

December 7, 2017

Office of the Honourable Jean-Yves Duclos, P.C., M.P.  
Minister of Families, Children and Social Development  
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Gatineau, Quebec K1A 0J2  
[Jean-Yves.Duclos@parl.gc.ca](mailto:Jean-Yves.Duclos@parl.gc.ca)

Re: National Housing Strategy and Housing First

Dear Minister Duclos:

In our role as Co-Chairs of the [Ontario Housing First Regional Network Community of Interest](#), we are writing to share with you our thoughts about some aspects of the National Housing Strategy and research evidence on the Housing First approach to ending homelessness.

First, we wish to congratulate you for the release of the National Housing Strategy and the ambitious targets defined in it. Moreover, we applaud the goal of reducing chronic homelessness in Canada by 50%. However, we are concerned that there is no mention of using the Housing First approach in the Strategy to end chronic homelessness, when that is the only approach with a solid research base that supports its effectiveness in reducing homelessness. We appreciate that the renewal of the federal homelessness initiative will take place after some further consultation and we urge the government to continue in the direction of scaling up Housing First programs across the country.

As you know, Housing First has two main components, permanent housing and support. The housing component of Housing First entails rent supplements (another name for a Housing Benefit) allowing individuals to pay only 30% of their income towards rent in private market housing, in what is known as a “scattered-site” approach. With the assistance of service-providers who specialize in housing procurement, people who have been chronically homeless can rapidly access housing of their choice when they have a rent supplement. The support component is typically Assertive Community Treatment (ACT) for persons with high needs and Intensive Case Management (ICM) for people with moderate needs. ACT and ICM provide intensive supports for people that enable them to remain housed and to pursue their life goals, whatever they may be. Both of these approaches also have a strong evidence base in mental health research that dates over 30 years now.

Both of us were members of the National Research Team of the [At Home / Chez Soi Demonstration Project](#) that tested the effectiveness of Housing First for people with serious mental illness and a history of homelessness in five Canadian cities. The findings from this study were unequivocal in demonstrating that Housing First can solve chronic homelessness for a majority of this population. Moreover, the costs

associated with these programs were offset by a reduction of use of health, social, and justice-related services. As well, the use of the Housing First approach has led to a 20% reduction in homelessness in the seven largest cities of Alberta over a two-year period (2014-16).

We are also very pleased to see the addition of a Canada Housing Benefit in Chapter 4 of the National Housing Strategy. This is an important form of income support that has shown to assist individuals and families with low incomes to stabilize their housing situation. In our view, a housing benefit is an indispensable component of the Housing First approach. However, we are concerned that the amount of the benefit (\$2500 per year on average) is insufficient for people living in extreme poverty such as those experiencing homelessness. With only \$200 per month, people who have been homeless will be lucky to find a rooming home, which is a low quality type of housing that is hardly conducive to housing stability or recovery. The amount of the benefit needs to be determined by current market rental prices, such that recipients pay no more than 30% of their income or benefits on housing. This means that the value of the benefit must vary from community to community to account for variations in market rental costs. We were able to vary the level of rent supplements in the At Home / Chez Soi study and recipients of Housing First services accessed similar types of homes of decent quality in the five cities while only spending 30% of their income on housing.

Also, there is also no mention in the report of funding for ACT and ICM programs to support Housing First programs. These support services must be in place for Housing First to work. The approach is Housing First, not “housing only.” Currently, many Canadian communities do not have access to ACT programs to serve Housing First clients with high needs.

In sum, we applaud the National Housing Strategy for its goal of reducing chronic homelessness by 50% and for the addition of a Canada Housing Benefit. In our view, the Strategy represents a major policy initiative that has the potential to bring much-needed housing stability to some of our most marginalized citizens. We urge you to explicitly adopt Housing First as the “go to” strategy to achieve the goal of reducing homelessness, and that you provide sufficient funding for Housing First programs to be successful by ensuring that the amount of the Housing Benefit is sufficient and that Housing First programs have access to both high quality ACT and ICM support services.

As researchers with expertise in the areas of community mental health and homelessness who are involved in the scaling up of Housing First in Ontario, we are available to help you in any way we can. Please feel free to call upon us if we can be of assistance.

Sincerely,



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