

SUBMISSION

National Affordable Housing Strategy Consultation

October, 2016



Wellesley Institute is a research and policy institute that works to improve health equity in the GTA through action on the social determinants of health.

This submission has been endorsed by the following organizations:

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Introduction

The place where we grow up, spend our lives, and grow older deeply affects our health and our opportunities in life. A national housing strategy is a route to better living conditions and improved health outcomes for all Canadians. A wave of recent research has documented the essential role of housing in health, and in solutions to homelessness.

The Government has taken steps to give everyone a more equal chance to succeed and improve Canadians' quality of life, with the Canada Child Benefit and the augmented Guaranteed Income Supplement for seniors. While income transfers and social services are vital, specific actions are needed on housing. Many people need help to obtain housing of decent quality, find housing options outside disadvantaged neighbourhoods, and bridge the gap between low incomes and high rents. In this way, affordable housing is essential in poverty reduction.

A housing system that works for all Canadians is important for an inclusive society. Everyone does better if they have adequate and affordable housing, and this creates healthy communities. For children in disadvantaged families, lower-income seniors, immigrants and refugees, Indigenous people, youth, or women escaping domestic abuse – without good housing, everything is more difficult. Unfit housing makes it harder to get or keep a job, eat healthy, care for children, or get an education. Decent housing in mixed neighbourhoods is a boost for people striving to make it into the middle class, and an essential safety net for people who are precariously housed and dealing with long-term disadvantages. In this sense it is truly social infrastructure.

Decent, affordable housing is vital for people who live with chronic illnesses, who have mental health issues or struggle with drug and alcohol use, or who are homeless. For people with a mental illness or addiction, affordable housing with supports is essential for personal stability, health, and recovery. Housing is equally key for people living with other conditions, including physical disabilities, acquired brain injury, or intellectual disabilities. For those experiencing chronic homelessness, lack of housing interacts with other needs, and housing is always part of the solution.

Many communities have adopted goals of ending homelessness, and mental health is a federal and provincial priority. The national housing strategy is an opportunity to set objectives and provide resources that will enable action to end chronic homelessness.

A national housing strategy can complement and support the government's actions in other areas. It can be a framework in which provinces and local communities can take steps to meet their particular needs. It is an opportunity to set specific goals and map out steps that will improve the housing of all people in

Canada. Building on the down-payment made in the 2016 budget, the national housing strategy should be the main priority within the promised \$20 billion social infrastructure investment.

Affordable housing also has quantified payback. For people with mental health issues and addictions, research has documented the resulting savings in health and other program costs. For lower-income families and children, it has benefits in family security, child development, and opportunities in life. The whole of society benefits when disadvantaged people, including newcomers, low-income seniors, and Indigenous people are not left on the social and economic margins, but can realize their full potential.

Housing and the Social Determinants of Health

Wellesley Institute is a Toronto-based non-profit research and policy institute, focusing on population health. Our mandate is to support policy change that will reduce health inequities and improve the social determinants of health. This submission has been prepared in consultation with Toronto-area supportive housing providers and selected health agencies and service user organizations.

The social determinants of health include living conditions, working conditions, adequate income and food, and good environments for children and seniors. These are at least as significant as health care in shaping health outcomes. Health equity refers to avoiding disparities among different population groups when it comes to health and its social determinants. Not everyone has the same chances of good health – but a main policy goal should be to reduce these inequities.

Housing-related factors are large social determinants of health.¹ Housing conditions have big direct and indirect impacts on physical and mental health. These have large impacts on public costs for health care.

One of the best predictors of overall health is socio-economic status,² and this operates partly through housing. People living on low incomes tend to have poor-quality housing, live in disadvantaged neighbourhoods, and have rents that squeeze other needs in the family budget. All of these can contribute to poorer health. When housing costs are too high, there is less money for food, recreation, medications and dental care, and other things that foster good health.³ Most food bank users are people living on very low incomes, paying much of their income on rent and forced to cut down on food costs.⁴

Poor housing, unstable tenure, poor neighbourhood quality, and difficulty affording the rent all contribute to stress, and to unstable living conditions. Worrying about paying the rent or being evicted can also have large impacts on stress.⁵ Crowding can exacerbate tensions in the family.

The quality of the dwelling directly affects physical health. Good quality housing has better heat, cooling, and ventilation, and less mould. It has fewer pests such as cockroaches and bedbugs. It has walls, floors, stairs and appliances that are safe. It has less crowding. All this means better respiratory health; fewer injuries from falls, burns, or other accidents; lower risk of home fires and smoke inhalation; less exposure to toxins and allergens; and reduced transmission of infections.⁶

Neighbourhood conditions, which are intimately tied to housing choices and constraints, have significant effects on stress and personal safety.⁷ For people with lower incomes or with disabilities or other disadvantages, options in the housing market are very limited, leading to substandard quality,

crowding, insecure tenure, difficulty affording the rent, and less desirable neighbourhood conditions. Affordable housing is associated with lower rent, less crowding, and less stress.⁸

Housing also partly creates the spatial environment of daily life that greatly affects health and well-being. This includes the spatial structure of urban communities, affecting automobile use, greenhouse gas emissions, walkability and exercise – all having substantial impacts on health.⁹

Housing has disproportionate effects on people who are more vulnerable. This includes children, who are still developing physically and psychologically and whose daily life is limited to the home and neighbourhood.¹⁰ Good housing and neighbourhoods have ample space for study, play and recreation. Housing can have its largest impacts on health among people who are disadvantaged: sick, elderly, or unemployed, and therefore spending more time at home. Some of the greatest benefits of adequate, affordable housing are for people who are homeless or need supportive housing.

Housing, Mental Health, and Homelessness

Housing is fundamentally important for people who experience chronic homelessness or live with mental illnesses or addictions.¹¹ For all of us, home is an anchor of personal stability and social connection. Almost one-quarter million Canadians experience homelessness (use emergency shelters) in a given year,¹² while approximately 3 percent of our population has a serious (severe) mental illness or addiction.¹³ Lacking a home due to poverty, disabilities or chronic conditions, and personal circumstances worsens mental health. People who are chronically homeless or live with mental illness or addictions face some of the worst housing conditions – which can exacerbate mental health issues.

Supportive housing – social and affordable housing or rent supplement, with support services – is the key to ending chronic homelessness. It is a vital element in recovery and personal stability for people living with a mental illness or addiction.

Supportive housing for people experiencing serious mental illness, addictions, or chronic homelessness, leads to improved health and helps lower costs. It creates significant reduction of hospital use, other health care needs, criminal justice involvement, and demands on other public services. Physical health is better and mental health is better, resulting in cost savings at an individual level and cost restraint at a system level.¹⁴

Most supportive housing is independent apartments or in some cases shared accommodation, funded through social housing programs. Supportive housing is a significant part of the housing funded through federal and provincial programs from the 1970s to today, and it is a major priority in provincial and local action today. A national housing strategy, including resources and action steps, will boost provincial and initiatives to end chronic homelessness and provide supportive housing to all who need it.

Principles for a National Housing Strategy

Outcomes in sustainability, affordability, inclusivity and flexibility, expressed in the federal consultation, are a good starting point for a national housing strategy.

Environmental sustainability has large health implications. Housing accounts for a large share of energy consumption. In the development of our city-regions, housing mix and transportation together have large effects on commuting, automobile use and greenhouse gas emissions. A national housing strategy that

encourages provinces, municipalities, and private developers to create communities with mixed tenure and mixed incomes will serve these environmental goals, with beneficial effects on health.

Financial sustainability for the federal and other governments is partly about ensuring that programs are cost-effective and affordable to the taxpayer. For an affluent nation such as Canada, it is sustainable to allocate a share of national income and of federal revenues to affordable housing programs, at levels above those of recent years. The national strategy is an opportunity to reverse a recent pattern where declining public investment in housing leads to negative outcomes for Canadian communities.

For social and supportive housing providers, including those serving tenants coming out of chronic homelessness or living with mental illness or addictions, financial sustainability has another face. Ongoing commitments of funding are needed to enable these providers to continue to provide affordable rents to their residents, and ensure good repair which cannot be funded out of low rents.

Affordability of housing is the central issue for Canadians with low income, especially those with mental health issues or experiencing chronic homelessness. In a city-region such as Toronto, average market rents are now \$1,200 monthly, and low-end market rents average \$1,000 monthly.¹⁵ Average rents have risen by 23 percent in a decade (2005-2015) while incomes at the low end have risen only slightly. Affordability problems largely drive the suitability (crowding) and adequacy (disrepair) dimensions of Core Housing Need, and the troubling neighbourhood issues. People rent apartments that are too small, or rent a room, in order to afford the rent; fully 20 percent of tenants in the Toronto rental market are now overcrowded. Low-income demand met by aging postwar private rental stock and insufficient subsidized units is fuelling a market dynamic of lower-quality supply. The national housing strategy is an opportunity to reduce these pressures that feed negative health outcomes for Canadians.

Inclusivity has several important housing elements. Affordable rents allow sufficient disposable income for low-income families, or people with mental illness or other disabilities, to meet their other needs and participate fully in society. Today's housing system, where production serves only the upper-income half of society, means that people with low incomes or who need supportive housing have few options outside low-income neighbourhoods. Ensuring a mix of price and tenure is a way to foster social inclusion by helping create mixed communities. To be homeless is the most extreme form of social exclusion, and affordable housing is an essential part of the solution.

Housing inequalities in Canada today have greatest impact on social groups that may have compound disadvantages. This includes many recent immigrants, many Indigenous people, many people with disabilities or chronic health conditions, and many people in racialized communities. Building a society that is truly inclusive requires action to ensure decent housing and neighbourhood conditions for disadvantaged or marginalized social groups.

The people most deeply affected by these challenges are those who have very low incomes, live in inadequate and insecure housing, are in the streets and shelters and struggle to leave homelessness behind, or live with mental illness or addiction. Most depend on social assistance income or low-wage jobs, and face a great gap between the rents they can afford and what the market offers.

The federal government can build on the successes of past Canadian housing policy, by setting goals and frameworks and contributing resources, while the provinces and territories cost-share, adopt policies suited to regional needs, and administer most programs. The principles of sustainability, affordability,

and inclusivity are a good starting point. The national housing strategy must tie broad goals and principles to specific objectives as well as high-level program and resource frameworks.

Goals and Objectives for a National Housing Strategy

As well as expressing a vision, goals and principles, a national housing strategy must set specific objectives. These link the vision and goals to real steps that will make a positive difference in the lives of Canadians and the conditions in our communities.

The following seven objectives are appropriate for a national housing strategy. They can become matters of federal-provincial-territorial consensus in the context of a federally led national strategy. Each of these points to corresponding program priorities to be considered.

1. Reduce and eliminate chronic homelessness in the next decade.

Chronic homelessness has severe health impacts and is the most extreme form of social exclusion. While all sorts of people are homeless for short periods, chronic homelessness most affects people with mental illness or addictions. Ontario and other jurisdictions have adopted goals of ending chronic homelessness. Within a national strategy, the federal government should adopt an ambitious target to reduce and eliminate chronic homelessness in a ten-year timeframe.

The key to eliminating chronic homelessness is supportive housing. In most cases, this is in the form of independent apartments with support staff, funded by the provinces through (or parallel to) broader social housing programs. A federal commitment of augmented capital for affordable housing, and cost-shared rental assistance, will support the required provincial and local action in supportive housing.

2. Maintain affordable rents and good repair in all twentieth-century social and supportive housing.

Over one-quarter of Canadian households with low income benefit from the low rents in the more than 600,000 units of social and supportive housing created through federal and provincial programs of the 1950s to 1990s. The federal co-funding that helps sustain affordable rents and good repair in this housing is steadily phasing out and expiring under the federal-provincial Social Housing Agreements.

In Ontario and many provinces, the social housing stock includes thousands of units of supportive housing for people living with mental illness or addictions, or coming out of chronic homelessness. Social and supportive housing projects and providers cannot be viable or break even on the subsidized rents their tenants pay. If a national housing strategy does not address this issue, Canada may lose more social and supportive housing than it gains through new program initiatives.

Sustaining social housing is a cost-effective way of limiting the current trend, where low-income Canadians rely more and more on housing at the low end of the rental market, with worsening affordability, quality,

and crowding, and few options available outside low-income neighbourhoods. These problems are most acutely experienced by people living with a mental illness or addiction.

As well as ongoing rent subsidies, investment in repair and energy retrofit of existing social and supportive housing will continue to be needed. This is a significant priority in the current Social Infrastructure funding for affordable housing, and supports the nation's environmental goals.

3. Create inclusive communities by ensuring that a suitable share of housing production is social and supportive housing.

Inclusive communities depend on having a mix of housing prices and tenures. Along with market rental housing and affordable home-ownership, social and supportive housing are essential in achieving this. Otherwise, ever more low-income demand will be met in older and already disadvantaged rental neighbourhoods.

Building inclusive communities includes creating new supportive housing for those who need it. While rental assistance and housing allowances are important tools, they do not provide options in local areas where market rental is scarce or expensive, and they cannot easily house those who need relatively high supports.

The federal government should adopt a social housing target equal to a carefully chosen share of total housing production. Average social and affordable housing production in the 1970s and 1980s was ten percent of total production, while the average in 2006-2016 was about three percent in most provinces. Canada grows by almost 180,000 households annually, and about one in every eight households consists of renters in the lowest income quintile.¹⁶ A suitable target, commensurate with the pace of Canada's growth, would be closer to 10 percent than 3 percent.

The Mental Health Commission of Canada has identified a need for at least 100,000 extra units of supportive housing for mental health and addictions, across Canada.¹⁷ This is broadly congruent with the 30,000 extra units in this category that has been identified as required in Ontario.¹⁸

Action on new affordable housing depends on three main implementation tools. It requires capital funding for new affordable housing, in a regular annual cycle, with appropriate provincial/territorial cost-sharing. This fits the federal government's social infrastructure priority, and builds on the down-payment in the 2016 budget. Action toward this goal also requires rental assistance (objective #4) and mortgage financing capacity (see objective #6).

4. Increase rental assistance to Canadian households to keep pace with our growing population.

Bridging the affordability gap, and ensuring that people with low incomes can get housing that is not crowded or in disrepair, requires rent-related subsidies. Federal and provincial income transfer programs are important, but they do not address the urban rent-income gap, or the fallout which includes rising food bank use and lack of lower-rent options outside low-income neighbourhoods.

Federal cost-sharing created the rent-g geared-to-income (RGI) system and still plays a vital role. About 3½ percent of Canadian households (0.5 million of 15 million) receive RGI or equivalent deep housing

allowances. Deeply subsidized rents are essential in supportive housing for people living with mental illness or addictions, or exiting chronic homelessness.

The federal government should adopt a target of added cost-shared rent subsidies each year, commensurate with the low-income renter share of ongoing growth in households. The target should also be sufficient to ensure that a majority of the new social and affordable housing production has rents affordable to low-income tenants. Merely to avoid losing ground, an annual increase of at least 6,000 RGI units or equivalent housing allowances is needed. To assist half the low-income renter households added each year would require an annual target of over 10,000.

Provinces and territories (and municipalities in Ontario) administer the majority of rent subsidies, including RGI and housing allowances. With suitable targets and cost-shared resources in a national strategy, each province or territory can adopt program approaches suited to its situation.

5. Strengthen the capacity of the non-profit, co-operative, and supportive housing sectors.

The success story of Canadian social housing a generation ago rested on a collaboration between the federal and provincial governments, and the community-based non-profit and co-operative sectors. This includes supportive housing providers, many of which were created in that context.

A successful social and supportive housing sector in the twenty-first century requires providers that meet the highest standards of service to tenants, governance, staff skills, and housing development. Modest federal resources – alongside fundraised and provincial contributions – can help this sector achieve this, and help it expand to serve all parts of our rapidly growing city-regions and all parts of our diverse population.

6. Enhance federal capacity to work toward housing goals in partnership with provinces, territories, housing providers, and others.

Effective federal leadership in affordable housing requires stronger capacity and a clearer mandate. This will support collaboration with provinces and territories; with municipalities and Indigenous organizations; with private landlords, developers, lenders, and social investors; and with non-profit, cooperative and supportive housing providers.

This requires an enhanced mandate for Canada Mortgage and Housing Corporation, with better capacity to lead collaborative federal-provincial action in affordable housing.

The CMHC mandate should include a renewed role in housing financing for social and supportive housing – mortgages as well as loans for repair, retrofit or regeneration. Financing is a long-standing CMHC role, and its absence is a large gap in the post-2001 frameworks for new affordable housing.

The enhanced federal capacity should include leadership in joint federal-provincial-territorial accountability. Governments as well as voters, advocates, service users, and service providers need to know the results and outcomes of housing strategies and initiatives. With interacting federal and provincial roles, there is a need for joint monitoring and reporting on program activity and on outcomes.

7. Coordinate housing priorities with health, homelessness, and other policy spheres.

A national housing strategy should articulate the linkages, in goals and actions, between affordable housing and other policy spheres. Two are most prominent for supportive housing.

The federal Homelessness Partnering Strategy and its predecessor (the Supporting Communities Partnership Initiative) has helped galvanize local coordination and action. This includes transitional and supportive housing and Housing First initiatives. The national housing strategy is an opportunity to articulate the links between goals and program activity in housing and in homeless-related services. This will benefit supportive housing, the keystone in ending chronic homelessness.

Housing goals should be linked to the health policy sphere. There is potential to better articulate housing goals and initiatives in federal health policy, building on the recent leadership of the Mental Health Commission of Canada.¹⁹ There is potential for federal-provincial health accords to set some goals in mental health, including supportive housing.

Conclusion

A national affordable housing strategy is an opportunity to adopt some clear goals and principles, linked to actions, that will deliver results in 2017 to 2019 while laying a basis for activity over the next decade.

Housing extends beyond ‘property and civil rights’, and is appropriately a sphere with federal as well as provincial/territorial roles. The impacts of housing on health and social well-being are reasons for federal leadership and investment. Housing constitutes one-fifth of the national economy,²⁰ and is the main form of wealth for most Canadians, and a necessary part of the federal economic policy role. The federal government has appropriately identified affordable housing as a form of social infrastructure.

In Ontario, home to the Wellesley Institute, there is a special opportunity today for collaborative federal-provincial priorities and action. The province has set a goal of ending chronic homelessness in a decade, has allocated additional funds to supportive housing, and has appointed a Mental Health and Addictions Leadership Advisory Council which has identified supportive housing as a main priority.

A national housing strategy can create a nationwide environment of adequate resources and shared goals. Within this framework, the provinces, territories, local communities and Indigenous organizations can implement priorities that they determine, and deliver programs suited to regional and local needs. Social and supportive housing providers can continue to be the ones who actually develop, lease and operate housing, and provide the related support services. In this way, the national strategy will reflect the principle of flexibility expressed in the federal consultation.

The national housing strategy will support affordable housing in general, and supportive housing as part of that. This approach will build on the federal leadership and federal-provincial-territorial collaboration that underlay Canada’s past achievements in affordable and supportive housing, and create that success again.

ENDNOTES

- 1 For overviews on health vis-à-vis housing, see: James R. Dunn (2000), “Housing and Health Inequalities: Review and Prospects for Research” *Housing Studies* 15 (3): 341-366; Brent Moloughney (2004), *Housing and Population Health: The State of Current Research Knowledge* (Ottawa: Canadian Population Health Initiative and Canada Mortgage and Housing Corporation); Juha Mikkonen and Dennis Raphael (2010), *Social Determinants of Health: The Canadian Facts* (Toronto: York University School of Health Policy and Management); Aziza Mahamoud et al. (2012), *Housing and Health: Examining the Links* (Toronto: Wellesley Institute); Center for Housing Policy (2011), *Annotated Bibliography: The Impacts of Affordable Housing on Health* (Washington DC: Center for Housing Policy); Peter Phibbs and Susan Thompson (2011), *The Health Impacts of Housing: Toward a Policy-relevant Research Agenda* (Sydney: Australian Housing and Urban Research Institute); Nabihah Maqbool et al. (2015), *The Impacts of Affordable Housing on Health: A Research Summary* (Washington DC: Center for Housing Policy).
- 2 Dunn, 2000; Mikkonen and Raphael, 2010; James R. Dunn (2002), “Housing and Inequalities in Health: A Study of Socioeconomic Dimensions of Housing and Self Reported Health from a Survey of Vancouver Residents” *Journal of Epidemial Community Health* 56: 671-681.
- 3 On low income affecting access to health care in Ontario, see Steve Barnes, Vanessa Abban, and Alexandra Weiss (2010), *Low Wages, No Benefits: Expanding Access to Health Benefits for Low Income Ontarians* (Wellesley Institute).
- 4 Richard Matern and Haiat Iman (2016), *Who’s Hungry 2016: Profile of Hunger in Toronto* (Toronto: Daily Bread Food Bank).
- 5 On stress, see Phibbs and Thompson (2011); Maqbool et al. (2015).
- 6 A detailed summary of the literature on physical dwelling impacts is provided in Phibbs and Thompson (2011).
- 7 See previous references regarding instability, especially Center for Housing Policy (2011) and Maqbool et al. (2015); also Dolores Acevedo-Garcia et al. (2004), “Does Housing Mobility Improve Health?” *Housing Policy Debate* 15 (1): 49-98.
- 8 On positive impacts of social and affordable housing, see Peter Phibbs and Peter Young (2005), *Housing Assistance and Non-shelter Outcomes* (Sydney: Australian Housing and Urban Research Institute); Lynda G. Gagné and Ana Ferrer (2006), “Housing, Neighbourhoods and Development Outcomes of Children in Canada” *Canadian Public Policy / Analyse de Politiques* 32 (3): 275-300; SHS Inc. (2009), *Overview of the Current State of Knowledge on Societal Outcomes of Housing* (Ottawa: Canada Mortgage and Housing Corporation); Michael Buzzelli (2009), *Is it Possible to Measure the Value of Social Housing?* (Toronto and Ottawa: Social Housing Services Corporation and Canadian Policy Research Networks); Margaret Condon et al. (2010), *Affordable Housing for Families: Assessing the Outcomes* (Ottawa: Canada Mortgage and Housing Corporation).
- 9 On GHG, see Alison Clark Milito and Gabriel Gagnon “Greenhouse Gas emissions – A Focus on Canadian Households” *EnviroStats* 2 (4): 3-7 (Statistics Canada, cat. 16-002-X), 3-7.
- 10 Catherine Bridge et al. (2003), *Housing Assistance and Non-Shelter Outcomes* (Sydney: Australian Housing and Urban Research Institute); Edward Scanlon and Kevin Devine (2001), “Residential Mobility and Youth Well-Being: Research, Policy, and Practice Issues” *Journal of Sociology and Social Welfare* 28 (1): 119-138; Joseph Harkness and Sandra J. Newman (2005), “Housing Affordability and Children’s Well-Being: Evidence from the National Survey of America’s Families” *Housing Policy Debate* 16 (2): 223-255.
- 11 See John Trainor et al. (2012), *Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illness* (Ottawa: Mental Health Commission of Canada); Bonnie Kirsh et al. (2009), *Critical Characteristics of Supported Housing: Findings from the Literature, Residents and Service Providers* (Toronto: Wellesley Institute).
- 12 Stephen Gaetz et al. 2014), *The State of Homelessness in Canada 2014* (Toronto: The Homeless Hub Press), 41-42.
- 13 See for example Ontario Human Rights Commission (2015), *By the Numbers: A Statistical Profile of People with Mental Health and Addiction Disabilities in Ontario* (Toronto: OHRC); Rob V. Bijl et al (2003), “The Prevalence of Treated and Untreated Mental Disorders in Five Countries” *Health Affairs* 22 (3):122-133. Various other sources cite a higher incidence of serious mental illness and addictions: for example, USA data in Ronald C. Kessler, et al. (2005), “Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication”, *Archives of General Psychiatry* 62 (6): 617-627.

- 14 Stephen Gaetz (2012), *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* (Toronto: Canadian Homelessness Research Network Press).
 - 15 Canada Mortgage and Housing Corporation (2015): *Housing Market Report: Greater Toronto Area*. Average apartment rent for all unit sizes in October 2015 was \$1,202 (Toronto CMA) and \$1,196 (Greater Toronto Area). Average rents for lower-rent districts were approximately \$1,000, as were those for low-rent age-of-building categories. Average rents (Toronto CMA) were \$973 in 2005, for a 23% increase 2005-2015.
 - 16 175,000 was average annual housing production 2006-2016 (CANSIM 027-0051, CMHC housing starts data); it was also the average annual increase in households in 2001-2011: 11,563,000 (2001, census), rising to 13,321,000 (2011, census).
 - 17 Trainor et al., *Turning the Key*, 90.
 - 18 Ontario, Mental Health and Addictions Leadership Advisory Council (2015), *2015 Annual Report of the Mental Health and Addictions Leadership Advisory Council*.
 - 19 Trainor et al (2012); Paula Goering et al., (2014), *National At Home/Chez Soi Final Report* (Ottawa: Mental Health Commission of Canada).
 - 20 Canada Mortgage and Housing Corporation (2010), "Housing and the Economy" *Canadian Housing Observer 2010* (Ottawa: CMHC), Chapter 2, 17-28.
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