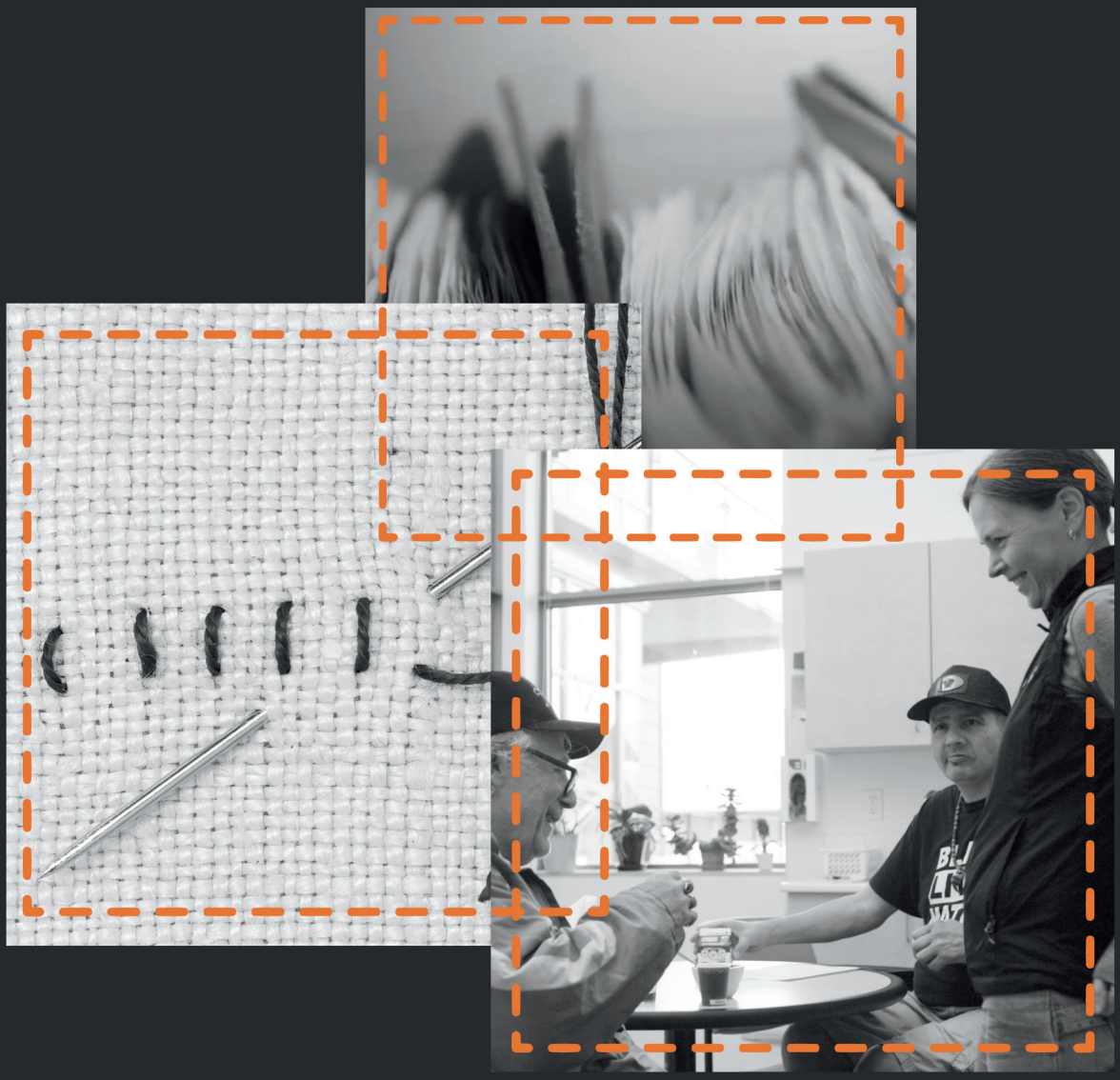


# STITCH *in*

## Activities for the Complex Care Sector

2025

Dr. Peter Centre

# How Can You Stich-In?

This is a playbook for you and your teams to uncover how you can stitch in—how your role, your resources, and your relationships can contribute to a stronger, more connected, and resilient complex care sector.

The activities in this playbook are designed to help you get specific about who Jo is in your community, what Jo needs, and how to reach across a siloed system to build real, working relationships that wrap around the whole person. It's a playbook about shifting from fragmented services to shared responsibility making sure no one is left to navigate alone.

## USE THIS PLAYBOOK TO:

- Clarify the story you're telling
- Map the roles and responsibilities in your care ecosystem
- Identify urgent needs, hidden gaps, and overlooked threads
- Build a local plan for connection, trust, and action
- Access ready-made language to describe complex care in proposals, proposals, reports, and advocacy materials

**This is how we begin to redesign care for Jo.**

**This is how the sidelined become centered, not just in a story—but in our strategies, systems, and solutions.**

*part one:*

# Who is Jo in your community?

**Purpose:** Ground frontline and leadership teams in the lived realities of the people they serve.

## A) OUR JO IS SOMEONE WHO ...

Circle or check all that apply. Use the space below each to add specific examples, stories, and your local realities:

**Is unhoused**
*(staying in shelters, camping in unsafe places)*
Specific to our Jo:

_____

_____

**Is managing multiple diagnoses**
*(diabetes + PTSD, or schizophrenia + liver disease)*
Specific to our Jo:

_____

_____

**Has experienced complex trauma**
*(childhood abuse, intergenerational trauma, violence, displacement)*
Specific to our Jo:

_____

_____

**Uses substances to cope**
*(using unregulated supply to manage withdrawal, pain, or trauma)*
Specific to our Jo:

_____

_____

**Has Hepatitis C**
*(undiagnosed or waiting for treatment; linked with past or current substance use)*
*Specific to our Jo:*

_____

_____

**Has a history of incarceration**
*(released without supports, criminalized for survival behaviours)*
Specific to our Jo:

_____

_____

**Is living with addiction**
*(alcohol, fentanyl, meth)*
Specific to our Jo:

_____

_____

**Is HIV positive**
*(diagnosed but untreated, no care access available)*
Specific to our Jo:

_____

_____

**Is racialized**
*(Black, Brown, Asian, or newcomer communities facing structural racism)*
Specific to our Jo:

_____

_____

**Lives with a disability**
*(mobility, cognitive, sensory, or invisible disabilities impacting access to care)*
Specific to our Jo:

_____

_____

**Avoids services due to past harm**
*(trauma from child welfare, discrimination in healthcare, involuntary hospitalization)*
Specific to our Jo:

_____

_____

**Navigates multiple systems weekly**
*(accessing food banks, ERs, outreach, housing, harm reduction, court)*
Specific to our Jo:

_____

_____

**Has no primary care provider**
*(relies on walk-in clinics or ERs for health needs)*
Specific to our Jo:

_____

_____

**Has been discharged without follow-up**
*(sent from detox, hospital, or jail without care plan or connection)*
Specific to our Jo:

_____

_____

**Is on a waitlist for care**
*(mental health, housing, trauma therapy, or primary care)*
Specific to our Jo:

_____

_____

Anything else?

_____

_____

## Describe your Jo, leading with the top three concerns of your community.

*Example: Our Jo is someone who is unhoused, often cycling between shelter beds and tenting behind the industrial park. He is HIV positive but hasn't accessed care in over a year due to past experiences of stigma in the system. He's living with addiction—mostly fentanyl and crystal meth—which helps him manage both pain and the trauma he doesn't talk about.*

Your turn:

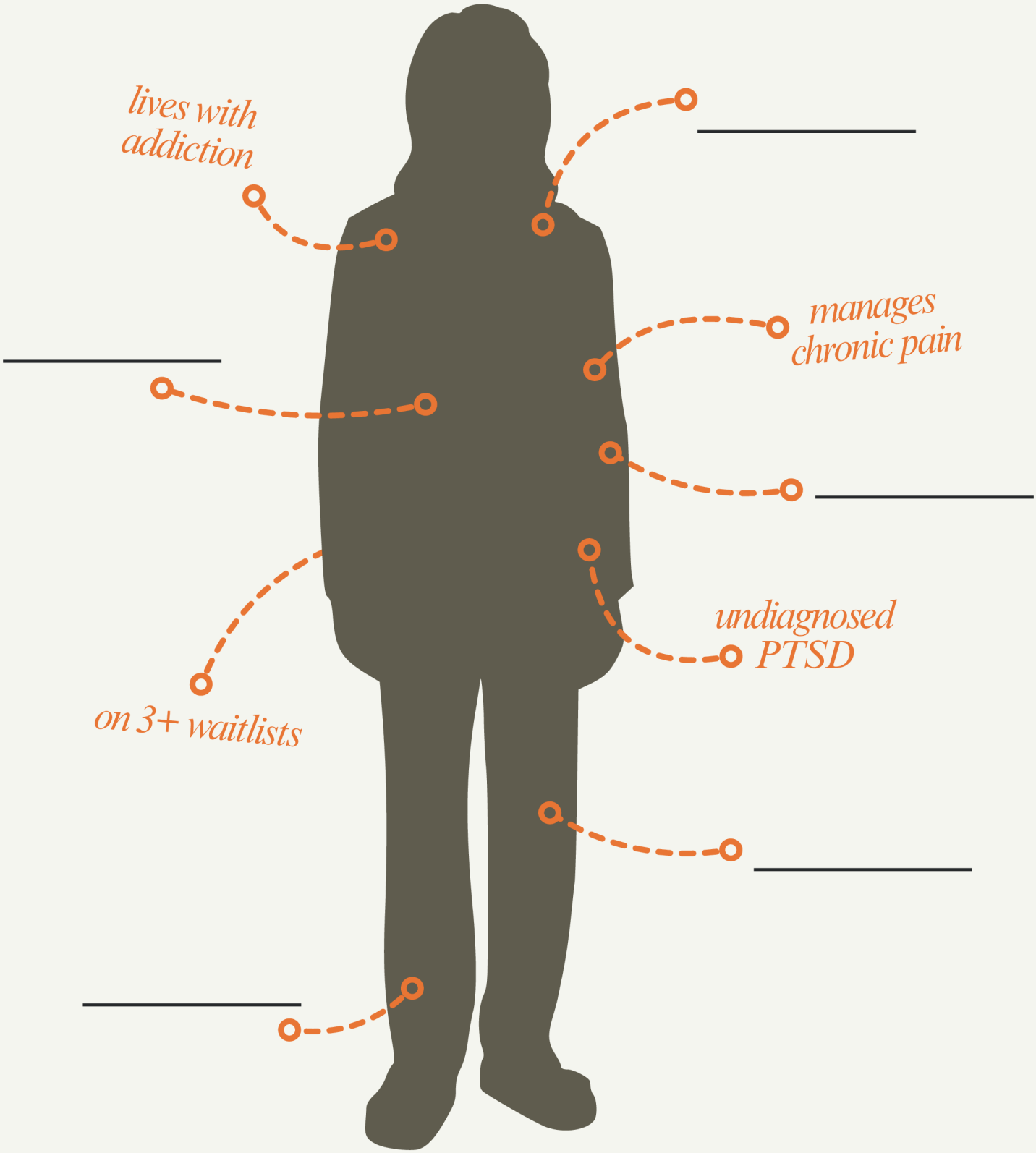
## B) BUILD YOUR COMPOSITE JO

Let's create a fuller picture of your Jo using specific daily experiences (where does Jo go?), demographics (age, gender identity, cultural background, trauma), and key barriers (health, addiction, language, money).

*Example: Jo is a 36-year-old Indigenous woman who sleeps in a tent behind a warehouse. She's living with untreated Hep C and addiction to fentanyl and meth. Every day, she walks across town to get to the food bank, access harm reduction supplies, and try to reach her housing worker—who's often unavailable. Jo avoids the clinic because of how she was treated last time she went in for help. She's on three waitlists, and none of them feel like they're moving.*

Your turn:

# Profile of Jo



## C) INTERRUPTING ASSUMPTIONS & SHIFTING THE NARRATIVE

You know who you serve, but others might not. Too often, Jo is reduced to a label: addict, homeless, non-compliant. This activity is here to help you name the real Jo in your context, so you can correct assumptions, reframe the story, and advocate for change.

### Step 1: Challenge the Assumption

Complete the sentence below:

- The Jo we serve is not _____ *(ex: choosing to live this way)*
- They are _____ *(ex: navigating constant crisis without consistent support)*

Discuss, do this 6-10 times.

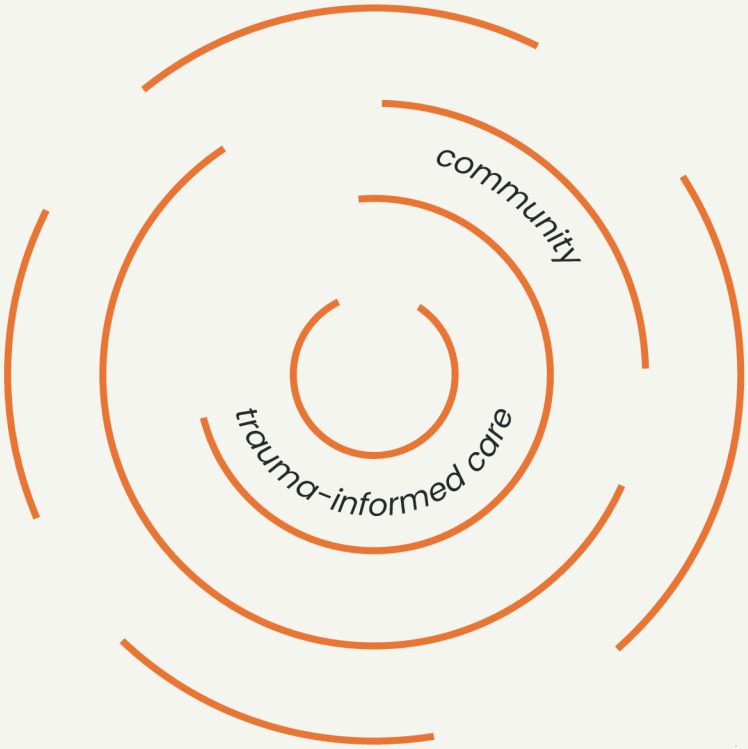
| **The Jo we serve is not** | **They are** |
| --- | --- |
| | |
| | |
| | |
| | |
| | |
| | |

## Step 2: Profile your Jo

What systems has Jo touched in the past 30 days?

| SYSTEM | HOW FAR FROM YOU? |
| --- | --- |
| □ Shelter | _____ |
| □ Emergency Room | _____ |
| □ Detox or Treatment | _____ |
| □ Pharmacy | _____ |
| □ Court System | _____ |
| □ Mental Health Clinic | _____ |
| □ Housing Office | _____ |
| □ Other: _____ | _____ |
| □ Other: _____ | _____ |
| □ Other: _____ | _____ |

# WHAT ARE THE BIGGEST BARRIERS JO FACES EVERY DAY?




**Jo needs ...**

**But has trouble accessing this because ...**

A new description that incorporates your barriers might look like this:

**The Jo we serve is not non-compliant; they are surviving a system that doesn't recognize their reality.**

Jo is a 44-year-old racialized man living with HIV and untreated Hep C. He sleeps in a temporary shelter when space is available, but often ends up in doorways or alleyways. In the past month, Jo has accessed the emergency room twice for unmanaged pain, picked up prescriptions at a pharmacy 10 kilometers away, and tried multiple times to get in touch with a mental health worker with no response.

Jo uses substances—mostly meth and alcohol—to manage physical pain and the lingering trauma of violence experienced both in childhood and during incarceration. He's on multiple waitlists: for housing, for trauma therapy, and for community-based HIV care, but nothing is moving. He avoids clinics due to past discrimination and has no stable access to primary care.

Jo needs consistent, wraparound care—but he struggles to access it because services don't talk to each other, and because he's expected to stabilize before he's supported.

**The Jo we serve is not choosing to live this way; they are navigating constant crisis without consistent support.**

Jo is a 29-year-old Black trans woman who has been sleeping in a shelter on and off for months. She's HIV positive but hasn't been able to start treatment due to frequent moves and missed appointments. She uses crystal meth and fentanyl daily to stay awake at night and keep her body numb from pain and dysphoria. She has undiagnosed PTSD from childhood abuse, and her only regular contact with healthcare is through the ER.

In the past 30 days, Jo has touched at least seven systems: the shelter, detox (where she was discharged after 3 days), the pharmacy (30 minutes away by foot), the emergency department (twice), the court system (for a survival-related charge), a drop-in centre, and a mental health outreach team she's only seen once. She's on waitlists for both gender-affirming care and housing.

Jo needs coordinated, affirming, trauma-informed care—but she's constantly being asked to stabilize before she's supported.

**Step 3 (Optional): Share It**

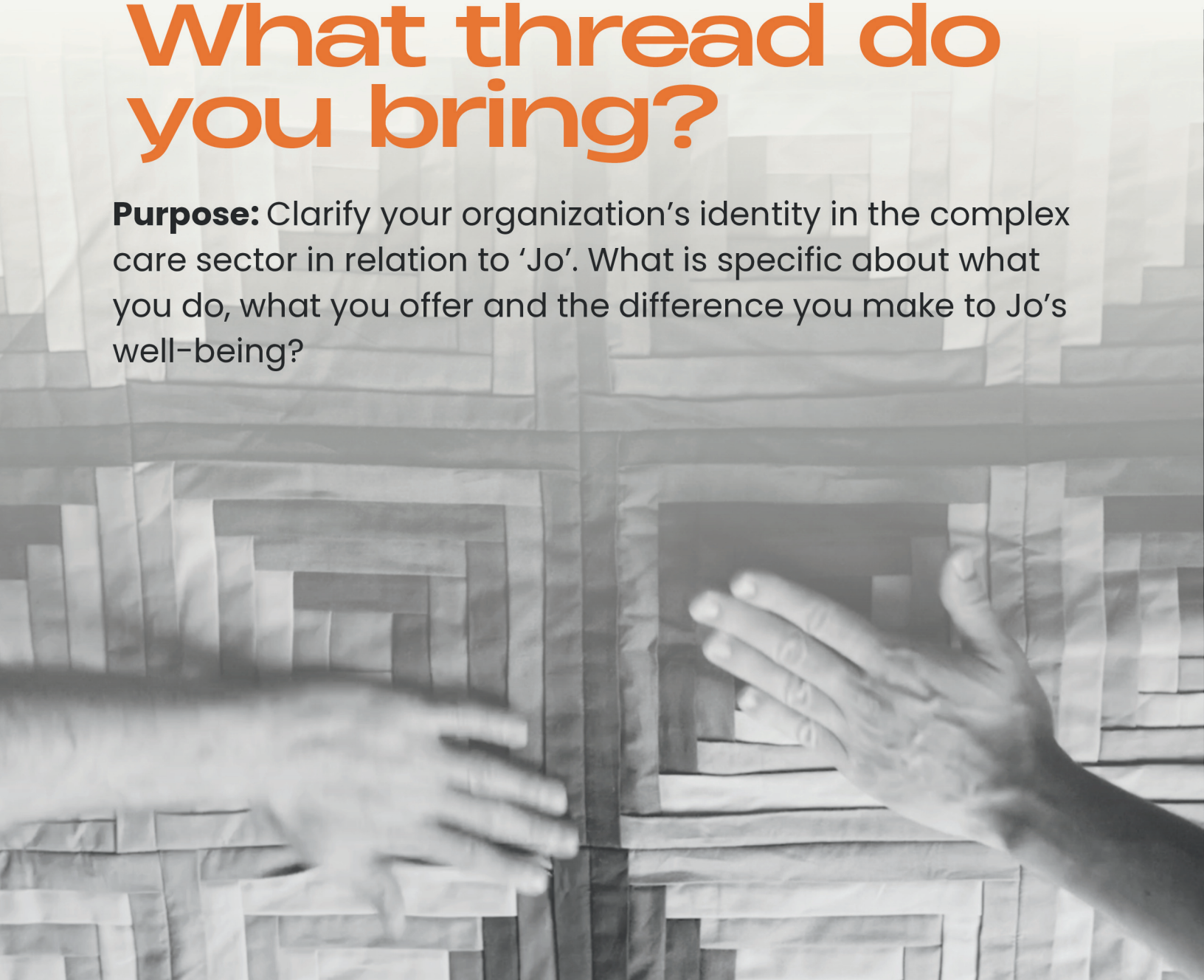
Use this updated profile to:

- Speak up in meetings when Jo is being misrepresented
- Educate partners and funders
- Center Jo's real story in your grant applications or advocacy

*part two:*

# What thread do you bring?

**Purpose:** Clarify your organization's identity in the complex care sector in relation to 'Jo'. What is specific about what you do, what you offer and the difference you make to Jo's well-being?



## A) IDENTIFY YOUR THREAD

**Instructions:**

1. Begin with a short team reflection or brainstorm: What makes our work unique in Jo's life?

> *Example: We work with Jo during the moments most others avoid: when Jo is in withdrawal, in grief, or lost. We don't expect Jo to be ready. We meet them where they are, emotionally, physically, and culturally.*

2. Have each staff person or small group complete the sentence: "We are the thread that …"

> *Examples:*
> - *"We are the thread of counselling that holds space when Jo is most likely to be rejected."*
> - *"We are the thread of nourishment with breakfast every morning."*
> - *"We are the thread of foot care for Jo so that he can get to the clinic that treats him."*

3. Ask follow-up questions:
   - What do we do that others can't?
   - Where does Jo feel safest or most supported in our care?
   - What outcomes do we help Jo achieve?

4. Write a collective statement that captures your organization's thread in the care ecosystem.
   - Complete the sentence: "We are the thread that …"
   - Encourage each staff person to complete the sentence from their perspective.
   - Share and reflect together: What themes emerge? Are you aligned?

Here's an example of a cohesive statement that brings together all of your threads into one collective, strong piece:

*"We are the thread that provides consistent, relational presence in the moments where Jo is most likely to fall through the cracks. We anchor care in dignity, trust, and time."*

**Consider:** Writing a collective thread statement for your team or posting it where new staff and partners can see it.

## B) MAP YOUR ROLE IN THE CARE ECOSYSTEM

**Purpose:** Help your team understand your organization's unique place in the complex care sector and identify the key partners who can help you better support Jo.

**Instructions:**

1. On a blank sheet or whiteboard, draw your organization in the center.
2. Around it, add organizations, teams, or individuals you work with (or think you might work with) to support Jo.
3. Use arrows to show relationships: solid for strong partnerships, dashed for limited ones, and dotted for desired but missing links.
4. Label each partner with what they bring (e.g., housing placement, detox access, peer support).
5. Discuss: What gaps are beyond your individual capacity? What gaps are beyond your collective capacity? Who are we duplicating services with—and could collaborate instead?

You should be able to answer these questions following this activity:

- **What is strong in your current care ecosystem?**
- **Where are the weaknesses in your ecosystem?**
- **What do you need?**

Another example of mapping out your ecosystem could look like this:

## C) ADVOCACY EXTENSION: PARTNERSHIP FOR IMPACT

- Review your care map from the previous activity.
- For each organization identified, ask: What do they offer? What are their priorities or focus areas?
- Look for places where your work overlaps or complements theirs.
- Turn your map into a list of 2–3 priority partnership opportunities.
    - **Reflect together:** What could we build or strengthen if we worked more intentionally with these partners?
    - **Identify points of alignment:** Where do your goals intersect with theirs?
- Turn your map into a list of potential advocacy allies.
    - Choose 1–2 partners with whom you could collaborate on shared messaging, campaigns, or policy change.
    - Reach out with a relationship-building mindset. Share your Jo, listen for theirs, and explore what you could influence together.

**Prompt Questions:**

- Who do we already collaborate with—but could go deeper?
- Who offers something we can't—but Jo needs?
- Where is trust already built—and could be leveraged for shared action?
- What shared outcomes or touch points do we have around Jo?
- What policy shift would most benefit Jo in our region?
- Who has influence—and who has lived experience—we can partner with?

*part three:*

# Understanding Jo's journey

**Purpose:** Jo's care is rarely cohesive. By understanding Jo's daily path in your community through geographic mapping, human-first language and reframed narratives, we are able to identify where the system breaks down, where trust is lost, and where small changes could make a big impact.

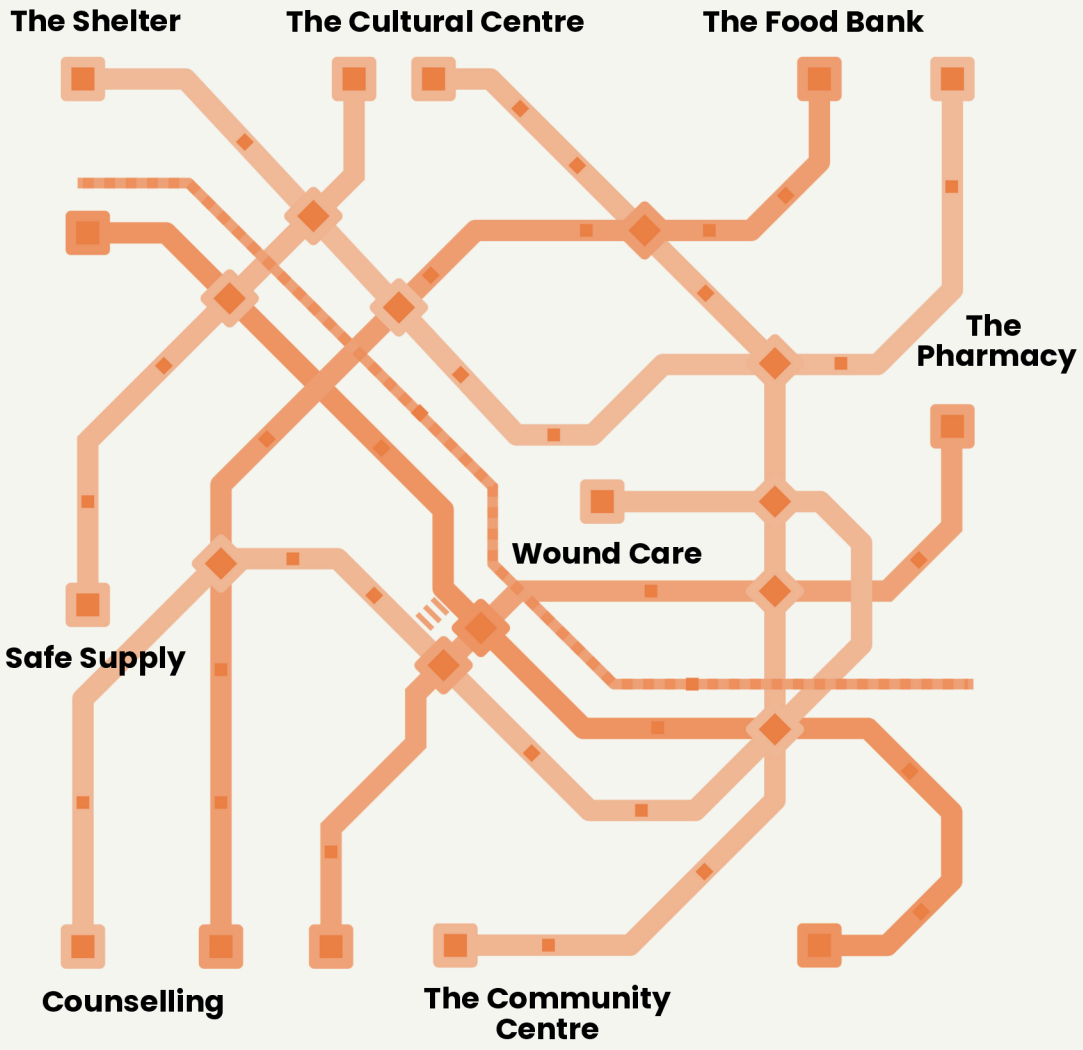
## “JO’S FOOTSTEPS” SYSTEM WALK

**Purpose:** Map out the journey of Jo in your community. Services are delivered in fragments, by different teams, in different locations, with different goals and requirements.  This makes Jo's day more about survival than recovery.

**Instructions:**

1. Build upon the partnership/advocacy map, and this time, be Jo. Trace a day in the life of Jo.
2. Estimate wait times, transit routes, appointment delays, and barriers at each step.
3. Optional: Walk or simulate Jo’s day together

**Output:** A concrete, visual “day in the life” care pathway *(example below)*



## HOW TO TALK ABOUT JO

**Activity:** "Write Jo In" Template - for Funding Applications and more
**Purpose:** Provide narrative language that humanizes Jo and describes the 2%.

**Instructions:** Build up on the narratives you built in parts One and Two of this playbook. Reframe them to meet the needs of your specific funding/sponsorship slide decks and pitches.

### Sample Grant Application Description: Meet Jo

*Jo is a 44-year-old racialized man living with HIV and untreated Hepatitis C. He experiences chronic homelessness, cycling between temporary shelters and unsheltered settings like alleyways and doorways. Jo's daily survival depends on his ability to navigate multiple disconnected services—often on foot, across long distances.*

*In the last 30 days, Jo has accessed the emergency room twice for unmanaged physical pain, made multiple unsuccessful attempts to connect with a mental health worker, and walked 10 kilometres to fill a prescription. He uses substances—including methamphetamine and alcohol—to cope with the lingering effects of childhood trauma and the violence he experienced during incarceration.*

*Jo is currently on several waitlists: for trauma therapy, HIV care, and supportive housing. He has no stable access to primary care and avoids clinics altogether due to previous experiences of discrimination. Despite being in contact with multiple systems, Jo lacks a coordinated care plan and often feels invisible within the very services meant to support him.*

*What Jo needs is not just more services—but services that work together. He needs consistent, wraparound care that addresses his physical health, mental health, housing, and social support in an integrated way. Our work is focused on creating that kind of care—care that sees Jo not as a series of crises, but as a whole person deserving of dignity, stability, and connection.*

## LANGUAGE & NARRATIVE SHIFT

**Purpose:** Equip people to challenge stigmatizing language in real time and reframe how Jo is spoken about in conversations, meetings, and public messaging. Below are some common stigmatizing phrases paired with narrative shifts to use instead:

| Stigmatizing Phrase: | Reframed Response: |
|---|---|
| "She's just a junkie." | "She's managing trauma the only way that's accessible to her right now." |
| "He won't accept help." | "He's been offered services that didn't work for him." |
| "They choose this life." | "This isn't a choice—it's the result of decades of systemic failure." |
| "They're non-compliant." | "They're responding to a system that hasn't earned their trust." |
| "They're a frequent flyer." | "They're caught in a system that treats symptoms, not whole lives." |
| "They're hard to house." | "They need housing that actually works for their realities." |
| "They're resistant to treatment." | "They've survived a lot—and they're protecting themselves from more harm." |
| "They just want to stay on drugs." | "They're trying to manage pain and withdrawal in the absence of safe care." |
| "They're manipulating the system." | "They're using every available survival strategy to get through the day." |

Consider using: “Actually, we refer to people like Jo as part of the 2%...” as a starting point.

What other reframes would you use?

**Debrief as a group:**

- What language helped shift the frame?
- What felt hard to say?
- What helped you hold your ground with care?

*part four:*

# Public & sector-specific actions

**Purpose:** Identity specific action plans and steps designed as entry points for each sector to pick a thread and stich in.

### FOR FRONTLINE WORKERS

- Carry a Jo Profile Card to team meetings and use it in cross-sector discussions.
- Host a 30-minute team thread mapping session.

### FOR ORGANIZATIONS

- Develop a warm handoff protocol across services.
- Host a Stitch-In Lunch & Learn with this playbook.
- Create a shared language guide with key partners.

### FOR SECTION LEADERS & FUNDERS

- Include Jo in reporting: beyond outputs, tell their daily story.
- Fund or collect local Jo stories for advocacy.
- Join or initiate cross-sector tables focused on design.

### FOR POLICYMAKERS & MUNICIPAL LEADERS

- Design policy that sees complexity as a standalone category.
- Use relational language in public statements.
- Center lived expertise in new funding and frameworks.

### FOR ALLIES & THE GENERAL PUBLIC

- Shift the question: “Why don’t they get help?” to “What does help actually look like?”
- Use the 2% framing in conversation and advocacy.
- Support organizations already doing the work.

## Choose Your Entry Point

Not everyone can do everything. But everyone can join.
Pick a thread. Pick a place. Pull it through.

# Summary:

This playbook is more than a toolkit. It's an invitation.

An invitation to see Jo as a person navigating fractured systems.

To recognize the complexity, courage, and cost carried by the 2% every day.

Stitch In offers practical ways for you and your team to clarify your role, strengthen partnerships, shift narratives, and build systems that work together—so that Jo doesn't have to do it alone.

Every activity, every map, every story you build here is a thread in something larger: a stronger, more connected, more human sector of care.

So pick a thread.
Pick a place.
And stitch in.