

City is ignoring Toronto's shelter crisis

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By JESSICA HALES

The Toronto Star article “Mistake led homeless referral centre to close down temporarily” was a prime example of both the dire state of Toronto’s shelter system, and the city’s inadequate response to the crisis.

On Sept. 19, the Peter St. Referral Centre — a city-run facility that locates shelter beds for the homeless — reached capacity and shut its doors due to a “glitch” at the Fort York Residence men’s shelter (a staff member called in sick). The result left many people on the street.

While Toronto’s shelter, support and housing administration division assures us that the glitch has been resolved, what occurred at Peter St. is a snapshot of a broader crisis that will not be addressed by improving staffing procedures.

On an average night, the city’s own referral centre fails to locate beds for everyone in need. Up to 25 people spend the night in chairs or on the floor of the centre itself. Yet the need for shelter extends far beyond Peter St. and has reached crisis proportions.

This summer, hundreds of people who needed shelter beds could not access one — approximately 100 women slept in chairs or on floors at drop-in facilities, and countless others remained in unsafe relationships and living conditions. In April 2013, it was estimated that 447 people spent the night on the street — a number that has likely grown.

In our existing shelters rampant overcrowding has created outbreaks of bug infestations and infectious diseases. Many people would rather sleep on the street in harsh winter weather than endure these conditions.

The shelter, support and housing administration division outlined its response to the shortage of shelter beds: it will “add more than 200 beds ahead of the winter season” and is “planning on opening five drop-in centres that offer low-barrier temporary shelter for people”. This action, if implemented, is unlikely to lead to meaningful improvement for two reasons.

First, the addition of new shelter beds is simply not keeping pace with shelter closures and the growing homeless population. In fact, only 30 of the 200 beds being “added” to the system are new beds. The rest include adding mats to a women’s drop-in and replacing 60 beds lost from the closure of the Hope Shelter and 100 beds closed during an infectious disease outbreak at Seaton House. This simply will not meet the city’s need, especially as people attempt to move indoors during winter.

Second, the use of drop-in centres is not an acceptable alternative to shelter beds or a sufficient emergency measure. Their use signals that our system is in crisis and the conditions within them are detrimental to people’s health. Last winter, an average of 300 people spent the night in crowded drop-in spaces and churches, sleeping on mats only inches apart, in chairs, and on bare floors. Most facilities do not have showers or enough blankets or bathrooms and none meet Toronto shelter standards.

These inadequate conditions are destructive. People experience deep stress, sleep deprivation, trauma, and the erosion of physical and mental health. Two homeless deaths are reported every week in Toronto at an average age of 49.8-years-old.

One thousand new shelter beds are needed to bring occupancy rates to a standard of 90 per cent. Facilities such as gymnasiums and armouries must open, as they have in the past, to provide conditions that meet shelter standards, such as beds at least 30 inches apart, showers and adequate bathrooms.

The current city strategy is one that ignores, or at best, whitewashes its shelter crisis. If city officials do not provide meaningful action, many people may not survive the coming winter.

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