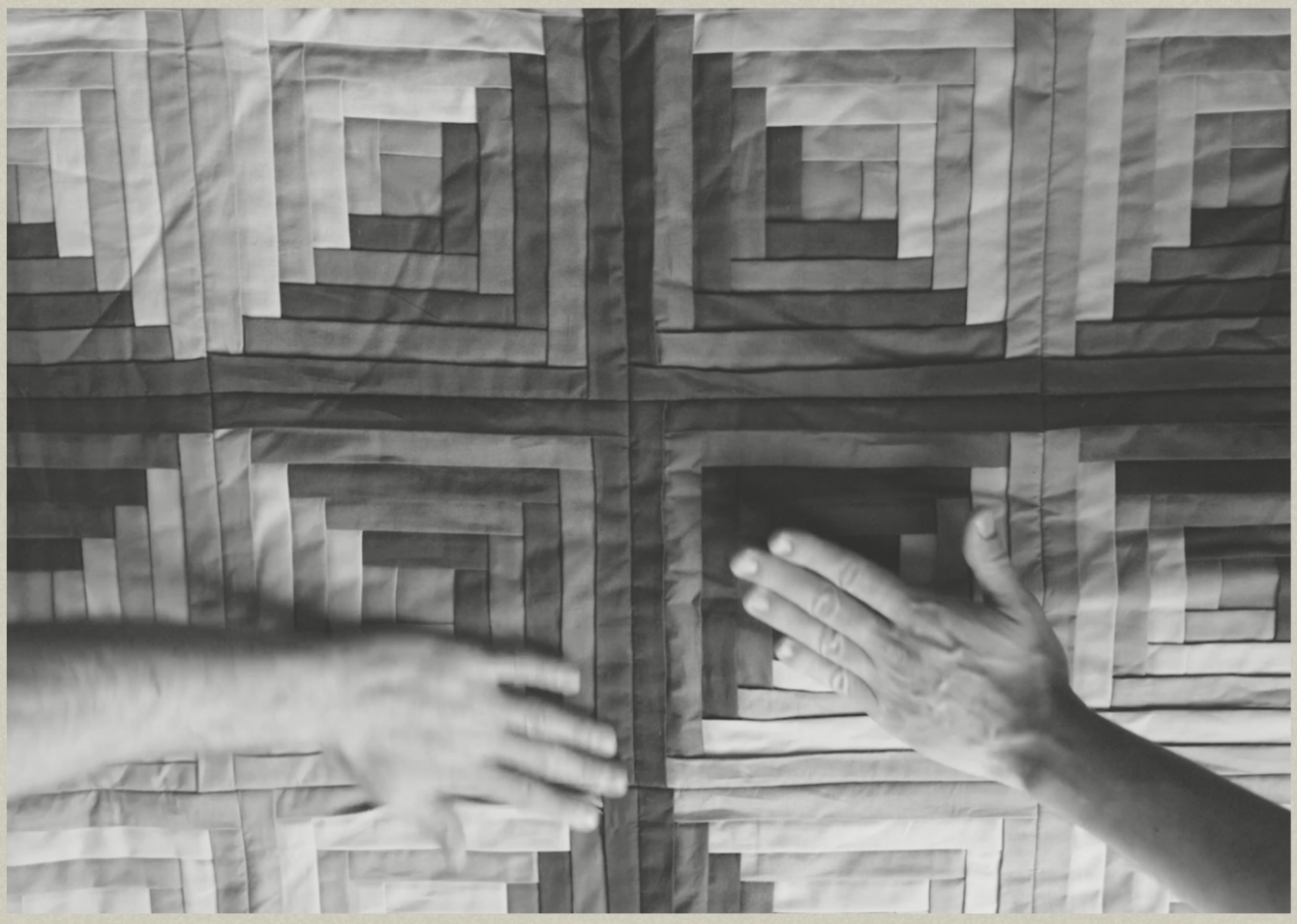
STITCH *in*

Understanding—and Acting For—
The Sidelined 2%:
A shared language.
A frontline framework.
A national call to care.



2025

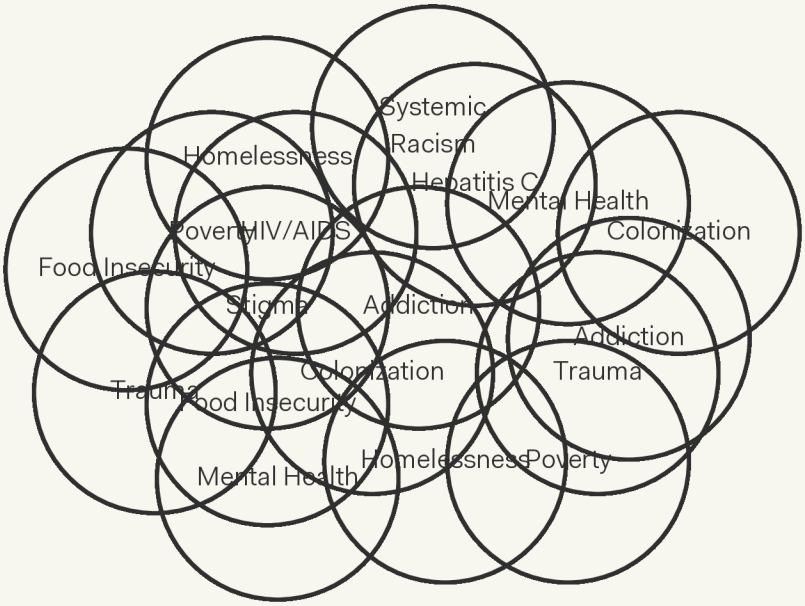
Dr. Peter Centre

Venn Diagrams only get you so far in describing

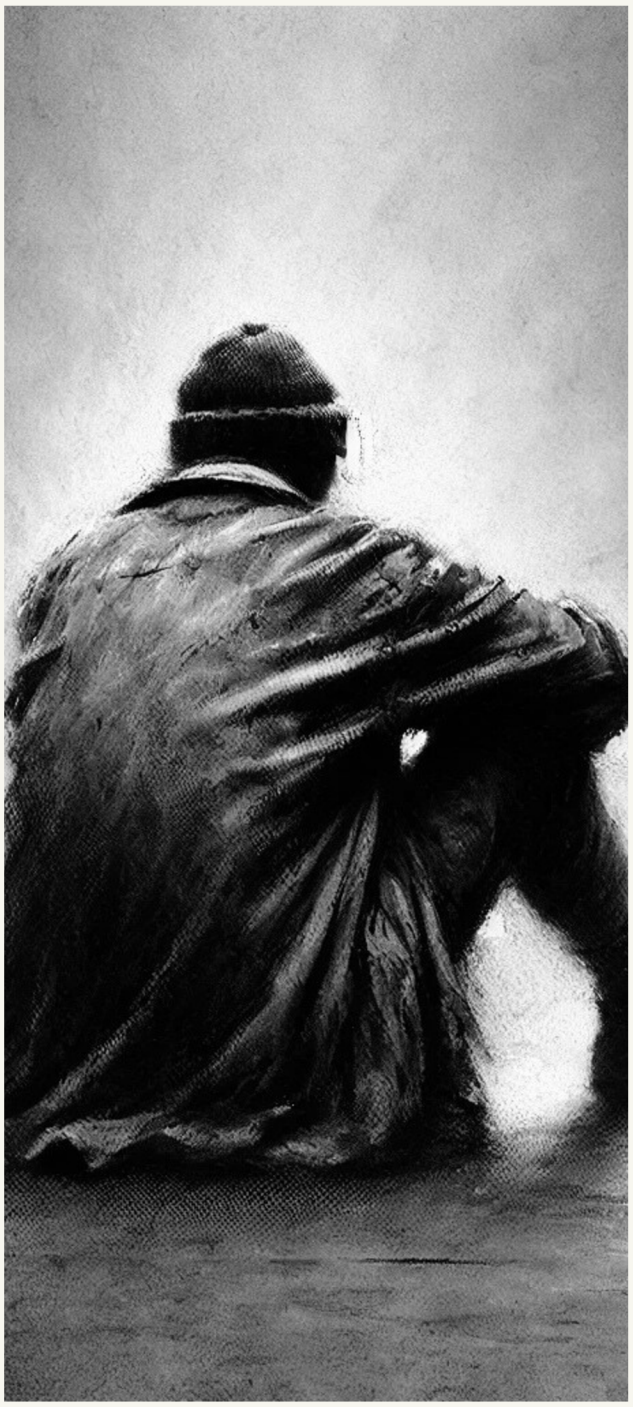
the experience of roughly 750,000 Canadians—

the complex, overlapping health and social challenges.

The chaos.



WHO ARE the sidelined 2%



Jo is not hard to reach.
Jo is hard to treat.

Meet Jo.

Jo isn't one specific person, but a composite character created from the lived experiences of roughly 750,000 Canadians. In this way, Jo is very real—the embodiment of a population forced to navigate daily life at the intersection of multiple, overlapping challenges.

Jo lives with chronic conditions, has a history of trauma, struggles with mental health and substance use, faces barriers to stable housing and income, and more. Jo regularly accesses health and social services, but these systems aren't built to communicate with each other— often leaving Jo to navigate alone.

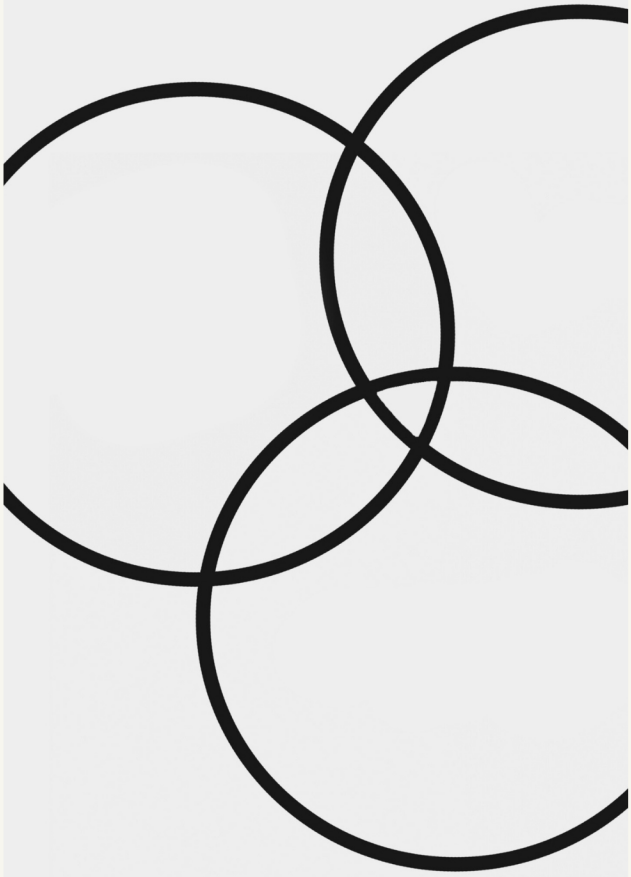
People like Jo are often referred to as having "complex care needs." They make up about 2% of the population, yet account for a disproportionately high use of health, housing, justice, and social systems. Their needs are not just medical—they are layered, intersectional, and deeply shaped by structural inequities.

WHO ARE the sidelined 2%

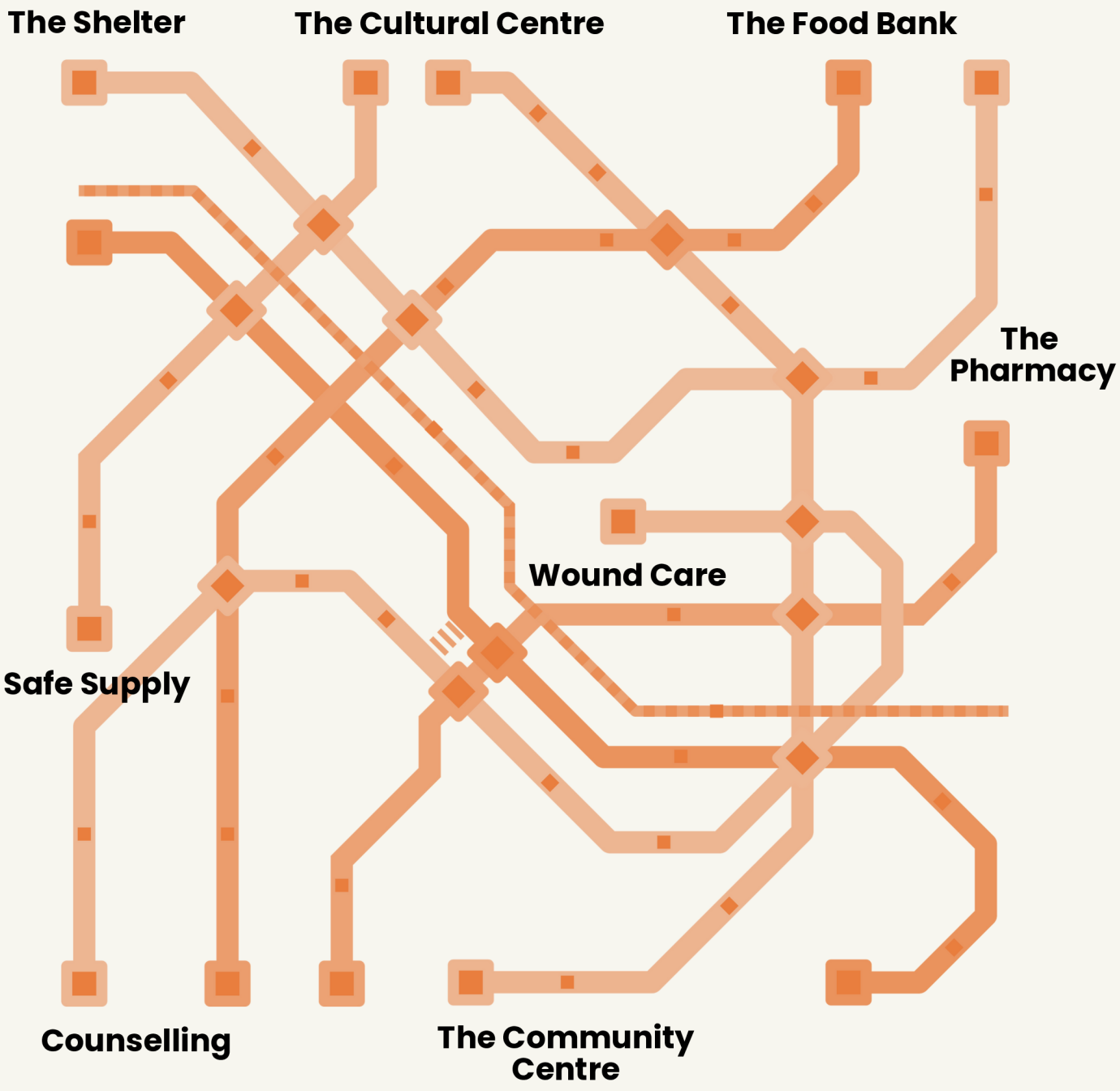
Jo doesn't live in one silo. Neither should their care.

What We Mean When We Say "Complex"

- Experiences of poverty, discrimination, or systemic exclusion
- A high number of service contacts, but few coordinated supports
- Use of substances to manage pain or trauma
- Serious, persistent mental illness, including psychosis, mood disorders and PTSD
- Chronic, complex conditions like HIV/AIDS, Hep C, diabetes and pain
- Acute and chronic infections, wounds, sepsis, blood infections and endocarditis
- Periods of homelessness, insecure housing, or frequent moves
- Negative experiences with the justice system or child welfare



JO'S transit map



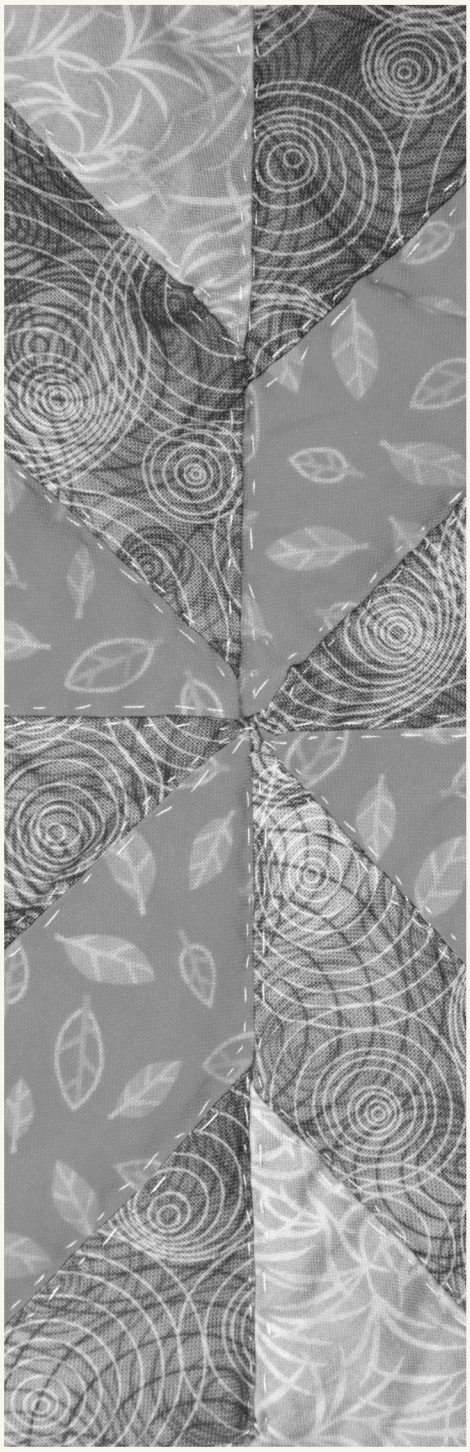
WHY the sidelined 2% matter

The cost of inaction is steep—not only for the individuals we fail, but for cities, systems, and public discourse as a whole. As care remains fragmented and public spaces bear the visible consequences, we risk increasing polarization, eroding trust in solutions, and returning to a punitive view of poverty and substance use. This is the "default future": a society that sidelines the same people again and again, and a public that grows more convinced nothing can be done. The time to build something better is now—before this slide becomes a deep and lasting trench.

Across Canada, frontline organizations work tirelessly to support people with overlapping health, housing, and social needs. But even the most dedicated teams are operating within systems that weren't built for complexity—where care is often fragmented, funding siloed, and collaboration made difficult by structural barriers. Without intentional cross-sector coordination, sustainable investments, and community-led solutions, many of the 750,000 Canadians with the most complex care needs will continue to fall through the cracks. What lies underneath those cracks isn't recovery—it's more preventable deaths, deeper marginalization, and escalating crises that no single organization can solve alone.

STITCH IN TO A SHARED FRAMEWORK: the 2% lens

New language = new leverage.



To "use a sidelined 2% lens" means to design, fund, and evaluate your work with *people* in mind —not mandates. It's about asking: Would this work for Jo? If not, what needs to change?

For frontline teams:
Use Jo's story to map your outreach gaps. Who is missing from your caseloads, drop-in centres, or waitlists? Are you reaching the folks living outside, managing pain with unregulated substances, or avoiding services due to past harm? Using a sidelined 2% lens means making invisible needs visible—and adjusting outreach, intake, and trust-building strategies accordingly.

For executives:
Use the sidelined 2% frame to advocate for whole-person funding. Traditional grants often fund narrow deliverables. But Jo doesn't show up with a single issue—she brings trauma, medical needs, housing instability, and more. A 2% lens helps executives push for flexible, wraparound funding models that reflect the interconnected nature of real lives.

For policy-makers:
Use this lens to reimagine metrics, mandates, and mandate letters. When success is measured by throughput and averages, people like Jo are left out of the equation. What if your policies were built for the edge cases first? Using a sidelined 2% lens means redefining what counts as impact—and who counts within it.

IMPLEMENTATION playbook

Let's turn the narrative into action

The Challenge
Breaking Down Silos for Client-Centered, Holistic Solutions

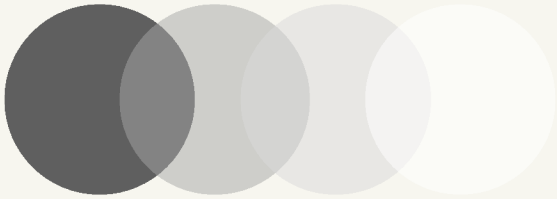
One of the primary obstacles facing today's systems of care, particularly in community health and social services, is the silos that separate various service sectors. Healthcare, housing, food security, mental health services, and other community-based programs often operate in isolated, vertical sectors. This siloed approach limits the ability to deliver holistic, client-centered care.

To truly meet the complex needs of the sidelined 2%, an integrated, collaborative approach is necessary. But how do we get there? How do we effectively "de-silo" services and systems that have long operated independently?

The Solution
Focus on horizontal collaboration and integrated pathways.

De-siloing means more than simply breaking down administrative barriers. It involves creating systems where health, social services, and community support work together seamlessly to provide clients with comprehensive care. So, how do we make this happen?

Let's dive into five critical strategies for building horizontal sectors that foster collaboration and lead to a more efficient, integrated service delivery model.



1. DE-SILOING THROUGH *Partnership Models*

Identify Core Partners:

- Health agencies, community organizations, funders, and corporate sponsors.
- Expand the pool to include non-traditional partners such as financial institutions, corporations, and policy groups.
- Prioritize partners who bring lived experience, cultural knowledge, and a commitment to equity.

Understand the Siloed Challenges:

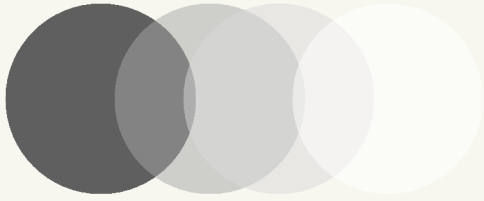
- Identify the silos present in current systems (e.g., health, housing, food security).
- Map out the existing barriers that prevent clients from accessing comprehensive support.

Integrate Diverse Expertise:

- Bring together professionals from varied disciplines (e.g., healthcare providers, social workers, policy experts) and various backgrounds.
- Cultivate cross-organizational collaboration and foster shared responsibility in service delivery.
- Prioritize partners who reflect the diversity of the communities served, including historically excluded groups.

Effective Partnership Tools:

- Develop integrated care pathways where all necessary services (healthcare, food, housing) are part of the collaborative response.
- Create joint ventures where roles, funding, and responsibilities are shared.



2. SHIFTING THE PARADIGM: New Funding & Resource Models

Implement De-siloed Funding:

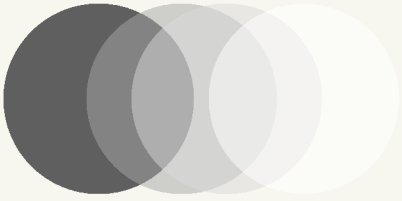
- Encourage funders to support cross-organizational collaboration and de-siloed service delivery models.
- Develop funding proposals that show the impact of holistic care approaches (e.g., healthcare plus housing support)

Explore Alternative Funding:

- Use micro-grants to fund community-based responses to health and wellness needs.
- Seek out partnerships with corporate sponsors, especially those involved in health-related corporate social responsibility (CSR).

Corporate Engagement:

- Approach local businesses and large corporations to discuss their role in supporting community health initiatives.
- Frame community-based programs as an opportunity for companies to align with their CSR goals and achieve impactful stories for their brand.



3. BUILDING Integrated Care Pathways (ICP)

Client Journey Mapping:

- Focus on understanding the client's journey through the system.
- Walk in the shoes of the people being served and identify the gaps in services.
- Build care pathways that bridge these gaps, ensuring all needs (physical, mental, social) are addressed.

Comprehensive Pathway Creation:

- Define a client's needs and map the necessary interventions.
- Develop a model that brings together services, programs, and policies to ensure seamless delivery from start to finish.

Pathway Implementation:

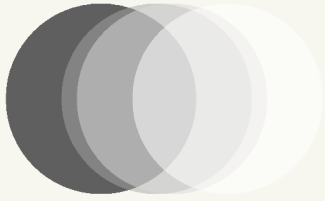
- Create real-world examples or pilots based on client journeys, ensuring each step is aligned with the needs of the population.
- Include health-specific pathways (e.g., mental health, addictions) and apply journey mapping to identify success factors.

Run Pilot Programs:

- Test integrated care pathways with a small group before scaling up.
- Ensure there is proper tracking and data collection to measure outcomes and identify gaps in service delivery.

Continuous Feedback and Adjustment:

- Gather feedback from stakeholders (clients, staff, and partners) regularly.
- Adjust and refine the model based on the lessons learned and feedback received.



4. ORGANIZATIONAL ENGAGEMENT & Internal De-siloing

Foster Leadership Buy-In and Distributed Ownership

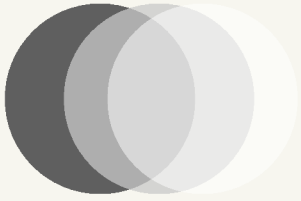
- Secure support from senior leadership, board members, and department heads to prioritize integrated, cross-functional work.
- Develop internal messaging that makes the case for de-siloing, not just as a compliance issue or funding requirement, but as a way to improve outcomes and efficiency.
- Encourage leaders to model collaborative behavior and recognize it in others.

Promote Interdepartmental Collaboration

- Break down functional silos by creating opportunities for departments (e.g., finance, programs, communications, clinical) to co-design initiatives and share ownership of goals.
- Use regular cross-team meetings, joint planning sessions, and integrated work groups to build a culture of collaboration.
- Build shared systems for data, client tracking, and impact measurement to increase transparency and reduce redundancy.

Center Diversity, Equity, and Inclusion

- Promote diversity in hiring, especially in leadership and decision-making roles, to bring in new perspectives and foster inclusive solutions.
- Recognize and address cultural or institutional barriers that may prevent collaboration across roles or backgrounds.



4. ORGANIZATIONAL ENGAGEMENT & Internal De-siloing Cont'd

Implement the Train-the-Trainer Model:

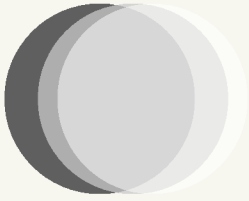
- Use a proven model to scale knowledge and practice across regions.
- Train frontline staff to become facilitators who can deliver localized training to peers.
- Expect each trainee to train at least 5 others, multiplying impact within their networks.

Build Organizational Capacity:

- Equip participants with tools, curriculum, and support to confidently lead training sessions.
- Reinforce training with community-specific examples to ensure local relevance.
- Encourage organizations to embed this model into onboarding or professional development plans.

Sustain Knowledge Through Peer Networks:

- Establish regular community of practice calls to maintain engagement and support.
- Foster peer-to-peer learning through sharing of experiences, challenges, and solutions.
- Create space for collaborative problem-solving and ongoing skill development.



5. CREATING *WITH*, NOT FOR the sidelined 2%

Embed Equity by Design

- Build systems with—not just for—people with lived and living experience.
- Invite them to shape priorities, define success, and co-create service models from the outset—not as feedback, but as foundational design.

Apply Equity as a Lens, Not a Line Item

- Incorporate health equity, diversity, and inclusion into every action—hiring, training, intake, outreach, data collection, and beyond.
- Treat equity as the thread that runs through your work. Not a checkbox to be completed.

Elevate Lived Expertise as Leadership

- Acknowledge the value of lived experience alongside formal qualifications in staffing, governance, and advisory roles.
- Ensure those most impacted have real decision-making power—not just seats at the table.

Change the Structure, Not Just the Service

- Ask how your policies, mandates, and funding mechanisms can evolve to reflect equity goals.
- Design systems that flex to meet people's lives—not the other way around.

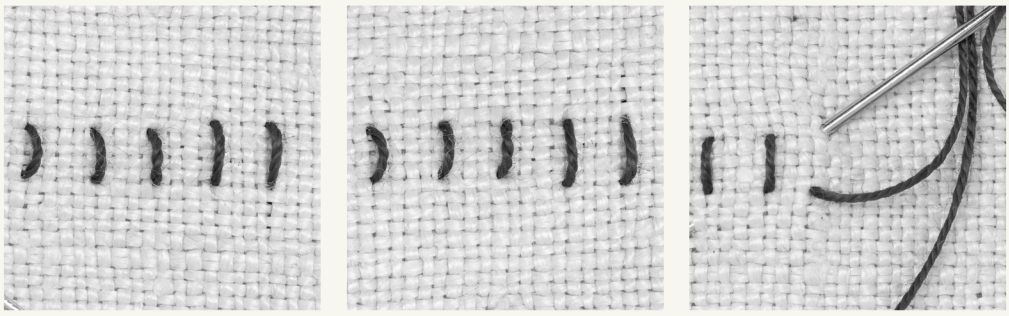
Design for Dignity and Fit

- Measure impact in ways that honour people's goals, not just outputs.
- Build environments that reflect the needs, aspirations, and wisdom of those too often left out.

THE TAKEAWAY:

stitch in

You've held the line.
Now help redesign the pattern.



We've seen where the system unravels. We've seen people like Jo—resilient, resourceful—navigating care that wasn't built with them in mind. We've seen frontline workers holding it all together. And we've seen how, despite good intentions, our systems continue to deliver patchwork solutions to people with complex needs.

This playbook is a blueprint for doing better. It lays out the steps to redesign care that fits—from policy and funding to practice and relationships. It asks us to move beyond band-aid responses and build systems with—not just for—those most impacted. To co-create solutions that recognize the full picture of a person's life, not just a diagnosis or a crisis. To shift our definitions of success from what's easy to count to what actually counts.

What comes next isn't about adding another program. It's about aligning around shared values, shared language, and shared responsibility. It's about cutting what isn't working, gathering what is, and stitching it all into something stronger. The kind of care that doesn't fall apart under pressure. The kind of care that wraps around someone—and holds.

This isn't work for one organization, one ministry, or one region. It's work that spans systems, sectors, and silos. It's the work of making sure no one falls through.

You've held the line. You've kept people alive. Now let's stitch that commitment into something lasting—into policy, into practice, into every layer of care. Let's build systems that hold people like Jo. Systems that hold. Systems that fit.