

Targeting Homelessness in Ontario through Housing

Danusha Jebanesan^{1a,*} & Vivian Tam^{2a}

¹ University of Ottawa, 451 Smyth Rd, Ottawa, ON K1H 8M5

² Michael G. DeGroot School of Medicine, McMaster University, 1280 Main Street West, Hamilton, ON, L8S 4K1

^a These authors contributed equally to this work

Editors:

Justin Cottrell, Schulich School of Medicine and Dentistry, University of Western Ontario, London, ON, N6K 5K8, Canada

Jonathan Gravel, University of Ottawa, 451 Smyth Rd, Ottawa, ON K1H 8M5

* Corresponding Author:

Danusha Jebanesan

Chief Policy Officer, OPAC

Email: danusha.jebanesan@uottawa.ca

Homelessness in Ontario: An Incompletely Understood Issue

Homelessness is an extreme form of poverty that often results from challenging individual and sociocultural circumstances. Many individuals who are homeless suffer from some form of mental and physical illness, addiction, or trauma, compounded by (or resulting from) socio-economic difficulty, such as a lack of affordable housing, poverty, complex social assistance policies, and inaccessibility to government support, among others. (CAEH, 2015). Regardless of its etiology, homelessness has far-reaching implications for the individual, and consequently for the communities afflicted by it.

In Canada, homelessness is a complex, chronic issue that has become more prevalent since the 1980's, and continues to be a national and provincial problem. The Canadian Observatory on Homelessness estimated that over 235,000 Canadians experience homelessness in a given year, with over 35,000 Canadians homeless on any given night. This includes those that are unsheltered, in emergency shelters and those that are provisionally housed (Gaetz, Gulliver, & Richter, 2014). Unfortunately, provincial action to tackle this pervasive issue has proven to be a challenge. This is in part due to the lack of a comprehensive approach in measuring

homelessness and the difficulty in standardizing the types of data collected by individual Municipal Service Managers¹ (Ministry of Municipal Affairs and Housing, n.d.).

Most of the work being done to tackle homelessness is city-specific; accordingly, the patchwork of collected data makes it difficult to systematically understand the state of provincial homelessness in Ontario. The Canadian Observatory on Homelessness issued community profiles providing snapshots of population facts and homelessness estimates in various cities and regions across the province, if the data was available. Numbers reported from Toronto in 2013 include an estimated homeless population of 5,086, with 87 303 families on the social housing waiting list out of an estimated 604,048 low-income people (City of Toronto, 2013). In 2009 in Ottawa, it was estimated that 6, 650 people used emergency shelter beds, with the average length of stay per client to be 64 nights (McInnes, Hendrick & Pellatt, 2010). This contrasts the statistics from Sault Ste. Marie (population: 75, 141) where the most recent data is from 2010, estimates the number of individuals living on the street to be 4, living in shelters to be 1, 098 and those living at risk of becoming homeless to be 11, 815 (The Homeless Hub, 2015a). Evidently, these three cities paint very different pictures of the state of homelessness in Ontario, with data collected at differing time points with varying parameters, limiting their comparability. It is also likely that the current region-specific statistics neglect to capture a majority of the homeless population, a phenomenon referred to as “hidden homelessness”. This population includes those who are provisionally sheltered, “couch surfing”, living in overcrowded housing to avoid the streets, temporary accommodations, and/or abandoned buildings. It is estimated that these subpopulations represent 80% of those who we classify as homeless, yet are often unaccounted for as they are logistically difficult to reach (Burgess, 2006; Ministry of Municipal Affairs and Housing, 2015a; Gaetz, Gulliver, & Richter, 2014).

The Moral and Economic Costs of Homelessness

In Canada, chronic homelessness is still a relatively recent phenomenon, emerging in part as a consequence of the erosion of the welfare state since the 1980s (Laird, 2007). Successive governments have responded to the issue with the provision of reactionary services, including the institution of food banks, homeless shelters, and day programs (Gaetz, 2012). A study from British Columbia estimated that the conservative costs of providing such supportive services for homeless individuals was around \$30- \$40 000 per capita, per year (Eberle et al., 2001). Compellingly, research conducted in multiple provinces has demonstrated that the costs required to operate these temporary measures actually far exceeds that of addressing some of the upstream factors that contribute to homelessness, including inadequate mental health supports, a lack of affordable housing, and insufficient social benefits (The Homeless Hub, 2015b; Plamondon, 2002).

For example, providing stable housing for homeless individuals has proven to be an effective intervention to end homelessness, particularly for sub-populations who are traditionally considered “hard-to-house”, i.e. individuals who have underlying mental health conditions or are chronically homeless (Gaetz, Scott, & Gulliver, 2013). Health and provincial corrections services used by these individuals were shown to cost British Columbia approximately \$55 000 per

¹ A network of 47 District Services Administration Boards who are responsible for delivering municipal housing and homelessness-related services across Ontario

person/year, whereas providing these individuals with adequate housing and supports would drop yearly costs to \$37 000/year, representing a potential cost savings to the province of \$211 million/year (Patterson et al., 2008). Similarly, in Ontario the cost of one rent-geared-to-income subsidy home² is approximately \$613/month, whereas a shelter bed costs on average \$2,100/month (Ministry of Municipal Affairs and Housing, 2014b). Other forms of shelter frequently utilized by homeless individuals are even more costly, including \$13 500/month for a hospital bed, and \$4 300/month for a bed in a correctional facility (Ministry of Municipal Affairs and Housing, 2014b).

These direct costs for providing temporary shelter for the homeless in Ontario don't yet take into account the amounts accrued indirectly, for example from the heightened healthcare needs of the chronically homeless, or the law enforcement services that in many jurisdictions have become obligated to respond to public complaints of panhandling and loitering (Gaetz, 2012). Despite available supportive programming, individuals who are homeless are at higher risk of trauma and injury, and often develop or suffer exacerbations of chronic illnesses (Hwang et al., 2008). In a study by Hwang & Henderson (2010), homeless individuals in Toronto made an average of 2.1 visits to the emergency room annually, at a cost of \$1,464 per person. The cost of emergency room visits for non-homeless individuals was only 13% of that for those who were homeless, attributable to an on-average lengthier stay by the homeless (Hwang & Henderson, 2010). Many homeless individuals also visited emergency departments for reasons other than seeking healthcare, including deficient access to food, safety, or shelter, compounded by their difficulty in accessing mainstream health services (Hwang & Henderson, 2010; Hwang, Weaver, Aubry & Hoch, 2011).

Chronic homelessness, defined by the Wellesley Institute as “homelessness that is more entrenched in peoples’ lives due to its long duration, which may be continuous or episodic in nature”, also implicates universally higher health risks: chronically homeless individuals are 29 times more likely to have Hepatitis C, 20 times more likely to have epilepsy, 5 times more likely to have heart disease, and 4 times more likely to have cancer, as compared to the adequately housed individual (D’ambrosio, Baker, Crowe & Hardill, 1992; Gaetz, Donaldson, Richter & Gulliver, 2013). A report on of the cost of homelessness in Calgary calculated the cost of chronic homelessness (including healthcare, housing, and emergency services), to be \$136 642 for the average chronically homeless individual per year (Calgary Homeless Foundation, 2008).

These staggering costs of maintaining the status quo present both a strong moral and economic argument for tackling the root causes of homelessness, with an actual estimated cost savings to doing so. For example, while the cost of treating and supporting a homeless individual with substance abuse and mental health issues in British Columbia is valued at approximately \$55 000 per year, providing the same population with adequate housing and supports would drop these costs to \$37 000 per year as a result of savings in healthcare, emergency, and temporary programming expenditure (Patterson et al., 2008). Since approximately half of individuals who are chronically homeless also suffer from comorbid psychiatric illnesses, addressing factors causing homelessness upstream would save British Columbia around \$211 million per year (Patterson et al., 2008).

² A form of subsidized housing in which rent is calculated to be a certain affordable portion of the tenant’s income

Ontario's Efforts to End Homelessness

Since 2003, Ontario has invested over \$4 billion to improve access to adequate, affordable housing (Government of Ontario, 2014). Of this, \$430 million was used to contribute to annual operating costs for housing and homelessness services such as emergency hostels, services to support those at risk of experiencing homelessness, and to the Provincial Rent Bank which has helped more than 23 800 people stay in their homes (Ministry of Municipal Affairs and Housing, 2015b). The funding also enabled the creation of the Community Homelessness Prevention Initiative (CHPI) in 2013. The CHPI allows Service Managers to access flexible funding to address the unique priorities of their communities with respect to long-term housing solutions. Thus allowing funding that was previously designated for a specific utility (such as emergency shelter beds) to be used for more long-term housing solutions (Ministry of Municipal Affairs and Housing, 2012a). It intends to deliver services that enable individuals experiencing homelessness to obtain and retain housing; and supports those at risk of homelessness to remain housed. Progress is tracked through performance indicators that each Service Manager is required to collect and report on annually (Ministry of Municipal Affairs and Housing, 2012b). In 2014-2015, CHPI funding has assisted over 33,100 households experiencing homelessness in obtaining housing, and helped over 104 400 households at risk of becoming homeless stay in their homes (Government of Ontario, 2015a). In the next fiscal year, the province intends to invest almost \$294 million into the organization's initiatives (Ministry of Municipal Affairs and Housing, 2012a; Government of Ontario, 2015b). In keeping with the increased flexibility and accountability introduced by the CHPI, Ontario signed an agreement with the federal government in 2014 which allocated more than \$801 million in new funding over the next five years (until 2020) for improved access to affordable housing formally stated through the extension in the Investment in Affordable Housing (IAH) document (Ministry of Municipal Affairs and housing, 2014).

In 2008, the Provincial-Municipal Fiscal and Service Delivery Review partners agreed to make the administration of housing and homelessness programs a service that was managed at the municipal level, complemented by policies created at the provincial level. This shared-responsibility model is emphasized in Ontario's Long Term Affordable Housing Strategy (2010), which aimed to transform the housing system by simplifying rent-geared-to-income assistance reducing wait times for social housing units, and measuring results through performance indicators. Since the release of Ontario's Poverty Reduction Strategy in 2014, the Affordable Housing Strategy has been marked for updating with no new version released to date (Ministry of Municipal Affairs and Housing, 2015c; Ministry of Municipal Affairs and Housing, 2008; Housing Services Act, 2011).

Poverty Reduction Strategy & Expert Advisory Panel on Homelessness

In recognition of the severe consequences of chronic homelessness on both an individual and societal level, Ontario committed to ending homelessness in 2014 (Government of Ontario, 2015c). To determine how best to approach this target, the provincial government convened an expert advisory panel on homelessness in 2015, which among other recommendations advised that the provincial government set an "aggressive" target to end chronic homelessness in 10 years (Ministry of Municipal Affairs and Housing, 2015a; Government of Ontario, 2015c). In

response, the province earmarked \$10 million over two years from the Local Poverty Reduction Fund to go towards initiatives aimed at preventing and ending homelessness (Government of Ontario, 2015d). Local organizations and/or initiatives are eligible to apply to receive a portion of the funding over 2016-2017 to support proven, best-practice initiatives that specifically target housing and homelessness issues (Government of Ontario, 2015e).

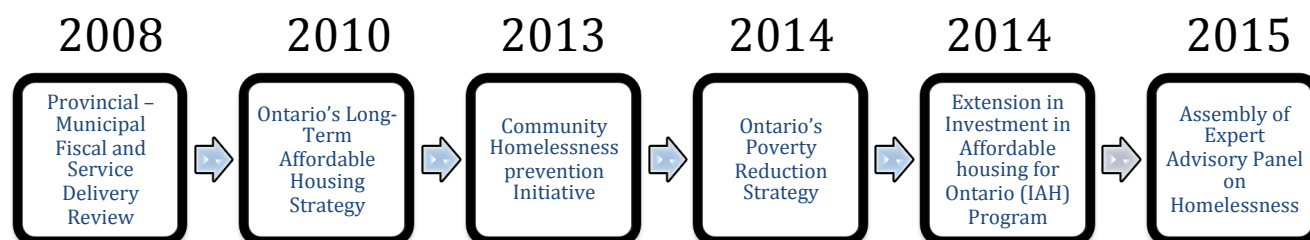


Figure 1: Timeline of the initiatives and programming that have been implemented in the province to end homelessness

The Need for Sustainable Federal Support

Between 1985 and 1989, the federal government contributed to funding 5356 units of social housing (Canada Without Housing, 2015). Had this trend persisted, approximately 107 120 units would have been built between 1994 and 2013 (Canada Without Housing, 2015). However, while the national population has increased by 30%, the national investment in low-income housing through taxation has decreased by over 46%, from \$115 to \$60 per capita (Gaetz, Gulliver, & Richter, 2014). Based on the trend set by the preceding federal governments, federal spending on social housing will be \$267 million less in 10 years than it is today, and will be completely gone by 2033 (Ministry of Municipal Affairs and Housing, 2015b).

With the recent change in federal government comes the expectation that the approach to homelessness will also be changing. Within the new governing party's electoral platform was a commitment to convene a national housing commission to facilitate collaboration across all tiers of government, social housing and private sector housing providers in order to create a national housing action plan (Liberal Party of Canada, 2015a). They have also committed to investing \$20 billion in affordable housing and seniors' accommodations, and promised \$125 million per year in tax incentives to "increase and substantially renovate the supply of rental housing across Canada" (Liberal Party of Canada, 2015b). At this time, these promises have no accompanying timeline and have yet to materialize, necessitating continued attention and support for the prioritization of homelessness by provincial stakeholders.

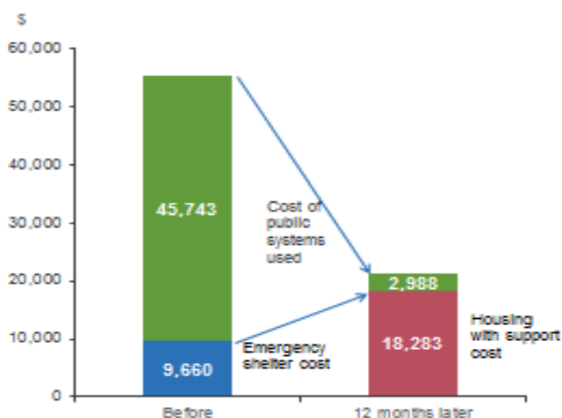
Housing to Solve Homelessness

One promising solution to chronic homelessness is rooted in the principle of the Housing First model, introduced in 1992 by Tsemberis and team (Homeless Hub, 2014). This model rejects the traditional treatment-centred model used to target homelessness, which necessitated that

homeless individuals were receiving treatment for mental health conditions and/or had achieved sobriety from addictions or illicit drug use, as a prerequisite to being housed in increasingly independent accommodations (Homeless Hub, 2014). Instead, the housing first model is founded on the principle that housing is the foremost necessary provision that would enable homeless individuals to break the cycle. The model aims to house the chronically homeless in independent housing first, while providing wraparound supports (mental health and addictions services as well as rent supplements) when the individuals have been settled in their new accommodations (Homeless Hub, 2014). Where the Housing First model has been implemented, administrators and researchers have ensured that tenants have to spend no more than 30% of their income on rent to ensure they have the means to access other necessities; in addition, the model maximizes tenants' ability to choose the type of accommodation they would prefer (shared accommodation, independent housing, etc.) (Homeless Hub, 2014). Housing First has proven successful in multiple jurisdictions in terms of enabling homeless individuals to live independently, save for the continuous support of rent supplements (Homeless Hub, 2014; Alberta Secretariat for Ending Homelessness, 2008; Calgary Homeless Foundation, 2008). The model has also demonstrated a long-term cost savings to the government and other public institutions that bear the costs of supporting homeless individuals, as opposed to seeking to end it.

For example, in 2012, Calgary provided housing with supports (mental health and addictions counselling, community resources, etc.) to 759 individuals who were chronically homeless, at a cost of approximately \$18 000 per individual, per year (Calgary Homeless Foundation, 2014). The cost of the status quo, namely allowing each individual to remain a high-needs user of public services including hospitalizations, emergency shelters, jails, police and courts, amounted to approximately \$46 000 per year, with the main cost driver being hospitalizations (accounting for \$41 000 of the total, on average) (Calgary Homeless Foundation, 2014). Nearly a quarter of the tenants' were subsequently surveyed, demonstrating a 45% reduction in police interactions, 95% reduction in incarcerations, and 62% reduction in hospital stays (Calgary Homeless Foundation, 2014). The \$46 000 each individual used per year in public services dropped to \$3 000 post-implementation of Housing First (Calgary Homeless Foundation, 2014).

Housing First cost savings



October 2013

(Calgary Homeless Foundation, 2014)

The Housing First model has become a core component of many jurisdictions' plans to end chronic homelessness, which it has already achieved within the Canadian context. Alberta adopted a Housing First model in their 10-year plan to end homelessness (Alberta Secretariat for Ending Homelessness, 2008). Since 2008, homelessness has been reduced across the province by 16%, and wholly eradicated in the city of Medicine Hat, which launched its Housing First initiative a year after the announcement of the 10-year plan (7 Cities on Housing and Homelessness, 2014). In 2009, Medicine Hat housed 875 homeless individuals, and in that number 280 children, who now receive supportive subsidized housing (Wong, 2015). Now, the city has claimed there are no longer any chronically homeless individuals on the street, and individuals are able to move from the street to supportive housing in just 10 days (Wong, 2015).

In Ontario, the social housing waitlist has broken records- in 2015, 168 000 families now wait an average of four years for rent-g geared-to-income housing, with 3 600 families joining the waitlist in 2014 alone (Ontario Non-Profit Housing Association, 2015). Single adults and couples comprise 37% of the waitlist; 32% are families, while seniors make up another significant portion (30%) of those who are currently housed unsustainably (Ontario Non-Profit Housing Association, 2015). Among this group, many families and individuals are forced to make decisions between paying rent and other necessities such as purchasing food for themselves and their families. As a consequence, many will turn to food banks and emergency shelters in attempts to maintain their health (Ontario Non-Profit Housing Association, 2015).

Regional programs have assisted in substantially decreasing the burden of wait times: by introducing a program offering rent supplements in Peel Region, the social housing for wait times for families decreased from 10 years (historically the longest in the province), to 6 years (Ontario Non-Profit Housing Association, 2015). However, municipal and local efforts are insufficient to address the chronically stressed and insufficient affordable housing system alone. Provincial leadership and a renewed commitment to house the province's most vulnerable is necessary to prioritize the implementation of sustainable solutions to achieving Ontario's goal of ending chronic homelessness in 10 years.

Recommendations

- 1. That the Ontario government commit a portion of its \$10 million investment to end housing and homelessness through implementing the Housing First model.**

In the draft Ontario Housing Policy Statement, Ontario recognizes the utility of the Housing First model, directing Service Managers (in Policy Direction 2.2.) to ensure their plans for housing and homelessness are "based on a Housing First philosophy and includes the provision of supports prior to and after obtaining housing" (Government of Ontario, n.d.). In further recognizing that Housing First has demonstrably eliminated chronic homelessness and helped to significantly reduce it in Canadian cities and provinces to date, we believe the Ontario government should fully support and earmark funds from the \$10 million it has committed towards ending chronic homelessness for the implementation of the Housing First model across Service Manager's districts.

- 2. That the Ontario government take a leadership role in advocating for the prioritization of homelessness as an issue requiring immediate federal attention and sustainable support.**

While the new federal government made election promises to, amongst others, “provide \$125 million in tax breaks for developers and landlords to build and renovate rental units”, and “invest \$20 billion in affordable housing and social infrastructure”, there has been little movement on this file to date. As Ontario is the most populous province in Canada, as well as that having the highest GDP, it has the ability and clout to be a provincial leader in ensuring the issue of housing and homelessness is prioritized as a national emergency (Statistics Canada, 2015 a;b). Ontario has taken the lead on issues requiring federal attention in the past, as a primary arbiter of the pan-Canadian Pharmaceutical Alliance, a coalition of provincial and territorial leaders led by Ontario to achieve lower brand name and generic drug costs through bulk-buying initiatives (Council of the Federation, 2015). The province could take similar steps in formalizing pan-Canadian infrastructure to organize provincial-territorial efforts in addressing homelessness.

3. That the Ontario government implement a Housing First model in the 2014 Investment in Affordable Housing (IAH) for Ontario Extension to address the needs of the most vulnerable homeless individuals.

The 2014 Extension of the IAH will provide an approximate \$800 million in federal and provincial funding targeted towards improving the accessibility of affordable housing in Ontario (Ministry of Municipal Affairs and Housing, 2014a; b). There currently exists a recognized social housing crisis in the province, with an unacceptable number of individuals, families, and seniors waiting years to be housed sustainably. While the 2014 Extension is targeted towards the creation and repair of approximately 11 000 social housing units, the Ministry of Health and Long-Term Care (MOHLTC) aims to direct 15% of the units for seniors, and 10% for individuals with disabilities, without specific targets for Service Managers to meet (Municipal Affairs and Housing, 2014a). The MOHLTC has reserved the right to reallocate funding in Years 5 and 6 if these goals are not met at a municipal level (Municipal Affairs and Housing, 2014a). We propose that the Ontario government work with municipalities to meet or exceed this goal of reserving at least 10% of the units for people with disabilities, and to define “disabilities” as including victims of domestic violence, those suffering from mental health and/or substance abuse issues, as well as addictions. Within this commitment, a Housing First model has been demonstrated to enable better outcomes for this population due to its provision of wrap-around supports for those who will require long-term, individualized and recovery-oriented treatment (Homeless Hub, 2014).

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