

WHAT WE HEARD

NHS Programs –
Engagement Summary

Canadians share their
experiences with
the National Housing Strategy



Canadian
Urban
Institute

Institut
Urbain du
Canada

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ACKNOWLEDGEMENTS

The Canadian Urban Institute and the National Housing Council would like to thank the almost 400 organizations and individuals who contributed their time, experience, and knowledge to this engagement process. We are truly grateful for their leadership in seeking better housing outcomes for every person in Canada.

Acknowledging Indigenous Lands

We acknowledge and respect that our work is conducted on the ancestral and unceded territory of all the Indigenous Peoples¹ that call this land home. We recognize the ongoing role of colonialism and its consequences for achieving the right to housing for Indigenous Peoples, and the ways in which other systems of oppression intersect with colonialism and with each other to deny so many people a place to call home.

We affirm our commitment and responsibility to advancing reconciliation with Indigenous Peoples, fostering closer relationships between nations, and improving our own understanding of local Indigenous Peoples.

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Canadian Urban Institute

The Canadian Urban Institute is the national platform that houses the best in Canadian city building – where policymakers, urban professionals, civic and business leaders, community activists, and academics can learn, share, and collaborate with one another from coast to coast to coast. Through research, engagement, and storytelling, our mission is to ensure Canada builds vibrant, equitable, livable, and resilient cities.

National Housing Council

The National Housing Council brings together committed, diverse, and expert members to provide advice to Canada's Minister of Housing and Diversity and Inclusion on the effectiveness of the National Housing Strategy and other housing policies. The Council is an advisory body that promotes participation and inclusion in the development of housing policy.

¹ 'Indigenous Peoples' is a collective name for the original peoples of North America and their descendants. The Canadian Constitution recognizes three groups of Indigenous peoples (sometimes, still named 'Aboriginal peoples'): First Nations, Inuit and Métis. These are three distinct peoples with unique histories, languages, cultural practices and spiritual beliefs. 'First Nations people' include Status and non-Status Indians. Source: <https://www.cmhc-schl.gc.ca/en/nhs/guidepage-strategy/glossary>

While we cannot include all participants, we would like to acknowledge the following people who participated in interviews or were panelists in the regional and national sessions:

Interviews

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Jamie Rogers, Medicine Hat Community Housing Society
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Central Regional Session April 29, 2022

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Cynthia Jacques, Cahdco
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Priscilla Johnstone, Saskatoon Housing Initiatives Partnership
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National Session

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Northern Rural and Remote Session May 5, 2022

Eleanor Young, Northwest Territories Housing Corporation
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BACKGROUND

The National Housing Council (Council) recognizes the inequalities faced by vulnerable groups² and that more and more vulnerable Canadians are finding themselves in precarious housing situations. In its first year of work (2021-2022), the Council identified the need to improve the National Housing Strategy (NHS) as one of its three priorities.

To assess the NHS's effectiveness to date and to identify potential opportunities to better address core housing needs and homelessness, the Council commissioned several research reports and engaged the Canadian Urban Institute (CUI) to lead an engagement process with housing organizations, experts, and stakeholders from across the country. This report summarizes what we heard during the engagement process.

The research reports and this *What We Heard* report will inform a set of recommendations on improvements to the National Housing Strategy to be presented to the Minister of Housing and Diversity and Inclusion in the late summer of 2022.

Starting in March 2022, CUI worked with the Council to identify organizations and individuals who work on affordable housing and homelessness. Approximately 800 organizations and individuals were then invited to participate in engagement activities focused on potential solutions to improve the National Housing Strategy to better address core housing need, homelessness, and the needs of vulnerable groups.

² Vulnerable Groups: Persons belonging, or perceived to belong, to groups that are in a disadvantaged position or marginalised are often referred to as vulnerable groups or equity-seeking groups.

Priority NHS groups are defined as survivors (especially women and their children fleeing domestic violence); seniors; Indigenous Peoples; people with disabilities; people dealing with mental health and addiction issues; veterans; LGBTQ2(+); racialized groups; recent immigrants (including refugees); and people experiencing homelessness. The Council recognizes that people often live with multiple experiences of marginalization and an intersectional lens should be applied. (Source: CMHC, <https://www.cmhc-schl.gc.ca/en/nhs/guidepage-strategy/glossary>.)

In spring 2022, CUI conducted a survey, interviews, and six regional and national sessions involving organizations from all regions of Canada³ and members of the Council's working group on Improving the NHS.

In total,

200 People shared their ideas and insights

200 People attended the sessions

This included:

82 Surveys
(see Annex 1)

28 Interviews
(see Annex 2)

63 Panelists in the sessions
(see Annex 3)

The surveys, interviews, and sessions asked participants to identify:

- what is working well with the NHS in addressing housing needs,
- gaps and challenges that are preventing the NHS from being more effective, and
- changes that are needed to improve NHS programs, to generally better address core housing need.

The engagement process was also informed by:

- input from Indigenous groups, gathered through Council-led engagement activities (see Annex 4), and
- the lived experiences of people who are homeless and/or in core housing need, based on a research study commissioned by the Council (see Annex 5).

³ An additional set of Quebec-specific questions was used to gather input from stakeholders, as federal funding from the NHS to Quebec is administered by the Province. The types of funding offered in Quebec are not directly aligned with NHS programs.

KEY FEEDBACK

Through the engagement process, participants shared what has been working well with the NHS, and where there is a need to improve. They also contributed potential solutions for improving the NHS as a whole, as well as for improving specific programs, particularly to address core housing needs and homelessness.

“Reaching Home funding is fairly easy to access, delivered to communities. Having that sustainability and funding has been great!”

What’s Working Well

In the surveys, interviews, and sessions, participants expressed their general appreciation for the NHS, including that:

- there is now an NHS in place after a period when the federal government was not as actively involved in addressing housing needs,
- the NHS recognizes the right to housing, and
- there are a range of programs under the NHS that address various aspects of Canada’s housing system.

In addition, many cited that the Rapid Housing Initiative has had strong successes and has helped to facilitate good partnerships between federal and municipal governments.

What’s Needed

Through the engagement activities, participants provided feedback that was categorized by theme and program area.

Feedback by Theme

Six key themes emerged for improving the NHS to better direct funds to alleviating core housing needs and homelessness. Under each theme, participants identified key issues and solutions. The key themes are:

- 1 Targeting core need and homelessness
- 2 Addressing urban, rural, and northern Indigenous housing needs
- 3 Addressing the financialization of housing
- 4 Expanding the Canada Housing Benefit
- 5 Coordinating housing supply and housing support services
- 6 Improving program delivery processes

1 Targeting Core Need and Homelessness

Issues

Although the NHS includes programs that are intended to target core housing need and homelessness, participants identified the following issues:

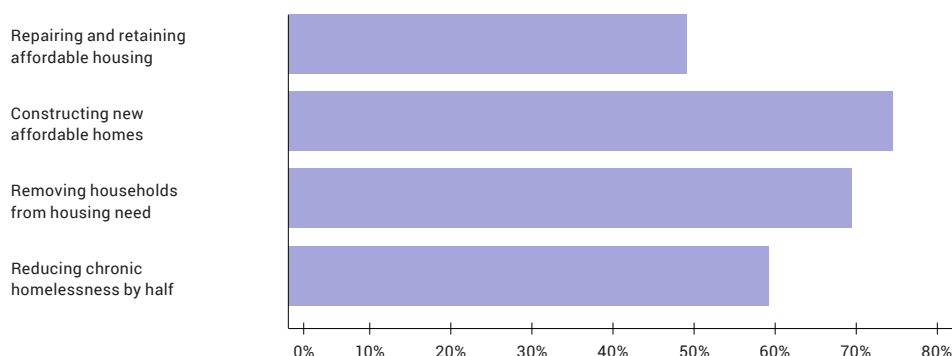
A. Need for more targeted programs at a wider scale

The NHS needs to provide more targeted programs, at a wider scale, to be effective. The lack of transparency and available data on the progress being made (e.g., on achieving the NHS targets and who is being housed) are also concerns.

Figure 1 shows a majority of survey respondents believe the NHS is not making progress in two areas: removing households from housing need (69%) and reducing chronic homelessness by half (59%).

“To address priority populations (the most ‘vulnerable’, that is, the lowest income), all programs need to support/require a level of deep affordability. In Manitoba, that would be 70% of median market rent (MMR), which is where Manitoba’s social assistance and Rent Assist programs could cover the cost.”

Figure 1. Targets the NHS is not making progress on



B. Need to address housing for those in greatest need

The NHS is failing to realize Canadians’ right to housing, particularly for groups such as Indigenous Peoples, women, and gender diverse people. More than half of the survey respondents (54%) were concerned that the NHS is not addressing housing for those in greatest need. Consideration for who is included in the current measurement of core housing need is missing vulnerable groups such as students and people experiencing homelessness. In addition, it was noted that the NHS’s defined priority groups do not include women, children and women-led, lone-parent families in general (only those fleeing domestic violence), or youth.

The NHS could also provide better direction on how chronic homelessness will be addressed.

C. Need for consistent, stronger definitions of affordable housing

The NHS programs have inconsistent and weak definitions of affordable housing that do not align with the incomes of households in housing need (e.g., the definition used for the federal Rental Construction Financing Initiative (RCFI) provides a higher threshold than what is typically considered to be affordable). Also, the current levels of forgivable loans⁴ provided through the National Housing Co-Investment Fund are insufficient to achieve the level of affordability required by many households in core housing need or experiencing homelessness.

"Grants, not loans, are needed for non-profits/charities to build new affordable housing that will remain affordable for the long term, especially when the non-profit is already donating the land to the affordable housing cause."

Solutions

Proposed solutions to address the areas of core housing needs and homelessness include:

- Providing greater federal transparency on the use of NHS funds and the outcomes/targets achieved.
- Commissioning more research to better understand best practices within Canada and internationally, such as by working with universities and research institutions to find ways to develop solutions to housing issues.
- Expanding the NHS to help various groups that are excluded from existing programs or inadequately served, such as women, children, women-led families in general, and students.
- Incorporating other groups in housing need in the definition of vulnerable groups in the NHS and ensuring NHS programs target these additional groups.
- Integrating the Reaching Home program with other NHS programs.
- Re-examining program definitions of affordable housing to ensure that funding goes to support access to housing for those needing deep levels of affordability.
- Reallocating funding from the RCFI to programs targeting core housing need, or better targeting RCFI through changes to affordability criteria.
- Providing more forgivable (rather than repayable) loans in new affordable housing supply programs, along with rent assistance or an operating subsidy, to address the needs of households at the lower end of the income spectrum.
- Providing integrated supports for some households.

"The biggest problem we've identified is that the Strategy does not recognize the needs of affordable housing for over 1.5 million student tenants. This strongly limits the capacity of the community housing sector to address this need."

⁴ A forgivable loan includes conditions under which the principle and any accrued interest would be forgiven. It is like a grant as in most cases the loan is forgiven as all of the conditions are met; however, the onus is on the borrower to achieve the conditions set out by Canada Mortgage and Housing Corporation.

2 Addressing Urban, Rural, and Northern Indigenous Housing Needs

Issues

To many, the top-down direction of the NHS is experienced as a reinforcement of colonial thinking and practices. The need for Indigenous housing to be addressed in urban, rural, and northern communities through the NHS is also a concern, as is the lack of progress on an Indigenous housing strategy.

The Council contracted the following report by InFocus Consulting titled “National Urban, Rural, and Northern Indigenous Housing & Homelessness: A Case for Support and Conceptual Model” provides an environmental scan of the current state of URN Indigenous housing.

Solutions

Proposed solutions to address Indigenous housing needs include:

- Increasing investments in Indigenous housing, immediately.
- Implementing a “for Indigenous/by Indigenous” urban, rural, and northern housing strategy, now.

“Indigenous-led organizations require a distinct and adequately-funded Strategy to address Indigenous housing in northern, urban, and rural locations.”

“Low-cost financing for market rental housing through RCFI is leading to rent increases and ‘renovictions’, making the affordable housing problem worse.”

3 Addressing Financialization

Issues

While NHS programs include funding for core housing need and homelessness, participants identified the following issues:

A. Negative impacts of financialization

Participants noted that affordable rental housing is being lost at an alarming rate. Financialization, the transformation of the primary function of housing from a place to live into a financial asset and tool for investor profits, is leading to negative impacts on affordability, the dispossession of tenants, and the imminent reduction of affordable housing stock. The NHS lacks a response to this issue.

B. Impacts of some federal financing mechanisms

The federal government’s multi-unit market refinancing and the RCFI are making affordability problem worse and should end. RCFI’s definition of “affordable housing” is misleading as it uses “average rents” above the affordability threshold of 80% of average market rent. As a result, many of the units produced by RCFI are out of reach to those who need them.

C. Funding needed to maintain affordable housing stock in a state of good repair

The NHS has not placed enough emphasis on maintaining and regenerating affordable housing units that are already built.

Solutions

Proposed solutions to address the issues with financial mechanisms include:

- Supporting non-profits to acquire and rehabilitate existing affordable private rental housing, and scaling up the development of new permanently affordable non-market housing, are important solutions for addressing financialization of housing and the negative impacts it is having.
- Providing dedicated funding for rehabilitation and repair in any acquisition fund for non-profits to purchase existing at-risk private affordable rental, with particular emphasis on acquisitions that provide the opportunity for future redevelopment.
- Being specific about a renovation and renewal strategy, with dedicated funding for rehabilitation, repair, and renewal of existing community housing that includes the number of units to be renovated.
- Building capacity of asset managers: Rapid Housing Initiative projects are incredibly valuable because they are aimed at serving the population at risk of or experiencing homelessness, but there is potential for these projects to face the same sustainability challenges that the current 100% rent-geared-to-income (RGI) projects are facing now. This is because their operating costs are incredibly volatile and new asset manager positions are being created in organizations that are very good service providers but need to build their capacity as asset managers.

61.9%

of survey respondents thought that the NHS is not addressing the supply of housing and overall stability of the Canadian housing market.

“All groups face some barriers; however, the smaller organizations face the most. This includes Indigenous-led organizations that tend to have limited staffing, equity, and ability to leverage other funding.”

58.7%

Over half of survey respondents thought that the NHS is not making progress with improving the sustainability of community housing and building capacity of providers.

4 Expanding the Canada Housing Benefit

Issues

There are significant shortcomings in the income supports being provided across the country. Simply adding to and maintaining existing supply is not enough to solve the housing crisis.

Solutions

Proposed solutions to address the Canada Housing Benefit (CHB) include:

- Providing federal funding to expand the reach of the current CHB would help many households, particularly those on social assistance, that are falling further behind, as social assistance rates are not keeping up with rents.
- Making the CHB a universal benefit.

“The majority of tenants that we house have incomes that are too low to be able to afford 80% of Average Market Rent. A truly deep subsidy is needed.”

5 Coordinating Housing Supply and Housing Support Services

Issues

Many vulnerable Canadians cannot maintain housing stability or thrive in their housing without wrap-around supports, which are not funded by NHS affordable housing supply programs. There is a need for coordination between housing supply and housing support services, including health supports.

Solutions

Proposed solutions to improve coordination include:

- Directly incorporating funding for supports into new affordable housing supply programs
- Establishing linkages between capital funding from the federal government and supports funding from the provinces (e.g., through bi-lateral agreements that require integration of supports).

6 Improving the Program Delivery Processes

Issues

Participants identified the following process-related issues that, if addressed, would enable greater uptake of programs:

A. Lack of guidance

There are multiple challenges with program delivery processes including the complexity of programs and application processes. Non-profit and co-op resource limitations and a lack of expertise are hindering their uptake of the programs in some communities. There is a lack of guidance to help shepherd successful program applications and obtain funding approvals.

B. Limited risk-sharing

There is limited risk-sharing with the federal government in the development of affordable housing.

C. Lack of coordination

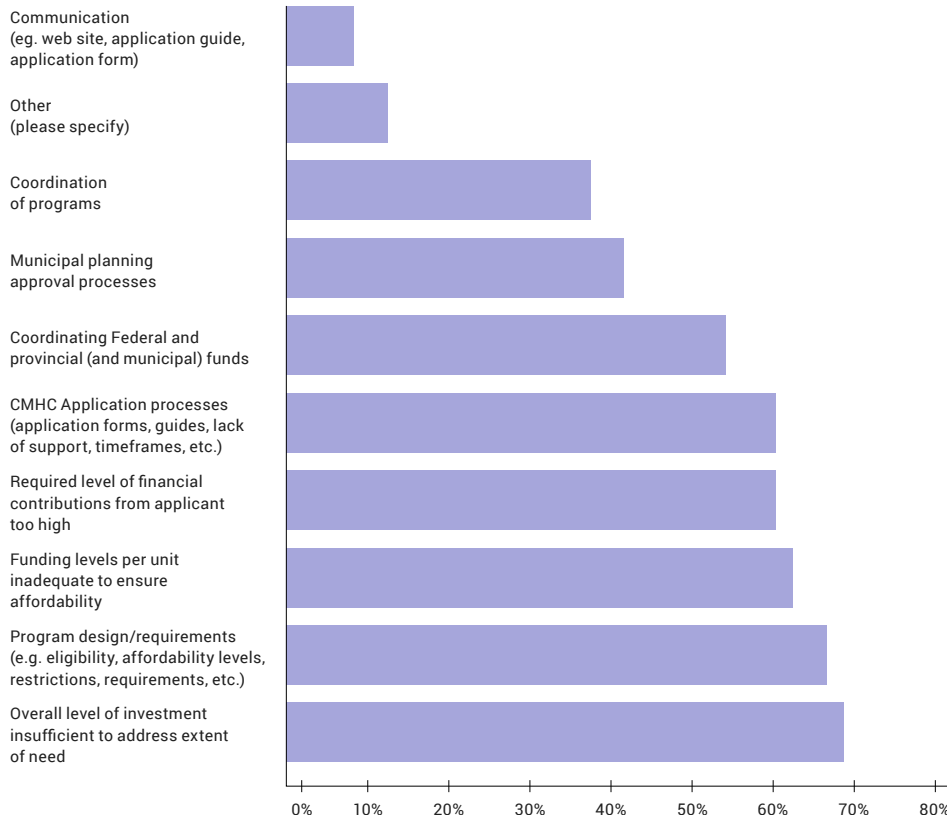
There remains a need for better intergovernmental and interministerial coordination.

"It's very challenging for the non-profit sector to access funding and to design to the requirements of the Co-Investment Fund. The cost of delivering these requirements is high and while funding can support the additional costs, there is no certainty of funding."

66%

Two thirds of survey respondents thought there were barriers for organizations to access NHS funding

Figure 2. Barriers to accessing funding within NHS programs



Solutions

Proposed solutions to address program delivery include making it easier for non-profits and co-ops to develop new affordable housing, including:

- Creating consolidated or stackable programs, such as by offering forgivable loans in combination with low-cost flexible mortgage loan insurance.
- Directing allocations to regions or municipalities or reviewing applications on a local/regional level.
- Making the Rapid Housing Initiative–Cities Stream, which is direct to municipalities, a longer-term or permanent program.
- Offering greater flexibility within the funding to adapt to specific community needs (e.g., more forgivable loans or longer lead times for construction completion).
- Providing predictable funding.
- Simplifying programs and applications, and approving applications faster.
- Advancing pre-development funding.
- Providing forgivable loans and rental assistance to target households based on their incomes and to mitigate future risks.
- Providing approvals early in the development process, supporting the acquisition of land.
- Offering low barrier investment or underwriting flexibility.
- Taking a portfolio approach to funding, with flexible definitions of a portfolio.
- Investing in the expertise and resources of non-profits and co-ops to be able to deliver affordable housing developments and scale up, including:
 - creating a position to support non-profits throughout the proposal, design, and construction process of affordable housing development;
 - providing financial resources to umbrella organizations to support non-profits;
 - making funding available to hire staff to work on funding applications; and
 - providing funding that can be used to train staff in understanding housing development and shelters and to enable non-profit providers to take advantage of the assets they have.
- Improving the quality of services delivered by Canada Mortgage and Housing Corporation (CMHC) by providing knowledgeable and consistent direction and support.
- Taking a whole-of-government approach to the NHS, including:
 - establishing more direct partnerships between different levels of government, including local teams involving all levels of government, as well as intergovernmental coordination between government agencies and departments at the federal level.
 - strengthening the federal government leadership and funding role to enable coordination between different governments.

“I hope more information will be included on how all levels of government can work together to address housing affordability. Too often it seems that different levels of government are working in opposition or downloading responsibilities onto each other.”

“All programs need to be linked to the overall goal of reducing homelessness and housing need. That means increasing Rapid Housing Initiative, linking it to Reaching Home, substantially changing the Co-Investment Fund (e.g., lower co-funding requirement) and replacing Rental construction Finance initiative with a land and building acquisition fund based at municipalities and regions.”

FEEDBACK BY NHS PROGRAM

The following summary presents the first-hand experiences of the strengths, challenges, and suggested changes by participants to the various programs. Note this is not a complete list of NHS programs; it is limited to those for which feedback was received.



NHS Program	Strengths We See	Challenges We Have	Our Suggested Changes
National Housing Co-Investment Fund – New Construction	<ul style="list-style-type: none"> • Has been successful at providing access to low-cost repayable loans 	<ul style="list-style-type: none"> • Onerous application requirement, lengthy approval process, and uncertainty of approval or level of forgivable loans to be obtained has had limited uptake • Insufficient level of forgivable loans versus repayable loans • Hindered by lack of access to contributions from some other levels of government in some regions • Lacks sufficient flexibility for the needs of different regions • The length of time units must remain affordable is insufficient • Negative perception of the application process (even if this has been revised) 	<ul style="list-style-type: none"> • Align at least a portion of seed funding with criteria to increase the ability of non-profits that will likely qualify to get to the application stage • Provide: <ul style="list-style-type: none"> • more transparency around forgivable loans applicants will receive and underwriting decisions • advanced pre-development funding to eliminate the need for bridge financing • approvals earlier in the development process • Increase underwriting flexibilities and provide low barrier financing • Provide higher levels of forgivable loans versus repayable loans • Increase flexibility of forgivable loans and timelines to better meet the needs of different regions • Consider opportunities to work with non-profits in the role of capacity building including providing development services in small towns, rural, and remote areas without established community housing development expertise

NHS Program	Strengths We See	Challenges We Have	Our Suggested Changes
Rapid Housing Initiative	<ul style="list-style-type: none"> • Produces deeply affordable housing through forgivable loans • Speed at which funding is distributed • Portfolio-based, and a direct relationship with municipalities 	<ul style="list-style-type: none"> • Continuing with its current timelines would present a challenge to continue to have projects to deliver on time • Lacks funding for supports • Concern about: <ul style="list-style-type: none"> • level of expertise of non-profit service providers to become housing asset managers • lack of focus on ensuring quality of the service delivery • long-term sustainability of the housing, given projects' limited revenues because of low rent levels, capital repair needs, and operating costs or refinancing costs that may increase faster than rents 	<ul style="list-style-type: none"> • Make it a long-term program • Establish linkages between capital funding and supports funding • Provide changes to make the program scalable, which may include predictability of the funding, increasing the timelines for the submission of applications, expanding the types of construction/developments that qualify, and providing resources to municipalities that have few resources to administer the funding. • Change some parameters to ensure long term sustainability (e.g., amount of forgivable loan, debt coverage ratio, rent supplements, and operating supports) • Add a component to acquire existing private affordable rental housing • Incorporate a Housing First approach, with flexible mental health supports

NHS Program	Strengths We See	Challenges We Have	Our Suggested Changes
Rental Construction Financing Initiative	<ul style="list-style-type: none"> • Big cities thought this filled a need for support for purpose-built market rental housing, at least when first introduced 	<ul style="list-style-type: none"> • Represents a significant portion of NHS funds and is geared to market housing rather than affordable housing • Is driving up rents and making the affordability problem worse • The threshold for affordability requirements is too high to meet housing needs • Equity requirements are a barrier for non-profit organizations due to their lack of financial resources • The length of time units must remain affordable is insufficient 	<ul style="list-style-type: none"> • Consolidate with the National Housing Co-investment Fund or reallocate funding to other programs
Reaching Home	<ul style="list-style-type: none"> • Successful in supporting marginalized people • Flexibility to tailor solutions to local needs • Ease of accessing funding • Transparency in the decision-making process • High-quality data collection 	<ul style="list-style-type: none"> • Has not made progress in reducing the number of people who are homeless or housing insecure • Lack of direct connections with housing supply programs targeting people experiencing homelessness • Challenge for northern communities in accessing the innovation funding stream, as solutions are not innovative for the country, only innovative locally, and are difficult to scale nationally 	<ul style="list-style-type: none"> • Increase collaboration with provincial funding • Increase the rural-specific funding stream • Reinstate the requirement to spend the funds on Housing First initiatives rather than status quo programming • Better integrate with the rest of the NHS

NHS Program	Strengths We See	Challenges We Have	Our Suggested Changes
Canada Housing Benefit	<ul style="list-style-type: none"> • Helpful to allow people to maintain or regain housing • Ease of implementation 	<ul style="list-style-type: none"> • Insufficient reach, particularly amongst Indigenous Peoples • Long lead time before funding distribution 	<ul style="list-style-type: none"> • Expand benefit reach and increase its depth • Integrate with all affordable housing projects to better tailor the rents to the incomes of households in housing need • Increase focus on those in greatest housing need
Community Housing Transformation Centre	<ul style="list-style-type: none"> • Helpful solution • Ability to respond quickly to needs • Good availability to meet, listen to the needs of an individual organization, and provide advice 		<ul style="list-style-type: none"> • Consider opportunities to work with non-profits in the role of capacity building • Increase level of funding • Transfer funds from the Federation of Canadian Municipalities' Sustainable Affordable Housing program to the Community Housing Transformation Centre
Federal Community Housing Initiative	<ul style="list-style-type: none"> • Helpful 	<ul style="list-style-type: none"> • Lack of transparency in objectives • Some providers with earlier expiry dates missed the opportunity to participate due to challenges in applying for the funding during the pandemic 	<ul style="list-style-type: none"> • Increase transparency and communication to better allow communities to understand the resources that may be available to them • Planning for solutions post-2028 should begin now
Canada Community Housing Initiative		<ul style="list-style-type: none"> • Insufficient to address capital repair needs 	<ul style="list-style-type: none"> • Need for greater accountability and transparency in how provinces are implementing the program in fulfilling their requirements

NHS Program	Strengths We See	Challenges We Have	Our Suggested Changes
National Housing Co-Investment Fund – Housing Repair	<ul style="list-style-type: none"> • Sound philosophy • Priorities of accessibility, energy efficiency, and sustainability are important 	<ul style="list-style-type: none"> • Lack of awareness of potential opportunities and negative perception about the possibility of getting funding • Lack of flexibility with accessibility • Energy efficiency has limited uptake • Focus on repairs, ignoring opportunities for redevelopment that could result in fewer total units 	<ul style="list-style-type: none"> • Pursue broader use
Funding for Northern Territories	<ul style="list-style-type: none"> • Helpful flexibilities 	<ul style="list-style-type: none"> • Lack of awareness of potential opportunities 	<ul style="list-style-type: none"> • Increase cooperation and capacity between Reaching Home and NHS • Deepen CMHC's understanding of the service realities in the north
Affordable Housing Innovation Fund	<ul style="list-style-type: none"> • Easy application and faster approvals 		
Federal Lands Initiative		<ul style="list-style-type: none"> • Requirements do not align between the program, provincial regulations, and the municipal planning environments in some cities 	<ul style="list-style-type: none"> • Restructure and expand the use of this program
Solutions Lab	<ul style="list-style-type: none"> • Good pacing 		<ul style="list-style-type: none"> • Should allocate additional funding toward real world testing and demonstrations of the solutions developed

ANNEX 1. What We Heard – Survey Report

Introduction

CUI conducted a survey of 800 individuals with knowledge or experience of the NHS and its programs as one component of the engagement process (March 21-April 4, 2022). In total, 82 people (10%) across Canada provided responses, as summarized in this Annex.

This section describes the survey methodology and provides an analysis of the results, highlighting areas of opportunity to improve the NHS. Appendix A presents the survey questions, and Appendices B and C summarize the responses to key questions.

Methodology

CUI distributed the online survey to a list of people curated from contacts provided by the Council Secretariat, members of the working group on Improving the NHS, and CUI contacts. In the end, 73 surveys were completed in English and nine in French.

Survey participants were asked questions about their backgrounds, their knowledge and understanding about the NHS, and to identify opportunities to improve the NHS. Survey participants were also invited to submit any idea papers or other submissions related to housing or input from people with lived experience (see Appendix 4).

Analysis

Survey participants included:

- individuals from every province and territory;
- a mix of individuals and organizations from different sectors (e.g., 37% non-profit or co-op housing providers/developers, 20% service providers, 17% academics, and 17% municipal government);
- people who work on all types of housing, including community housing (non-profit and co-op social), affordable rental, supportive and community housing, and market rental/ownership; and
- a wide range of population groups (e.g., people experiencing homelessness, Indigenous Peoples, newcomers, and individuals and families with low to modest income).

The top programs that survey participants have been involved with are:

- the National Co-Investment Fund and the Rapid Housing Initiative (43% each),
- Reaching Home (40%), and
- the Solutions Lab (32%).

NHS Progress

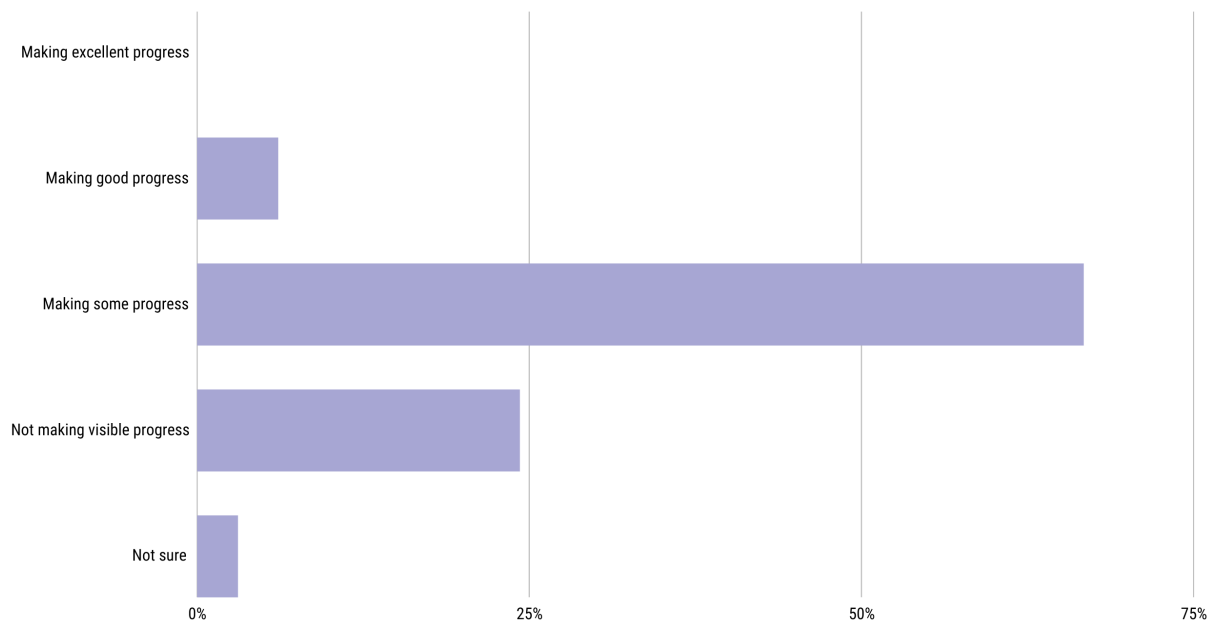
Outcomes

Survey participants were asked for their views on progress the NHS has made toward achieving its intended outcomes (i.e., advances in cutting chronic homelessness in half, removing 530,000 households from housing need, investing in the construction of up to 160,000 new affordable homes, and repairing and retaining affordable housing):

- no respondent believes the NHS is making “excellent” progress
- 6% believe it has made “good” progress
- 67% believe it has made “some” progress
- 24% believe that it has not made “visible” progress.

Figure A1: Progress to achieve NHS targets

The NHS is a 10-year, \$70+ billion plan that has targets to cut chronic homelessness in half, remove 530,000 households from housing need, invest in the construction of up to 160,000 new affordable homes, and repair and retain affordable housing. In your opinion, how is the NHS making progress to achieve these targets?



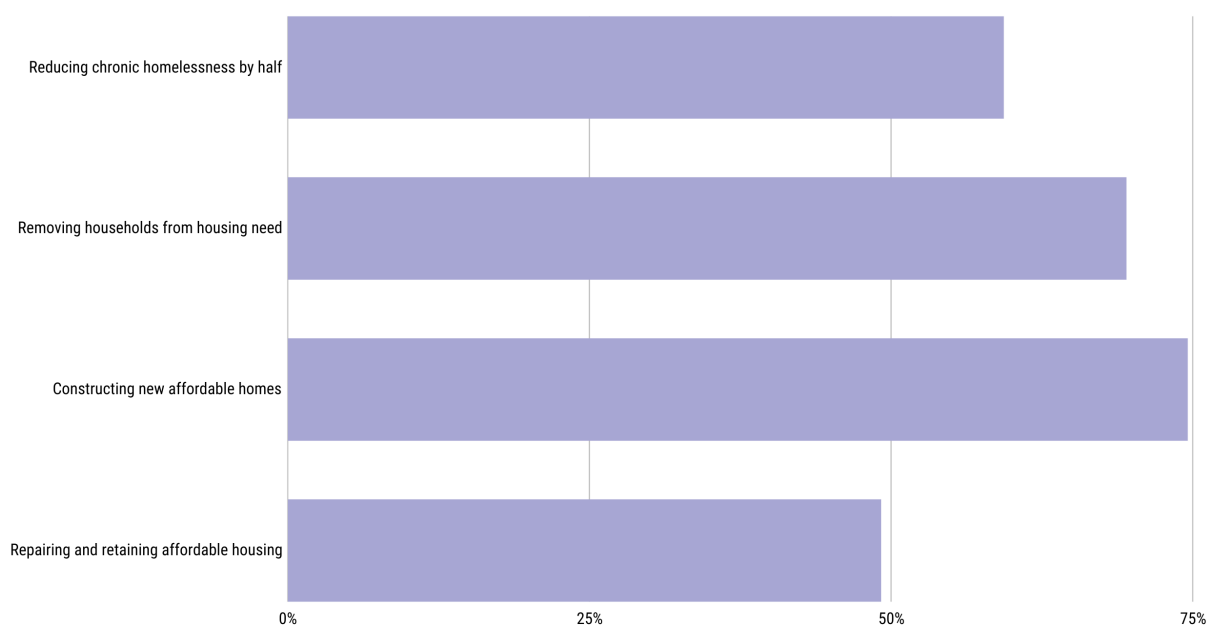
Targets

Survey participants were asked for their opinion on which targets the NHS is not making progress on. Among the respondents' answers were the following:

- construction of new affordable homes (75%)
- removing households from housing need (69%)
- reducing chronic homelessness by half (59%)
- repairing and retaining affordable housing units (49%).

Figure A2: Target(s) the NHS is not making progress on

Please indicate which, if any, target (s) you think the NHS is not making progress on? (select one or more)



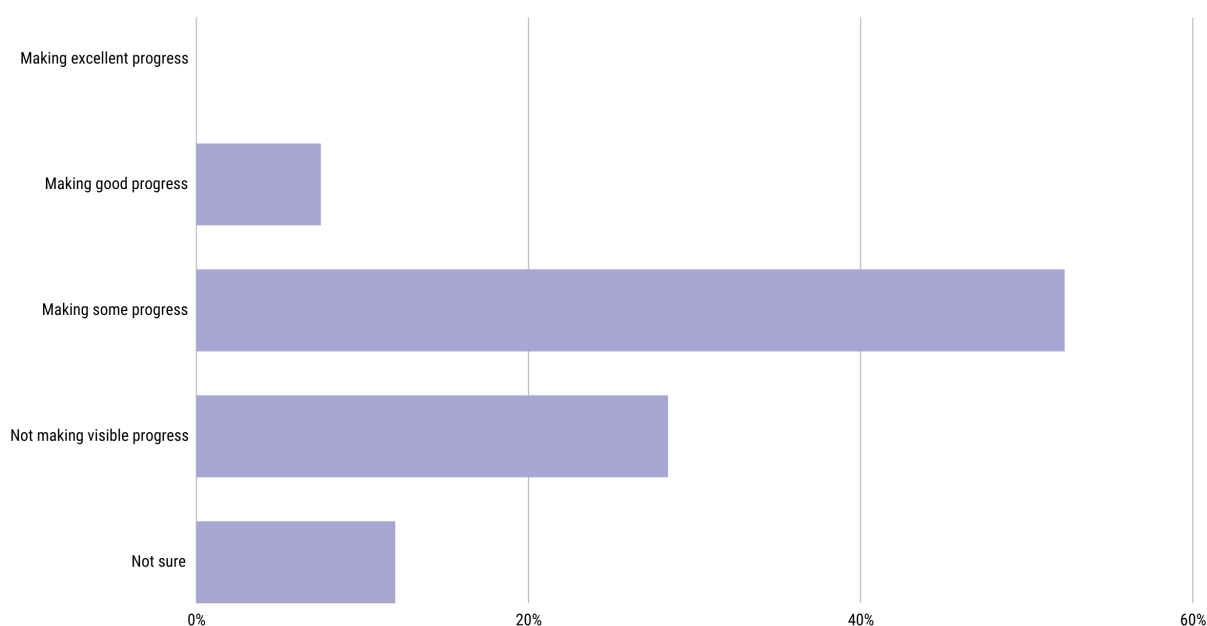
Programs

Reflecting on the NHS programs' priorities (i.e., housing for those in greatest need/vulnerable populations, social housing sustainability, Indigenous housing, Northern housing, sustainable housing, and a balanced supply of housing):

- no respondents believe the NHS is making "excellent" progress
- 7% believe it is making "good" progress
- 52% believe that the NHS is making "some" progress
- 28% believe that "no visible" progress has been made.

Figure A3: Progress in priority areas

The NHS has a variety of priority areas including: housing for those in greatest need (vulnerable populations), social housing sustainability, Indigenous housing, Northern housing, sustainable housing, and a balanced supply of housing. In your opinion, how is the NHS making progress in these priority areas?



The top three priority areas that the NHS has failed to address, according to more than half of respondents, are:

- addressing the supply of housing and overall stability of the Canadian housing market (62%),
- improving the sustainability of community housing and building the capacity of providers (59%), and
- addressing the housing needs of those in greatest need (54%).

Table A1: Top three priority areas NHS has failed to address

Responses	Responses (%)	Responses (value)
Addressing the supply of housing and overall stability of the Canadian housing market	61.90	39
Improving the sustainability of community housing and building the capacity of providers	58.73	37
Addressing the housing needs of those in greatest need	53.97	34
Improving Indigenous housing	47.62	30
Ensuring the next generation of affordable community housing is environmentally friendly, socially inclusive, and financially secure for builders and/or operators	41.27	26
Improving access to affordable, adequate, and suitable housing in Canada's northern and remote regions	33.33	21

Further, more than two-thirds of respondents agree there are barriers for organizations to access (any of the) NHS funding (69%). (The remainder were “unsure”). Respondents identified the main barrier as there being an insufficient overall level of investment to address need (69%), followed by CMHC’s application process (67%).

When asked to identify which organizations are mostly affected, more than half of respondents named non-profit housing developers/providers (54%).

Table A2: Barriers to access NHS funding

Responses	Responses (%)	Responses (value)
Overall level of investment insufficient to address extent of need	68.75	33
Program design/requirements (e.g., eligibility, affordability levels, restrictions on funding use, partnership requirements, accessibility requirements, energy efficiency)	66.67	32
Funding levels per unit inadequate to ensure affordability	62.50	30
Required level of financial contributions from applicant too high	60.42	29
CMHC application processes (e.g., forms, guides, support to complete the application, timeframes, approval processes)	60.42	29
Coordinating federal and provincial (and municipal) funds	54.17	26
Municipal planning approval processes	41.67	20
Coordination of programs	37.50	18
Other	12.50	6
Communication (e.g., website, application guide, application form)	8.33	4



Areas of Opportunity to Improve the NHS

Among the 82 survey respondents, 62% provided comments on the opportunities they see for improving the NHS, particularly changes and improvements to better address core housing needs, homelessness, and the needs of the most vulnerable populations. Many of the respondents have direct experience with the NCHF, the RHI, and the RCF. The opportunities they noted include:

- **Funding amounts and vehicles:** The amount of funding available in NHS programs is too low. Some would also like to see more grants than loans (33%).
- **Redesigning programs to better focus on affordability:** Changes to the design/structure of the programs are needed to be geared more toward affordability (41%). For example, one respondent stated that “all programs need to be linked to the overall goal of reducing homelessness and housing need.” Another noted that “RHI needs to have a substantial acquisition component as moderate rent housing stock is eroding at a far greater pace than NHS programs.”
- **Adjusting program requirements and application processes:** The program requirements are preventing non-profits with limited capital and capacity from accessing the funds. Also, some respondents find the application processes are cumbersome and time-consuming (22%).
- **Improving and expanding programs to address the needs of specific target groups:** There is a need to address housing issues faced by specific groups, such as students and people experiencing homelessness (18%). For example, one respondent stated that programs should address the needs of students “to mitigate the vulnerability of youth on the housing market, reduce debt burdens, and alleviate the impacts of students on rental markets of college towns”.
- **Collaboration among different levels of government:** Better coordination and collaboration among federal, provincial/territorial, and municipal governments is needed (6%).

Among the survey respondents, 65% answered the question, “What is one thing you hope to see in the next iteration of the NHS?”. Their responses focused on:

- **Targeted support for affordable housing and non-profits:** Many respondents want to see greater focus on affordable ownership and rental housing. The NHS should also support capacity building for non-profit organizations that work to provide affordable housing (32%).
- **Funding:** Many respondents would like to see an increase in program funding amounts, a higher level of subsidy under some of the programs, and more grants instead of loans they need to pay back (25%).
- **Support for specific target groups and geographical areas:** There is a need for an increase in support for specific target groups, such as Indigenous Peoples, students, and people with disabilities. Some also want to see more support for specific geographical areas, such as for northern communities (25%).
- **Simplified application requirements and process:** Respondents want more streamlined application requirements and processes, and some noted the need for faster application timelines (11%).
- **Better collaboration among F/P/T Municipal and Indigenous governments:** Better collaboration among all levels of government is needed to address housing affordability (9%). One respondent wrote that “too often it seems that different levels of government are working in opposition or downloading responsibilities onto each other”.
- **Revision to the NHS approach:** The NHS should revise its overall approach to housing, such as by demonstrating a stronger commitment to the human right to housing (6%).

Finally, survey respondents were invited to provide comments on the wide range of topics that were mentioned in the survey. 34% of those surveyed responded, emphasizing the need for structural factors to be addressed:

- **Improving CMHC's capacity to support the NHS:** A respondent wrote that “the direction and support from some CMHC staff [was] erratic to the point of misleading,” while another noted that the organization “needs to improve the knowledge of their staff” (25%).
- **Development capacity building by the NHS:** The NHS needs to address the lack of housing development capacity in order to address shortages in supply. A respondent wrote that “the NHS could try to address construction costs by giving incentives to builders and contractors to reduce costs when making affordable projects” (14%).
- **Other considerations:** Respondents also commented on the need to streamline application processes, improve collaboration among all levels of government, and expand programs to target specific groups.

Appendix A: Survey Questions

Part I: About your organization and the work you perform

1. *What best describes the main sector and function (s) your organization or you in a professional capacity do?*
2. *What type of housing does your organization or you in a professional capacity work with?*
3. *What is the geographic scope of your organization or the work that you perform?*
4. *What population groups does your organization or you in a professional capacity serve? Please indicate the primary population group(s), if applicable.*

Part 2: About the NHS outcomes, targets, and programs

5. *How would you rate your level of knowledge and understanding of the National Housing Strategy and NHS Programs?*
 - Strong knowledge and understanding
 - Moderate knowledge and understanding
 - Limited knowledge and understanding
 - Very limited knowledge and understanding
 - Do not know
6. *Which National Housing Programs to create new/modernize existing housing supply and support the community housing sector have your organization or you in a professional capacity been involved:*
7. *The NHS is a 10-year, \$70+ billion plan that has targets to cut chronic homelessness in half, remove 530,000 households from housing need, invest in the construction of up to 160,000 new affordable homes, and repair and retain affordable housing. In your opinion, how is the NHS making progress to achieve these targets? (Select 1)*
 - Making excellent progress
 - Making good progress
 - Making some progress
 - Not making visible progress
 - Not sure

8. *Please indicate which, if any, target (s) you think the NHS is not making progress on? (Select 1 or more)*
- Reducing chronic homelessness by half
 - Removing households from housing need
 - Constructing new affordable homes
 - Repairing and retaining affordable housing
9. *The NHS has a variety of priority areas including housing for those in greatest need (vulnerable populations), social housing sustainability, Indigenous housing, Northern housing, sustainable housing, and a balanced supply of housing. In your opinion, how is the NHS making progress in these priority areas? (Select 1)*
- Making excellent progress
 - Making good progress
 - Making some progress
 - Not making visible progress
 - Not sure
10. *Please indicate what, if any, priority area (s) the NHS is not addressing: (select one or more)*
- Addressing the housing needs of those in greatest need (vulnerable populations).
 - Improving the sustainability of community housing and building the capacity of providers. Community housing refers to community-based housing that is owned and operated by non-profit housing societies and housing co-operatives or public housing owned by provincial, territorial, or municipal governments.
 - Improving Indigenous housing.
 - Improving access to affordable, adequate, and suitable housing in Canada's northern and remote regions.
 - Ensuring the next generation of affordable community housing is environmentally friendly, socially inclusive, and financially secure for builders and/or operators.
 - Addressing the supply of housing and overall stability of the Canadian housing market.
11. *In your opinion, are there any barriers for organizations to access any of the NHS funding (Select 1)*
- Yes
 - No
 - Not sure

12. *If your answer to the previous question was yes, which organizations are the most affected?*
13. *If your answer to question 11 was yes, please identify which of the following barriers exist in accessing the NHS funding within the different Programs: (Select 1 or more)*
- Overall level of investment insufficient to address extent of need
 - Funding levels per unit inadequate to ensure affordability
 - Required level of financial contributions from applicant too high
 - Program design/requirements (e.g., eligibility, affordability levels, restrictions on funding use, partnership requirements, accessibility requirements, energy efficiency)
 - Coordination of programs
 - CMHC Application processes (application forms, guides, support to complete the application, timeframes, approval processes)
 - Coordinating federal and provincial (and municipal) funds
 - Municipal planning approval processes
 - Communication (e.g., web site, application guide, application form)
 - Other (please specify)

Part 3: Areas of opportunity to improve the NHS

14. *What changes/improvements need to be made to the NHS to better address core housing need, homelessness, and the needs of the most vulnerable populations? Please refer to the specific program in your answer, where possible.*
15. *What is one thing you hope to see in the next iteration of the NHS?*
16. *Please let us know if you have any additional comments that you believe could be important for improving the NHS.*

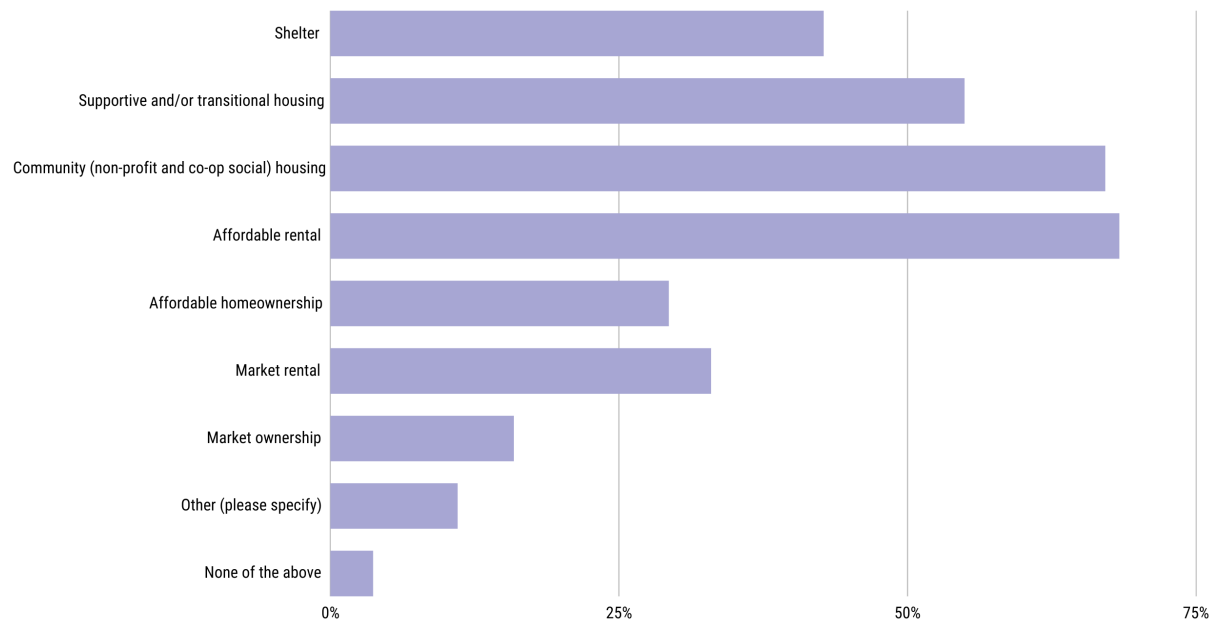
Part 4: Additional Material

Please email any idea papers or other submissions to us. This may include any public reports, public studies, or other existing public documents that include direct, housing-related, input from people with lived experience.

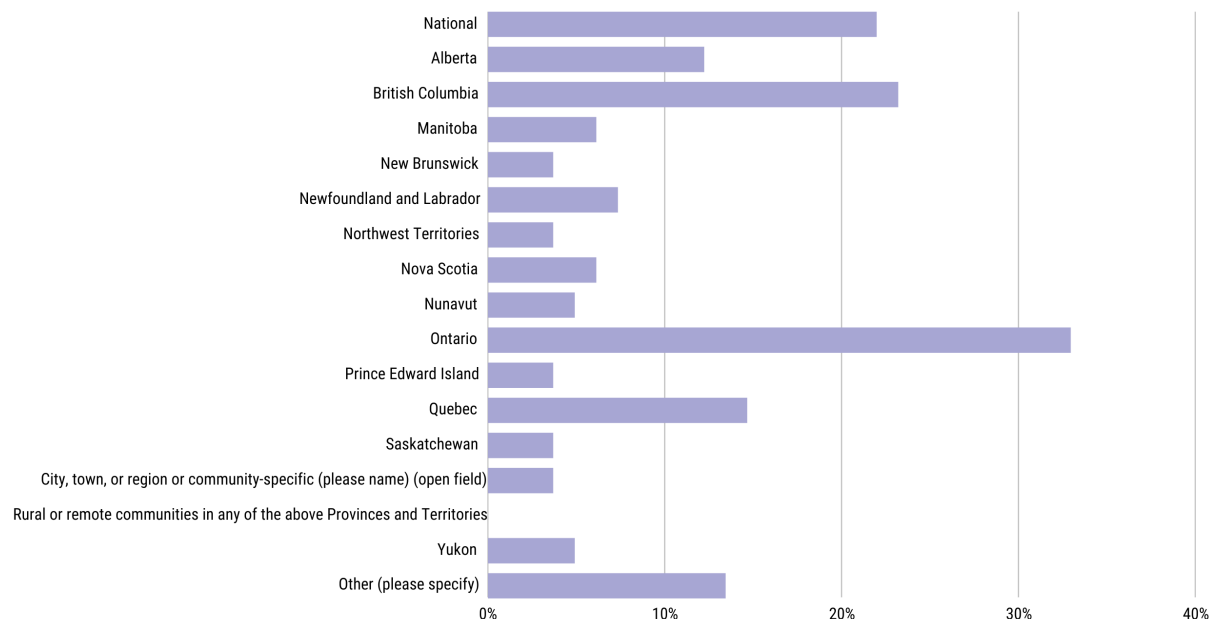
Thank you for completing the survey. Your input will be used to inform the NHC's report that will provide recommendations to the Minister on how to improve the National Housing Strategy.

Appendix B: Survey Responses (Selected; Questions 2–10, 13)

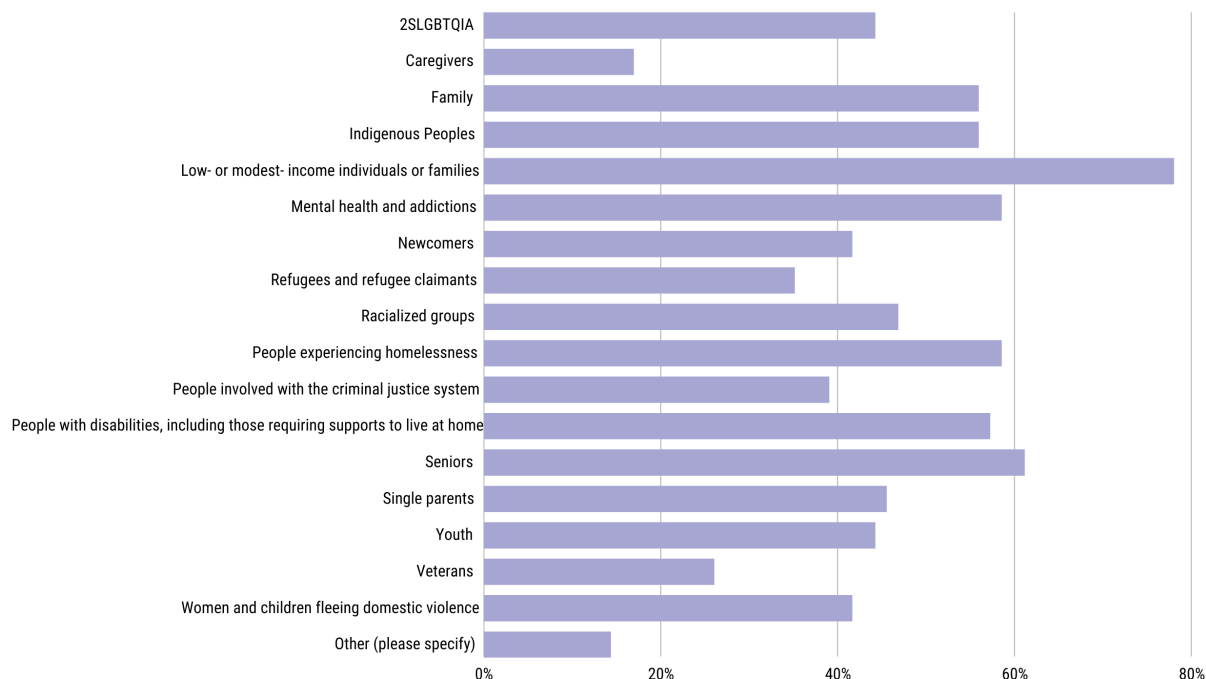
Q2: What type of housing does your organization or you in a professional capacity work with? (select all that apply)



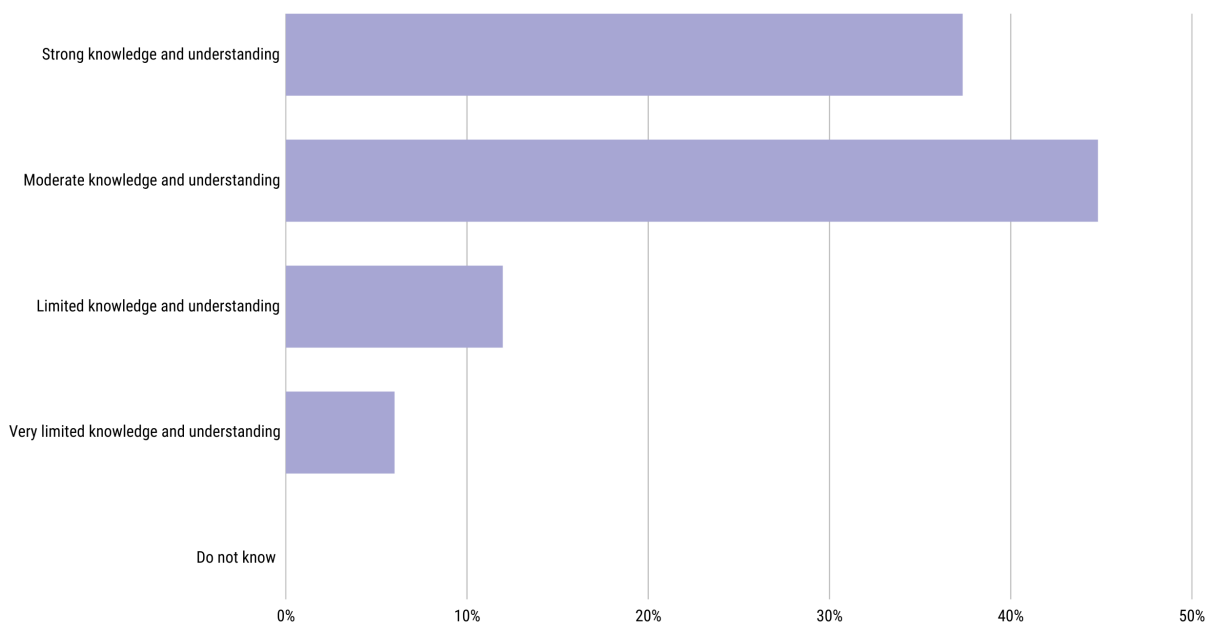
Q3: What is the geographic scope of your organization or the work that you perform: (select all that apply)



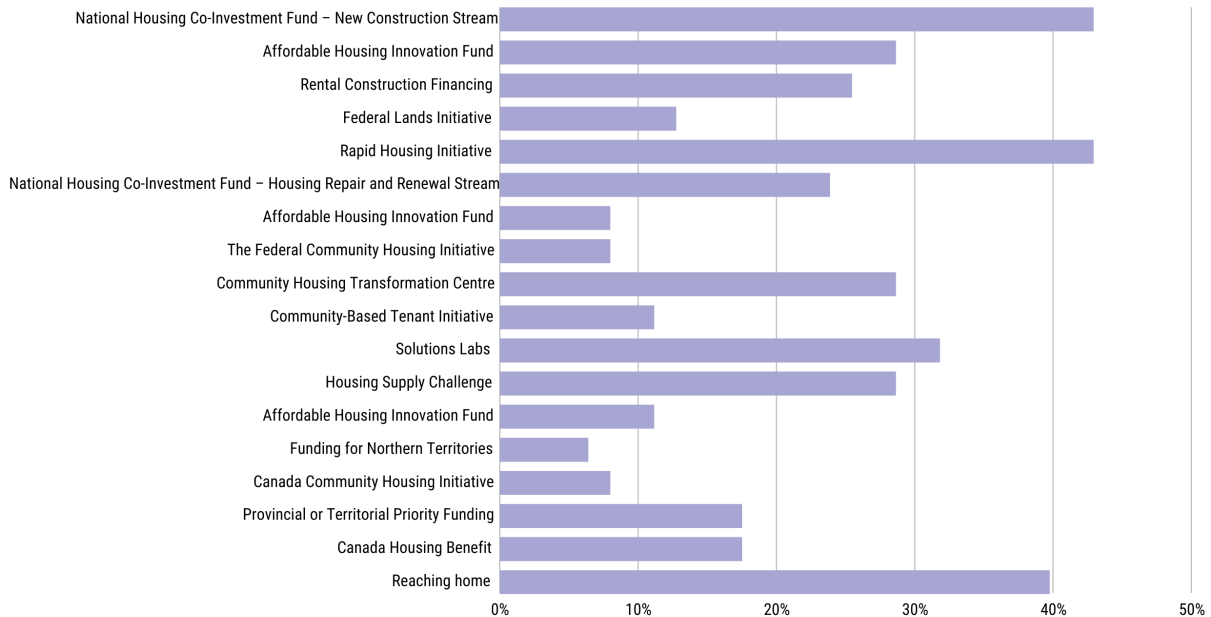
Q4: What population groups does your organization or you in a professional capacity serve? Please indicate the primary population group(s), if applicable. (select all that apply)



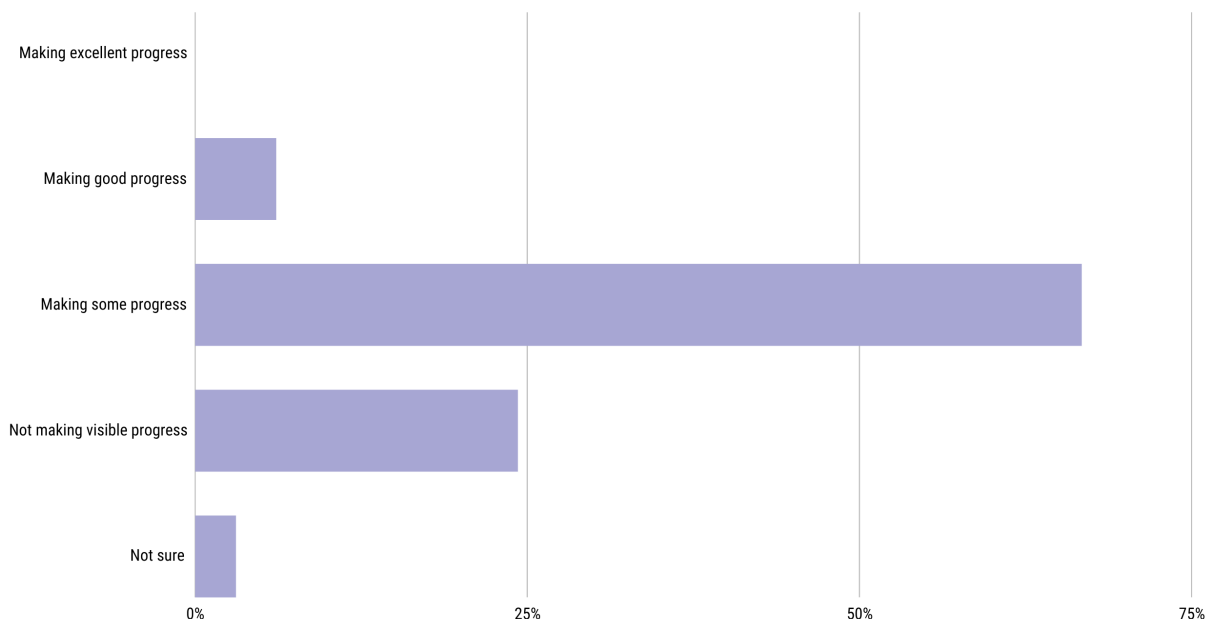
Q5: How would you rate your level of knowledge and understanding of the National Housing Strategy and NHS Programs?



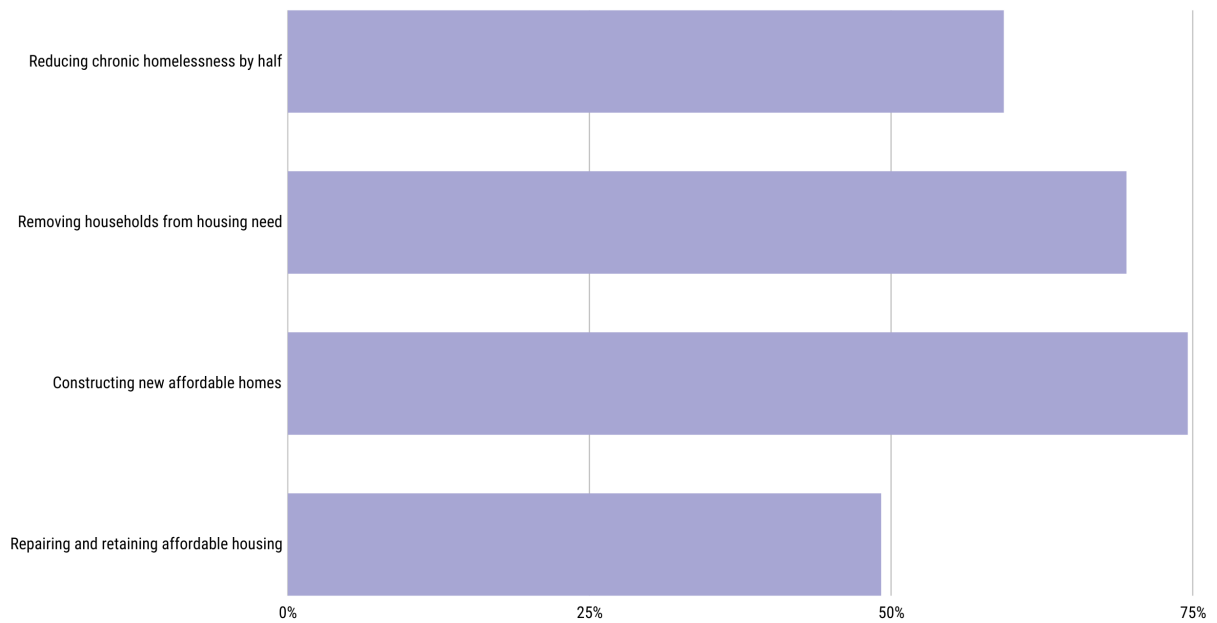
Q6: Which National Housing Programs to create new/modernize existing housing supply and support the community housing sector have your organization or you in a professional capacity been involved: (select 1 or more)



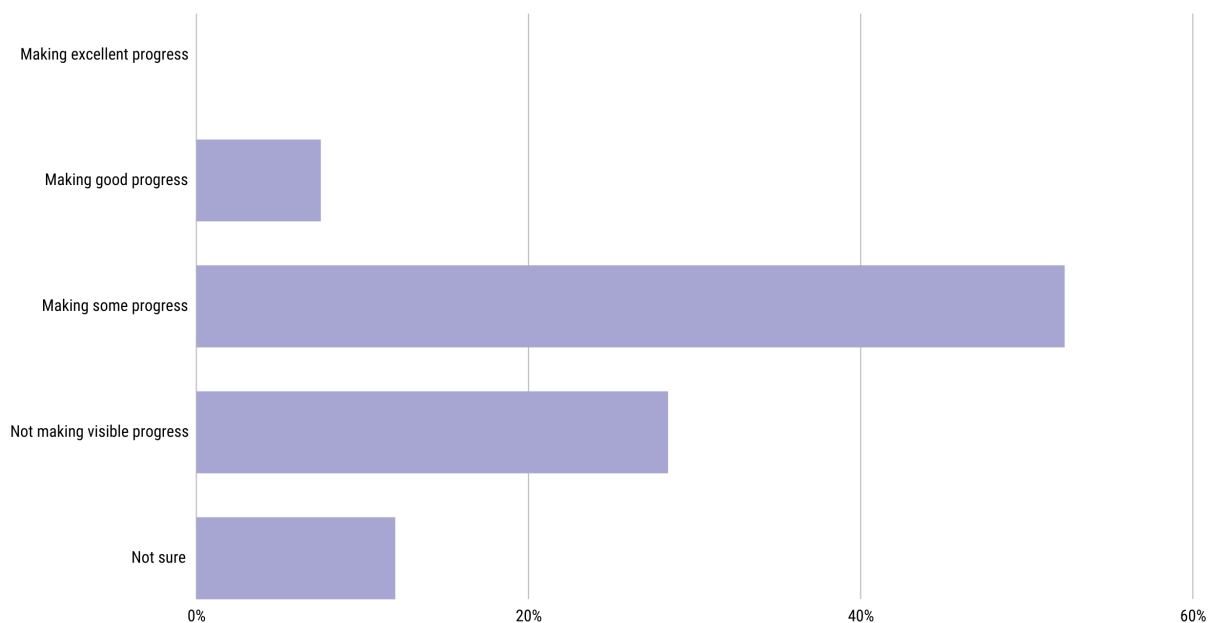
Q7: The NHS is a 10-year, \$70+ billion plan that has targets to cut chronic homelessness in half, remove 530,000 households from housing need, invest in the construction of up to 160,000 new affordable homes, and repair and retain affordable housing. In your opinion, how is the NHS making progress to achieve these targets?



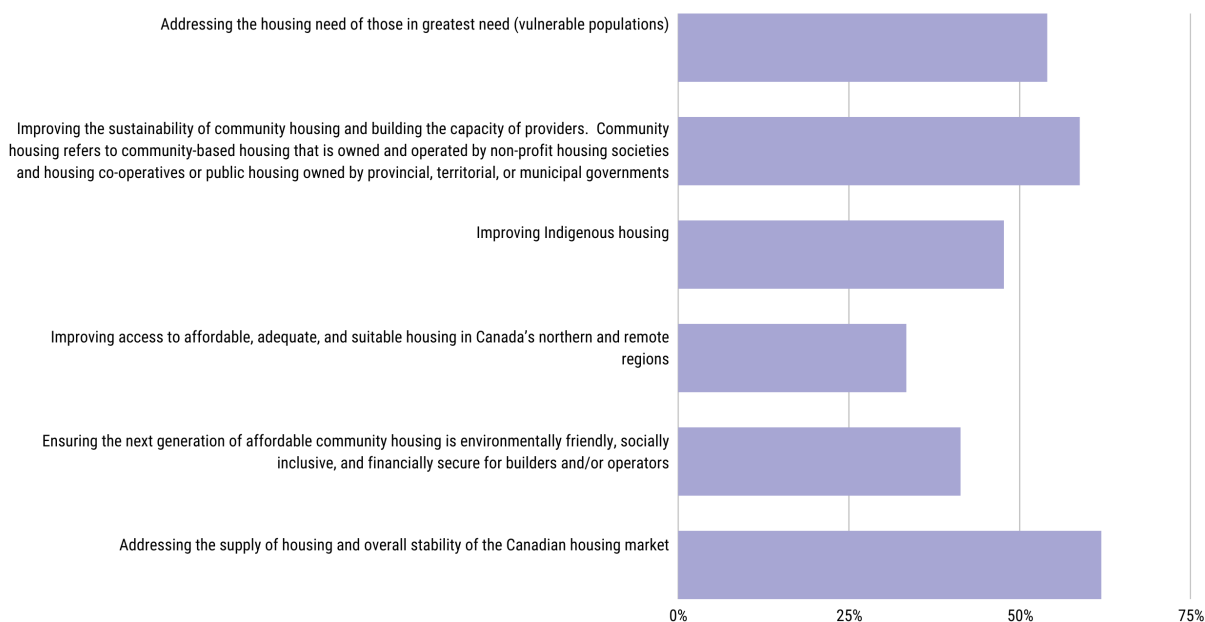
Q8: Please indicate which, if any, target (s) you think the NHS is not making progress on? (select one or more)



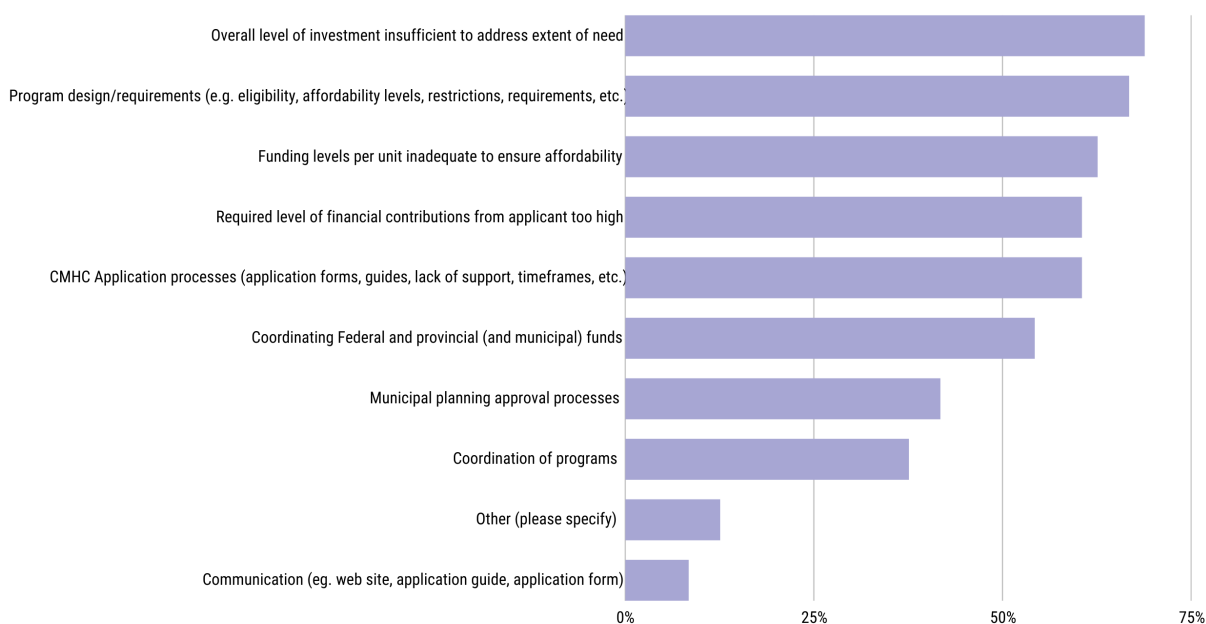
Q9: The NHS has a variety of priority areas including: housing for those in greatest need (vulnerable populations), social housing sustainability, Indigenous housing, Northern housing, sustainable housing, and a balanced supply of housing. In your opinion, how is the NHS making progress in these priority areas?



Q10: Please indicate what, if any, priority area (s) the NHS is not addressing:
(select one or more)



Q13: If your answer to question 11 was yes, please identify which of the following barriers exist in accessing the NHS funding within the different Programs: (select one or more)



Appendix C: Survey Responses (Areas of Opportunity; Questions 12, 14, 15)

Question 12: If your answer to the previous question was yes, which organizations are the most affected? (Previous Question: In your opinion, are there any barriers for organizations to access any of the NHS funding?)

Organization Type	Number of Responses
Non-profits (all sizes)	22
Co-ops	4
Indigenous	3
Housing providers	2
Organizations with no capital	3
Accessible housing	2
Students	1
Entrepreneurs	1
BIPOC	1
Homelessness	1

Question 14: What changes/improvements need to be made to the NHS to better address core housing needs, homelessness, and the needs of the most vulnerable populations? Please refer to the specific program in your answer, where possible.

Area of Opportunity	Number of Responses
Funding amount	17
Redesigning the program to focus on affordability	21
Program requirements/application	11
Coordination/ collaboration with different levels of government	3
Focus on specific target group	9

Question 15: What is one thing you hope to see in the next iteration of the NHS?

One Improvement	Number of Responses
Increased funding for NHS programs	14
Coordination between F/P/T	5
Increased targeted support for affordable housing and/or NFP	19
Revision of program requirements/ application	6
Increased support for specific target groups/ geographical areas	13
Revision of NHS approach	3



Appendix D: Supplementary Documents Provided by Respondents

During the engagement process, participants were invited to submit supplementary information to inform this process. Documents were submitted by a range of organizations, as presented below.

Document	Organization
Housing Assessment Resource Tools	Housing Research Collaborative
Progress on 2018 Six Calls to Action	Pan-Canadian Voice for Women's Housing
Women's Housing: Balancing "Scaling Up" and "Caring" in Montreal, Gatineau, and Ottawa	University of Ottawa, Institute of Feminist and Gender Studies
Memo	Batir Son Quartier
Housing and Mental Health Policy Framework	The Centre for Addiction and Mental Health

ANNEX 2. What We Heard – Interview Report

Introduction

CUI conducted 14 interviews with 28 stakeholders who have knowledge or experience of NHS programs, as a second component of the engagement process (April 12-21, 2022).

Methodology

CUI worked with the Council to identify potential interviewees. Participants represented a mix of housing developers (non-profit, co-op, and private), service providers, academia, advocacy groups, municipal governments, and housing and homeless networks and associations from across Canada.

Interview questions focused on areas where the NHS has been successful, the gaps and challenges, and the changes that are needed to improve the NHS and its programs.

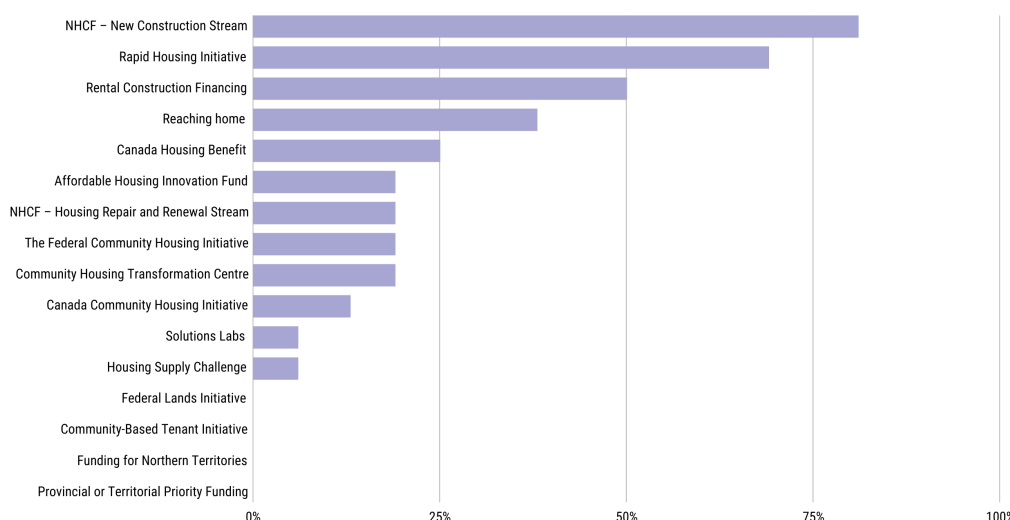
Analysis

Interviewees have experience with a full range of programs (see Figure A4). The top programs they have been involved with are:

- the National Housing Co-Investment Fund (81%),
- Rapid Housing Initiative (69%), and
- Rental Construction Financing (50%).

Figure A4. Participants involvement with NHS Programs

Participants' involvement with NHS programs



Key Findings

There was general agreement that the existence of the NHS and availability of various programs and investments in housing through the NHS with specific and clear objectives is a positive development in how the federal governments is addressing housing issues. Other positive feedback included:

- The recognition of the human right to housing in the NHS is seen as positive.
- The intergovernmental collaboration requirement that is embedded in some of the NHS programs is another positive aspect.

However, interviewees noted that the NHS has not substantially improved the supply and access to affordable housing because of the following:

- Expensive and long application processes.
- Insufficient investments in affordable housing.
- Ineffective funding mechanisms.
- Limited willingness to share project risks.
- Lack of investments to acquire/maintain current housing stock and for supports.

They also shared their views that the NHS is not on track to meet its goals to reduce core housing needs and homelessness because of the following:

- Exclusion of several target groups such as students, women, refugees, and racialized people.
- Lack of progress on implementing Indigenous Housing Strategy.
- Lack of focus on and investments in homelessness.
- The ways affordability is defined and measured in some of the programs are weak and inconsistent.
- Lack of capacity of non-profit housing developers to implement projects.
- Lack of transparency and data quality.
- Programs are too rigid and does not reflect differences across regions.
- Challenges with CMHC's supports.

Interviewees identified the need to increase the supply of, and access to, affordable non-market housing to address the needs of those in core need and experiencing homelessness. Some ways to achieve this include:

- Increase levels of investment.
- Provide advanced pre-development funding to non-profits.
- Streamline application requirements and processes.

- Develop more programs and investments that focus on homelessness.
- Revise the definition/measurement of affordable housing and core housing needs.
- Increase investments to acquire and maintain existing housing stock.
- Provide capacity building for non-profits.

They also noted that NHS program design and administration need to be revised to improve the speed of development and ease of access by:

- Focusing more on portfolio-based programs instead of project-based programs.
- Better intergovernmental collaboration.
- More flexibility to reflect geographical differences.
- Research to gain more knowledge about best practices related to ending housing needs and homelessness.

Interviewees also noted that the NHS needs to address the needs of key target groups more effectively, including Indigenous Peoples.

What's Working Well

Interviewees identified several key themes related to positive aspects of the NHS in addressing housing needs.

The availability of a range of programs focused on various aspects of Canada's housing system:

- The selection of housing programs with specific and clear objectives is a positive aspect of the NHS. Its comprehensive framework looks at housing as a system, instead of different housing issues as separate issues.
- One interviewee also suggested that climate and accessibility criteria of the National Housing Co-Investment Fund are positive aspects that encourage housing stakeholders to move in the right direction.
- The NHS' goal of reducing core housing need "... is a core objective across the board, which is good, thoughtful of the affordability that is trying to be created."

The recognition of the right to housing:

- The recognition of the right to housing in the NHS as a step into the right direction. One interviewee noted that the NHS helps improve the conversation around the right to housing. Another interviewee credited Right to Housing legislation and its accountability mechanism.

Intergovernmental relationships:

- Effective intergovernmental relationships between all orders of governments are one of the areas of the NHS that are working well.
- The RHI is one example where a strong partnership between the federal and municipal governments leads to positive results.

Gaps and Challenges

Interviewees identified an array of gaps and challenges that are preventing the NHS from addressing housing needs and homelessness.

Insufficient level of investment and targeting of NHS programs include:

- Levels of investment in some programs are insufficient to achieve NHS objectives, including the CHB and the NHCF. A few interviewees also noted that the problem has been exacerbated by increasing construction and labour costs.
- The current levels of forgivable loans provided through the NHCF are insufficient to achieve the level of affordability required by many households in core need or experiencing homelessness.
- The NHS has inconsistent and weak definitions of affordability that do not align with the incomes of households in housing need. NHS programs such as the RCFI and NHCF define “affordable housing” differently. RCFI’s definition of “affordable housing” is misleading as it uses “average rents” above the affordability threshold of 80% of average market rent, resulting in many of the units produced by RCFI that are out of reach to those who need them, such as those who do not need public housing but are unable to pay market rent.
- Certain groups, including, but not limited to students, youth, women, racialized people, people with mental health issues, and refugees are excluded from the NHS’ priority groups. For example, although the Reaching Home program aims to address homelessness, many people who are homeless such as youth, women, and racialized people do not fall into “chronic” homelessness category and consequently, are excluded from the program.

Lack of funding to address financialization:

- As real estate investment trusts (REITs) continue to acquire rental stock, the supply of affordable rental units continues to decline even as new units are getting built. The acquisitions of existing units by REITs also leads to “renovictions” and exacerbates homelessness. There is no funding for non-profits to acquire and rehabilitate existing private affordable rental housing stock.

The NHS has not made adequate progress on an urban, rural, and northern Indigenous housing strategy:

- Racism is viewed as one of the key reasons why progress on Indigenous housing has been very slow. For example, many Indigenous families are denied access to housing by landlords.

Challenges with affordable rental housing supply programs:

- Application requirements and processes are challenging. One interviewee stated that the NHS programs “have tons of barriers that make it basically impossible to overcome the different requirements.”
- The federal government does not take on an equitable share of the risks related to the development of affordable housing. Interviewees suggested that non-profit housing providers and municipalities bear most, if not all, of the risks associated with housing projects. Since non-profit housing providers often do not have assets they can use as collateral, municipalities often take on the risks themselves, which limits the number of projects they can support. One interviewee provided an example from the RHI, where non-profit housing providers are required to submit expensive applications, conduct feasibility studies, and successfully operate the projects for 20 years, or CMHC can claim their asset.
- Programs do not have sufficient flexibility to address the different needs of different communities. For example, in some cities, the provincial governments have control over housing affairs. As such, municipal governments do not have the funding for administration support in the long term. Construction and labour costs also vary across the country.
- Expertise and resources of some non-profit housing providers in some communities hinders their ability to develop or redevelop affordable housing.

Some organizations have experienced challenges with CMHC’s support.

- This includes the ability of CMHC staff to navigate programs and support organizations in obtaining funding approvals.

Solutions

Target NHS programs toward core housing needs and homelessness:

- Increase levels of investment targeting housing needs and homelessness.
- Re-examine NHS program definitions of affordable housing to ensure that funding goes to support access to housing for those needing deep levels of affordability. Relate rents being charged to the incomes of households in housing need.
- Develop more permanent programs and investments that focus on homelessness.
- Increase investments to support non-profit organizations in acquiring and rehabilitate existing private rental housing stock.
- Increase investments in maintenance and repair of existing non-profit and co-op housing units.

Increase program focus on, and investments in, Indigenous housing.

Create the conditions to successfully developing non-profit and co-op housing:

- Provide advanced pre-development funding to non-profits.
- Improve application approval timelines.
- Review applications on a local/regional or portfolio level.
- Make programs direct to municipalities, such as the Rapid Finance Initiative (RFI), longer-term, or permanent programs.
- Focus on portfolio-based instead project-based programs.
- Increase underwriting flexibilities.
- Increase flexibility to reflect geographical differences.
- Allow stackability of programs.
- Improve expertise and resources of non-profits to deliver affordable housing developments and scale up. This funding could be used to train staff in understanding housing and shelters and to enable non-profit housing providers to take advantage of the assets they have. One interviewee suggested a training program for developers in the non-profit sector.

Improve intergovernmental collaboration between all levels of government:

- The federal government should take a leadership and funding role to enable coordination.

Expand the NHS to help various groups that are excluded from existing programs or inadequately served, such as women and students.

Improve transparency on the use of funds and outcomes achieved.

Commission more research to better understand best practices within Canada and internationally related to providing access to housing for those who need it most:

- Work with universities and think tanks to find ways to develop solutions to housing issues.

ANNEX 3. What We Heard – Regional and National Sessions Report

Introduction

CUI conducted four regional and two national sessions with organizations and individuals who have knowledge or experience of NHS programs as a component of the engagement process (April 22-May 9, 2022). The analysis of the presentations and discussions from these sessions will complement the overall findings from the project's stakeholder engagement activities, which will inform the final report with recommendations to be prepared by the Council.

Methodology

CUI held six sessions to provide a Canada-wide perspective on the NHS, including four regional sessions held in:

- Western Canada (British Columbia and Alberta)
- Central Canada (Saskatchewan, Manitoba, and Ontario)
- Eastern Canada (New Brunswick, Prince Edward Island, and Newfoundland and Labrador)
- Northern, Rural, and Remote Communities.

These perspectives were then complemented by two national sessions. In total, 63 panelists shared their experiences from many different areas of expertise including:

- housing or homelessness network or association (23%)
- non-profit or co-op housing providers and/or developers (15%),
- municipal governments (15%),
- service providers (13%),
- academia (10%),
- private consultants (10%),
- funders or funding administrators and/or system planning organizations (8%),
- provincial or territorial housing agencies (5%),
- private housing providers and/or developers (2%),
- Indigenous governments (2%).

Nearly 200 participants attended the sessions and were invited to join the discussion through the chat and Q&A function.

All sessions were held in English but included a bilingual live translation in French and English that could be accessed by all participants. Each session began with an introduction to the consultation process from an NHC member followed by a presentation on funding from the consultations so far. Each presenter was then asked to give a three-minute solution focused presentation on how the NHS can better address core housing needs, homelessness, and the needs of the most vulnerable populations. After each group of panelist presentations, which usually consisted of 3-5 presenters, panelists were asked questions posed live by members of the working group on Improving the NHS and posed by participants through the chat and Q&A function. Participants were asked to follow up with any reports that could inform the work.

Key Themes

Several key themes and solutions emerged from the regional and national sessions including:

Targeting of NHS programs toward core housing needs and homelessness:

- The programs under the NHS are not targeted enough to reach the Strategy's identified targets. This approach fails to realize the right to housing, particularly for groups such as Indigenous Peoples, women, and gender diverse people.
- Adjust programs in the National Housing Strategy toward evidence and rights-based programs targeted at reducing core need and homelessness, that align with the populations and household sizes most in need.
- Directly target programs at deeply affordable housing and require long term affordability.

Construction and renovation of market rental housing:

- There has been a significant focus on market housing and getting housing supply, rather than addressing core housing needs and homelessness.
- Low-cost financing for market rental housing through RCFI is leading rent increases and "renovictions", making the affordable housing problem worse.

Continuation of, and rehabilitation and renewal of, existing community housing:

- The NHS has not provided enough emphasis on maintaining and regenerating units that are already built.
- Provide dedicated funding for rehabilitation and repair of existing community housing.
- Be specific about a renovation and renewal strategy, with dedicated funding for rehabilitation, repair, and renewal of existing community housing, that include the number of units to be renovated.
- Ensure funding is available to co-ops through bi-lateral agreements to ensure the continuation of existing co-op housing.
- Some provinces have not been using the funding for the Canada Community Housing Initiative as intended. The federal government should ensure its correct use.

Acquisition of existing affordable private rental housing by non-profits:

- Affordable rental housing is being lost at an alarming rate. To address this issue, the NHS should include an acquisition fund for non-profits to purchase existing at-risk rental along with dedicated funding for rehabilitation and repair, particularly for acquisitions that provide the opportunity for future redevelopment.
- The non-market sector could better compete with REITs by being strategic in getting knowledge about potential acquisition opportunities, by obtaining assistance from regional planners and governments at all levels to target inventory that has the potential for acquisition.
- An acquisition program would require funds to flow rapidly, and should include grants or forgivable loans, and low interest financing. Non-profits could be pre-approved for certain amounts of grant funding to allow them to act when a building comes for sale.

Scaling up the development of new non-market non-profit and co-operative housing:

- Financialization of housing is a key issue. There is a need for additional non-profit and co-operative housing that operates outside of the general marketplace.
- Appropriately target solutions to the income levels of households in core need and experiencing homelessness. Participants noted that this requires higher forgivable loans rather than repayable loans along with rent assistance or an operating subsidy for households at the lower end of the income spectrum.
- Design programs for scalability, speed of development, and ease. The following are necessary conditions for successfully developing non-profit and co-operative housing at scale:
 - Consolidated or stackable programs
 - A portfolio approach to funding, involving direct partnerships with regions or municipalities that provides consolidated funding with flexibilities for municipalities to adapt to their specific needs and requires comprehensive community planning process to strategically allocate the funding
 - Predictable funding
 - Simplified programs and applications
 - Advanced pre-development support beyond what is currently available through seed funding
 - The provision of grants/capital contributions and rental assistance as needed, to target households based on their incomes and to mitigate future risks related to capital repair needs, operating costs that rise faster than rents, and changes in mortgage rates
 - Approvals early in the development process
 - Support for the acquisition of land
 - Low barrier investment or underwriting flexibilities

- Innovations in financing, such as local financing where CMHC “backstops” the risks
- Supports to strengthen capacity of non-profit organizations that need support building their expertise. Participants suggested included having a position to support non-profits throughout the proposal, design and construction process of affordable housing development, providing financial resources to umbrella organizations to support non-profits, and providing funding to hire staff to work on funding applications.

Sustainability of new affordable housing and quality of service delivery:

- RHI projects are incredibly valuable because they are aimed at serving the population at risk of or experiencing homelessness, but there is potential for these projects to face the same sustainability challenges as the current 100% RGI projects are facing now, because their operating costs are incredibly volatile and new asset managers are being created amongst organizations that are actually very good service providers, without building their capacity as asset managers.
- Participants are concerned that the NHS is not focused enough on the quality and the nature of the housing and services being delivered. Questions were raised about whether it make sense for 5-10 new non-profit organizations in a community to build their capacity as asset and property managers.

Income supports and housing benefits:

- There are significant shortcomings in the incomes supports being provided across the country. The federal government should directly assist more people who receive social assistance through stackable benefits to address housing needs and stop cycles of homelessness due to poverty.
- The CHB should be a universal benefit.
- The federal government should ensure the Canada Housing Benefit or rental assistance is available across all provinces.

Urban, rural, and northern Indigenous housing:

- The lack of progress on an urban, rural, and northern Indigenous housing strategy is key concern.
- The federal government should robustly and equitably fund and implement an urban, rural, and northern Indigenous housing strategy controlled by Indigenous organizations, using a service-based rather than distinctions-based approach.
- In self-governing Indigenous communities, funding works best when delivered through a direct relationship with the federal government, as these communities may not receive their share of resources when they are distributed through other governments.

Homelessness and supports:

- Current programs lack sustainable funding for wrap-around services.
- Establish linkages between capital funding from the federal government and supports funding from the provinces, for example, through bi-lateral agreements that require integration of supports.
- Better direction should be provided in the Strategy on how chronic homelessness will be addressed.
- Reaching Home should be better integrated with other programs of the NHS.
- Better enable Indigenous organizations to lead and draw on Reaching Home Designated Community funding in addition to Indigenous specific funding.
- Reinstate requirements about use of Reaching Home funding for Housing First supports and scale up Housing First services by ensuring integration of provincial health care resources.
- Address causes of youth homelessness, including vulnerable families.
- Increase financial resources and capacity building to support homelessness prevention.
 - Non-profit organizations developing affordable housing should carve out opportunities for partnerships with organizations serving unique populations, such as justice involved individuals.
 - Measure not only the number of units, but also the experiences of individuals in the housing.

Definitions of affordability, housing need, and homelessness:

- The use of 80% of average market rents as the definition of affordable housing within affordable housing supply programs does not align with what would be considered affordable to many households in core need (based on 30% of income spend on housing costs). This issue can be addressed by pairing with housing benefits or rent supplements for lower income households with affordable housing rented at 80% of average market rents.
- Programs should be tailored to the incomes of households and recognize differences in the incomes of census families versus non-census families, women-led households, and incomes in the local neighbourhood rather than the overall average for the municipality.
- Programs do not reflect the different experiences of homelessness and housing needs for women, as they are more likely to experience invisible homelessness, trade sex for housing, stay in abusive relationships, and couch surf. NHS programs should adopt definitions and approaches to programming that reflect gendered experiences.

Intergovernmental coordination

- There is a need for more direct partnerships between different levels of government, including local teams involving all levels of government, as well as intergovernmental coordination between government agencies and departments at the federal level.

Regional considerations

- Flexibility is needed within programs to account for local needs. The need to account for the higher costs of construction through higher levels of funding and more forgivable loans were raised by both big cities and smaller remote communities.
- Being able to make funding programs work depends on access to provincial funding, but access to contributions from other levels of government is unequal due to varying pressures faced by other levels of government. Programs need to account for this.
- Big cities liked that the NHS includes programs to increase purpose-built market rental housing, whereas others thought the focus should be on affordable housing.
- In Ontario, housing providers trying to implement solutions at scale are challenge by having to work with many different Service Managers with different approaches.

Northern, rural, and remote considerations

- Flexibilities are required in the North to adapt to their unique circumstances, including flexibilities in timelines for units to be developed du to supply chain challenges and short sea lift times. The Housing Partnership Framework has worked well in Nunavut to help make more affordable housing available in the territory, whereas the other programs have not been flexible enough to respond to the specific context of Nunavut.
- A different definition of affordable housing is required to fit the northern context. Current programs targeting 80% of average market rent do not work in the North.
- Many rural, remote, and northern municipalities and non-profit organizations lack the capacity to go through cumbersome application processes. Non-profit organizations often have volunteer boards with no paid staff. This results in these communities not getting their fair share of funding.
- When competing with communities across Canada, northern, rural and remote communities face obstacles in successful applications because of the criteria for innovation and lack of being able to scale their innovation on a national level as well as challenges in demonstrating access to amenities.
- Housing First approaches are difficult when the community lacks wrap-around services.

ANNEX 4. National Housing Council Urban, Rural, and Northern Indigenous Housing: Recommendations

When the National Housing Council first met in January 2021, the issue of urban, rural, northern Indigenous housing was immediately identified as a critical priority given the dire housing circumstances too many Indigenous people face in urban, rural, and northern communities. The *Urban, Rural, and Northern Indigenous Housing: Report and Recommendations* was prepared by the NHC. The guiding principles and recommendations to the minister are provided below. A full copy of the report is report may be obtained from:

<https://www.placetocallhome.ca/en/national-housing-council/media-newsroom/report-recommendations-minister-housing-diversity-inclusion-urban-rural-nih>

Guiding Principles for an URN Recommendations

Indigenous Governed

Future policy decisions, including the establishment and design of a national URN Indigenous housing body, must be led by Indigenous people and designed for Indigenous people. It is insufficient for organizations that serve Indigenous communities to lead this work, organizations that are Indigenous governed must lead the way.

Community Led

Solutions must be developed with and adaptable to local communities. The current 3-streams approach to Indigenous housing has demonstrably failed Indigenous people living in URN environments and does not present a path forward.

North Specific Approaches

The acute housing crisis in the north of Canada and the historical failures of national approaches demand that north specific strategies and approaches be central to this work moving forward.

Intersectionality

The intersection indigenous identity with other marginalized identities - ability, age, gender, sexual orientation, gender identity, etc. - must always be considered in approaches to URN Indigenous housing work and especially in the design of a national URN housing body.

The report by the Council includes 4 recommendations to the Minister:

Recommendation 1: Establishment of a National URN Housing Body

That the Minister of Housing and Diversity and Inclusion appoint a body made up of Indigenous, URN Indigenous housing experts to develop and implement an URN strategy including the establishment of a national, independent, non-political, Indigenous-controlled body to administer urban, rural, and northern Indigenous housing.

Recommendation 2: Establishment of an Interim Mechanism to Fund Immediate Needs

That the Minister of Housing and Diversity and Inclusion work with Indigenous, URN Indigenous housing experts as well as the National Housing Council URN working group and the CHRA Indigenous Caucus to establish and lead an interim mechanism through which to flow new funding for urban, rural, and northern Indigenous housing immediately.

Recommendation 3: Immediate and Sustained Investment in Urban, Rural, and Northern Indigenous Housing

That the Minister of Housing and Diversity and Inclusion initiate an initial budget request for fiscal years 2022-2023 and 2023-2024 in the minimum amount of \$6.3 billion.

Recommendation 4: Further Engagement to Understand URN Homelessness

That the Minister of Housing and Diversity and Inclusion initiate a process to engage with communities on the issue of URN Indigenous homelessness to determine whether URN Indigenous homelessness funding and policy should be included within the national body and a broader URN Indigenous housing strategy.

ANNEX 5. Recommendations for the NHS from A National Housing Strategy By and For Whom?

In addition to the engagement activities led by CUI, the Council commissioned A Way Home Canada to conduct a literature review on lived experience on housing need. University of Guelph professor Leah Levac and her research team published a 2022 scoping review of housing-related experiences of people with lived experience (LE) of homelessness and core housing needs titled: A National Housing Strategy By and for Whom? The research team contributed to survey questions and participated in interviews panel sessions. Their report includes nine recommendations.

Theme	Recommendation
Prioritize LE Knowledge in Research, Policy, and Planning	1. To advance the commitment to the right to housing as outlined in the NHS, and to uphold the commitment to centring LE knowledge, the NHC should advocate strongly for housing-related research funding that prioritizes people with LE as research designers, implementers, analysts, authors, and disseminators. A step in the right direction would be for the NHC to use the promising practices articulated above, and to bring its operating procedures in line with these practices.
	2. Better accounting for, and disaggregating, LE voices and recommendations in community housing and homelessness plans and needs assessments will help to increase government and systems accountability to people with LE. <i>The Intersectional Gender-Based Strategy to End Homelessness in Winnipeg</i> (Bernas et al., 2019) offers a good example of a comprehensive engagement strategy to involve people with LE in all stages of planning and decision-making and can inform future guidance provided by the NHC.
Advance Deep Affordability and Adequacy	<p>3. To advance deep affordability, the NHC should advocate for a definition of affordability that meaningfully relates to the needs of people experiencing homelessness and/or core housing need. People with LE suggest that several complementary strategies are necessary for achieving affordability, including, as noted above:</p> <ul style="list-style-type: none"> • attending to multiple levels of affordability including the provision of deeply affordable housing at 50% or less average market rates for those on low and/or fixed incomes (Kerman et al., 2019; PPE, 2018); • recognizing and legalizing diverse types of affordable housing such as rooming houses (Hwang, 2002; PPE, 2018); • investing in non-market social housing options including supportive housing, government-funded subsidies and rent-geared-to-income (RGI) housing (Leviten-Reid et al., 2020); and • developing and implementing the NHS' National Housing Benefit in collaboration with LE knowledge holders to provide direct rent supplements for people experiencing homelessness and/or core housing need (Stergiopoulos et al., 2017).

	4. The NHC should press for NHS funding streams to contribute to the creation of a more diverse housing stock, informed by the needs of people with LE, because this is an essential dimension of achieving the right to housing ambition of the NHS. These should respond to unmet housing needs, while also considering promising practices related to trauma-informed and systems approaches.
	5. Several dimensions of housing adequacy, along with persistent unmet housing needs, are unique for Indigenous Peoples. The importance of culturally appropriate housing design (Alaazi et al., 2015; Bernas et al., 2019; Latimer et al., 2018; NWAC, 2018), the critical role of trauma-informed approaches (Bernas et al., 2019; Reclaiming Power and Place, 2019; Schmidt et al., 2015), and the well-documented unmet housing needs (Kauppi, 2018; NWAC, 2018) are all highlighted in literature that reports on the experiences of Indigenous Peoples with LE. Thus, the NHC should advocate for an Indigenous-led strategy that responds to the housing and related support needs of Indigenous Peoples. The NHC should also advance calls for the development of an Indigenous Housing and Homelessness Non-Profit Entity, including an LE Advisory Council to be made up of Indigenous individuals with LE (Baspaly et al., 2022), to advise more broadly on Indigenous experiences of homelessness.
The Right to Housing Depends on an Intersectional Lens	6. Building on calls by others to take up feminist and rights-based approaches (Leviten-Reid & Parker, 2018; Gaetz et al., 2016), and on the federal government's use of a gender-based analysis plus (GBA+) lens to develop the NHS, the NHC should call for the broader application of GBA+, which is informed by the concept of intersectionality, in the implementation of all dimensions of the NHS. For instance, applicants to funding streams should be required to demonstrate how they have applied a GBA+ lens to their development plans, including how their developments will meet diverse adequacy needs. This will necessitate meaningful and ongoing engagement with people with LE.
	7. The NHC can and should model – and become a stronger voice for – centring diverse LE in the development, implementation, and ongoing monitoring and evaluation of housing-related supports and programs.
Accountability to Existing Recommendations from People with LE	8. Moving forward, the NHC should carefully extract recommendations put forward by people with LE and commission their engagement in developing accountability mechanisms to help combat the problem of important reports collecting dust on shelves rather than being realized in practice.
	9. The NHC should work with people with LE to develop recommendations about how the implementation of the NHS, and the work of the NHC, will be accountable to people with LE moving forward.

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