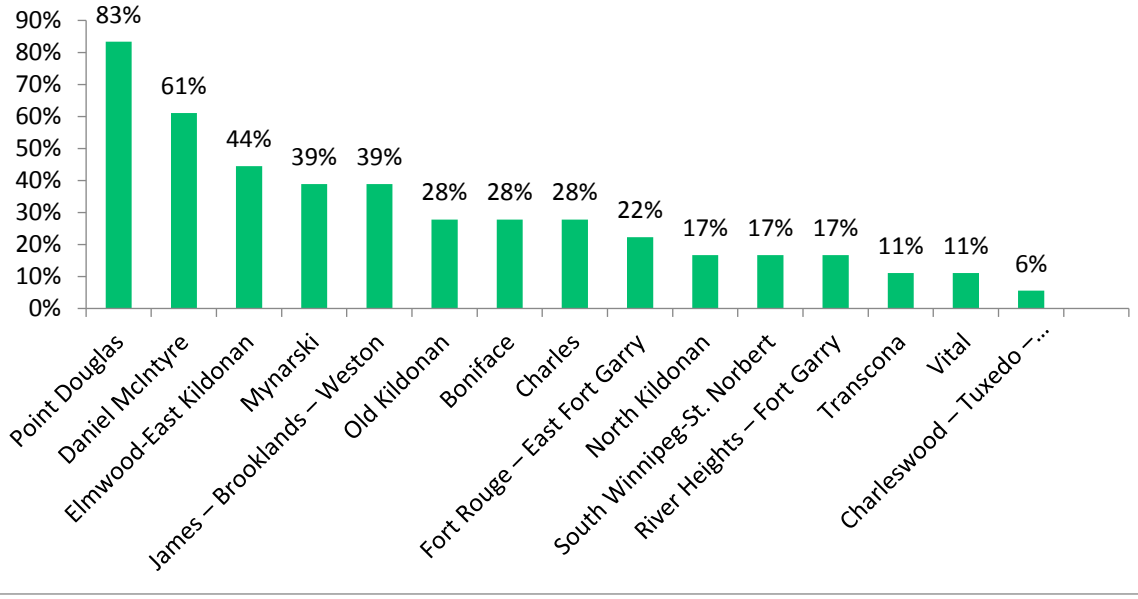
## 2.5 Input on 24/7 Safe Spaces in Winnipeg

The questionnaire also focused on receiving feedback as to where 24/7 safe spaces are needed, who they should be focused on, and what components would be important considerations for the space.

### Where 24/7 Safe Spaces are Needed

When asked which areas of the city are most in need of 24/7 safe space, Point Douglas (15), Daniel McIntyre (8), Mynarksi (7), and James-Brooklands-Weston (7) were identified as top locations. Every ward in Winnipeg was indicated as in need by at least 1 respondent (see **Figure II** below).

**Figure II: Based on your experience and people served, which areas of the city are most in need of 24/7 Safe Spaces in Winnipeg?**

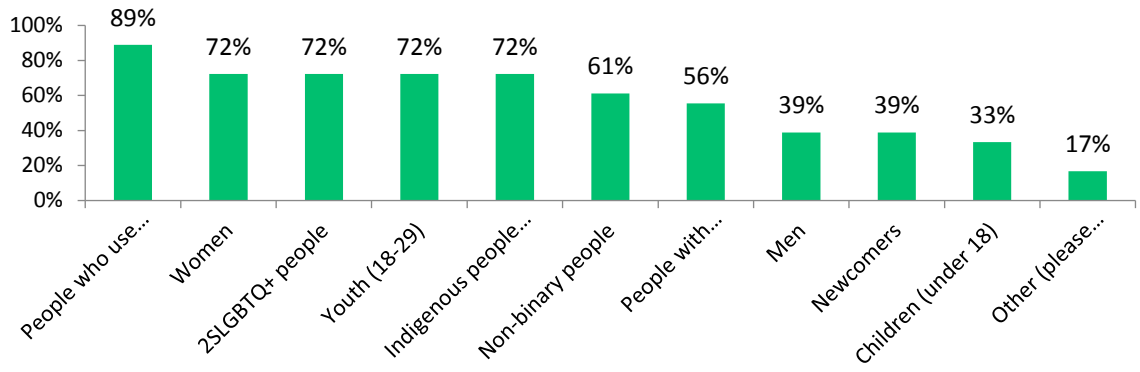


## Who Needs 24/7 Safe Spaces

When asked which groups are in need of a safe space, many respondents indicated most of the groups are in need. Approximately one-third (6) indicated all the listed groups were in need of space.

Groups which were identified the most include: People who use drugs (16), women (13), 2SLGBTQ+ (13), Youth (13), and Indigenous people (13). It Is important to note that sexually exploited people were indicated by one open-ended survey response (and supported by the existing research). **Figure III** outlines all responses.

**Figure III: Based on your experience and people served, which groups are most in need of 24/7 Safe Spaces in Winnipeg?**




## Components of 24/7 Safe Space

Respondents identified important components of a safe space from a list. **Figure IV** below shows a word cloud that visualizes responses (larger words received more votes, while smaller words received less). **Table II** follows and shows the full list of important components. Generally, survey responses were in line with best practices identified in the literature.

**Figure IV: Important Components of a 24/7 Safe Space**

(created with wordclouds.com)



| Table II: Important Components of a 24/7 Safe Space | |
|---|---|
| **Acceptance & Respect** | 94% |
| **Trauma-informed** | 94% |
| **Access to basic needs (food, washroom, laundry etc.)** | 94% |
| **Supportive, non-threatening environment** | 89% |
| **Free of discrimination, stigma, stereotype, bias** | 89% |
| **Non-judgemental** | 89% |
| **People can be under the influence of substances** | 89% |
| **Access to harm reduction supplies** | 89% |
| **Napping/day sleeping space** | 83% |
| **Respectful of people's privacy & confidentiality** | 78% |
| **Respectful of people's autonomy** | 78% |
| **Access to cultural programs and supports** | 78% |
| **Access to services or supports** | 78% |
| **Designed to be accessible as possible, regardless of ability** | 72% |
| **Cultural proficiency** | 72% |
| **Safer consumption** | 61% |
| **Gender-neutral space** | 50% |
| **Substance-free environment** | 28% |
| **Other (please specify):** mental health supports, safe, staff with training and lived experience, staff who reflect the diversity of populations served, operate from restorative justice, harm reduction, and have good relations with the community, have an appropriate temperature in the room. | 22% |

## 2.6 Organizations Interested in Expanding or Hosting 24/7 Safe Spaces

14 organizations responded to the survey expressing interest in expanding or hosting a 24/7 safe space & barriers to doing so. 1 respondent did not represent an agency currently operating a space or program, while 1 was not available for follow up, and details could not be confirmed.

It should be noted that all of these organizations could potentially respond to the need for a 24/7 Safe Space, but consistent and ongoing funding is the biggest barrier to groups. As a result of no available funds to-date, many groups have not made specific plans for expansion.

It should also be noted the above groups serve different populations and have different criteria for accessing their space. These should be considered when a group is selected to serve as a 24/7 Safe Space.

Finally, follow up phone calls were only conducted with some of the above organizations and further consultation should be done.

# 3. Summary and Recommendations

## 3.1 Summary

Through reviewing best practices, barriers, and gaps in services from existing reports, along with local agency survey responses, **there is a definite need for 24/7 Safe Spaces in Winnipeg.**

Priority populations in need of space include **women, people who use drugs, youth, 2SLGBTQ+, and sexually exploited girls and women**. These groups may require additional supports or specialized services, *beyond* just a place to go inside. As this report was solicited following the Illicit Drug Task Force, it should be recognized that for people on, or coming off, drugs there are few places for them to go (with hospitals and emergency rooms often playing this role currently). Youth, women, 2SLGBTQ+, and sexually exploited girls and women are not well served by currently overnight facilitates (shelters) because of fear, safety, or stigma, as outlined in section 1.

Because of the diverse and populations in need, *several* organizations would need to extend to 24/7 to adequately meet all needs. Some of the organizations that could serve this need are outlined in section 2.6. All these groups are non-profits that struggle financially to respond to changing community needs, as well as train and retain skilled staff.

These groups serve varying populations with varying criteria for accessing their spaces. It is recommended that a multi-year grant application be opened by the City of Winnipeg to allow these groups – and others who did not participate in this survey – to apply. Additional funding sources can be matched with the City of Winnipeg's contributions to ensure more groups can meet the need for 24 Hour Safe Spaces.

## 3.2 Recommendations

**City Council should consider funding (through a multi-year grant) an existing agency, or agencies, with a credible reputation, and whose mandate it is to work with one or more of the priority populations:**

- **Women**
- **People who use drugs**
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The **granting process should ensure the organization(s) satisfy the best practices** outlined in section 1.5 before approving funding. The grant application could be based off these best practices and require applicants to specifically outline how they satisfy the following:

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- ✓ **Trauma-informed approach;**
- ✓ **Staff with lived/living experience;**
- ✓ **Harm reduction approach;**
- ✓ **Access to on-site skilled medical/mental health staff.**

**Funding Amounts**

Based on the brief consultation with agencies through the survey and follow up conversations, there are tiers for capacity for expansion, along with financial resources required. To adequately fund and meet the needs in Winnipeg, the City of Winnipeg should look to partner with other funding sources.

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Amount *Varied* (dependant on current space; large-scale renovation might be in the range of $500,000-750,000, while more minimal upgrades would be much lower)

# APPENDIX I: LIST OF REPORTS CONSULTED


Brandon, J. Maes Nino, C., Retzlaff, B., Flett, J., Hepp, B., Shirtliffe, R., & Wiebe, A. (2018). *The Winnipeg Street Census 2018: Final Report*. Winnipeg: Social Planning Council of Winnipeg.

Bryans, M. *Managed Alcohol Programs in Manitoba: Feasibility Report*. Winnipeg: Sunshine House & Substance Consulting.

Courchene, K., Isaac, E., Isaac, D., Sattler, M., & Lemonius, M. (2019, expected). *Nii'kaanaagnaa… Our Hope & Dreams: A Strategic Initiative to Address First Nations Homelessness*. Winnipeg: Kishaywatisiwin Consulting, End Homelessness Winnipeg, and Assembly of Manitoba Chiefs.

Drabble, J. (2019). *Meeting the Needs of Sexually Exploited Youth: Building on the Work of the Sexually Exploited Youth Community Coalition*. Winnipeg, MB: Canadian Centre for Policy Alternatives Manitoba

Gaetz, S. (2014). *Coming of Age: Reimagining the Response to Youth Homelessness in Canada*. Toronto: The Canadian Homelessness Research Network Press.

Gilmer, T. P. (2016). Permanent Supportive Housing for Transition-Age Youths: Service Costs and Fidelity to the Housing First Model. *Psychiatric Services, 66(6)*, 615-621.

Godoy, M. & Maes Nino, C. (2016). *Here and now: The Winnipeg plan to end youth homelessness.* Winnipeg: Social Planning Council of Winnipeg.

*Here and Now Supplement Reports.* (2019). Submitted to End Homelessness Winnipeg.

Illicit Drug Task Force. (2019). *Recommendations to reduce the use and effects of illicit drugs within Manitoba's communities*. Winnipeg.

Jino Distasio, Jitender Sareen, & Corinne Isaak (2014). *At Home/Chez Soi Project: Winnipeg Site Final Report*. Calgary, AB: Mental Health Commission of Canada. Retrieved from: http://www.mentalhealthcommission.ca.

Kitty te Riele. (2006). Youth 'at risk': further marginalizing the marginalized? *Journal of Education Policy, 21:2*, 129-145.

LGBTQ2S Youth Homelessness Working Group. *LGBTQ2S Youth Housing and Shelter Guidelines*. Alberta: Alberta Government.

Manitoba Trauma Information and Education Centre. (2013). *Trauma-informed: Trauma Toolkit*. Second Edition. Winnipeg, MB: Klinic Community Health Centre

Marshall, S.G., Migliardi, P., Jamal, A., Jalloh, C. & Ormond, M. (2019). *Winnipeg Safer Consumption Spaces Consultation and Needs Assessment*. Winnipeg: Safer Consumption Spaces Working Group

Pettes, T. (2014). *Youth Reconnect Works.* Ontario: Niagara Resource Service for Youth.

Thurston, W.E., Oelke, N.D., Turner, D., & Bird, C. (2011). *Executive Summary: Improving housing outcomes for Aboriginal people in Western Canada: National, regional, community and individual perspectives on changing the future of homelessness*. Prepared for Human Resources and Skills Development Canada, National Housing Secretariat. Available from: Department of Community Health Sciences, 3rd Floor TRW, 3280 Hospital Drive NW, Calgary, Alberta, T2N 4Z6.

# APPENDIX III: LETTER & QUESTIONNAIRE TO AGENCIES

August 19, 2019

Dear _____,

On December 18, 2018, Winnipeg Mayor Brian Bowman, Health, Seniors and Active Living Minister Cameron Friesen, and Member of Parliament for Winnipeg Centre Robert-Falcon Ouellette announced the creation of the Illicit Drug Task Force, signaling a coordinated Manitoba response to the challenges posed by illicit drugs. The Illicit Drug Task Force Report was released in June.

The recommendations include the expansion of 24-hour Safe Spaces:

> "There is a need for expanded services for individuals (including youth) who use substances, both in Winnipeg and across the province, that offer safe environments and foster positive relationships in neighborhoods where they are most needed…. It is a recommendation of the Illicit Drug Task Force that efforts be undertaken to resource safe spaces in existing, dispersed and accessible community agencies to operate with longer hours (ideally 24/7)" (p.14).

On July 2, the City of Winnipeg's Executive Policy Committee passed a motion to bring forward options in the 2020 multi-year budget process to fund additional 24/7 Safe Spaces in the city. To help identify local needs for 24/7 Safe Spaces, End Homelessness Winnipeg is conducting an environmental scan. In addition to a review of best practices for 24/7 Safe Spaces and community recommendations related to 24/7 Safe Spaces, the scan will assess current resources, gaps, and capacity for new or expanded 24/7 Safe Spaces in our city.

Please complete this brief questionnaire at the link below by **Monday, August 26** to share your organization's perspectives on these vital issues. Your response will help to inform the City of Winnipeg related to 24/7 Safe Spaces planning in Winnipeg. End Homelessness Winnipeg staff may follow up with your organization before the end of August for additional information. If you have further questions, please contact info@endhomelessnesswinnipeg.ca.

Maarsii & Miigwetch,

*Lucille Bruce*
Chief Executive Officer
End Homelessness Winnipeg

**Questionnaire:**

1. Name of organization:
2. Contact name & position:
3. *Brief* description of organizational mandate and services: (250 words max)
4. Who do you serve? (check all that apply)
    - ☐ Women
    - ☐ Men
    - ☐ Non-binary people
    - ☐ 2SLGBTQ+ people
    - ☐ Children (under 18)
    - ☐ Youth (18-29)
    - ☐ Indigenous people (First Nations, Métis and/or Inuit)
    - ☐ Newcomers
    - ☐ People with disabilities
    - ☐ People who use drugs
    - ☐ Other (please specify): _____
5. What, if any, criteria, rules, or policies exist for accessing your space? (e.g. populations served, guidelines for behaviour in the space, rules around what people are allowed to bring into the space, etc.):
6. Are you open 24 /7?
    a. No
    b. Yes
7. What are your general hours of operation? (please check all that apply, that *best* describe your hours)
    a. Monday-Friday working hours (ie. 9am-5pm)
    b. Evenings (ie. 5pm-9pm; 6pm-midnight)
    c. Overnight (ie. Midnight to 8am
    d. Weekends
    e. Open on holidays
8. Do your hours of operation change based on seasons?
    a. No
    b. Yes
        i. If yes, please explain:
9. Based on your experience and people served, which areas of the city are most in need of 24/7 Safe Spaces in Winnipeg? (please see a ward map and boundaries here)
    a) Old Kildonan
    b) Point Douglas
    c) Mynarski
    d) North Kildonan
    e) Elmwood-East Kildonan
    f) Transcona
    g) St. Boniface
    h) St. Vital

i) South Winnipeg-St. Norbert
j) Fort Rouge – East Fort Garry
k) River Heights – Fort Garry
l) Daniel McIntyre
m) St. James – Brooklands – Weston
n) St. Charles
o) Charleswood – Tuxedo – Whyte Ridge

10. Based on your experience and people served, which groups are most in need of 24/7 Safe Spaces in Winnipeg?
    a. Women
    b. Men
    c. Non-binary people
    d. 2SLGBTQ+ people
    e. Children (under 18)
    f. Youth (18-29)
    g. Indigenous people (First Nations, Métis and/or Inuit)
    h. Newcomers
    i. People with disabilities
    j. People who use drugs
    k. Other (please specify): _____
11. Which of the following do you think would be important characteristics of a 24-hr Safe Space in Winnipeg? (check all that apply)
    - Supportive, non-threatening environment
    - Free of discrimination, stigma, stereotype, bias
    - Acceptance & Respect
    - Non-judgemental
    - Respectful of people's privacy & confidentiality
    - Respectful of people's autonomy
    - People can be under the influence of substances
    - Safer consumption
    - Substance-free environment
    - Gender-neutral space
    - Designed to be accessible as possible, regardless of ability
    - Napping/day sleeping space
    - Cultural proficiency
    - Trauma-informed
    - Access to cultural programs and supports
    - Access to services or supports
    - Access to basic needs (food, washroom, laundry etc.)
    - Access to harm reduction supplies
    - Other: _____ (1-2 words).
12. Does your organization have plans to, or interest in, hosting or expanding a 24/7 Safe Space?
    a. No
    b. Yes (please describe your plans and any specific barriers to expansion):

# APPENDIX IV: CITY OF WINNIPEG ZONING & BUILDING CODE REQUIREMENTS

It is recognized that some groups may require renovations or capital improvements to bring their building up to code for operating as a 24/7 Safe Space.

Through communication with City of Winnipeg departments, a 24/7 Safe Space would fit within the following use, as defined in the Zoning By-law 200/2006:

> **"social service facility"** means the use of a premises to provide social or welfare services to those in need, for no fee or compensation, or at a fee recognized as being significantly less than charged by profit-making organizations. Services may include but are not limited to information and referral services, counselling, skill development, aid through the provision of food or clothing, life skill and personal development programs, alcohol, drug, or substance abuse counselling centre, temporary overnight accommodation and drop-in or activity space.

To ensure all appropriate permits and requirements are being issued/addressed, an appointment would need to be made with a Zoning Development Officer (ZDO) by calling (204) 986-5140.

A Letter of Intent to describing exactly what is being proposed, including services that will be provided, is needed for the first appointment. This will get the process started. The ZDO will walk the applicant through the process and what is required of the applicant.