



November 26, 2024

RE: EC17.4 - Shelter Safety Action Plan and Contract Amendments related to Lodging for Asylum Seekers and Refugees, and Community Safety Team Services

Dear Economic and Community Development Committee Members,a,

In response to community advocacy from diverse groups including people with lived experience of homelessness, outreach and community workers, as well as healthcare providers, the City of Toronto has improved winter access to shelter and respite centres. These meaningful steps include:

- 1) [Declaring homelessness an emergency in May 2023](#),
- 2) [Changing temperature thresholds for opening warming centres from -15C to -5C](#)
- 3) [Opening a 24 hour respite centre](#) with 40 spaces in Winter 2023,
- 4) [Increasing respite spaces in warming centres from 170 to 218 spots, with surge capacity to increase by 164 at lower temperatures](#) for 2024/25,
- 5) [Increasing support and capacity to house and shelter refugees, by proposing 200 spots](#)

We commend these efforts, but these changes are insufficient to keep Torontonians safe and housed. By the City of Toronto's own admission within the 2024/25 Winter Plan, these increases in services will fall unacceptably short:

The number of people in need of shelter and housing in Toronto has continued to grow due to inadequate income supports, lack of affordable housing, increased costs of living and additional refugee claimant arrivals...**while additional shelter space, Warming Centres and new housing will help many in need this winter, seasonal plans cannot fully address the increasing demand for shelter.**

Instead of investing in vital safe spaces for vulnerable people, [Mayor Olivia Chow increased the budget to Toronto Police Services by \\$20M](#). Decreased social services and supports push people further to the margins, scrambling to find shelter wherever they can. People go to hospitals, restaurants, and TTC stations, with no other safe shelter options. Investments in outreach are ineffective without safe, and accessible spaces for unhoused people to come indoors, during all seasons of the year.

As healthcare professionals, we support Shelter Justice and Housing Network in calling for the the Economic and Community Development committee to:

1. **Ensure the safety and wellbeing of people living outside by:**
 - a. Immediately opening any available city-owned space to act as low-barrier, year-round, 24-hour respite centres (e.g., utilizing vacant storefronts and community centres) with surge capacity for extreme weather conditions.

- b. The need for adequate shelter is year round, not only when temperatures reach -5° C, including in conditions of extreme heat and poor air quality.
 - c. Implement a moratorium on shelter bans and encampment evictions.
 - i. Immediately end the surveillance, harassment and displacement of unhoused residents, and the destruction of their survival gear.
 - d. Divest and detask from policing and continue to invest in improved access to safe shelter and housing.
 - e. Immediately cease the closure of shelter-hotels (e.g. Delta Shelter Hotel).
 - f. Open at least 3,000 additional non-congregate shelter spaces now.
 - i. Ensure safe and accessible spaces are available for marginalized people with unique needs.
- 2. Meaningfully Improve the Conditions of City Shelters by:**
- a. Ensuring city-run facilities meet Toronto Shelter Standards including ensuring:
 - i. infection-control measures and dignified conditions
 - ii. adequate, accessible showers and bathrooms
 - iii. proper sleep surfaces (e.g. beds with mattresses)
 - iv. access to appropriate food and meals
 - v. adequate distancing between beds to promote safer conditions
- 3. Respect the rights of shelter workers by:**
- a. Ensuring staff have the resources and tools they need to perform their work and build relationships effectively, including:
 - i. wages and compensation, benefits, and supportive conditions.
 - ii. appropriate training including anti-oppressive and trauma-informed de-escalation training.
- 4. Guarantee the rights and wellbeing of people with disabilities by:**
- a. Engaging in meaningful consultation with physically disabled unhoused service users to conduct an accessibility audit.
 - b. Ensuring that shelters and respites are physically accessible and follow principles of universal design.
 - c. Ensuring people with disabilities have access to accessible shelters and respites.

Sincerely,

Dr. Paige Homme, PGY2 Family Medicine
Chair of Health Providers Against Poverty (HPAP) signing on behalf of the Steering Committee