

## EC28.9 COVID-19 Shelter Transition and Relocation Plan Update

March 23, 2022. Submission by Melissa Goldstein  
to the Economic and Community Development Committee

Dear members of Toronto City Council,

**While the proposal to keep most shelter hotels open for another year is a necessary and positive step,** there are several serious issues with the proposal which unnecessarily puts the wellbeing of shelter hotel residents at risk. I outline these below with recommendations.

### Issues:

- 1. The proposal potentially puts thousands of people at risk of eviction from shelter hotels in early 2023 with nowhere to go but encampments unless Council approves last minute lease extensions.** The threat of ending up on the street is incredibly stressful and shelter hotel residents deserve more certainty and transparency about their situations than what has been provided to date.
- 2. The proposal does not include measures to ensure shelter hotel residents can and do access suitable housing or shelter and their relocation won't put further pressure on a shelter system that is already overstretched.** Given a) SSHA's low success rate in housing unhoused people, b) current 99+% shelter system occupancy rate, c) growing rates of chronic homelessness, and d) the anticipated growth in homelessness as a result of borders reopening, there is a strong likelihood that unless a different approach is pursued, come 2023, both shelter hotels and the shelter system will still be full, with many unhoused people unsuccessfully trying to access a space in the shelter system.
- 3. The proposal doesn't involve shelter hotel residents in the development of plans that affect them.** Fundamental to a right to housing approach is involving those affected in the development of plans and decision-making. "Nothing about us, without us." This principle has yet to be realized when it comes to decisions regarding services for unhoused people.
- 4. The proposed transition plan involves people staying in shelter hotels for another year, leaving existing problems with shelter hotels unaddressed.** Residents have been raising the issue that they have not been receiving the services and supports that the City says they should be. Operator and service provider accountability is severely lacking in shelter hotels. Not helping matters is SSHA's complaint process, which may look appropriately rigorous as [written](#), is in practice, both inaccessible to shelter hotel residents and ineffective. Failing to provide adequate services and supports will be debilitating to these shelter residents, exacerbating existing issues and worsening their physical and mental health.

Issues raised by shelter hotel residents include:

- Residents report not being provided access to mental health support or a housing worker and that meals are poor quality and food allergies aren't accommodated, that translation services aren't available for residents who don't speak or read English, residents with disabilities aren't being accommodated, residents with high needs are being kicked out and banned instead of being connected with adequate supports.
- Residents report that comprehensive assessments are not being done upon intake, which contributes to needs and required accommodations going unaddressed.
- In addition, room amenities that are broken aren't being replaced, resulting in some vulnerable residents being forced into debilitating isolation, housed in rooms with no access to a television or even a working telephone.
- The required monthly meetings with residents aren't taking place.
- There are many reports of abuse by shelter hotel staff.
- In addition, shelter hotel residents are at a higher risk of overdosing and therefore harm reduction and supervised consumption supports are required in each shelter hotel, yet are still not being provided.

## Recommendations:

1. **Direct SSHA to set clear resident relocation targets and shelter system accessibility thresholds that must be met before shelter hotels can be decommissioned.** For example, before a shelter hotel can be decommissioned: 90% of the shelter hotel residents must have been relocated into permanent housing, and 10% must have been relocated into a bed in the base shelter system, and the shelter system must be at 90% capacity with Central Intake reporting that 0 people are denied a place in the shelter system at the time of their call and 0 people are still in the service queue waiting for a space at 4am when the system resets.)
2. **Direct SSHA to report to Council and/or post monthly updates online about the development of concrete plans, status of resident relocations, and the availability and accessibility of spaces in the shelter system,** based on the following data: a) the average number of people in Central Intake's service queue who are still waiting for a place in the shelter system at 4am when the system resets, and b) the average number of callers to Central Intake who are denied a place at the shelter system at the time of their call.
3. **Direct SSHA to report to Council in Fall 2022 to request approval for further hotel lease extensions, depending on status of resident relocations, hotel decommissioning, and shelter space availability.**
4. **Direct SSHA to create performance measures for shelter hotel transition and resident relocation based on housing stability and ending homelessness and not simply "housing residents."** To avoid residents being dumped in inadequate and unsafe housing, housing that is known to be bad, and with landlords that are known to be bad and predatory, in a desperate effort to meet targets, success must be measured based on relocation into housing that is appropriate to residents, where they will feel comfortable living for the longer term.
5. **Improve operator & provider accountability and ensure the quality of shelter hotels meets minimum standards while they are operational.** Measures must be put in place to ensure that shelter hotel operators and service providers are maintaining the agreed upon standard of care and support and that residents are able to raise issues and have them addressed. Shelter hotel residents must have access to mental health support, a housing worker, meals that accommodate allergies, translation services, accommodations for disabilities, a working telephone, and monthly resident meetings.
6. **Work with people who use drugs to implement harm reduction measures in all shelters and shelter hotels. Create supervised consumption sites, offer peer led safety checks, and permit guests, as people who use drugs depend on one another for overdose response.**
7. **Mandate opening hotel common spaces to residents to improve resident health and mental health.**
8. **For sites being decommissioned, implement the following measures to ensure shelter hotel residents are successfully relocated:**
  1. Hire a relocation consultant for each shelter hotel that is tasked with developing and implementing a resident relocation plan in consultation with the residents, similar to what is done for rental buildings slated for redevelopment.
  2. Make the successful relocation of all shelter hotel residents into suitable housing the goal of relocations.
  3. Ensure that relocation plans include:
    - Identification of a point person (ideally the relocation consultant) who residents can contact with questions and concerns about relocation plans.
    - A process for involving residents in the development of the plan and a commitment to regular and transparent communication with shelter hotel residents that includes accommodations for residents who don't speak or read English.
    - Assigning every resident a housing worker who will ensure the resident is registered with the new MyAccessToHousingTO RGI waitlist and who will support the resident through the choice-based housing process, providing the necessary technological resources and support.
    - An assessment to identify each resident's housing needs and preferences.
    - A transparent process for relocation, developed in consultation with the residents of the shelter hotel, which includes identification of priority groups (prioritization criteria should include age, ability, and health status.)