

HEALTH PROVIDERS
AGAINST POVERTY

An Evaluation of Toronto's Warming Centres & Winter Response to Homelessness

JANUARY 2018



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Acknowledgements

We would like to thank all the people who provided feedback for the writing of this report. It is dedicated to the people experiencing homelessness in Toronto.

Health Providers Against Poverty

Health Providers Against Poverty is an alliance of healthcare providers who came together in 2005 to participate in a campaign to prescribe extra funds to low-income Ontarians living on social assistance through what came to be known as the "special diet campaign." We have since grown to have a network of several hundred providers as well as provincial chapters in Ontario, Nova Scotia, and Newfoundland and Labrador.

As healthcare providers, we recognize that poverty is one of the most significant risk factors for poor health. Through advocacy, education, and patient care, we are working to eliminate poverty and reduce health inequities in Canada.

For more information, go to our website at:
<https://healthprovidersagainstpoverty.ca>



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EXECUTIVE SUMMARY

Toronto's shelter system is in an undeclared state of emergency. As an annual response to cold winter temperatures coupled with an overcrowded shelter system, the City of Toronto (i.e. "the City") opens temporary Winter Respite Centres, also known as warming centres. As healthcare providers who regularly work with low-income and homeless populations, we have become alarmed and dismayed by both the conditions of these centres and the repeated lack of planning and prioritization for those who are homeless from all levels of government.

70%
of clients surveyed reported witnessing verbal, physical, or sexual violence.

In order to better understand the state of these ad hoc responses to homelessness, Health Providers Against Poverty (HPAP) visited eight Winter Respite Centres, as well as the two 24-Hour Drop-ins for Women and Trans People. Our findings demonstrate that Winter Respite Centres and Drop-ins for Women and Trans People fail to meet the most basic standards as set out by the United Nations and the City itself. From our conversations and surveys conducted with both centre and drop-in staff and clients, it is clear that overcrowding, poor hygiene facilities, lack of privacy and safety, inadequate sleep, and regular occurrences of violence have significant impacts on the health and wellbeing of those who access the Winter Respite Centres.

In the face of government inaction, this report offers recommendations for all levels of government. HPAP calls on the City to immediately open 1,500 new and permanent shelter beds; calls on the provincial government to immediately increase social assistance rates to match the basic income pilot study amounts; and calls on the federal government to spend the new \$11.2 billion allocated to the national housing strategy within the next two years.

The results of this survey reflect what service users, grassroots activists, and healthcare and social service providers have been saying for too long. Our most vulnerable community members deserve more. The current state of homelessness in our city has become a matter of life and death, and ongoing inaction is simply no longer acceptable.

"People vomit and soil themselves, and their mats, bedding, and belongings are not cleaned for days."

Warming centre service user

NO warming centre or 24-hour drop-in in fully met all the shelter standards set out by the City of Toronto or the United Nations.



INTRODUCTION

Toronto's shelter system is in crisis. Shelters are at capacity. The detox system, mental health and justice beds, and beds for women fleeing violence are also often full. In 2015, an average of 3,069 single people and 1,003 members of families stayed in an emergency shelter each night in Toronto.¹ Since 2015, Toronto's permanent emergency shelter system has seen a 19% increase in usage.² Each night, hundreds of people in need of shelter cannot access a bed. This winter, as many as 716 people a night were unable to access a shelter bed and instead slept on mats on floors and in chairs in overcrowded drop-ins and Out of the Cold (OOTC) programs.³ Countless others sleep on the street, in cars, in stairwells, in public spaces, or remain in unsafe living arrangements.

Since as far back as 1996, Toronto's shelter system has been at capacity.⁴ Although the City has set a shelter occupancy target of 90%, this target is regularly exceeded.⁵ In co-ed, men's, women's, and youth shelters, occupancy rates are consistently between 95% and 99%. As a result, it is often difficult to obtain a bed, and shelters are almost always overcrowded.

Each year, from mid-November to mid-April, the City implements an emergency winter response. For decades, the City has relied on the OOTC program to provide winter respite. The OOTC program is a faith-based, volunteer run service that provides meals and mats for people to sleep on in faith-based buildings across the city. More recently, Winter Respite Centres, also known as warming centres, have opened to address a growing shortage of beds. These centres, usually opened in drop-in settings, are open 24 hours per day from December to April, and are funded by the City and hosted by various agencies. When winter programs close in the spring, shelters remain at capacity, leaving many with nowhere to go.

During the winter months, people experiencing homelessness seek shelter and safety in several settings in Toronto. These include:

1. **Shelters:** run by the City or non-profit agencies, are often at capacity, and must adhere to City shelter standards.
2. **24-Hour Drop-ins for Women and Trans People:** Toronto has two which are open year-round that do not have to meet City shelter standards.
3. **Out of the Cold (OOTC):** faith-based and volunteer-run program only open during evening and do not need to meet City shelter standards.
4. **Winter Respite Centres (warming centres):** City or non-profit run 24/7 programs that do not need to meet City shelter standards.
5. **Other:** Streets, stairwells, vents, couch surfing, etc.

¹ "Housing." Toronto's Vital Signs 2016. Accessed January 7, 2018.

² City of Toronto. "Daily Shelter and Overnight Service Usage." Accessed January 15, 2018.

³ Toronto. "Daily Shelter Usage."

⁴ Canadian Press. "Toronto shelters are bursting at seams." *The Record*. January 8, 1996.

⁵ See Appendix III on pg. 17.

INTRODUCTION

As healthcare providers, we witness the health impacts of homelessness and insufficient access to shelter every day. We often struggle to find safe shelter for our patients in need, and we witness the challenges related to overcrowding, including lice, scabies, bed bug infestations, fungal foot infections, infectious disease outbreaks, poor sleep, worsened mental health, and experiences of assault. A recent outbreak of Group A streptococcus is a reminder of the risks of overcrowding. This outbreak at Seaton House lasted nearly 19 months and resulted in 67 confirmed cases, six hospitalizations, and one death.⁶

Unsurprisingly, homeless populations experience significantly elevated rates of multiple health conditions. According to a 2007 Toronto report, those who are homeless are 29 times more likely to have hepatitis C, 20 times more likely to have epilepsy, 5 times more likely to have heart disease, and 4 times more likely to have cancer.⁷ The rate of traumatic brain injury in one study was about 14 times higher among the homeless than in the general population, and about 400 times higher in a population of people who were chronically homeless and had drinking problems.⁸ Rates of major mental illness, such as schizophrenia, are also elevated compared to non-homeless populations. A recent study showed that homeless people in their 50s have an illness burden comparable to housed people who are 20 years older.⁹

The consequences of homelessness are considerable and too often fatal. The Toronto Homeless Memorial, which tracks and publishes information on the number

of deaths in the City related to homelessness, lists the names of 898 individuals that have died since 1989.¹⁰ This list underestimates the number of deaths, as tracking of homeless deaths remains poor. Between January 1, 2017 and September 30, 2017, there were a record 70 deaths, averaging 1.8 deaths per week.¹¹ Of concern, this number was considerably higher during the winter months, with a weekly average of 2.1 deaths per week. The median age of those who died was 48. Drug overdoses have lately contributed to an increase in the number of homeless deaths. Experiences of stress and trauma contribute to problematic drug use. The lack of adequate income, shelter, and respite from stressful and traumatic environments fuels the opioid crisis in our city.

Between January 1, 2017 and September 30, 2017, there were a record 70 deaths, averaging 1.8 deaths per week

We have become increasingly concerned about the conditions of the Winter Respite Centres and 24-Hour Drop-ins for Women and Trans People. To assess their conditions, we visited eight of Toronto's Winter Respite Centres as well as Toronto's two 24-Hour Drop-ins for Women and Trans People. At each of the sites, we spoke to service users and staff, and observed facilities and conditions.

⁶ Cheung, Adrian. "10 people dead after strep infections in 2017, Toronto Public Health confirms." *CBC News Toronto*. December 2, 2017; McIntosh, Emma. "Nineteen months later, Seaton House strep outbreak declared over." *Toronto Star*. November 6, 2017.

⁷ Cowan, Laura, Stephen Hwang, Erika Khandor, and Kate Mason. *The Street Health Report 2007*. September 2007.

⁸ Svoboda T, Ramsay J. High rates of head injury among homeless and low-income housed men: a retrospective cohort study. *Emerg Med J*. 2013 Apr 27.

⁹ Brown RT, Hemati K et al. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. *Gerontologist*. 2017 Aug 1;57(4):757-766.

¹⁰ Church of the Holy Trinity. "Toronto Homeless Memorial." December 2017. Accessed January 7, 2018.

¹¹ City of Toronto. "Monitoring Deaths of Homeless People." Health Surveillance and Epidemiology – Research and Reports. Accessed January 7, 2018.



METHODOLOGY

To assess conditions in the Winter Respite Centres and 24-hour drop-ins, from mid-December 2017 until mid-January 2018, members and allies of Health Providers Against Poverty (including nurses, nurse practitioners, physicians, and social workers) visited eight of Toronto's Winter Respite Centres,¹² as well as Toronto's two 24-Hour Drop-ins for Women and Trans People.¹³ The sites are kept anonymous in our results below, to ensure that staff felt comfortable in discussing conditions. Client names were not collected. At each of the sites, surveyors completed semi-structured surveys with service users and staff. Service users were compensated with TTC tokens for their time. Surveyors also walked through the sites, observing facilities and conditions first-hand. This report was drafted by the surveyors.

¹² St Felix, Parkdale, Margaret's/All Saints, Park Road, Scarborough, Better Living Centre, Moss Park Armouries, Regent Park Community Centre.

¹³ Sistering, Adelaide Resource Centre for Women/Fred Victor.



SUMMARY OF FINDINGS

This section of the report includes data from our visits to the five warming centres that were opened earlier in the winter and the two 24-Hour Drop-ins for Women and Trans People. It does not include data from our visits to the Armouries, Regent Park Community Centre and the Better Living Centre, as these sites were opened more recently in response to community advocacy and have improved conditions. We report on the newer sites in the “Recent Developments” section.

Facility Conditions

None of the facilities fully met the City’s own shelter standards, nor the standards set by the United Nations Refugee Agency’s Handbook for Emergencies.¹⁴ We interviewed a total of 35 clients. Nearly all clients spoke at length about the detrimental health effects of these inadequate conditions.

Our visits revealed that the conditions of these facilities are grossly inadequate. Every centre lacks multiple basic necessities required for promoting dignity, physical and emotional wellbeing, and illness prevention.

Environment

Sleeping arrangements:

In six out of seven facilities clients slept on mats on floors, the mats arranged one next to the other in long rows; one facility provides cloth and metal cots with no mattresses. Several facilities were unable to provide enough mats to clients, and clients sometimes slept in chairs overnight. Most of the facilities provided blankets but not pillows; one facility did not provide blankets except on very cold nights, instead providing only a sheet for each client. The City shelter standards state that each client should be provided with “a minimum of two sheets, one blanket, one pillow, one pillow case, and one towel.”

Physical space:

The City shelter standards state that shelters should provide a minimum of 2.5 ft between sleeping surfaces and 3.5 m² per client in sleeping areas “to decrease the transmission of communicable diseases and conflict between clients.” UN Emergency Standards state that 3.5 m² of space should be provided per person. From our observations, clients at these facilities were not consistently provided with this minimum of personal space, with many of the mats and cots being a foot or less apart from each other.

¹⁴ Shelter, Support, and Housing Administration. *Toronto Shelter Standards*. City of Toronto. 2015.

¹⁵ The UN Refugee Agency. *Handbook for Emergencies*. By United Nations. 3rd ed. 2007.

SUMMARY OF FINDINGS

Is there toilet paper available?



100% (7/7) of the sites surveyed had toilet paper

Is there soap available?



100% (7/7) of the sites surveyed had soap available

Availability of showers

City shelter standards state there should be at least one shower per 20 people



Only one of the sites visited met this standard, while 4 sites had no showers at all.

Space between sleeping surfaces



Only 2/7 sites surveyed met the UN and City standards for appropriate amount of space between sleeping surfaces

Blankets, sheets, and pillows

The City shelter standards state that each client should be provided with "a minimum of two sheets, one blanket, one pillow, one pillow case, and one towel."



None of the sites surveyed met this criteria.

Storage

City standards state that clients should be provided with lockers to secure their belongings



Only one of the seven sites surveyed provided secure storage for personal belongings

Sleep surfaces

City shelter standards state that clients must be given a mattress to sleep on.



None of the sites met this criteria.

Availability of toilets

City standards stipulate that there should be at least 1 one toilet per 15 people.



70% or 5/7 of the sites we surveyed had one toilet per 15 people.

"I'm pregnant and the diet here is poor. I experience frequent heartburn and do not get proper rest. I am tired and my stress levels are high."

Warming centre service user

SUMMARY OF FINDINGS

Personal Hygiene Facilities

Hygiene:

Our visits to the Winter Respite Centres also highlighted inadequate access to toilets and showers. Most clients were able to access a bathroom when needed, though two facilities did not meet the City shelter standards of providing one toilet for every 15 clients. Of the seven facilities, only one met the City shelter standards of providing one shower for every 20 clients and the UN Emergency Standards of providing one shower for every 50 people. Three sites had just a single shower and four sites had no showers at all.

Toiletries:

While staff at all sites reported that personal toiletries and hygiene products were offered, several clients reported that toiletries were not available. Poor access to bathroom and shower facilities, in addition to personal toiletries, is problematic, especially for those with incontinence issues. As healthcare providers working with homeless populations, many of us have seen people soil their clothing and have no place to bathe.

Safety & Accessibility

Personal storage:

Only one facility visited provided a secure place for clients to store belongings, whereas the City shelter standards state that facilities should provide “lockers or other secure forms of storage for clients to store their belongings.” Clients reported sleeping “with one eye open” due to fear of theft, as well as fear of verbal altercations and violence. In facilities without storage, people carried bags to all appointments in the community and to and from the bathroom. Important belongings, like identification and medication, were often lost.

Safety & Accessibility (con't)

Privacy:

When we inquired about privacy, all clients reported experiencing “none” or “zero.” Most facilities arrange gym mats lined up in rows one next to the other, with little physical separation between mats or groups of mats. Several facilities do not have a designated sleeping area but transform common spaces into sleeping areas at night. City shelter standards state that “designated sleeping areas [should be] physically separated from dining areas and other communal areas” and that shelter providers should “create or enhance the privacy of a client’s sleeping area...[by] using screens, half walls, rearranging furniture or the layout of the sleeping area in order to create a more private space.”

Overcrowding, inadequate access to resources (such as showers, bedding, and toiletries), lack of privacy, and poor sleeping conditions contribute to exhaustion, high levels of stress, and violence.



Sleeping conditions at a City run warming centre

"I ended up sending a 70 year old gentleman to the hospital. He didn't get out of his chair for 5 days. He was urinating into a cup he put in his pants, but which had spilled many times and all his clothes were soaked in urine."

Healthcare provider



SUMMARY OF FINDINGS

Service Users' Experiences

Reasons for Utilization:

Many who need a shelter bed cannot access one. Over 80% of people who tried to access a shelter bed in the past year reported that they were turned away at least once because shelters were full. Even Winter Respite Centres are reaching capacity, with multiple facilities reported either turning people away or exceeding their capacity on some days.

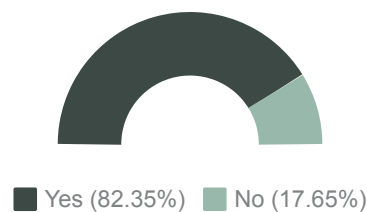
Clients reported multiple reasons for being in a Winter Respite Centre or 24-Hour Drop-ins rather than a shelter. Nearly 35% of clients interviewed reported that they were at a Winter Respite Centre because the shelters are full. Another 35% of clients reported feeling more comfortable in a lower barrier facility, where they can come and go as desired or needed, and where they feel treated with more respect, "as adults." One client reported that she "can keep [her] identity here." Another 20% reported feeling safer in a Winter Respite Centre compared to a shelter. Others cited lack of adequate physical accessibility at some shelters, and three clients reported that they had been barred from shelters.

"The shelters kick people out during the daytime. I'm with my son and the couple shelters couldn't accommodate us."

Mother on why she and her son were at the warming centre instead of a shelter

At one of the sites with a smaller capacity, several clients reported preferring the smaller site as less people meant a lower potential for conflict.

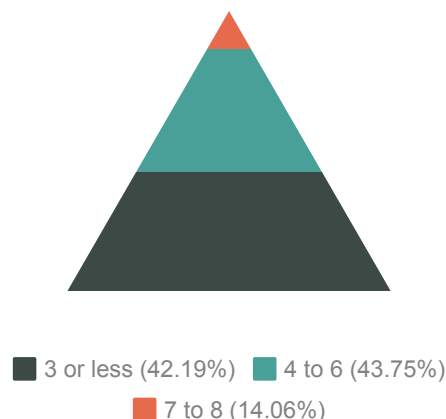
In the past year, were you ever denied a shelter bed because shelters were full?



Sleep quality:

Poor access to proper sleep surfaces results in stress and exhaustion, and exacerbates chronic health conditions. In some facilities arguments occurred over the limited supply of mats and recliner chairs. Some clients suffer from swelling in their legs as a result of sleeping in a chair night after night. Seniors, including clients over 80 years old, pregnant women, and those with chronic health issues slept in chairs and on floors resulting in stiffness and chronic pain.

Service users' self-reported average hours of sleep a night



Violence:

Almost 70% of the clients interviewed reported witnessing verbal, physical, or sexual violence while another 46% reported experiencing violence. Overcrowding of facilities contributes to this violence. As one client insightfully remarked, "people get more and more violent as it gets more crowded."

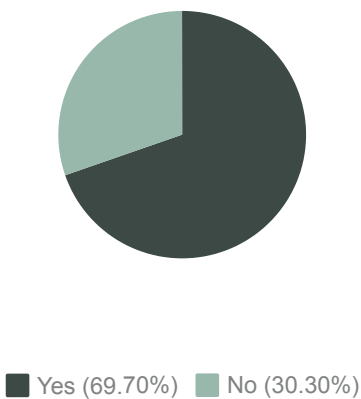
SUMMARY OF FINDINGS

Service Users' Experiences

Sleep quality (con't):

Almost all clients reported poor or very poor quality sleep, with an average of just four hours of sleep per night. Poor sleep was attributed not only to fear of theft and physical violence, but also to noise, uncomfortable sleeping arrangements, frequent viral infections, and lack of privacy.

Service users' witnessing of verbal, physical, or sexual violence



Physical and mental health impacts:

Many respondents reported experiencing hopelessness, anxiety, and depression. Service users reported that the conditions of the warming centres contributed to a worsening of their mental health.

Almost unanimously, clients reported that facility conditions negatively affect their health. Clients cited general stress; lack of safety, violence, and threat of violence; frequent episodes of theft and constant threat of theft; lack of sleep; constant noise and crowding; inadequate access to showers resulting in poor hygiene; pain and stiffness from sleeping on the floor or in chairs over multiple nights; and frequent viral illnesses from overcrowding.

Communication & Coordination

Our visit to one of the Winter Respite Centres highlighted that there is often inadequate communication and coordination between the City and its partners. Although the site we visited had been open for several days, staff reported that approximately four people a night were accessing the site. Staff were unsure why so few people were accessing the site when individuals were being turned away from other Winter Respite Centres nearby. The Overdose Prevention Society, frontline workers, and other homeless advocates have also received incorrect information regarding the availability of beds.¹⁶ Following reports that the City's Referral Centre had failed to notify people of available beds or "spaces," the City has launched an official investigation.¹⁷

During a visit to one of the newly opened Winter Respite Centres on a late afternoon, we found the Centre to be locked with a note to call the Centre staff if arriving after-hours. Despite signage stating that the Centre was open 24/7, there was no additional information posted about how to access the Centre and we were unable to get in. This experience is reflective of the ongoing communication challenges, fuelled by lack of City accountability and direction, that have plagued this year's winter response to homelessness.



A broken cot at one of the warming centres

¹⁶ Off, Carol, and Jeff Douglas. "How a Toronto homeless advocate discovered the city was turning people away from open beds." In *As It Happens*. January 2018.

¹⁷ Levy-McLaughlin, Rachel. "Toronto probing confusion over homeless shelter spaces during cold weather." *Globe and Mail*. January 2, 2018.

SUMMARY OF FINDINGS

Recent Developments

The current response to growing homelessness in Toronto has been lacklustre. Despite most of Toronto's shelters being at or near capacity, Mayor John Tory and his supporters in City Council recently voted down a series of proposals, made by the Community Development and Recreation Committee, that included a commitment to fund at least 1,000 new shelter beds and a declaration of a state of emergency across the City's shelter system.

Following community pressure, a lengthy extreme cold weather alert, and rising demand, the City opened four additional Winter Respite Centres: the Better Living Centre, Metro Hall, the Moss Park Armouries, and the Regent Park Community Centre.

To prepare this report, we visited all sites with the exception of Metro Hall to observe conditions. While all three of these new facilities had conditions significantly better than the previously existing Winter Respite Centres, conditions varied between sites. All facilities had showers and adequate bathrooms, bedding, and cots. While space between sleep surfaces varied, most had significantly more than the older sites and many met the requirement of 2.5 feet between sleep surfaces. Notably, one of the newer sites had recreational activities for clients, including ping pong, providing a much needed opportunity for entertainment. All sites were pet friendly.

All newer sites we visited would benefit from improved sleep surfaces. They had cots, which, while an improvement over mats on floors, were made out of metal and cloth with no mattresses, and frequently broke down. We observed multiple broken cots, and clients reported that they find the cots uncomfortable and difficult to get up from.

Communication around the new sites needs improvement; for example, we made a call to the City's Shelter Referral Centre on Peter Street and staff did not know if the Regent Park Community Centre facility was still open. The Regent Park Community Centre was under capacity despite many staying in poor conditions at an older Winter Respite Centre nearby.



Improved conditions at a newly opened warming centre

Over 80% of service users interviewed reported being denied shelter at least once in the past year because shelters were full.



RECOMMENDATIONS

City of Toronto

90%
occupancy
1,500
new beds

SHELTER OCCUPANCY

Ensure the City meets the 90% occupancy target in every shelter sector (including men, women, co-ed, youth, and family). To do so, the City must open at least 1,500 new shelter beds in the women, men, co-ed, and youth sectors. These beds must be in new facilities across the city and within the downtown core and include beds that are low barrier, harm reduction-focused, are safe for Indigenous, racialized and LGBTQ people, and are able to accommodate couples and pets. The City must also address the crisis in the family shelter sector.



LOW BARRIER SHELTER AND DROP-INS

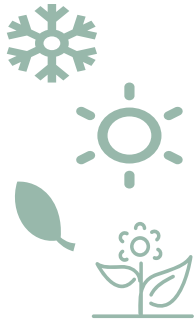
In order to provide a continuum of emergency shelters that are accessible to people with a variety of needs, the City must open more low barrier shelters for men and women, as well as two 24-hour co-ed drop-ins on a permanent basis for all seasons. Low barrier drop-ins and shelters must be able to serve people who use drugs with a harm reduction model, as well as those with behavioural and mental health challenges.



HARM REDUCTION

To prevent overdose deaths, the City must train all shelter and drop-in staff in recognizing and treating drug overdoses; the City must create a harm reduction-friendly culture where shelter or drop-in users can report drug use to staff and be monitored without fear of service restriction. The City must also create supervised injection services and prescription hydromorphone programs within shelters and increase the number of detox and drug treatment programs.

RECOMMENDATIONS



INTERIM ALL-SEASON EMERGENCY MEASURES

The poor conditions in existing Winter Respite Centres must be addressed. A total of 1,000 beds in facilities like gymnasiums, community centres, and armouries must be available year-round until enough shelters are opened to bring occupancy to 90%. These facilities must adhere to shelter standards, and offer showers, adequate bathrooms, proper sleep surfaces (beds or cots with mattresses), locked storage for personal items and medications, and at least 2.5 feet between sleep surfaces. Any interim and long-term locations must have well-trained staff, including with training in de-escalation, overdose prevention and naloxone, substance use, and mental health.



ROOMING HOUSES

Protect rooming house stock and ensure proper management and living conditions. The City should purchase or expropriate existing rooming houses to increase the number of city- and agency-run affordable units, and prevent rooming houses from being converted into condominiums or Airbnbs.



Repair & expand

HOUSING: Toronto Community Housing Corporation (TCHC), Rent-Geared-to-Income, and Supportive Housing

Rapidly expand access to social rent-geared-to income housing and repair existing TCHC units, with the collaboration of the provincial and federal governments. The City should aim to exceed its target of 1,000 new affordable rental housing units a year. Ensure 20% of units in all new multi-unit residential developments are permanently rent-geared-to-income and affordable for people relying on social assistance and Old Age Security. Build more supportive and mental health housing units.



End costly tax breaks

TAX REVENUE

The funding needed to adequately fund shelters and housing must be generated by increasing tax revenue from wealthy residents and developers and should not be taken from the budgets of existing social programs. Revenue sources to explore include raising the property tax,¹⁸ instituting a vacant property tax, reducing tax incentives for developers,¹⁹ and reinstating the vehicle registration tax.²⁰



HEALTHCARE

Ensure all shelters have on-site healthcare, including nursing, personal support workers, and physician support. For shelters too small to support a clinic, access to healthcare services must be ensured.



DEFINITION OF AFFORDABLE HOUSING

Change the definition of “affordable” from the average cost of market rent to the amount someone on social assistance or Old Age Security can afford.

¹⁸ Hwang, Stephen, and Kapri Rabin. “One thing the Mayor can do to help the homeless: raise the property tax.” *Toronto Star*, January 9, 2017.

¹⁹ Gray, Jeff. “Toronto developers reap tax breaks, despite boom.” *The Globe and Mail*. September 23, 2016.

²⁰ Powell, Betsy. “Toronto council urged to reinstate vehicle registration tax.” *Toronto Star*. January 6, 2016.

RECOMMENDATIONS

Province of Ontario



SHELTER FUNDING

Immediately provide the City of Toronto with sufficient funding to create and operate 1,500 new shelter beds in new facilities.



HOUSING FUNDING

Support the development of new social rent-geared-to-income housing and the repair of existing TCHC units by matching federal contributions to housing. Create more mental health and harm reduction supportive housing.



RENT CONTROL

Eliminate vacancy decontrol and regulate the amount that rent can be increased when a tenant leaves an apartment and a new tenant signs a lease. This change will prevent landlords from forcing tenants out to increase the rent.



SOCIAL ASSISTANCE RATES

Immediately increase rates to basic income pilot study amounts (i.e. for single adults increase Ontario Works rates to \$1,320/month and Ontario Disability Support Program rates to \$1,820/month).²¹

Government of Canada



HOUSING FUNDING

Spend 100% of the \$11.2 billion for housing announced in the March 2017 federal budget within the next two years.



FEDERAL SUBSIDIES

Renew federal subsidies to low-income tenants in existing social housing (co-op, nonprofit, and public).



DEFINITION OF AFFORDABLE HOUSING

Change the definition of “affordable” from the average cost of market rent to the amount someone on social assistance or Old Age Security can afford.



NEW HOUSING STOCK

Build new social housing units with rent-geared-to-income subsidies that are affordable to people relying on social assistance and Old Age Security.



ELIMINATE HOMELESSNESS

Eliminate homelessness and prioritize needs of those in precarious housing situations, especially marginalized groups including on- and off-reserve Indigenous communities, recent immigrants, racialized communities, lone parent families and single seniors, drug users, women fleeing violence, disabled people, youth, people on social assistance, and the working poor.

²¹ Segal, Hugh. *Finding a Better Way: A Basic Income Pilot Project for Ontario*. Government of Ontario, 2016.



CONCLUSIONS

The conditions within the Winter Respite Centres and 24-Hour Drop-ins are detrimental to people's health and wellbeing and must be urgently addressed. While the three recently opened Winter Respite Centres that we visited have more space and improved access to bathrooms and showers, at this time, hundreds of people remain in older Winter Respite Centres and the OOTC program, sleeping on floors and in chairs without access to sufficient hygiene facilities. There is a need for at least 1,500 new shelter beds to be opened across the city. Until those beds are opened, a total of 1,000 beds that meet Toronto shelter standards must open year round in facilities like gymnasiums, community centres, and armouries. While an important upstream solution to the lack of adequate shelter is the rapid expansion of social rent-geared-to-income housing and increased access to supportive housing for those with mental illness, it will take several years to build enough housing. In the interim, access to sufficient low barrier and harm reduction based shelters and drop-ins is urgently needed.

The 24-Hour Drop-ins are a crucial service. They provide an easily accessible space for those who are up late at night, but they are not an adequate substitute for low barrier shelter. It is unacceptable for people to sleep on floors and in chairs in overcrowded facilities. Attaching 24-Hour Drop-ins to low barrier bed programs would provide a safe drop-in space and proper sleep surfaces and conditions for those in need of rest.

The City must acknowledge its housing and shelter crisis. Bold and meaningful action is needed to prevent the premature death of people who are homeless in our communities.

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Factors Contributing to Homelessness

The growing population of people experiencing homelessness is a result of inadequate income and the lack of affordable and supportive housing options. The rapid gentrification of neighbourhoods across the city is contributing to rising rents, the loss of rooming house stock, and the displacement of people from their communities.

There are currently 177,000 people on the waitlist for subsidized housing in Toronto.²² The average wait for a one bedroom unit is nine years.²³ If the provincial and federal governments do not contribute to the cost of housing repairs, Toronto Community Housing Corporation has previously said that they will close one unit per day in 2018. The City is now proposing in the 2018 budget to borrow money to prevent closures over the next two years. There are 17,500 units in critical condition and by 2023 approximately 7,500 units are at risk of closure.²⁴

Poverty is a driving force of homelessness, and is caused by insufficient wages and low Ontario Works and Ontario Disability Support Program rates. It is estimated that a net income between \$46,186 and \$55,432 is necessary for a single individual aged 25 to 40 to thrive within the Greater Toronto Area. A future minimum wage worker making \$15 an hour would have a net income of approximately \$25,500 and a single adult on Ontario Works has an income of \$8,652.²⁵ Even with the gains of the \$15 minimum wage increase, the concurrent rise of precarious work perpetuates stress, poverty, and instability for people with lower incomes. A recent study conducted by the United Way and McMaster University estimates that fewer than half of workers in the GTA and Hamilton benefit from permanent, full-time employment. Roughly 52% of workers find themselves juggling contract, part-time, or temporary positions, sometimes at multiple jobs.²⁶

Gentrification is associated with decreased availability of affordable rental units and the displacement of poor and working class people from the communities they live and access resources in.²⁷ From 2016 to 2017, the average rental cost in Toronto has risen by more than 5% and the price of renting a condominium rose more than 10%.²⁸ At 1.1%, overall vacancy rates in Toronto are the lowest in 16 years.²⁹ The average cost of an apartment is \$1,300 monthly. A person depending on Ontario Works receives a maximum monthly shelter allowance of only \$384.³⁰

Development is also contributing to the loss of rooming house stock across the city. Rooming houses are often the only type of housing affordable to those depending on social assistance and Old Age Security. In Parkdale alone, 28 rooming houses have been lost over the past decade to conversion and gentrification leading to the displacement of 347 people.³¹ An estimated 59 rooming houses in Parkdale are at imminent risk of closure. These rooming houses are home to 818 people.

Development must benefit all members of a community. The City must make efforts to ensure gentrification does not lead to displacement and homelessness.

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APPENDIX II

History of 24-Hour Drop-ins for Women and Trans People

In 2013, a woman was sexually assaulted by two men as she slept on the steps of a community agency in the downtown east. In response to this tragedy, and the lack of shelter and accessible safe spaces for women at night, community members advocated for the opening of two 24-Hour Drop-ins for Women and Trans People and the opening of more shelter beds for women. The 24-hour drop-in model was meant to provide an easy to access, harm reduction focused space for those who experience systemic barriers to accessing services and who are awake and out late at night. The drop-ins were never intended to replace the need for emergency shelter or housing, or to become de facto shelters themselves.

There are many barriers to accessing shelters. To access a bed, people must call a central intake line and often wait on hold for long periods of time. Nearly all shelters have strict curfews – people must arrive at the shelter by a certain time and must often leave early in the morning, which can be especially difficult for clients with physical or mental health conditions. Many shelters have strict policies that can result in people being barred, and restrict access for infractions like curfew violations. Others do not practice harm reduction.

Low barrier drop-ins are important as they can provide trauma-informed, harm reduction focused supports and safe space to individuals experiencing systemic barriers and who cannot or will not access shelter due to a variety of complex reasons. However, they are not shelters. Due to the shortage of shelter beds, the 24-Hour Drop-ins are in fact functioning as de facto shelters. This has turned 24-Hour Drop-ins into dangerously overcrowded spaces that are accessed by those in need of sleep and safety. The overcrowded nature of these drop-ins makes it difficult for staff to meet the complex and diverse needs of the population the drop-ins are intended to serve, and can create tension between those who are awake and those who wish to sleep.

APPENDIX III

A Note on How the City Tracks Shelter Occupancy

The City's means of measuring shelter occupancy is misleading. Although the occupancy rate may fall below 100%, there may not be a bed suitable for the individual in need. For example, although the shelter rate may be at 95%, remaining beds may be only at men's shelters, leaving women, families, and youth out in the cold. Other people may require wheelchair accessible accommodation, be barred from certain locations, have a pet, or require harm reduction support. Furthermore, bed counts are often conducted at 4 am. If someone does not arrive to occupy their reserved shelter bed, the bed will be noted as empty in the City's statistics, even though it was on hold and could not be accessed.



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