

Let's Talk Housing

TAEH Key Messages

To September 29, 2016



The key messages noted here have evolved through discussions with many TAEH members during the consultation period for the new National Housing Strategy. Our formal submission to #LetsTalkHousing will be ready in October, and will be informed by another round of discussions on its draft in the weeks to come.

Renewed opportunity

- With this commitment to this national housing strategy (NHS) the federal government is demonstrating that they understand and accept their role. This is a critical change that should not be underestimated, and we applaud the current government for returning to its place in housing.
- This commitment to the NHS comes at a time when Toronto and Ontario have also demonstrated their interest in investing in housing opportunities and in ending homelessness, creating even greater opportunity to make a real difference in Torontonians' lives, and for each order of government to create a lasting legacy.

What is needed in the new National Housing Strategy?

1 - The national strategy must deliver results for those most in need. The TAEH expects that the NHS champions those that have the greatest need and therefore have the most to gain. It must deliver meaningful results for people most marginalized, those on the outside with the lowest incomes, those that are homeless or transitioning out of shelter systems.

2 - It must define affordability realistically and address need for deep affordability. The NHS is an opportunity

A summary of our key messages – our “elevator pitch” - to use if you only have a moment is:

- The strategy must deliver results for those most in need. It will not work for any of us if it does not.
- It must define affordability realistically and address need for deep affordability.
- The strategy must be inclusive of everyone who lives in Canada.
- The strategy must direct new resources attached to bold, specific targets in order to have lasting impact.
- Investments must include specific targets for support services and other tools required to access housing.
- It must be an innovative integrated systems approach, leveraging housing as its foundation.
- The strategy must be active, drawing on existing knowledge and working with willing partners like us.
- It must take the long view.

to talk honestly about how deep affordability must be in order to realistically make a lasting difference to those that are homeless or skirting homelessness. At a minimum the cost of housing must be at least equal to the amount that people have access to via benefits and pensions. For example, in Ontario right now income and disability benefits are limited to the outrageously low amounts of \$375-\$480 for individuals. In Toronto these amounts will not even cover the cost of poor quality rooming house units any longer.

3 - The strategy must be inclusive of everyone who lives in Canada. The NHS must speak directly to the unique situations of those requiring housing with supports, those living with disabilities, those with mental illness and addiction challenges, refugees and new immigrants, victims of domestic abuse and aboriginal and racialized communities.

In addition, in order to include everyone who needs housing and not just Canadian citizens, we strongly recommend that the vision statement for the NHS be changed to read “all people who live in Canada” instead of “Canadians.” By way of illustration, given the

government's laudable commitment to refugees from Syria and other war-torn regions, it is only natural that these people also be recognized in the vision for our national housing strategy.

4 - The strategy must direct new resources attached to bold, specific targets in order to have lasting impact.

The NHS must dedicate real funding to real targets. In Ontario, our government has committed to building 30,000 new supportive housing units by 2025. The TAEH therefore urges the federal government to commit, at a minimum, to these numbers. Better yet to lead the charge and fulfill the promise of a return to a strong federal role and invest in doing more quickly. Specific recommendations include:

- a permanent increase to affordable housing supply funding under IAH or a successor program with a focus on deploying new stock to those most in need;
- the creation of an affordable housing financing facility with the explicit mandate of working with both private and not for profit developers in a prudent but supportive manner to increase affordable stock; and
- programs that will stimulate development of rental housing supply through tax policy;

5 - Investments must include specific targets for support services and other tools required to access housing.

To be successful the NHS needs both real investments in bricks and mortar *and* in supports and other tools available to people that need them to find and stay in housing. Underinvesting in either undermines the impact of them both. Recommendations include:

- fund repairs to existing failing stock – \$1.7 billion over 10 years for Toronto Community Housing Corporation (TCHC) is a guide to the scope of what is needed;
- remove barriers to refinancing that would enable owners to do repairs;
- maintain investments in social housing as operating agreements expire to fund repairs and maintain housing affordability; and
- fund purpose-built supportive housing owned and managed by not-for-profit supportive housing agencies.

6 - It must be an innovative integrated systems approach, leveraging housing as its foundation. The current federal government's vision, that housing is the cornerstone of healthy and prosperous communities, is a significant opportunity to create an integrated system, anchored by housing. One that puts people first, leverages other gains and investments in policy areas such as health, mental health, economic development, urban infrastructure, aging populations and poverty reduction, and also supports the best of what Canada's provinces and municipalities are already doing.

7 - The strategy must be active, drawing on existing knowledge and working with willing partners like us.

Many sound, supported and doable recommendations have been developed over the last decade, including pivotal ones by federal agencies. The NHS must draw from them, use existing knowledge, and act.

In Toronto, we are fortunate to have leadership from both our city and provincial governments. The TAEH has over 100 members with experience and access to the front lines to do our part in making the NHS successful. The federal government must work with us, support the provinces and territories willing to work and invest in housing, and invest in the many municipalities ready to go.

8 - Take the long view. The NHS must take short and long-term views, addressing immediate need for those currently homeless as winter approaches, as well as looking "upstream" to address and invest in the social determinants of health. Such an approach is also responsive to people as their needs change over time. This means being bolder than governments before now and thinking beyond the terms of current sitting MPs. It means doing what is needed now to leave a legacy we can all be proud of.

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