

Homelessness in Winnipeg: Phase 1 Report

Manitoba Liberal Caucus

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This report was prepared by Dr. Jon Gerrard, MLA for River Heights, with help from homelessness activist Nancy Chippendale and guidance, input and oversight from Dougald Lamont, Manitoba Liberal Leader and MLA for St. Boniface.

Summary:

Emergency action is needed to address the desperate situation of those who have been made homeless during the depths of a Winnipeg winter as a result of an eviction, losing an income because of business closures during the pandemic calls, a family breakdown or for other reasons. There is an opportunity to make permanent changes to address poverty and homelessness. We need to immediately act.

Following discussions with many in the community who are providing services and compassionate care for those who are homeless in Winnipeg, we hear an urgent call for better attention in four specific areas where there are gaps in support for those who are homeless.

First, there is a need to provide additional daytime and 24/7 warming shelters.

We call on the City of Winnipeg and the Province to work together to open city-owned buildings to the homeless and the precariously sheltered population as daytime and 24-hour warming shelters. This includes, as an example, community centres which are not being currently used. This first step is vital to ensure we do not have people freezing to death in our cold winter. We need to recognize that confining those who are homeless to temporary camps, bus shelters and ATM spaces is not good enough.

Second, there is a need to shorten the wait time to get Employment and Income Assistance (EIA).

Many people continue to be homeless because there are unacceptable difficulties and delays in getting EIA. EIA is needed for the ability to rent a place and to have food, water, and shelter. We call on the Province to publicly report daily wait times for intake appointments and for receiving EIA and to have a goal of eliminating the waits.

Third, there is a need for major improvements in helping people with addictions.

The chain of supports needed to move individuals with addictions through detox, treatment, and supportive housing so they can have a permanent place to stay out of the cold and achieve a better life with employment needs immediate improvement to address current delays. We call on the Province to have a webpage listing all providers (public and private) and to list weekly wait times for detox, treatment and access to transitional supportive housing. We also call on the province to move quickly to put in place tariffs for physicians treating addictions to involve more medical resources.

Fourth, there is a need for a City of Winnipeg webpage with a consolidated listing of all shelters and warming shelters, and other resources and with a daily listing of shelter occupancy rates each evening posted by the following morning.

We call upon the City of Winnipeg to ask End Homelessness Winnipeg to coordinate and provide it with daily shelter occupancy rates of Winnipeg shelters and warming shelters—to be posted each day on a new, comprehensive City of Winnipeg homelessness webpage. This

webpage also needs to have up-to-date listings of all shelters and warming shelters, with instant links to each agency for a full listing of contact numbers and shelter entry criteria – as the City of Toronto’s homelessness webpage does.

Background:

For many years under both NDP and Conservative governments, Manitoba, and Winnipeg in particular, have had far too many people who are homeless and far too little of the comprehensive organization and funding needed to end homelessness.^{1,2} With the COVID-19 pandemic, being homeless is much more difficult. Many places which are normally open for people to visit and stay warm are closed. This includes cafés, restaurants, libraries, and community centres (Table 1).

TABLE I: Places for those who are homeless to keep warm during the day.

Most years	During the COVID-19 pandemic
Cafés	Bus shelters
Libraries	ATM spaces
Fast food outlets	Main St Project (part of the day)
Restaurants	Spence Neighbourhood Assoc. (youth)
Malls	
Community Centres	

Though there is at times adequate shelter space available at night, often dependent upon the coldness of the temperature or the impact of COVID-19, there remains limited space which is open as a warming shelter during the day. Because of the impending “deep freeze” of our winter weather, MLA Jon Gerrard has been talking to those who work with or have experience with those who are homeless – or are experiencing homelessness themselves. A full list is in the Acknowledgements.

During this research, we have found many amazing people who are working hard and doing their best under very difficult circumstances. They are often spending many extra hours above and beyond what their job would require because they have a deep belief in the cause they are supporting and the work they are doing to help those who are less fortunate.

Our goal in this Phase I Report is to identify major gaps in the help for those who are homeless, those who are underhoused and those who are on the edge of becoming homeless. The report focuses on four areas where action is needed immediately. There will be more to come in the final report to be released in late January.

1. The need for daytime and 24/7 warming shelters throughout Winnipeg.

With extremely cold weather coming, it is urgent there be sufficient warming shelters available for people, and that these warming shelters be scattered around Winnipeg, and not just in the region where the three major shelters (Main Street Project, Siloam Mission and Salvation Army) are located. Daytime warming shelters are more critical than ever this winter because many of the places people who are homeless usually go to during the day are closed because we are in Code Red during this pandemic.

The lack of public space for people who are homeless to go is illustrated in a video of police removing a homeless person from a bus shelter when it was -33.³

Though there are daytime warming shelters at the Main Street Project and at Spence Neighbourhood Association, additional sites are needed. There are many possible locations for daytime warming shelters, from the Convention Centre to The Bay to the Portage Place mall.

A good option would be to use Winnipeg's existing community centres. The community centres are scattered around Winnipeg. They are currently being heated. Most are not being used or are little used. In general, staff have been laid off, or in some cases are being kept on to look after the buildings which are not being used. We received feedback from the manager at one community centre who felt this could be a very positive use for some community centres. There would need to be the usual precautions taken with physical distancing, masks etc., but it would be very doable for a community centre to be a warming shelter. Such warming shelters could be open during the day only or 24/7 depending on the location and the need.

An example of a centre which could be opened is the Notre Dame Recreational Centre in St. Boniface. There are quite a number of people who are homeless in the area near this centre, and they tend to be in St. Boniface rather than try to go to the shelters on the west side of the Red River. St. Boniface Street Links is in touch with many who are homeless in this area and provides daily support currently. With modest support and a partnership with St. Boniface Street Links, opening the Notre Dame Recreational Centre could be very positive for those who are homeless in this area.

The availability and operation of nighttime shelters also needs attention. We have found that far too many people who are homeless are now sleeping in bus shelters or ATM sites. It has been suggested that attention to the environment in some shelters could improve their sensitivity to individual cultural backgrounds including Indigenous cultures.

2. The need for action to enable people who are homeless to get access to EIA and a rental space quickly.

A major block to helping people who are homeless is the current delay in access to Employment and Income Assistance (EIA). Currently, it takes about three weeks for a person to get an intake appointment to receive EIA. For many (perhaps as many as a third of those seeking EIA) it takes longer because for a person who is homeless, being at a phone in three weeks at the precise time the intake worker calls is a challenge. The result of a missed phone call is another three-week wait for the intake appointment.

One reason the delay in EIA support is so unacceptable and tragic is that EIA is the on-ramp for a person to get a place to rent. If EIA is slow, this means a delay in getting housing. While such individuals could live in a shelter for the three to six weeks or more to get on EIA this is poor policy. People are less likely to get the COVID infection if they are housed separately rather than in a congregate setting. As well, getting a physical place to live helps in getting access to supports including health care and a job.

When Jon Gerrard visited in Medicine Hat, their aim was to get housing for an individual in 48 hours. Getting the funding support is an essential part of this. When this was discussed with a senior person in an organization helping those who are homeless in Winnipeg and we told him about the three-week wait, he could not believe it. He responded, incredulous, “Three hours is too long.”

EIA should be properly staffed and organized so a person can talk to an intake worker the first time they call, with 90 per cent of people who call getting access to EIA within 24 hours. This should not be a “dream”. Getting EIA is a universal benefit for those who are eligible. It is a human right that people in Manitoba should be supported by this system when in need. The 2018 Winnipeg Street Census found that the majority of those who are homeless or underhoused were not receiving EIA, likely largely because of the current issues in quickly accessing EIA.^{1,2}

If 90 per cent of individuals could get EIA within 24 hours, then they could be looking for housing in the second 24-hour period and we could start aiming, like Medicine Hat, to reduce homelessness in Winnipeg significantly and possibly reach the point of effectively ending it. We heard in our discussions that Winnipeg needs to move beyond “managing” homelessness to “ending” homelessness. Getting quick access to EIA is an important step toward “ending” homelessness.

EIA could also be more efficient if it would partner better with all organizations who support those who are homeless. To track progress and to enable people looking for EIA, the Province needs to report the earliest intake date available daily, and the median length of time for a person to get EIA after first contact.

3. The need to have timely seamless assistance for those with addictions.

The third major issue found to be interfering with the ability to help those who are homeless was the lack of timely seamless assistance for those with alcohol or drug addictions. Current waits to access are much too long.⁴⁻⁶ Even with recently announced funding for eight additional beds for addictions treatment,⁷ the goal of quick, seamless access is unlikely to be achieved. Indeed, the added beds will only partly make up for the fact that detox beds at Main Street Project have been reduced by about half during the pandemic.

To help individuals with addictions to achieve a change in their lives so that they can be more contributing, productive citizens, two general approaches need to be available. To enable tracking of progress and to help people know where services are to be found and what the wait times for each service is, the Province needs to report on a weekly basis the wait times for each service.

A) For those who are ready to end their addiction, there needs to be quick access to detox services at the moment they are ready. They need to be able to be taken somewhere or go somewhere where they can begin detox immediately. Too often, individuals are told the service will not be available for hours, for days or sometimes for weeks. The result is missing the critical moment when the individuals are themselves ready.

From the completion of detox there needs to be an immediate move to a treatment program. Following the completion of the treatment program, there needs to be an immediate move to supportive housing where individuals can live away from any addicts they associated with previously. The supports need to include supports for mental health and supports for moving to employment. Two Ten Recovery is a good example of this type of supportive housing, but it is only one of a number of places in Winnipeg.

The approach also needs to recognize addictions as a chronic disease for many so that there is always a pathway to recovery, even when an individual falters along the way.

B) Harm reduction is needed for those who are unable to seek treatment for the substance use issues. Such harm reduction efforts are important and play a vital role to help people be functional and to save lives. In many instances, harm reduction can lead to a slow decrease in the amount of alcohol or drugs that the individual is using and this can be an on-ramp, in time, toward abstinence. Harm reduction programs also help those with addictions access other services to get an improvement in their lives.

In order to achieve timely, seamless assistance to those with addictions, it will need additional staff and services at all three steps: detoxification, treatment and supportive housing. Anything less than timely, seamless service is not effective for many and results in a revolving door leading to nowhere. Achieving timely, seamless assistance for those with addictions will also need a greater integration and coordination of existing services.

One step that could help is to have a tariff for doctors who see patients with addictions. Right now, there is not such a tariff. The result is that many physicians do not see or treat such patients.

Years after setting up rapid access addictions clinics, Manitoba Health has been anything but rapid in setting up standard tariff codes to support medical care in these clinics. We're hearing the lack of clarity about tariffs is creating a challenge to recruit physicians to provide care for patients with addictions. Without the tariffs/tools to care for these complex patients, who clearly require lots of time and attention, it is difficult for family practitioners to take them on, especially with the demands of a busy general practice.

It would also help to put psychological services under Medicare as Manitoba Liberals have promoted and supported for many years.

4. The need for a central place for information, on a single webpage, which provides the full suite of information on all services available for those who are homeless in Winnipeg.

This needs to include daily occupancy shelter statistics (as in Toronto⁸), as well as a list of various services and maps to show their locations. This service is an essential part of helping those serving the homeless to do their job well. It *is* essential to administrators who want to improve services and end homelessness. It is essential for those who are homeless. Even though many who are homeless may not have phones or internet access, those who are homeless can get access to this information at all places where those who are homeless are helped. End Homelessness Winnipeg⁹ could do this. In fact, this coordination – taken together with the other steps recommended here – will save money. There is a lot of extra money used now in our health care, our justice system and in other social services to pay for medical, justice and shelter services because these individuals are homeless. Doing a better job in providing up to date transparent information about the system will help those who are homeless find the resources they need and will help those who help the homeless do better planning and coordination. This will save money and time for all.

Costs and benefits of addressing homelessness:

Numerous studies have demonstrated the major savings in addressing homelessness effectively and getting housing quickly for those who are homeless.^{10,11} There has been far too much short-term thinking in Manitoba with insufficient attention to achieving the goal of ending homelessness as Finland has done.¹¹

The Pandemic is the time to make major changes:

This disruption caused by the COVID-19 pandemic has provided an opportunity for many countries to make dramatic and positive changes in the way in which those who are homeless are helped. While many big changes have been made quickly in various countries, those in England demonstrate how what was a goal to achieve in years was achieved in weeks.¹²

“In England, where a survey one night last autumn found 4,300 people sleeping rough...[When COVID-19 arrived] On March 26th Britain’s government wrote to local authorities asking them to move homeless people “into appropriate accommodation by the end of the week”. Thus, did an official target, of ending rough sleeping by 2024, shift, in the blink of an eye, to a goal of within three days. It was not met, but by April 10th, more than 1,000 homeless in London had been allocated hotel rooms. Around England, the number on the streets had dwindled to 500-600.”

Finland is an example of what can be achieved to reduce homelessness and how it can be done cost-effectively.¹¹ There, individuals who are homeless “receive a small apartment and counselling – without any preconditions. 4 out of 5 people affected thus make their way back into a stable life. And: All this is cheaper than accepting homelessness.” This is the sort of goal that Manitoba should aspire to. This is the type of result that a Manitoba Liberal government would deliver. It remains to be seen whether the Conservatives will use this opportunity to improve the lives of those who are homeless or whether they will largely accept the unacceptable status quo.

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