

## **Capstone**

### **LAMP Research Report**

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## **Abstract**

LAMP Community Health Centre, located in Toronto, aspires to foster a harm reduction culture throughout their agency to promote a more welcoming, non-judgmental, and supportive community. The purpose of this research project is to gain insight into how harm reduction approaches and attitudes can be expanded and implemented beyond conventional health-focused concerns. Additionally, researchers aim to identify and evaluate potential stigmas surrounding harm reduction approaches from both staff and clients. Informed by various harm reduction agency models, including the St. Ann's Corner of Harm Reduction, researchers have developed a survey to better understand client experiences at LAMP and their insight on how LAMP currently supports all areas of needs. Data collected from the 17 surveys distributed has shown that LAMP is already supporting a harm reduction culture in many areas. The majority of client participants reported feeling both welcome and comfortable accessing services at the agency. While most respondents reported positively regarding service accessibility, data collected highlights a correlation between those with physical barriers reporting a lower level of accessibility and feeling less supported by staff. Additionally, despite data indicating that most clients feel a strong sense of dignity accessing LAMP services, those who reported a lower sense of dignity also reported staff being less attentive to their needs. Finally, along with reporting a stronger sense of mental wellness and support, respondents who access the Among Friends program at LAMP reported very positive experiences overall that exemplify a harm reduction culture.

## **Acknowledgments**

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## **Introduction**

Harm reduction is defined as an evidence-based, client-centered approach that is “dedicated to reducing the social, health and economic harms associated with activities such as substance use, drug distribution, sex, and sex work.” (LAMP, n.d.) & (Harm Reduction International, 2020). Its approach supports offering a wide range of accessible and non-judgmental treatment options to better assist individuals in making informed decisions about their individual needs while reducing harms with potentially hazardous activities. Its policies and practices are informed by extensive research and evidence to support that not only are programs effective, feasible, safe, and cost-effective but have proven to have a significant positive impact on individual and community health (Health Link BC, 2020). Its approaches are founded on the notion that all individuals deserve to be treated with dignity and respect, and have equal access to health and social services, regardless of where they are in their treatment journey.

LAMP Community Health Center operates several harm reduction services varying from supply distribution and regular HIV/Hep C testing to educational workshops and peer-based supports. Their harm reduction programs are informed by their anti-oppression policy which is

committed to elimination all forms of oppression within their services to “create and maintain a safe environment that facilitates open and respectful participation of employees, clients, volunteers, students, community, and board members (LAMP, 2017).

While the harm reduction services offered at LAMP have been very successful, the agency strives to incorporate harm reduction approaches throughout its programs and services. By encouraging and supporting a harm reduction culture throughout their agency, clients may feel more comfortable accessing additional resources and LAMP programs. Creating a harm reduction environment also can encourage a more welcoming, non-judgmental, and supportive community as a whole.

By finding successful harm reduction agency models and relevant research, the project strives to assist LAMP Community Health Centre in their goal to foster a harm reduction culture within their agency.

## **Research Context**

### **Geographic location**

LAMP is situated in the southern part of Ontario and the western side of Toronto and is defined by Etobicoke Lakeshore and New Toronto’s boundaries.

### **Population**

LAMP works with individuals who identify with various demographic backgrounds, cultures, and ages within the Etobicoke Lakeshore area. The population is often considered underserved and benefits from assistance in empowering themselves to live safer and more fulfilled lives. LAMP works explicitly from an anti-oppressive approach and aims to assist those

who may benefit from their varying programs and services, including everything from Physiotherapy, Adult Learning to Harm Reduction. Although Lamp's various programs may have different access requirements, LAMP is designed to have something for everyone regardless of age or intake requirements. LAMP specializes in assisting youth, families, single parents, seniors, people who use drugs, and their allies.

### **LAMP's Mission**

A leader in promoting and advocating for physical, mental and social well-being through inclusive, integrated community programs and health care services (*Mission, Vision & Beliefs* 2021).

### **LAMP's Vision**

Achieving community health and well-being together (*Mission, Vision & Beliefs* 2021).

### **LAMP's Beliefs**

We believe that everyone has the right to live in a healthy community.

We value and respect people of diverse backgrounds and perspectives and are committed to providing meaningful opportunities for our communities to determine their own needs.

We believe that everyone has strengths and that each person has the right to both contribute to, and be helped by their community.

We are committed to working with our communities to fight oppression. Inclusiveness is a core value of LAMP.

We believe that health is more than the absence of disease. It is influenced by social and economic factors.

We are committed to helping everyone in our communities get access to the resources and support that they need.

We believe that some community members have greater needs and fewer choices and therefore require more of our services, advocacy, and support. Through empowered members the community is strengthened. (*Mission, Vision & Beliefs* 2021).

### **Project Focus**

The project aims to gain insight into how a harm reduction culture can be successfully expanded and implemented across various programs and services within LAMP. Methods in doing so will include analyzing and evaluating multiple successful harm reduction agency models and gathering data from a LAMP client survey to gain insight into client experiences and feedback. The data collected will allow for a better understanding of how the agency can adjust agency approaches, frameworks, and attitudes to incorporate harm reduction methodologies.

A holistic harm reduction approach's primary goals are to reduce potential harms, promote physical and mental health, and promote better life quality. Providing appropriate and adequate resources and supports to clients is crucial for achieving a holistic harm reduction environment. Additionally, addressing stigma and public perception encourages client participation by creating an atmosphere that sees clients as a whole rather than an addict, sex worker, etc. Educating the staff on different services provided within Lamp will also improve the accessibility of the agency's services while also promoting safety as service users participate.

## **Position of the Researcher(s)**

### **Dawn Garrod**

When I initially started conducting the research I realized there may have been some subconscious biases due to the lack of understanding I had for harm reduction and harm reductions purposes. I never realized how difficult it could be for Clients to access services at LAMP and only saw these services as a way to indulge in illegal activities; however, the fact that I am located in Orangeville, which has a specific demographic makes it difficult when conducting research to not have some level of bias. I realized after conducting my research that harm reduction's purpose was not there to enable individuals in substance use, but to help people use drugs safely. I understand that we all have biases and judgments, but it's important to not let your judgments cloud your ability to analyze data and produce an accurate conclusion.

### **Stephanie Kipfer**

I am coming into this research and the virtual space of LAMP as an outsider. I myself do not align with many of the demographics they serve, and I live very far away from their location. I hold a lot of privilege and access to various resources that many rely on LAMP to fulfill. I come with some knowledge and experience serving and empowering similar populations through co-op and work experience at organizations with similar values and missions. I also have some experience dealing with personal relationships regarding those who have benefited from similar organizations and substance use histories. Because of my lack of personal experience and connection to harm reduction, I check my biases and rely on the data and lived experiences of those willing to share as we navigate and analyze the data.



**Monica Dale**

Having never accessed services or programs at LAMP, I am conducting this research from an outsider's perspective. Because of this, it is crucial that I am aware of and understand how my social location may influence how qualitative data is perceived. Additionally, my research is limited to the data collected from the survey, as opposed to lived experience. Despite being an outsider researching harm reduction policies and programs at LAMP, the goal of this project is to reimagine harm reduction as a wider holistic approach that can relate to and support all individuals including myself. Additionally, harm reduction practices have several similarities to feminist approaches, which I have a strong support and passion for.

**Elizabeth Abebe**

Initially I was extremely excited to research a harm reduction agency because I was working at a safe consumption service that gave me some exposure to harm reduction programs. This capstone project improved my skills in research and has taught me the importance of research in the community. Since I was working in the field I thought this project would be less complicated however it turned out to be very complicated but also rewarding. I have learned so much about the perception and expectation of clients who access harm reduction programs in Toronto. Overall, this project enhanced my communication and team skills as well as learning how to use a holistic approach to conduct community based research.

**Stephanie Fallico**

When I first found out about LAMP a few years back, I had no idea the number of services there would be. Now, conducting research for this agency, I am finding out many

different services LAMP has to offer. Conducting research in Harm Reduction is where I have become an outsider, at first, I did not know what harm reduction was until conducting research from the agency and realizing what harm reduction is. The goal for this research project is to ensure how qualitative data is received and initialized. In order to initialize the data received from participants associated with harm reduction the end goal is to ensure there are participants that have a general positive mindset when completing the survey provided by LAMP to conduct research data and analyze improvements and constructive criticism. Ultimately, I have learned a lot throughout conducting research and analysing data from a researcher perspective. This journey has been a rollercoaster, but this has definitely given me a positive mindset of what it is like to collect data from participants within the agency and build new skills.

### **Research Question**

To what extent is a Harm Reduction Culture being implemented and achieved at LAMP?

### **Literature Review**

Harm reduction environments have widely and successfully created safer spaces for those oppressed by significant systemic issues. Creating safe spaces with a harm reduction culture can empower others to make necessary choices and participate in safer actions, reducing potential threats to their safety. Brocato (2003) concluded exactly how harm reduction could improve one's quality of life when previously oppressed by society. He also stressed the importance of paying close attention to how individuals experience harm reduction. Brocato (2003) gives an empathetic lens to those still understanding how harm reduction can be beneficial. Brocato's

same lens can help explain the benefits of incorporating an environment of harm reduction in other areas that aim to improve oppressed individuals' quality of life.

Lightfoot, B. (2009) highlights how effective harm reduction practices promote and influence its use and accessibility among different people and demographics. This leads to a rise in the number of referrals opting to use services with a harm reduction approach and increased awareness. Ratliff, E. (2016) highlights the roles performed by several stakeholders (i.e. government, staff, health officials, etc.) in planning and implementing the safe use of various harm reduction strategies. The crucial role agency workers have in the practical implementation of harm reduction strategies is also emphasized by Lightfoot (2009). Ratliff, E. (2016) suggests providing an opportunity for agency staff (particularly in a healthcare setting) to develop strategies that improve the delivery of harm reduction services.

Although harm reduction approaches emphasize accessibility, there are still various barriers preventing clients from accessing services and programs. Lang, et al. (2013) argues that these barriers include: poverty, lack of support, discrimination, stigma, limited resources, insufficient use of resources, lack of awareness on available resources, and negative interactions with service providers (Lang, et al., 2013). Data collected from a focus group in Saskatoon found that inaccessibility paired with a lack of guidance and information from staff were barriers preventing agencies from providing clients with a holistic approach addressing their needs (Lang et al.). The study concluded that ensuring all service providers were informed and educated on all of the services offered would substantially increase accessibility. Guaranteeing that staff, regardless of their department or work area, are informed on harm reduction methodologies and the programs offered at LAMP may influence greater accessibility to clients.

Favourably, Tiderington et al. (2013) feel that the most crucial part of Harm Reduction culture is the relationship between consumers and providers. A study was conducted by observing both participants' interactions (Tiderington, Stanhope, Henwood, 2013). The researcher would sit in on meetings and observe social interactions in the office setting. The methods used for the study were participant observation and semi-structured interviews (Tiderington, 2013). The results showed concerns from a consumer and provider point of view and the importance of consumer provider relationships within the harm reduction framework.

In addition to the barriers previously mentioned, fear and stigma have contributed to the avoidance and reluctance to access harm reduction services or additional and beneficial programming. Implementation of community-based harm reduction services, minimal disruption to existing support systems, comprehensive continuum of care, and cultural appropriateness should be emphasized (Ayon et al., 2019). Additionally, this study calls for harm reduction programs to be expanded to address intersection issues, i.e., providing pregnancy tests and family planning interventions to women who inject drugs (Ayon et al., 2019).

Furthermore, the article of Van Schipstal, (2016). highlights the means used by various drug users to protect them from the damaging effects associated with the usage of psychoactive drugs. This study shows the patterns and behaviors in which are outlined that are portrayed by several drug users. This study also offers professionally researched and tested harm reduction practices that have effectively helped drug and alcohol addicts. White, W. L. (2014). The therapy programs have completed safety and quality steps that analyze individual patients' developments and responses to harm reduction therapy programs. White, W. L. (2014). The critical perspective emphasized is how information is transferred across different patients and the environment they choose to interact from. This helps in understanding patients' patterns and behavior, which leads

to the making of ideal harm reduction practices that benefit psychoactive drug users. Van Schipstal, (2016).

Rhodes (2009) also provides insight and additional resources within his article, Risk Environments, and Drug Harms. His examples and resources help reduce the stigmas mentioned above. Rhodes (2009) does a great job of breaking down how physical and social spaces all have the opportunities for harm and how we interact with one another can shape and change these risk levels. Using his examples of how harm reduction environments can be all around us, we can use his analysis and understanding of what is required for a harm reduction culture within an agency.

While harm reduction-based services and programs are relatively prevalent among community health agencies, they are typically limited to conventionally health-focused concerns. Authors Majoor & Rivera (2003) argue that full integration of harm reduction approaches into the social services field at large has the potential to alleviate the fragmentation and discontinuity harm reduction service users often experience. Interacting with participants and a multitude of different social dimensions, valuing community-based work, and integrating a holistic approach can enhance harm reduction programs and delivery of service.

Clinical director and founders, Majoor and Rivera (2003) present the comprehensive harm reduction service model provided at the St. Ann's Corner of Harm Reduction (SACHR), located in The Bronx, NY. Their harm reduction approach aims to support clients' multiple needs and create a continuum of care and prevention. The program implemented at SACHR seeks to enhance the integration of harm reduction approaches and support and address all levels in Maslow's Hierarchy of needs. It is founded on two core themes that underlie the model: 1) the centrality of affirming relationships and 2) the ability of program participants to become the creative directors of their own lives. As opposed to standard harm reduction programming

organized as a “one-stop shopping module,” their program involves developing strengths and inner resources so that individuals are empowered to be self-directed and take an “agentic” approach to life. Founded on a holistic approach (concerning the body, mind, spirit, and heart), their program emphasizes the importance of building a personal sense of agency, along with a solid connection to others and the community. This is implemented through 5 main service delivery components: *palliative care, stress reduction, education and information, healing and empowerment, and social integration.*

*Palliative care* addresses an individual's physiological needs (Maslow's Hierarchy of Needs) through low-threshold services. Providing basic and acute needs such as food, showers, shelter, clothes, etc., can offer clients a sense of safety and self-worth. Majoor and Rivera (2003) note that anonymity and free of cost is an essential component to these services.

*Stress reduction* addresses the safety needs involved in Maslow's Hierarchy of needs. It emphasizes building a sense of mindfulness, self-awareness, and self-care. Their program offers several relaxation services such as yoga, massage, teaching self-relaxation techniques, acupuncture, and a sanctuary space (a quiet space where clients can unwind in silence).

*Education and information* is an essential component of harm reduction programming. Offering a wide range of educational information builds awareness and is crucial in becoming their own change agent. Although it does not fit into Maslow's Hierarchy as much as the others, it is a holistic way to support the mind.

*Healing and empowerment* acknowledge the trauma and grievances that many individuals suffer from. It supports healing past wounds and empowering oneself to prepare for upcoming changes. Majoor and Rivera (2003) explain that this is implemented in their agency through open support groups for different demographics (i.e., men, women, LGBTQ+, ex-convicts, sex

workers, HIV/Hep C positive individuals, etc.). Their program acknowledges mental health services as crucial to help individuals gain more self-awareness and social skills. This component addresses Maslow's stage of belongingness and love needs, along with esteem needs.

Considering the stigma clients are often subjected to, building a strong sense of community support and understanding can significantly impact empowerment.

Lastly, *social integration*, which is a cluster of interventions aimed at reintegration. Their program emphasizes "natural" groups, such as family, and they strive for their agency to act as a family to clients. Case management with extensive support is crucial in helping and supporting clients navigate environments that may not support their changed lifestyle. This component seeks healthy ways to address the previously discussed needs and eventually supports Maslow's self-actualization stage. Majoor and Rivera (2003) argue that "harm reduction values community-based work because behavior change occurs within the context of a social milieu" (pp. 260).

Overall, the St. Ann's Corner of Harm Reduction (SACHR) model for harm reduction presented by Majoor and Rivera aims to address both immediate and long-term goals from a harm reduction lens. They emphasize that the model is informed and supported by extensive research and evidence and highlights other agencies' potential to expand harm reduction within their agencies.

Dubois (2017) highlights the need for its approaches to be more normalized across all social services to successfully foster and sustain a harm reduction culture within an agency. Boucher (2017) argues that for agencies to successfully create and support harm reduction strategies beyond conventional health-focused programs, strategies should be incorporated into all areas of our daily lives.

Despite the evidence to support the positive potential of expanding harm reduction approaches across many services, there is still a significant stigma associated with its practices. Many advocates argue that addressing possible stigmas among staff, clients, and the community is crucial to successfully implementing a holistic culture of harm reduction. By analyzing and evaluating several successful harm reduction models, we hope to understand how to alleviate potential barriers towards fostering a harm reduction culture.

### **Project Design**

The project design examined both secondary research sources and LAMP's current programs and framework. The research project's adopted project design was constructed by first analyzing various harm reduction models, specifically the St. Ann's Corner of Harm Reduction (Majoor & Rivera, 2003) and the Harm Reduction Training Manual (2011). The secondary sources provided a blueprint for developing a strategy to examine how and to what extent LAMP was currently operating from a harm reduction culture. The blueprint led the research team to gather primary qualitative and quantitative data through surveys completed by LAMP's clients. The survey questions reflected St. Ann's Corner of Harm Reduction model by asking questions related to Maslow's Hierarchy of Needs, primary demographic data, and the option to provide additional feedback throughout. The surveys were designed, accessed, and analyzed through the secure interface, Survey Monkey, and adhered to the ethics laid out by Humber College. Once created, LAMP utilized their volunteers to approach clients, distribute and assist with the surveys; this ensured confidentiality and limited potential biases within responses. With this framework, questions seeking to understand LAMP's support levels of physiological and physical needs, safety, love and belonging, self - esteem were measured and analyzed.



The project ensured all participants reviewed and agreed to a consent letter before accessing the survey; after clicking “accept” to the conditions, they could proceed to the questions. See **Appendix 1.1** for the attached consent letter. Clients received communication and information on the project’s purpose, goals, confidentiality policy, and anonymity **Appendix 1.0**.

The research team worked closely with the LAMP’s staff to ensure that volunteers assisting with the survey adhered to all public health guidelines during COVID restrictions, thus ensuring the project reduced/eliminated additional harm to participants. Students were not on-site at any point in the project, as per Humber College guidelines.

The surveys were accessible from mid-February until the end of March. The researchers created this time frame to allow the project to collect a decent sample for analysis. Once the results produced a significant sample size, researchers recorded and analyzed the results.

Researchers analyzed the data by comparing overall satisfaction rates while looking for patterns and trends within responses. The data collection was designed to highlight areas that enhance a culture of harm reduction within LAMP while also paying attention to areas that could use growth. Researchers also relied on text mining to bring forth meaning and common themes to identify similar successes and improvement areas within the surveys’ comment responses.

## **Ethical Considerations**

Ethical considerations were used throughout the research project's timeline. The research project required the research team to access data and personal experience from vulnerable populations, specifically those that used LAMP's programs. The research team ensured clear communication of the project's purpose and benefits to any potential participant, reducing participation harm. Participants were made aware that partaking in the research project was completely voluntary. Participants were also aware that their responses remained anonymous and confidential. The research team worked closely alongside staff to ensure open communication and privacy were at the forefront of the project. The Project utilized available Course Research Ethics materials to create a complete Survey Consent Form which was required of all participants. The survey displayed the following criteria at the beginning of each with the option to return and review it. The survey would only proceed if participants acknowledge the following by clicking "ok."

- Participation was entirely voluntary.
- Participants could opt out of the survey at any time if they changed their minds.
- Participants were not required to answer all the questions. Participants could skip questions if they were not comfortable answering them.
- Participation remained anonymous. Anything participants shared was kept confidential, and any information given was not connected to a participant's identity.
- The Humber Students conducting the research project were the only ones with access to the survey's raw data.
- All surveys collected were securely stored in a password-protected electronic file (this will be destroyed at the end of the project in April 2021).
- Participation took approximately 30 minutes of their time.
- The benefit of the involvement was the opportunity to reflect and voice areas for positive change. The harm in not participating was participants might disagree with others' responses and be disappointed with the findings.

See **Appendix 1.1** for the client version.

Furthermore, the current Covid-19 pandemic required researchers to have the survey distributed and collected remotely using volunteers and secure interfaces. Secure interfaces included password-protected programs, such as Survey Monkey and Google Docs. Researchers had the ability to speak with agency staff through the organization's secure telephone line. Project members did any communication requiring the internet on a password protected, private, internet account. Team research meetings also took place virtually on a secure site that requires a personal link to gain access, mainly Zoom and Webex. The project kept electronic data on a password-protected file on personal computers. Researchers did not store materials on a cloud-based hosting site.

## **Key Findings**

Sample Size:17

### **Q1 What is your age?**

Age	%
18-24	0
25-34	17.65
35-44	41.18
45-54	17.65
55-64	11.76
65-74	11.76
75+	0

The majority of participants are within the 35-44 age bracket; it is also worth mentioning that no participants identified as younger than 24 or older than 75. This data reflects the same trends found within the Etobicoke Lakeshores 2018 census, with most residents, 32%, identifying between the age of 25-44 (*City Planning 2016 Census Profile 2018*).

This connection could mean that the sample collected can represent the general geographic area of the project.

### **Q2 What is your gender?**

76.47% of participants were female. Although most participants within the project were female, it is worth noting that no notable trends suggested a gender bias within the data.

**Q3 What languages are you capable of speaking fluently? Check all that apply.**

The majority of participants spoke English fluently, 94%. 11.76% of participants spoke Spanish. 5.8% of participants spoke French, Cantonese, Mandarin, Polish, Somali and Other.

This data represents the census stating that 64% of New Toronto (South Etobicoke Residents) list English as their mother tongue. (*City Planning 2016 Census Profile* 2018)

Polish and Spanish were also among the top 10 languages for this area. But the high population of Tagalog mentioned in the census was not represented in the project's sample.

**Q4 Have you accessed LAMP services before?**

100% of participants were familiar with LAMP and had accessed programs in the past; therefore, every participant could provide relevant and essential feedback.

**Q5 Which of the following LAMP services have you accessed in the past?**

The majority of participants, 62.5%, accessed Social Work services and ASK! Community Information. 50% of participants accessed Mental Health support. 43.75% Nutrition services and Among Friends. 31.25% accessed Primary Health Care and Adult Drop-in. 25% EarlyON Child and Family Services and Health Promotion. 18.75% Physiotherapy and Harm Reduction. 12.5% Occupational Health, Chiropody, Adult Learning, and Youth Programs. 6.25% West Toronto Diabetes Education Program.

Therefore, the data states that of the participants surveyed, 100% of LAMP programs were utilized, with 4 being the average number of programs each participant accessed. The data shows that the majority of participants have returned to access additional services.

There was no connection between the number of programs an individual took and their overall satisfaction levels. However, 43% of participants who accessed Among Friends took the time to leave positive comments. Therefore there is a connection to the overall satisfaction of those who took this specific program.

The few who scored lower levels of satisfaction overall still stated positive feedback in regards to Among Friends. It is important to note that Among Friends is inherently about dignity and respect. Therefore the data shows a positive response to the Harm Reduction culture already presented within the Among Friends framework.

#### **Q6 How welcoming do you find the staff at LAMP?**

All participants who answered the questions stated “very welcome,” with only one individual skipping the question. It is important to note that the individual who ignored this question also skipped the rest of the survey.

However, a participant who also identified LAMP as being very welcoming used this comment portion to state that locked washrooms have at times made them feel unwelcome.

Furthermore, this data shows that all participants identify LAMP as a welcoming space, with only one individual noting some improvement areas.

**Q7 How comfortable does the staff make you feel when accessing LAMP services?**

Of participants surveyed, 59% stated that they felt very comfortable, while 18% indicated that they felt comfortable, and 12% felt neither comfortable nor uncomfortable.

The data shows that most participants feel comfortable, with 0% of participants giving a below-average comfort score.

**Q8 How accessible do you find LAMP services? For example, is it easy for you to attend programs, get information, move around the space?**

For accessibility, 12% of individuals stated that they found LAMP inaccessible. An individual who classifies as a senior mentioned there is not enough space for their walker; this is the same participant who found the washroom protocols unwelcome. Significantly few seniors responded, but some did mention physical barriers.

It is also worth mentioning that 47% of participants found it “very accessible,” and 35% found it “accessible.”

**Q9 How attentive do you find the staff at LAMP? For example, does the staff pay attention to you? Is someone willing to help you when needed?**

53% of participants found LAMP staff very attentive, 29% found LAMP “extremely attentive,” and 18% felt LAMP was “somewhat attentive.” 100% of participants who rated LAMP as “somewhat attentive” also rated low scores regarding a sense of dignity.

This data could also suggest a connection between someone's sense of dignity and how well they feel they are being attended to.

**Q10 How helpful do you feel LAMP is in supporting your physical health and wellbeing? For example, do you feel there is support in regards to your sleeping, healthy foods, relaxation, hygiene?**

28% of participants stated that they find LAMP “Extremely Helpful,” while 47% indicated that LAMP was “Very Helpful.” In comparison, 18% found LAMP somewhat helpful and 6% finding LAMP “Not so Helpful,” and 6% skipped the question entirely.

Participants who found LAMP accessible also had a more positive response to their satisfaction regarding their physical needs. Some individuals who expressed accessibility issues also stated dissatisfaction with support in regards to their physical needs. One participant who rated the physical health support as “Not so helpful” said that overall there wasn’t enough support for those with physical disabilities or overweight.

The data could suggest that those with physical barrier issues feel less supported when accessing LAMP than those who do not.

**Q11 How helpful do you feel LAMP is in supporting your mental health? For example, are you able to express your emotions? Do you feel that someone cares about what you are thinking and how you are feeling?**

53% of participants stated LAMP as being “extremely helpful” with supporting Mental Health needs. 23% of participants indicated that LAMP was “very helpful,” and 12% considered LAMP “somewhat helpful,” and 12% skipped this question altogether.



It is worth noting that 100% of participants who accessed Among Friends expressed high satisfaction in supporting their mental health needs. A member even stated that the program saved their life while offering caring, understanding, and non-judgemental support.

The data shows that those who accessed Among Friends felt a stronger sense of mental wellness and support.

**Q12 How helpful do you feel LAMP is in supporting your housing/shelter needs?**

6% of participants found the support regarding housing and shelter needs “extremely helpful.” In comparison, 23% found it “very helpful.” however, the majority of participants, 41%, found it only somewhat helpful, with 12% finding it “not helpful”<sup>1</sup> and 18% skipping the question altogether.

Participants who skipped the question possibly have not needed assistance with housing or shelter and therefore do not require this from LAMP. However, since most participants expressed housing and shelter needs support as below somewhat helpful, it’s possible LAMP does not provide enough resources or knowledge of resources for clients in regards to housing.

**Q13 Does LAMP give you a sense of dignity when accessing services? For example, do you feel good about yourself when you are at LAMP?**

One individual mentioned feeling shame due to other clients that access LAMP, specifically for Harm Reduction purposes. This data suggests that not all clients have a harm reduction perspective when accessing services and that the clients themselves bring biases and

assumptions into LAMP. Respondents who expressed finding LAMP inaccessible also mentioned not feeling a sense of dignity. One participant who stated only feeling a little bit of dignity had previously mentioned finding the LAMP inaccessible due to physical barriers and only had positive feedback for off-site programs.

Therefore 86% of individuals who found LAMP “Very Accessible” also rated “a great deal” of dignity. This data could suggest how accessibility affects someone's sense of dignity, whether positively or negatively.

The data also shows that 67% of harm reduction clients stated lower scores when it came to a sense of dignity, stating only a “moderate amount.” Although there are limitations with this data, it could suggest an attitude from accessing specific programs.

#### **Q14 Do you feel that LAMP as an organization understands your needs?**

47% of participants felt that LAMP usually understands their needs, while 29% felt that LAMP always understands their needs, and 18% felt that LAMP sometimes understands their needs, with 6% skipping this question altogether.

The majority of participants who selected “sometimes” stated that this did not reflect their experience within the Among Friends program. Those participants went on to mention that Among Friends goes above and beyond to understand their needs. This further expresses the positive impact the Among Friends program has on clients and the overall Harm Reduction Culture at LAMP.

#### **Q15 How likely are you to return to LAMP?**

76% of participants stated “very likely” when asked about returning to LAMP. 12% of participants said likely, with 6% expressing neither likely nor unlikely, and 6% skipped the question altogether.

The 12% who skipped or expressed below likely, have accessed multiple LAMP services in the past. Therefore this data suggests a certain level of comfort from all participants due to repeated program access.

#### **Q16 Additional Comments / Ideas / Feelings?**

Additional Comments, Ideas, and Feelings portion of the survey provided a deeper understanding of specific areas of improvement and explained why individuals might have answered how they did.

After utilizing text mining tools to create a visual topic cluster, the data was able to show the most common themes within the comments, which is displayed in the image below.



The data shows that the majority of the terms mentioned have a positive correlation to the programming. Words such as “helpful,” “community,” “support,” “friends,” “love,” show evidence of multiple mentions. This data suggests that overall there is a more positive connection to LAMP and their programs versus a negative one. Although some words have negative connotations represented, it is also evident that they are overpowered by the positive.

When analyzing the comments one by one, it was apparent that the majority utilized this section to explain areas that were working well, again, largely Among Friends. Other comments that had a negative tone connected back to accessibility and satisfaction.

### **Contributions of this Research/Recommendations**

Based on the data and overall positive feedback from our sample, there is evidence that LAMP is in many ways operating from a Harm Reduction Culture approach. While some of the data suggest that there are areas for improvement, there seem to be existing programs, specifically Among Friends, with a framework that LAMP can further dissect to grow the Harm

Reduction culture within LAMP. The data also shows that certain staff members are currently operating from a harm reduction approach which has resulted in positive and measurable impacts.

Other recommendations would be to further explore the accessibility within LAMP and dissect the various ways a client may deem something accessible or inaccessible. The data suggests that building on LAMP's accessibility appears to have the ability to improve a culture of harm reduction.

### **Limitations of Research**

There were several limitations within the research. A significant limitation to the research project was accessing the desired sample size. Since the project was conducted during the COVID-19 pandemic, this limited LAMPs' overall ability to interact with their clients. Because of COVID-19, the project also administered surveys on online platforms only, and this could be a limitation if participation were limited due to not having access to it. Another limitation within the research was the accessibility of the survey itself. The project only offered the survey to participants in English and via reading.

### **Directions for Future Research**

Several additional research questions could assist with the overall research project. The majority of these directions require a deeper understanding of the project's survey question. One area to explore deeper could be inquiring about the participant's mother tongue and language literacy levels. This would provide a better insight into which languages individuals speak fluently, further creating connections regarding accessibility.

An additional research question would be to ask participants the time frame in which they accessed services, including this time frame, to understand better precisely when the participant is reflecting on programs, which is essential in case methods, programming, etc., changed.

As stated, LAMP's highest reviewed program within the research project was Among Friends. There is evidence within the description of the program that it demonstrates aspects of a harm reduction culture. Having a deeper understanding of what makes it successful can be incredibly beneficial. It would help determine which elements could be built upon and replicated throughout LAMP and LAMP's programming. Participants specifically reference the facilitators of Among Friends throughout the survey for their exceptional service.

Another future question could be focusing further on accessibility and barriers. Asking if participants have accessibility needs could help identify how different individuals experience LAMP. This could also fill gaps in regards to various answers and help determine how each individual defines accessibility.

Lastly, explicitly inquiring to see if there are areas that participants are finding work well and areas with room for approval could also be beneficial. Asking a specific question for the comment section would provide more detailed answers within the data and potentially encourage more comment-based responses.

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## **Appendices**

1.0 Project Overview Form.....	p.35
1.1 Consent Form.....	p.36
2.0 LAMP Feedback Survey.....	p.38
3.0 Collected Data.....	p.43



### LAMP Feedback Survey

Hello,

LAMP Community Health Centre is working alongside Humber College's Community Development Degree students on a project called "Fostering a Harm Reduction Culture." The students have created the survey that follows, in order to learn more about supporting a welcoming, comfortable and accessible environment.

Your participation will take approximately 10 minutes and will help us gather valuable information that will inform our work. We want to stress that participation is strictly voluntary. You can opt-out at any time and the information you provide will be confidential and only reported anonymously.

In advance, we would like to thank you for considering participation. We value your input and opinions and are appreciative of your time. Please contact the research supervisor Christine McKenzie at [Christine.mckenzie@humber.ca](mailto:Christine.mckenzie@humber.ca) if you have any questions or concerns.

To fill in the survey please advance to the next page to review the project consent information.



## LAMP Feedback Survey

Dear Participant:

Thank you for considering participation in this Capstone Project being undertaken by Humber College Community Development Degree students in partnership with LAMP Community Health Centre, Harm Reduction Program.

Contact Information: Natalia Sameekina, Manager, Adult Programs 416-252-9701 Ext. 287  
[Natalias@lampchc.org](mailto:Natalias@lampchc.org)

Should you have any concerns about this research or require any information please contact our research supervisors

Research Supervisor: Humber College, Faculty of Social and Community Services: Christine McKenzie, PhD., Professor Community Development Degree 416-675-6622  
[Christine.Mckenzie@humber.ca](mailto:Christine.Mckenzie@humber.ca)

This project has received approval from Humber's Research Ethics Board. Persons with broader issues related to ethical concerns can contact The Humber Review Ethics Board Chair, Dr. Lydia Boyko at 416-675-6622 ext. 79322 or by email at [Lydia.Boyko@humber.ca](mailto:Lydia.Boyko@humber.ca)

Purpose of the Project: The purpose of this project is to understand how harm reduction practices are implemented across programs and services at LAMP.

Before you agree to participate, please review the following information:

- Participation is completely voluntary
- You can opt-out of the survey at any time if you change your mind
- You are not required to answer all the questions. You can skip questions if you are not comfortable answering them
- You will remain anonymous. Anything you share will be kept confidential by the student and not linked directly to you
- Only faculty supervisors, students, and agency partner conducting the survey will have access to raw data
- Results will be reported as an aggregate – That means your responses won't be specifically identified as yours but overall feedback from the group will be shared
- All surveys collected will be securely stored in a password protected electronic file and destroyed at the end of the project (April 2021)
- Participation will take approximately 10 minutes of your time

2

- The benefit of participating is the opportunity to reflect. The harm in participating is you may not agree with the responses of others and could be disappointed with the findings

By clicking the OK button I am stating that I have read the consent form and agree to participate in the survey.



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### LAMP Feedback Survey

1. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

2. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say

Prefer to self-describe, below:

3. What languages are you capable of speaking fluently? Check all that apply.

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> English   | <input type="checkbox"/> Tamil             |
| <input type="checkbox"/> French    | <input type="checkbox"/> Urdu              |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Polish            |
| <input type="checkbox"/> Mandarin  | <input type="checkbox"/> Somali            |
| <input type="checkbox"/> Tagalog   | <input type="checkbox"/> Arabic            |
| <input type="checkbox"/> Italian   | <input type="checkbox"/> Panjabi           |
| <input type="checkbox"/> Spanish   | <input type="checkbox"/> Vietnamese        |
| <input type="checkbox"/> Farsi     | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Korean    |  |
| <input type="checkbox"/> Other     |  |

4. Have you accessed LAMP services before?

- ☐ Yes
- ☐ No

If you answered no, what is the reason for not accessing LAMP services?



### LAMP Feedback Survey

5. Which of the following LAMP services have you accessed in the past?

- |  |  |
|--|--|
| <input type="checkbox"/> Primary Health Care                     | <input type="checkbox"/> EarlyON Child and Family Services |
| <input type="checkbox"/> Social Work                             | <input type="checkbox"/> Adult Learning                    |
| <input type="checkbox"/> West Toronto Diabetes Education Program | <input type="checkbox"/> Harm Reduction                    |
| <input type="checkbox"/> Nutrition                               | <input type="checkbox"/> Among Friends                     |
| <input type="checkbox"/> Occupational Health                     | <input type="checkbox"/> Adult Drop-in                     |
| <input type="checkbox"/> Chiropody                               | <input type="checkbox"/> Health Promotion                  |
| <input type="checkbox"/> Physiotherapy                           | <input type="checkbox"/> ASK! Community Information        |
| <input type="checkbox"/> Mental Health Support                   | <input type="checkbox"/> Youth Programs                    |

6. How welcoming do you find the staff at LAMP?

- |   |  |
|---|--|
| <input type="radio"/> Very Welcoming                    | <input type="radio"/> Unwelcoming      |
| <input type="radio"/> Welcoming                         | <input type="radio"/> Very Unwelcoming |
| <input type="radio"/> Neither Welcoming nor Unwelcoming |  |

Comments

7. How comfortable does the staff make you feel when accessing LAMP services?

- |   |  |
|---|--|
| <input type="radio"/> Very Comfortable                      | <input type="radio"/> Uncomfortable      |
| <input type="radio"/> Comfortable                           | <input type="radio"/> Very Uncomfortable |
| <input type="radio"/> Neither Comfortable nor Uncomfortable |  |

Comments



8. How accessible do you find LAMP services? *For example, is it easy for you to attend programs, get information, move around the space?*

- |   |   |
|---|---|
| <input type="radio"/> Very accessible                     | <input type="radio"/> Inaccessible      |
| <input type="radio"/> Accessible                          | <input type="radio"/> Very Inaccessible |
| <input type="radio"/> Neither Accessible nor Inaccessible |   |

Comments

9. How attentive do you find the staff at LAMP? *For example, does the staff pay attention to you? Is someone willing to help you when needed?*

- |   |  |
|---|--|
| <input type="radio"/> Extremely attentive | <input type="radio"/> Not so attentive     |
| <input type="radio"/> Very attentive      | <input type="radio"/> Not at all attentive |
| <input type="radio"/> Somewhat attentive  |  |

Comments

10. How helpful do you feel LAMP is in supporting your physical health and wellbeing? *For example, do you feel there is support in regards to your sleeping, healthy foods, relaxation, hygiene?*

- |   |  |
|---|--|
| <input type="radio"/> Extremely helpful | <input type="radio"/> Not so helpful     |
| <input type="radio"/> Very helpful      | <input type="radio"/> Not at all helpful |
| <input type="radio"/> Somewhat helpful  |  |

Comments

11. How helpful do you feel LAMP is in supporting your mental health? *For example, are you able to express your emotions? Do you feel that someone cares about what you are thinking and how you are feeling?*

- |   |  |
|---|--|
| <input type="radio"/> Extremely helpful | <input type="radio"/> Not so helpful     |
| <input type="radio"/> Very helpful      | <input type="radio"/> Not at all helpful |
| <input type="radio"/> Somewhat helpful  |  |

Comments

12. How helpful do you feel LAMP is in supporting your housing/shelter needs?

- |   |  |
|---|--|
| <input type="radio"/> Extremely helpful | <input type="radio"/> Not so helpful     |
| <input type="radio"/> Very helpful      | <input type="radio"/> Not at all helpful |
| <input type="radio"/> Somewhat helpful  |  |

Comments

13. Does LAMP give you a sense of dignity when accessing services? *For example, do you feel good about yourself when you are at LAMP?*

- |   |                                   |
|---|-----------------------------------|
| <input type="radio"/> A great deal      | <input type="radio"/> A little    |
| <input type="radio"/> A lot             | <input type="radio"/> None at all |
| <input type="radio"/> A moderate amount |                                   |

Comments

14. Do you feel that LAMP as an organization understands your needs?

- |                                 |                              |
|---------------------------------|------------------------------|
| <input type="radio"/> Always    | <input type="radio"/> Rarely |
| <input type="radio"/> Usually   | <input type="radio"/> Never  |
| <input type="radio"/> Sometimes |                              |

Comments

15. How likely are you to return to LAMP?

- ☐ Very likely
- ☐ Likely
- ☐ Neither likely nor unlikely
- ☐ Unlikely
- ☐ Very unlikely

Comments

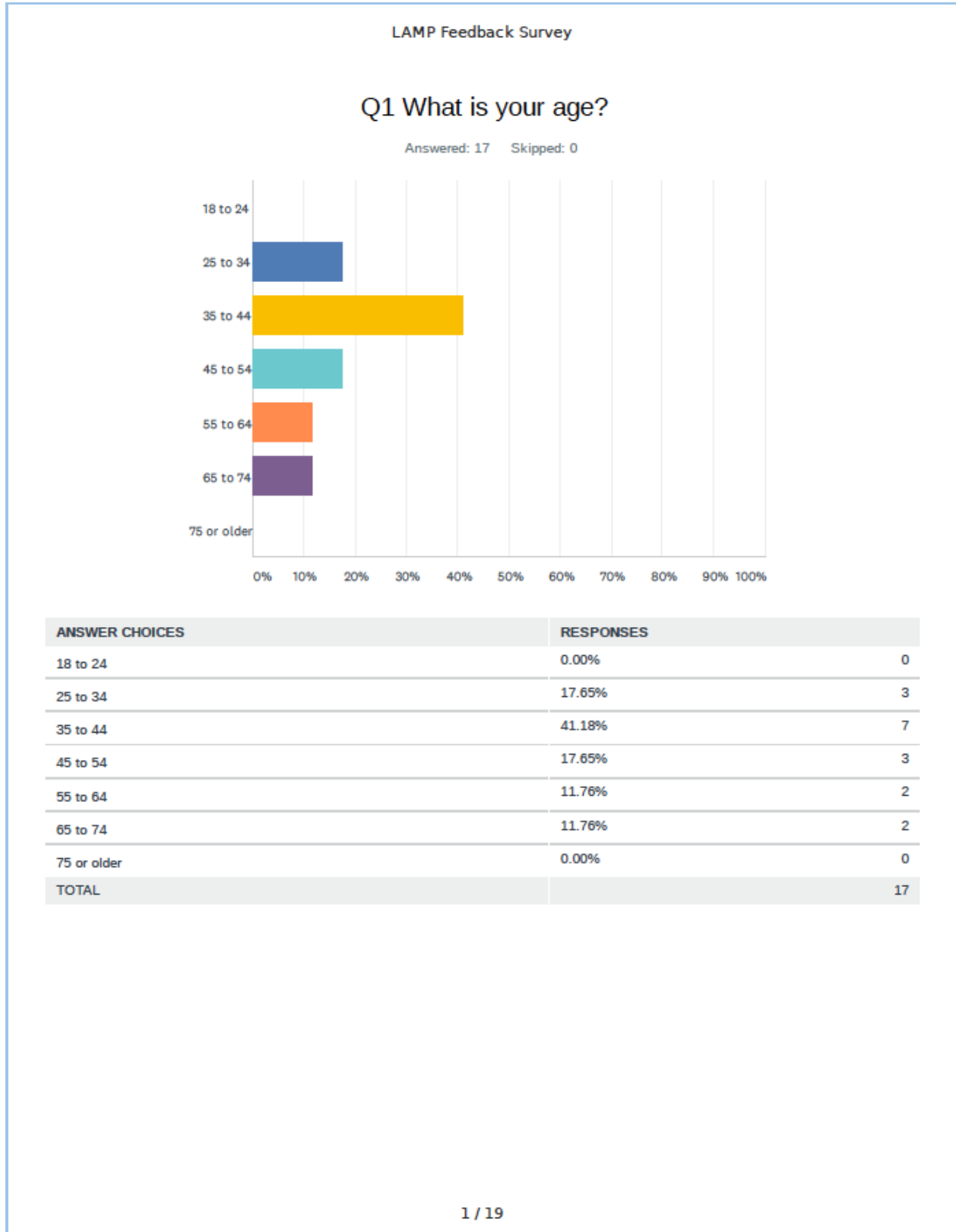


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LAMP Feedback Survey

16. Additional Comments / Ideas / Feelings?

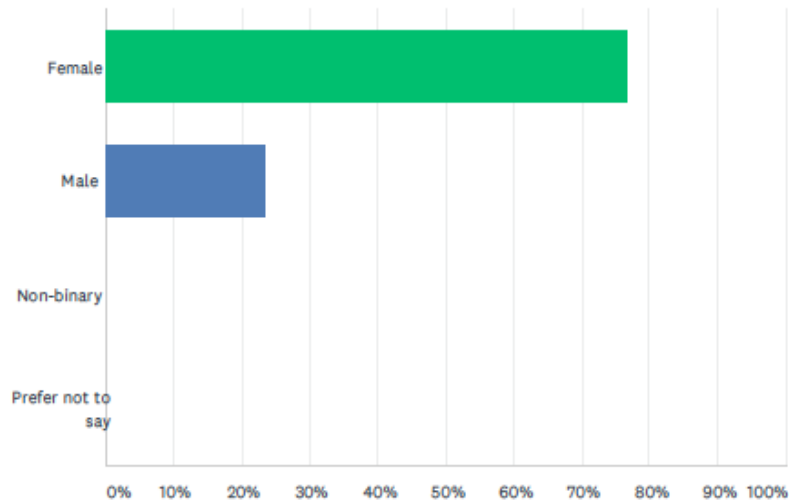
## Appendix 3.0



LAMP Feedback Survey

Q2 What is your gender?

Answered: 17 Skipped: 0



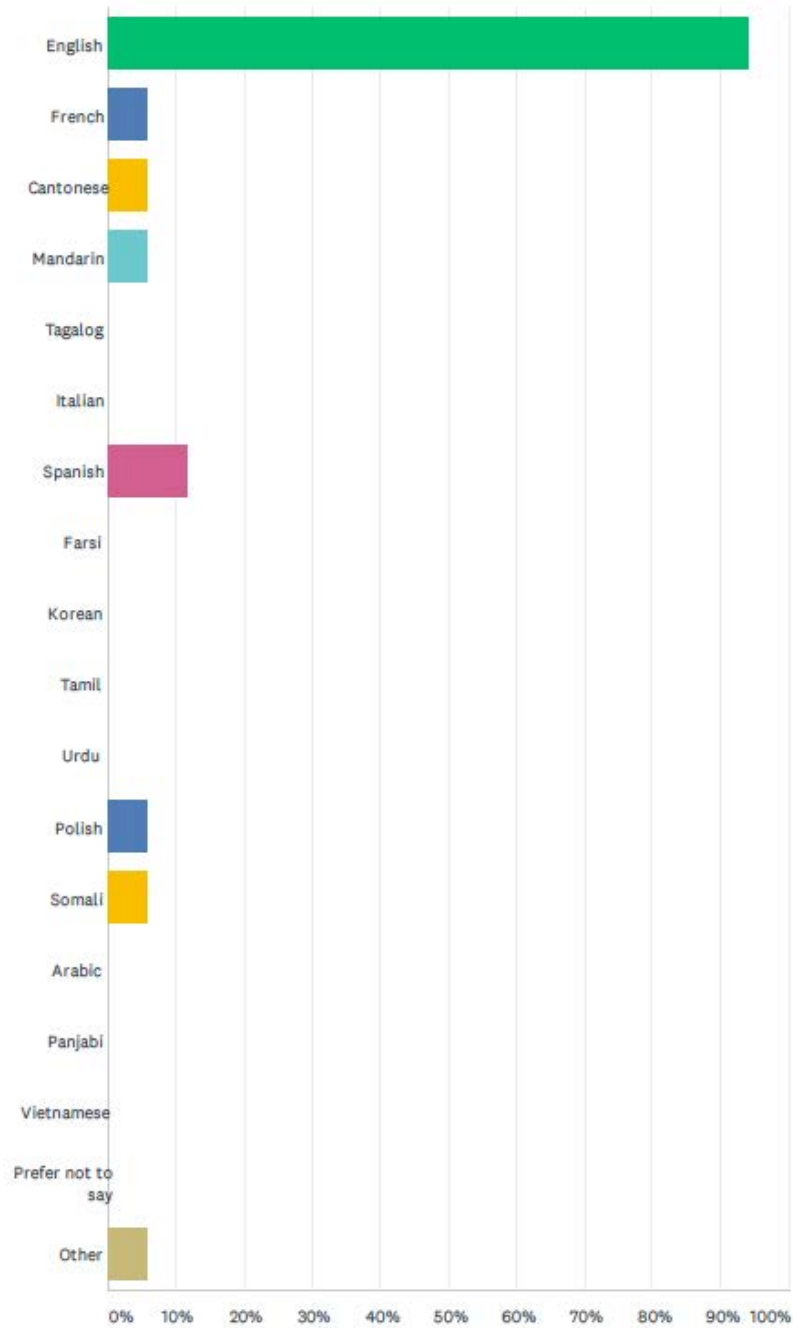
ANSWER CHOICES		RESPONSES	
Female		76.47%	13
Male		23.53%	4
Non-binary		0.00%	0
Prefer not to say		0.00%	0
TOTAL			17

#	PREFER TO SELF-DESCRIBE, BELOW:	DATE
	There are no responses.	

Q3 What languages are you capable of speaking fluently? Check all that apply.

Answered: 17 Skipped: 0

LAMP Feedback Survey



### LAMP Feedback Survey

ANSWER CHOICES	RESPONSES	
English	94.12%	16
French	5.88%	1
Cantonese	5.88%	1
Mandarin	5.88%	1
Tagalog	0.00%	0
Italian	0.00%	0
Spanish	11.76%	2
Farsi	0.00%	0
Korean	0.00%	0
Tamil	0.00%	0
Urdu	0.00%	0
Polish	5.88%	1
Somali	5.88%	1
Arabic	0.00%	0
Panjabi	0.00%	0
Vietnamese	0.00%	0
Prefer not to say	0.00%	0
Other	5.88%	1
Total Respondents: 17		

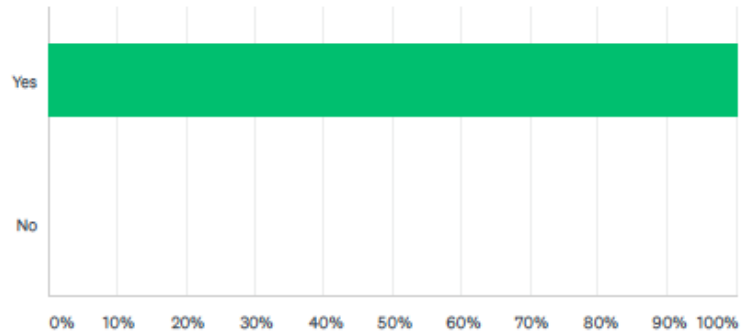
#	OTHER	DATE
1	Czech	3/6/2021 2:24 PM



# LAMP Feedback Survey

## Q4 Have you accessed LAMP services before?

Answered: 17 Skipped: 0



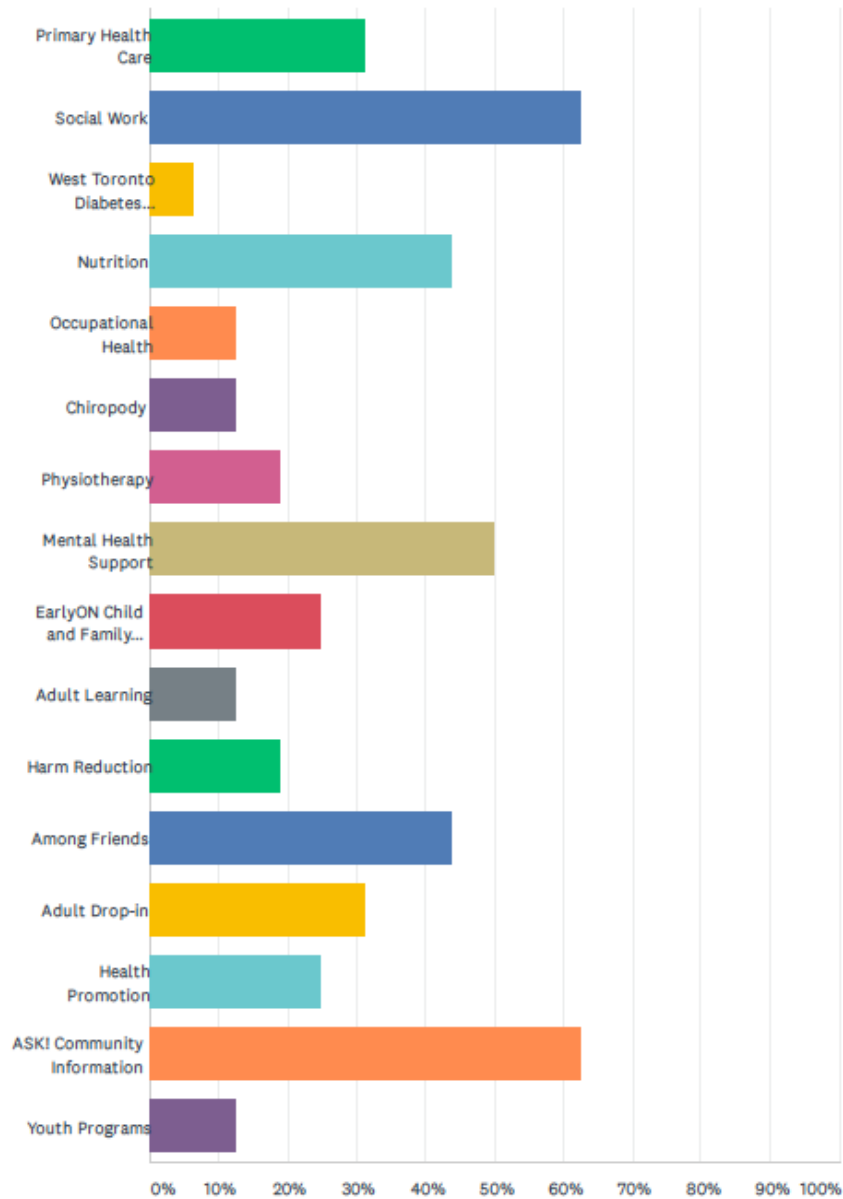
ANSWER CHOICES		RESPONSES	
Yes		100.00%	17
No		0.00%	0
TOTAL			17

#	IF YOU ANSWERED NO, WHAT IS THE REASON FOR NOT ACCESSING LAMP SERVICES?	DATE
1	no	2/19/2021 11:10 AM

LAMP Feedback Survey

Q5 Which of the following LAMP services have you accessed in the past?

Answered: 16 Skipped: 1



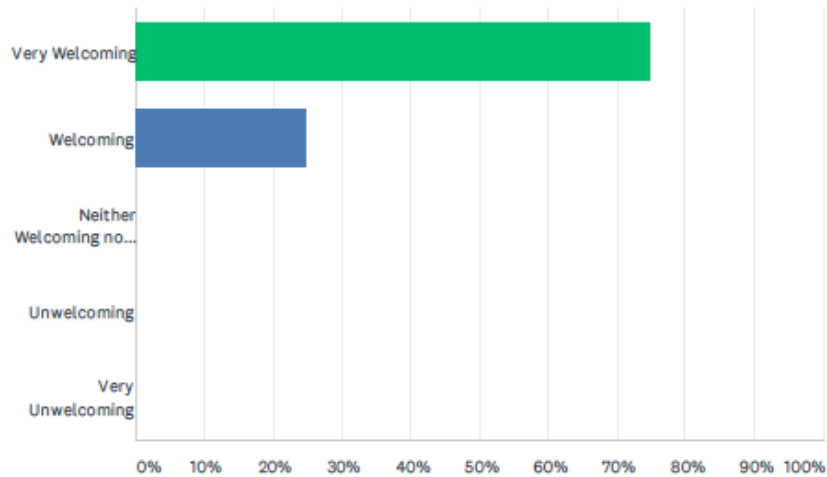
### LAMP Feedback Survey

ANSWER CHOICES	RESPONSES	
Primary Health Care	31.25%	5
Social Work	62.50%	10
West Toronto Diabetes Education Program	6.25%	1
Nutrition	43.75%	7
Occupational Health	12.50%	2
Chiropody	12.50%	2
Physiotherapy	18.75%	3
Mental Health Support	50.00%	8
EarlyON Child and Family Services	25.00%	4
Adult Learning	12.50%	2
Harm Reduction	18.75%	3
Among Friends	43.75%	7
Adult Drop-in	31.25%	5
Health Promotion	25.00%	4
ASK! Community Information	62.50%	10
Youth Programs	12.50%	2
Total Respondents: 16		

## LAMP Feedback Survey

### Q6 How welcoming do you find the staff at LAMP?

Answered: 16 Skipped: 1



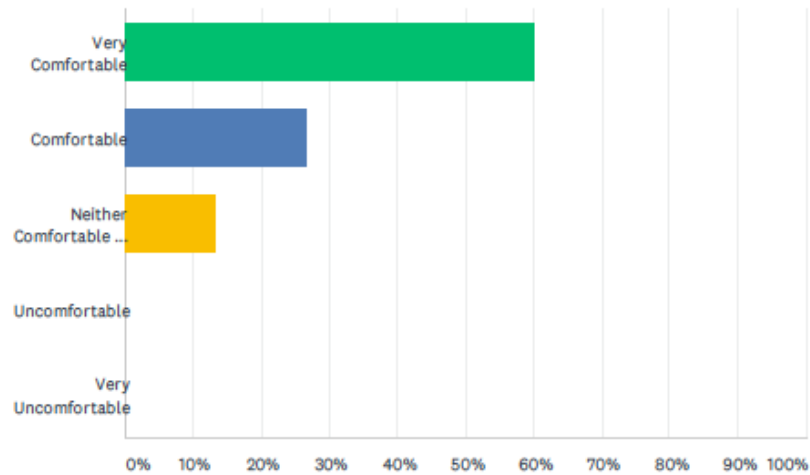
ANSWER CHOICES	RESPONSES	
Very Welcoming	75.00%	12
Welcoming	25.00%	4
Neither Welcoming nor Unwelcoming	0.00%	0
Unwelcoming	0.00%	0
Very Unwelcoming	0.00%	0
<b>TOTAL</b>		<b>16</b>

#	COMMENTS	DATE
1	Rules according to using washrooms. I was going to a Tai Chi class in the community room. Always used the women's washroom in the hallway just outside of the community room. Well, when we were having a class I needed to use the washroom. Went to use it and found the door locked., to my surprise. Because of this experience, I felt like I was not wanted at LAMP.. WHY?	3/2/2021 4:40 PM

# LAMP Feedback Survey

## Q7 How comfortable does the staff make you feel when accessing LAMP services?

Answered: 15 Skipped: 2



ANSWER CHOICES		RESPONSES	
Very Comfortable		60.00%	9
Comfortable		26.67%	4
Neither Comfortable nor Uncomfortable		13.33%	2
Uncomfortable		0.00%	0
Very Uncomfortable		0.00%	0
TOTAL			15

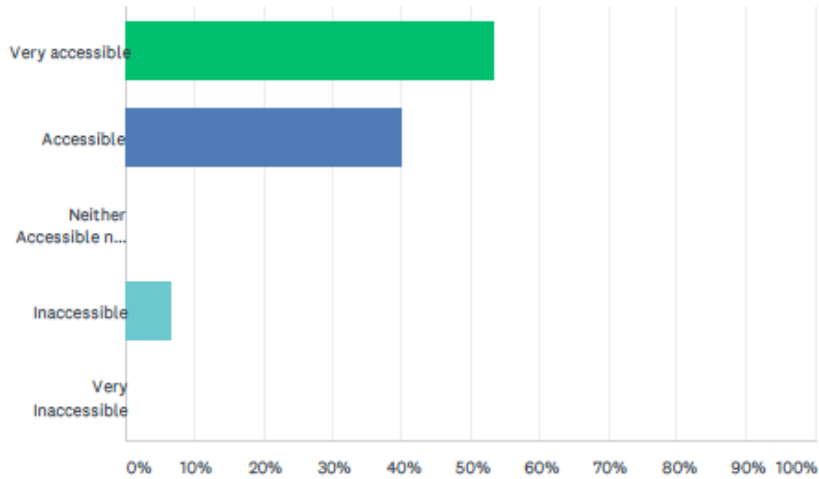
  

#	COMMENTS	DATE
	There are no responses.	

# LAMP Feedback Survey

Q8 How accessible do you find LAMP services? For example, is it easy for you to attend programs, get information, move around the space?

Answered: 15 Skipped: 2



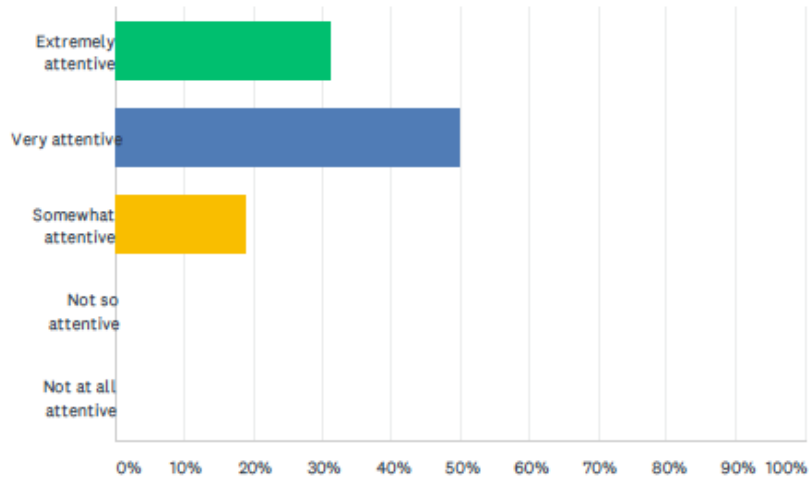
ANSWER CHOICES		RESPONSES	
Very accessible		53.33%	8
Accessible		40.00%	6
Neither Accessible nor Inaccessible		0.00%	0
Inaccessible		6.67%	1
Very Inaccessible		0.00%	0
TOTAL			15

#	COMMENTS	DATE
1	Sometimes confusing	3/2/2021 7:20 PM
2	The halls are too narrow for my walker. I feel, like before,. I know that LAMP has the grant money to rebuild or renovate their space	3/2/2021 4:40 PM

# LAMP Feedback Survey

Q9 How attentive do you find the staff at LAMP? For example, does the staff pay attention to you? Is someone willing to help you when needed?

Answered: 16 Skipped: 1



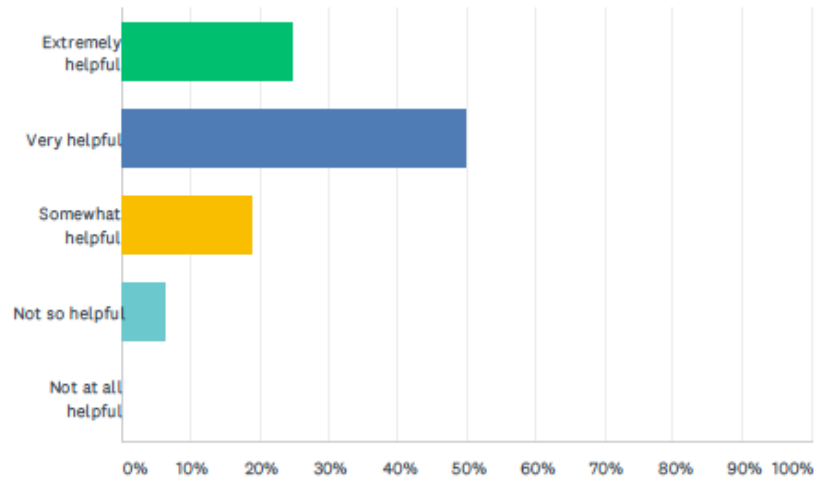
ANSWER CHOICES		RESPONSES	
Extremely attentive		31.25%	5
Very attentive		50.00%	8
Somewhat attentive		18.75%	3
Not so attentive		0.00%	0
Not at all attentive		0.00%	0
TOTAL			16

#	COMMENTS	DATE
1	Debbie bridge is always very helpful and very aware of programs that would be useful	3/2/2021 3:19 PM

# LAMP Feedback Survey

Q10 How helpful do you feel LAMP is in supporting your physical health and wellbeing? For example, do you feel there is support in regards to your sleeping, healthy foods, relaxation, hygiene?

Answered: 16 Skipped: 1



ANSWER CHOICES		RESPONSES	
Extremely helpful		25.00%	4
Very helpful		50.00%	8
Somewhat helpful		18.75%	3
Not so helpful		6.25%	1
Not at all helpful		0.00%	0
TOTAL			16

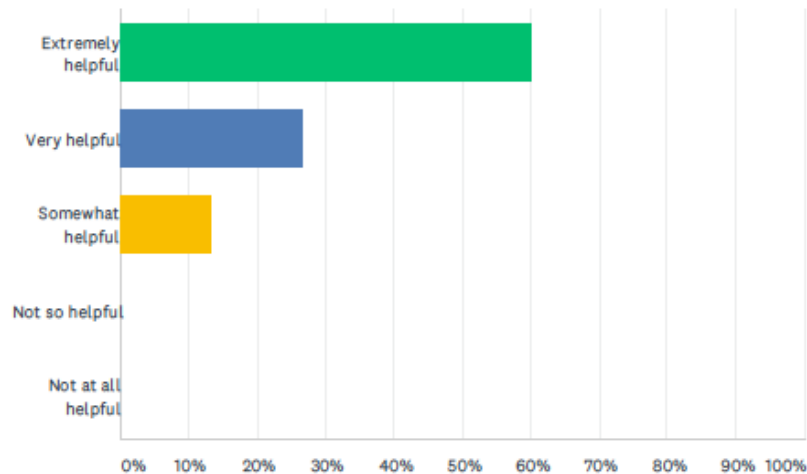
#	COMMENTS	DATE
	There are no responses.	



# LAMP Feedback Survey

**Q11 How helpful do you feel LAMP is in supporting your mental health?**  
For example, are you able to express your emotions? Do you feel that someone cares about what you are thinking and how you are feeling?

Answered: 15 Skipped: 2



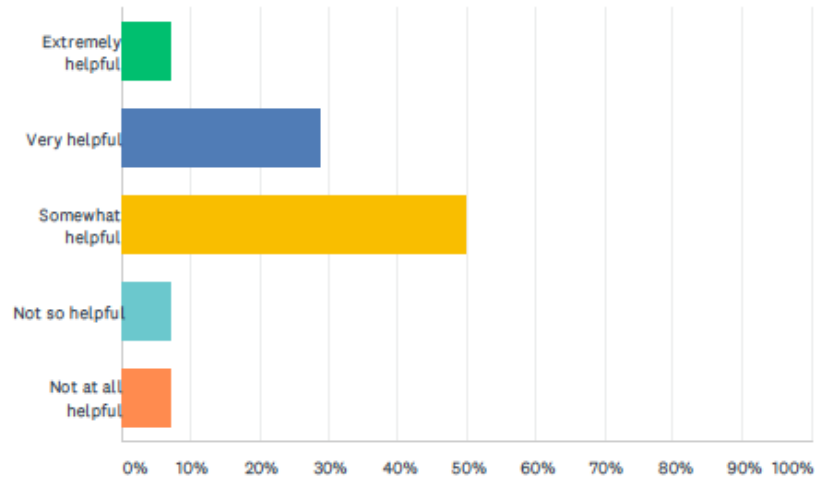
ANSWER CHOICES	RESPONSES
Extremely helpful	60.00% 9
Very helpful	26.67% 4
Somewhat helpful	13.33% 2
Not so helpful	0.00% 0
Not at all helpful	0.00% 0
<b>TOTAL</b>	<b>15</b>

#	COMMENTS	DATE
1	At among friends they have saved my life... so much support... caring, understanding and non judgemental support .... the staff there are beyond incredible ... all mental health supports should be like Deb, Brenda and Ryan. They are angels!	3/2/2021 7:20 PM
2	I go to Among Friends. I'm supported with mental health and other needs, etc.	3/2/2021 4:40 PM
3	My mental health would have gone astray if Debbie bridge was not an amazing support worker	3/2/2021 3:19 PM

# LAMP Feedback Survey

## Q12 How helpful do you feel LAMP is in supporting your housing/shelter needs?

Answered: 14 Skipped: 3



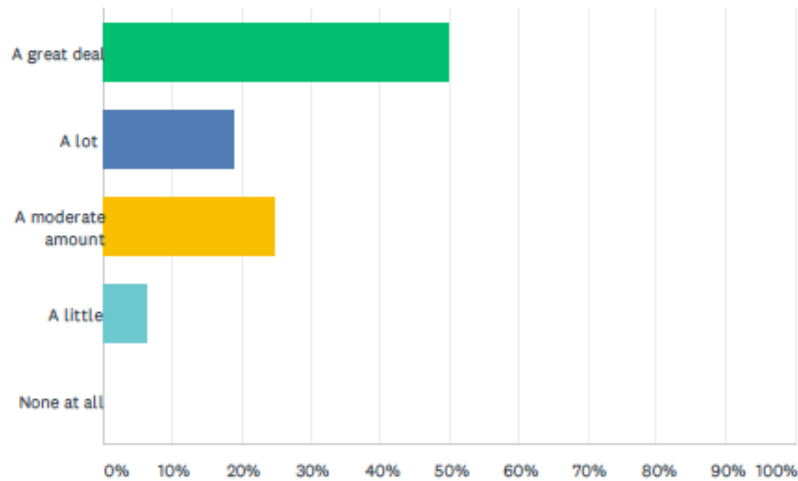
ANSWER CHOICES	RESPONSES
Extremely helpful	7.14% 1
Very helpful	28.57% 4
Somewhat helpful	50.00% 7
Not so helpful	7.14% 1
Not at all helpful	7.14% 1
TOTAL	14

#	COMMENTS	DATE
1	I have not needed this type of support from Lamp.	3/2/2021 3:43 PM
2	I don't access housing and shelter via lamp but for the support we require for our household lamp is helpful	3/2/2021 3:19 PM

# LAMP Feedback Survey

Q13 Does LAMP give you a sense of dignity when accessing services?  
For example, do you feel good about yourself when you are at LAMP?

Answered: 16 Skipped: 1



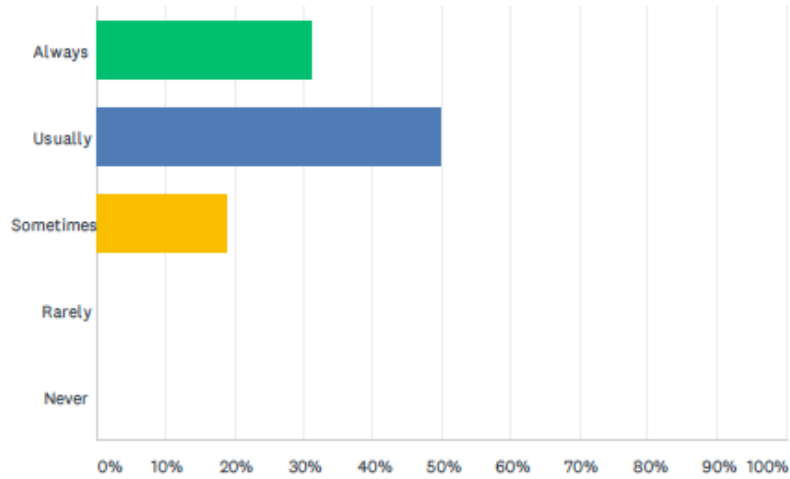
ANSWER CHOICES		RESPONSES	
A great deal		50.00%	8
A lot		18.75%	3
A moderate amount		25.00%	4
A little		6.25%	1
None at all		0.00%	0
TOTAL			16

#	COMMENTS	DATE
1	Going to lamp itself sometimes brings me shame because of the amount of drug users and prostitutes that are associated to lamp	3/2/2021 7:20 PM

# LAMP Feedback Survey

## Q14 Do you feel that LAMP as an organization understands your needs?

Answered: 16 Skipped: 1



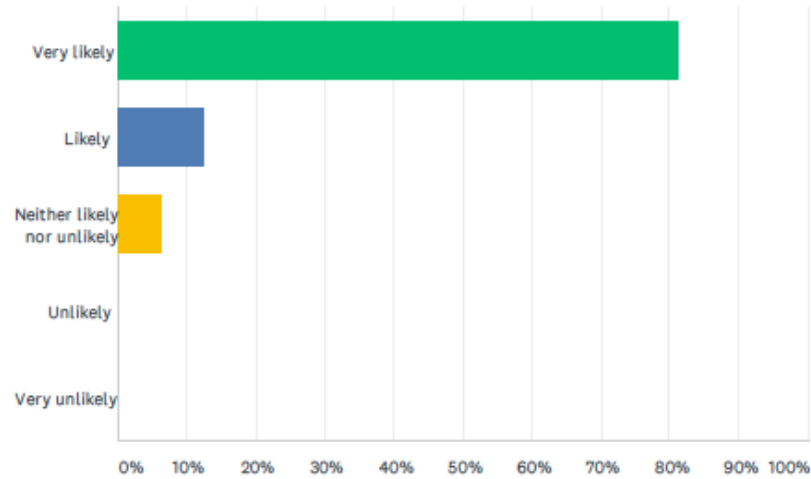
ANSWER CHOICES		RESPONSES	
Always		31.25%	5
Usually		50.00%	8
Sometimes		18.75%	3
Rarely		0.00%	0
Never		0.00%	0
TOTAL			16

#	COMMENTS	DATE
1	Among friends does not sure about the rest of lamp	3/2/2021 7:20 PM
2	Among Friends, which is off site from LAMP. They have been my whole security and wellbeing	3/2/2021 4:40 PM

# LAMP Feedback Survey

## Q15 How likely are you to return to LAMP?

Answered: 16 Skipped: 1



ANSWER CHOICES		RESPONSES	
Very likely		81.25%	13
Likely		12.50%	2
Neither likely nor unlikely		6.25%	1
Unlikely		0.00%	0
Very unlikely		0.00%	0
TOTAL			16

#	COMMENTS	DATE
1	Always return to among friends	3/2/2021 7:20 PM

## LAMP Feedback Survey

### Q16 Additional Comments / Ideas / Feelings?

Answered: 9 Skipped: 8

#	RESPONSES	DATE
1	The only thing I would say to improve the services would be in regards to Volunteering. I found it very difficult to try to volunteer and have tried off and on for 3 years without any success.	3/9/2021 5:39 PM
2	Covid is a community challenge Having the service of testing and vaccines available at LAMP would be supporting that community. Lamp is known as a hub of services and this is one service and including contact tracing that should be available AND even prioritized at all community service hub centres across the GTA	3/2/2021 8:37 PM
3	Peer groups / group kitchen would be helpful a Pool warm water with cleanliness standards with people with physical disabilities and overweight people so that they don't feel ashamed to go in the pools. Pool slow movement would be very helpful for those with physical disabilities. There are not enough water excersises a se sable for people who have severe pain and fibromyalgia. Also if lamp could afford root canals and expensive dental for those that are on ODSP. That would be helpful.	3/2/2021 7:25 PM
4	No. I don't want to bad mouth LAMP but I feel they need to up their game. Try to be very aware of who needs help and then pursue that channel as best as they can.	3/2/2021 4:43 PM
5	I LOVE LAMP, especially DEBBIE BRIDGE, as I have worked with her and Lamp services for 8 years to date. Staff are very generous, helpful and knowledgeable. Thank-you.	3/2/2021 3:41 PM
6	Want to thank everyone who do so much more at Among Friends	3/2/2021 3:39 PM
7	Debbie bridge is a phenomenal person. She has helped my family so much. I don't know what we would do without her. Thanks so much for having amazing staff.	3/2/2021 3:21 PM
8	I love the support I receive from Debbie Bridge, right now she is the only service we are currently and consistently using. Without her we would be lost, she is a valuable asset to our home structure and supportive figure for academic matters.	3/2/2021 3:20 PM
9	Among Friends has helped me so much - COVID is awful and I can't wait to return to programming - I am getting weekly support now though.	3/2/2021 2:52 PM