Dear Mayor Tory and Toronto City Council,

The City of Toronto is to be commended for recognizing that Seaton House, built in 1959, needs to be replaced with a new model of shelter services to serve a changing client population. In contrast to early days when unemployed men would often use Seaton House as a stopping-place for short-term assistance, many are now permanent residents for months and years in a deteriorating building originally designed as office space. Often described as "the place of last resort," Seaton House serves an aging population composed "largely of men with significant mental health and substance use issues, many of whom have experienced years of institutionalization in mental health, health care, and correctional facilities."\(^1\)

Seaton House currently has capacity for 634 transitional and emergency shelter beds. The staff report documents that many clients, especially those in the Long-Term and Annex Managed Alcohol/Infirmary program, require more intensive health and personal care support, than what is currently funded. "The client population and services are similar to long-term care homes but without appropriate funding, resources or expertise."\(^2\)

The staff report describes a preferred transition plan for Seaton House that would move 200 men into permanent housing with supports, 200 residents would need to be permanently relocated into new shelter sites, and the remaining 200 would need temporary accommodation until they can move back to newly-constructed programs on George Street.\(^3\) The George Street Revitalization Project has the potential to improve health outcomes and quality of life for those it will welcome back. At the same time, the years of transition will be a tremendous challenge for the 634 current residents, dedicated staff, and the surrounding community.

The Registered Nurses' Association of Ontario urges Toronto City Council to safeguard the health and dignity of this complex and vulnerable population by:

- implementing 24/7 nursing care, inclusive of registered nurses and nurse practitioners, to address current needs and service deficits identified in assessment of 3rd Floor Annex/Infirmary program clients;
• approving funding for the George Street Revitalization Project, including sufficient resources to ensure a safe transition of clients, staff, and programs from Seaton House; and
• ensuring no loss of shelter system capacity by replacing beds lost with closure of Seaton House.

Thank you for considering these recommendations.

Kind regards,

[Signature]

Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT
Chief Executive Officer, RNAO

References

2 Ibid, 32.
3 Ibid, 3-35.