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City of Toronto – Board of Health

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Dear Councillors,

Thank you for receiving my deputation. I'm a registered nurse working in primary care at Regent Park Community Health Centre. Many of the people I work with are currently, or have been at some point, underhoused or homeless.

I'd like to speak to the need for safer space in the shelter system, both in the current context of the COVID-19 pandemic and beyond.

When the pandemic began the shelter system was deeply in crisis. I can speak personally to how difficult it was to find a bed for a person on a given night. 24 hour respite sites were often people's only option, and are far from safe. Most of these places offer no privacy, and people staying there often become victims of violence, theft, and sexual harassment and assault, compounding the types of traumas that may lead people to require emergency shelter in the first place.

Even the newer facilities like the 24 hr respite 'domes', while offering more sanitary conditions and amenities than some of the older respite centres, are designed as warehouses for the homeless. These same patterns of people being retraumatized and revictimized are happening there because of the warehouse design, but also because so many are stuck there indefinitely for lack of other suitable spaces to go – whether it be permanent affordable housing or supportive housing.

Like most people I was deeply concerned about the wellbeing of the poorest and underhoused members of our communities when the COVID-19 pandemic began. When the city opened hotel spaces for isolation and recovery, and for emergency shelter, there was a sense of relief, as well as a sense of this kind of action being really overdue.

I'd like to speak to the importance of continuing to offer some form of both of these types of spaces, and the need for better access to spaces and supports in general:

- 1.) The isolation and recovery hotels, while beset with their own safety issues and challenges, have undoubtedly saved many lives and averted a much greater health crisis than would have otherwise affected our communities during COVID. As we transition out of this pandemic, we will continue to need spaces like this to care for people.

Prior to COVID, the only space that I'm aware of that offered anything resembling this type of accommodation, with ongoing, albeit limited on-site medical support for people experiencing homelessness, was the Sherbourne Infirmary/ARC program. Getting patients into a space there has

always in my experience been challenging, their often being closed for referrals, presumably because demand outstrips capacity.

This need for transitional/supportive space will continue after COVID, and once the isolation and recovery hotels close, it will be back to juggling people between medical floors at the downtown hospitals, the very limited capacity of the Infirmary/ARC, and the street. I therefore would encourage the city to consider continuing to offer some form of transitional residential space specifically for populations that have medical needs are homeless and/or street-involved.

A central component of the design of this type of space would need to be harm reduction. Toronto has an opportunity to be a leader in this area by building on some of the work that has begun in the isolation and recovery hotels, to develop spaces that offer life-saving supports for people who use substances. This could include safer substance prescribing and supervised consumption, among other programs.

- 2.) Shelter hotels have given people cleaner, safer, quieter, more private space than was previously available to most people in the shelter system. This has huge impacts on the mental and physical wellbeing of people across the spectrum. During the pandemic and going forward congregate shelter settings must be replaced by private, non-congregate shelter spaces.

Shelter hotels were never meant to be permanent, and that there are surely costs and challenges that come along with using these spaces. But, we've also seen benefits and learned lessons that should not be forgotten simply because of the status of COVID infections. People do better, mentally and physically, when they have their own toilet, shower, bed. I would plead with the city not to reduce the number of private, non-congregate shelter spaces going forward, and to actually work to strengthen our capacity to offer this kind of space to underhoused people. 24 hour dropins and other congregate settings are not appropriate shelter options for so many - the conditions within them lead to poor health outcomes.

- 3.) Improve access to housing assistance and emergency shelter referral.

Prior to the pandemic it was very difficult for people to access appropriate shelter spaces, never mind detox beds. The system is even more stretched now, and people on the front lines are feeling it. People looking for a bed often wait on hold for extended periods of time only to be told that there is no bed available. There is an immediate need to increase shelter capacity by rapidly opening more shelter hotels. There must also be sustained thought, planning and investment put into the referral process for shelter and housing support. We could have the best shelters in the world, but if the referral process isn't accessible to the people who need the most support, then these resources are wasted.

Thank you for your consideration.

Sincerely,

Laura MacDonald

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