

RE: Agenda Item 2024.EC12.13

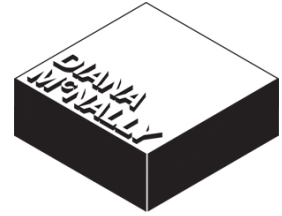
To the Economic and Community Development Committee,

The report prepared by CAMH and presented today on the topic of Shelter Safety is an important recognition that issues of safety are an ongoing concern in the city's shelter system that must be addressed. While the City can and should implement a safety plan in emergency shelters, it's important for perspectives that are neither medicalizing, like CAMH, or political or bureaucratic, like the City, be considered in relation to this report and its potential implementation.

As stated, there are excellent recommendations that, as a long-time front-line worker and advocate, I can fully support. These include developing 24/7 accessible, low-barrier walk-in spaces – particularly for stimulant users. Many unhoused people use stimulants like methamphetamine to stay awake – and therefore safe – while sleeping rough. Meth also reduces the physical feelings of hunger when there is little or no access to food – often as an inhumane result of service restrictions which cut off meal access. As someone whose expertise is in supporting unsheltered people who use methamphetamine, I do support better training for staff who work with this demographic, understanding that misinformation and misidentification of behaviours often lead to a high level of service restrictions for meth users.

Perhaps the most important recommendation in this report is Recommendation 13: the meaningful inclusion of people with lived experience in shaping shelter service delivery. Since 2021, I have advocated for a mechanism composed of current and former shelter residents to have meaningful input into and oversight of shelter services. It's imperative that such a mechanism be created if we are truly committed to improving shelter safety for clients specifically, understanding that staff decisions around safety and service restrictions can be life and death.

A major caveat to this report is the strong medicalizing lens. While several recommendations emphasize interventions around mental health from a medical perspective, or restorative justice practices regarding critical incidents, what's missing is that the core of any successful intervention must be predicated on positive, trusting relationships. Working with unhoused people is less about the need for more and more specific training and skill building, and rather on reframing this work as relationship work. If there isn't adequate, consistent, and ongoing supportive, friendly contact between staff and shelter residents, there is no trust to enact a restorative justice intervention, for example. My advice is to de-emphasize the need for layers of medicalizing staff training – which can create more of a rift between staff and residents and further dehumanize



unhoused people as a “problem to solve,” as opposed to a person to support – and emphasize friendly and supportive interactions and staff presence. This is verbatim what shelter residents have said improves their sense of safety in this report. This also requires less crowding in shelters, with a higher ratio of shelter workers to residents – both of which are recommended in this report, and with which I agree.

I feel the need to apply a critical lens to Recommendation 10 in this report, which is increasing information access surrounding critical incidents that have led to a service restriction. While I understand the intention of the recommendation is to ensure that shelter staff can anticipate potential behaviours, making this information more accessible – beyond the issues of potential privacy breach – can also lead to bias against people with a history of restrictions, which can negatively influence service provision. If we proceed with this recommendation, which I advise against, how do we intend to mitigate the potential for increased harmful bias?

On Recommendation 11, i.e., “[Establishing] more consistent service restriction processes and decisions within and between shelter organizations” – who evaluates this consistency? We must seriously consider a third-party, independent body to regularly audit shelter providers to ensure that these processes – and the Shelter Standards more broadly – have neutral oversight. And, of course, if a shelter provider is found to be in continual violation of the shelter standards in issuing service restrictions, how will the city hold them accountable?

Overall, I support many of this report’s recommendations. But my ask is that in considering and implementing any of them, that the City recognize that humanizing unhoused people – emphasizing supportive, friendly interactions; de-crowding shelters to provide more individualized support; and creating mechanisms for shelter oversight by unhoused people – are the most important interventions that can be taken regarding shelter safety.

Sincerely,

Diana Chan McNally
All Saints Toronto