

Evaluation of Social Inclusion in the National Housing Strategy

June 2024



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Executive Summary

Thematic Profile and Context

The National Housing Strategy (NHS) seeks to achieve the following outcome: “Affordable housing that promotes social and economic inclusion for individuals and families.” Social inclusion is “the extent to which people of all backgrounds, demographics, circumstances and income levels have the access, resources and opportunities to fully participate in all aspects of society. Working towards social inclusion means using measures to reduce or eliminate barriers contributing to disadvantage, marginalization or exclusion” (CMHC, 2022b). The most common features in NHS programs and initiatives that are expected to contribute to social inclusion are:



Priority populations

- Survivors fleeing domestic violence
- Racialized persons and communities
- Seniors
- People with mental health and addiction issues
- Newcomers (including refugees)
- Veterans
- People experiencing homelessness
- People with developmental disabilities
- People with physical disabilities
- Indigenous Peoples
- LGBTQ2+ people
- Young adults



Targeting Women and Children



Accessibility



Mixed-Income Neighbourhoods



Proximity to Services and Amenities



Integrated or On-site Supports and Services

The body of the report is organized by social inclusion feature.

Objective, Scope and Methodology

This evaluation assessed how NHS supply-side programs and research initiatives are contributing to social inclusion to provide evidence-based insights to inform the future direction of the programs. The evaluation scope focused primarily on projects with signed agreements from CMHC-delivered NHS programs that create new or repair existing housing, from program inception to March 31, 2023.

Methodologies: Interviews, literature and document review, a jurisdictional scan, statistical and economic analysis, and administrative data analysis were completed. Analysis and findings were developed using lenses inspired by GBA Plus analysis, universal accessibility, and a human rights-based approach to housing.

Summary of Key Findings by Social Inclusion Feature

Priority Populations and Women and Children

There is a continued need for housing programs that serve NHS priority populations and women and children. Most of these groups still face unique housing challenges, including social isolation, evictions, discrimination and stigma, and lack of affordable housing, shelter spaces, and supports and services. The NHS supply programs are targeting a variety of NHS priority populations, most frequently seniors, people with physical disabilities, Indigenous Peoples and people experiencing homelessness. These programs are also contributing to meeting the NHS's minimum investment target for serving the needs of women and children. Literature suggests that there are additional groups facing barriers to housing that are not currently prioritized within the NHS. There are opportunities to improve data collection on priority populations for some NHS supply programs, which would help provide a better picture of the extent to which CMHC is helping to serve these populations.

Accessibility

There is a continued need for housing programs that contribute to accessible housing. The NHS supply programs are contributing to the creation of physically accessible housing with many projects meeting or exceeding the minimum requirements. However, interviewed proponents anticipate that accessible units in their projects may not always be occupied by those in need. As well, these proponents perceive that the current number of accessible units required exceeds local needs. Program data also suggests a disconnect between the percentage of projects with accessible unit/beds and the percentage of projects targeting people in need of an accessible unit.

Mixed-Income Neighbourhoods

Literature suggests that the creation of mixed-income neighbourhoods is more successful when it includes supports and services that foster a sense of community. Modelling estimates that most Affordable Housing Fund (AHF) and Apartment Construction Loan Program

(ACLP) projects contribute to less income mixing in neighbourhoods. This is likely explained by the program's affordability targets and the neighbourhood's existing income distribution.

Proximity to Services and Amenities

There is a continued need for programs that build housing near a variety of services and amenities, including employment opportunities, parks and libraries, schools and childcare services, grocery stores and pharmacies, health care services and hospitals, social services and community centres, and public transit. With requirements and incentives around proximity, NHS projects enable residents to live close to transit, as well as other services and amenities.

Integrated or On-Site Supports and Services

There is an ongoing need for housing that provides residents with integrated or on-site supports and services aligned with their needs. Supports and services contribute positively to social inclusion. The AHF, Affordable Housing Innovation Fund (AHIF), and Federal Lands Initiative (FLI) are contributing to creating or supporting housing projects where residents benefit from integrated or on-site supports and services. Up to 49% of projects intend to provide supports and services to tenants. The supports and services should be tailored to align with the specific needs of individuals including their identity and demographic characteristics.

Other Findings

Some social inclusion features are less influenced by CMHC funding, such as targeting of priority populations, proximity to transit, and amenities. However, accessibility was noted as the feature that may have the largest impact on proponent behaviour. With the various social inclusion features, the application scoring does not reflect the relative cost or potential impact of including these features. Beyond the federally funded supply programs, social inclusion is promoted through research, capacity building, and innovation programs, but limitations were noted with the integration of research findings into the design of programs.

The evaluation makes one recommendation and two key considerations.

Recommendation 1

Consider enhancing knowledge mobilization of findings from research, data and innovation activities under the National Housing Strategy (NHS) Research and Data Initiative (RDI) programs to scale and/or implement solutions to improve social inclusion and to inform future program design.

Key Consideration 1

Consider enhancing how priority populations are reached and reported on to ensure NHS outcomes are being achieved.

- a. Consider how data related to social inclusion and associated definitions can be enhanced.
- b. Consider working toward developing clearer and broader social inclusion indicators.
- c. While continuing to support priority populations and women and children as overall targets, consider how improved data can inform outreach and targeted approaches to bridge the gap for priority populations most at risk of facing discrimination and barriers to housing.

Key Consideration 2

Consider how accessibility requirements, application assessments, and scoring systems can be enhanced to better support social inclusion in future programming, notably through:

- a. Enhancements to how supports and services are assessed in NHS applications to ensure they are aligned with best practices and that applications are assessed in a consistent manner within and across programs.
- b. Enhancements to the scoring systems for social inclusion features to encourage applicants to increase their level of commitment to social inclusion features.

Policy considerations were shared with Housing, Infrastructure and Communities Canada's (HICC), pursuant to HICC's assumption of the leadership role in housing policy for the Government of Canada.



Introduction

Thematic Profile and Context

What Is Social Inclusion?

The National Housing Strategy (NHS) Glossary describes social inclusion as “the extent to which people of all backgrounds, demographics, circumstances and income levels have the access, resources and opportunities to fully participate in all aspects of society. Working toward social inclusion means using measures to reduce or eliminate barriers contributing to disadvantage, marginalization or exclusion” (CMHC, 2022b).

Housing attributes that support social inclusion include (CMHC, 2022b):

- physical accessibility;
- proximity of housing to transit, jobs, schools, and other amenities;
- mixed-income buildings or neighbourhoods;
- meaningful engagement of residents in the planning, design and operation/management of their housing;
- fostering residents’ sense of privacy and control of their living space;
- ensuring access to housing is free from discrimination; and
- provision of or access to services that support a range of social, cultural, recreational opportunities that encourage participation.

Social Inclusion and the National Housing Strategy

One of the NHS’s 11 shared outcomes is that “affordable housing promotes social and economic inclusion for individuals and families.” To achieve this outcome, the NHS programs and initiatives that build or repair housing may include features that are expected to contribute to social inclusion. The most common features are:



accessibility requirements



targeting priority populations



targeting women and children



mixed-income projects



proximity to services and amenities



integrated or on-site supports and services

Why Does It Matter?

Housing is recognized as a human right at the national and international level. The Government of Canada (GoC) has committed to supporting the progressive realization of the right to adequate housing, as recognized in the International Covenant on Economic, Social and Cultural Rights through the National Housing Strategy Act (2019). More than just a commodity or a structure, for housing to be considered “adequate,” it includes the following elements (OHCHR, 1991):

- Legal security of tenure
- Affordability
- Habitability
- Availability of services, materials, facilities and infrastructure
- Accessibility
- Location that allows access to employment options, health care services, schools, etc.
- Cultural adequacy of housing that enables the expression of cultural identity

Furthering the right to adequate housing recognizes that “access to affordable housing contributes to beneficial social, economic, health and environmental outcomes” and is “essential to the inherent dignity and well-being of the person and to building sustainable and inclusive communities” (NHS Act, 2019). The NHS Act also commits the GoC to maintain a national housing strategy that upholds the principles of a human rights-based approach to housing.

“Housing is the basis of stability and security for an individual or family. The centre of our social, emotional and sometimes economic lives, a home should be a sanctuary—a place to live in peace, security and dignity.”

— *The Office of the United Nations High Commissioner for Human Rights (OHCHR, n.d.)*



Evaluation Context, Questions, and Methodologies

Objective of the Evaluation

The evaluation assessed how National Housing Strategy programs and initiatives are contributing to social inclusion.

Evaluations provide evidence-based insights to inform the future direction of programs. This evaluation was conducted in accordance with the Program Evaluation Standards adopted by the Canadian Evaluation Society and the Treasury Board Secretariat's *Policy on Results*.

Overview of the Evaluation

Where possible, the data collection and conduct of the evaluation were combined with the Environmental Sustainability Evaluation and the Housing Is Affordable and in Good Condition Evaluation that were also underway.

Evaluation Methodologies

The evaluation used the following methodologies:

70 Interviews with

- CMHC staff
- Program applicants
- External subject matter experts

*See annex A for more details

Literature and documentation review

- Review of academic and grey literature
- Review of program documentation
- Jurisdictional scan

Analysis of Administrative Data

- Available program data

Statistical and economic analysis

- Descriptive statistical analysis
- Use of census data in mixed-income modelling

Evaluation scope

The evaluation focused on the CMHC-delivered NHS programs that create new or repair existing housing (referred to as "NHS supply programs" throughout the report). It had a secondary focus on other NHS programs. The evaluation included all projects with signed agreements from program inception up to March 31, 2023, unless otherwise specified. Please see table 1 for descriptions of the programs and initiatives included in this evaluation.

Evaluation Questions

Relevance

1. To what extent is there a **continued need** for housing programs to contribute to social inclusion?
2. Are there any **emerging or changing needs** in the housing landscape that impact social inclusion?

Effectiveness and Impact

3. To what extent are **NHS programs** contributing to **social inclusion**?

Efficiency and Sustainability

4. To what extent are the **design and delivery** of the programs enabling them to contribute to social inclusion outcomes?
5. To what extent are programs **coherently and sustainably** supporting the achievement of social inclusion outcomes?
6. To what extent are programs **responsive** to changing needs, contexts, and priorities?

Programs in Scope

This evaluation included:



1,461 projects



Approximately
229,253 units/
shelter beds



Approximately
\$24 billion
committed



Table 1: National Housing Strategy CMHC-delivered supply programs and initiatives

Program	# of projects, units, and funding included in the evaluation and prior to March 31, 2023 *	Description of the Program
Apartment Construction Loan Program (ACLP)	<ul style="list-style-type: none"> - 235 projects - Up to 41,598 units - Approximately \$14 billion committed 	Low-cost loans encouraging the construction of rental apartments across Canada
Affordable Housing Fund (AHF)	<ul style="list-style-type: none"> - 623 projects - Up to 153,782 units/ beds - Approximately \$7 billion committed 	Low-interest and/or forgivable loans and contributions for new housing and the renovation/repair of existing affordable and community housing. Applicant organizations are required to have partnered with other organizations or level of government.
Affordable Housing Innovation Fund – Phase 1 (AHIF 1)	<ul style="list-style-type: none"> - 22 projects - Up to 19,578 units - Approximately \$208 million committed 	Funding for housing providers driving innovation across the housing continuum. Only the AHIF Phase 1 projects approved prior to the extension in the program in Budget 2021 are included in the scope of this evaluation.
Federal Lands Initiative (FLI)	<ul style="list-style-type: none"> - 21 projects - Up to 3,898 units - Approximately \$117 million committed 	Surplus lands and buildings available for development into housing units and communities.
Rapid Housing Initiative (RHI) 1 and 2	<ul style="list-style-type: none"> - 560 projects - Up to 10,397 units - Approximately \$2 billion committed 	Capital contributions for the rapid construction of new housing and/or acquisition of existing buildings for rehabilitation or conversion to permanent affordable housing.

*Reported numbers in this report may vary from reported numbers on the NHS Place to Call Home website due to exact timing of data collection, reliance on manual data manipulation, and cross-referencing with application information that was done for this evaluation.

Targeting NHS Priority Populations and Women and Children

Context

The NHS seeks to serve the needs of priority populations. This list was taken from the 2018 NHS Glossary of Common terms and will be the terminology used in this report. However, note that the NHS continues to evolve this list. For more detail on each group and their housing challenges please see annex B. Applicants were asked the extent they would dedicate units to the groups noted below.

- Survivors fleeing domestic violence
- Racialized persons and communities
- Seniors
- People with mental health and addiction issues
- Veterans
- People experiencing homelessness
- People with developmental disabilities
- People with physical disabilities
- Indigenous Peoples
- LGBTQ2+ people¹
- Young adults
- Newcomers (including refugees)
- Women and children – *The NHS has a distinct target for women and children.*

¹ While the NHS uses the LGBTQ2+ and 2SLGBTQIA+ acronyms for this priority group, it should be noted that variations of the acronym are used across governments, organizations, researchers, and community members. In addition, literature on this topic varies in terms of what acronym is used. Throughout the report, when citing a reference or literature, the acronym used will match the cited source.

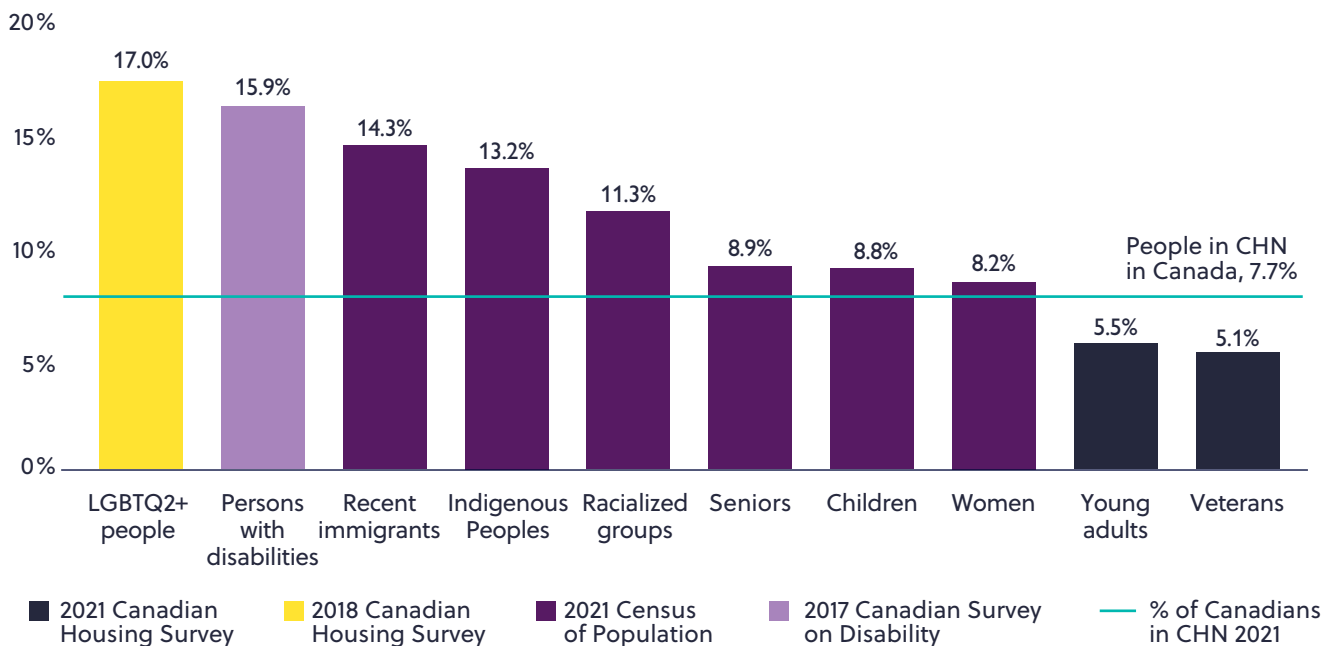
Finding 1:

There is a continued need for housing programs that serve NHS priority populations and women and children.

Most NHS priority populations and women and children experience higher levels of core housing need than the Canadian average.

Households in core housing need (CHN) live in unsuitable, inadequate or unaffordable housing and cannot afford to move to alternative housing (CMHC, 2019a).² Figure 1 shows most NHS priority populations experience higher levels of core housing need than the average Canadian, with housing affordability as the most common element of need for priority populations. According to the 2021 Census, the **incidence of core housing need in Canada was 7.7%**. This is a decline from 10.6% in 2016 (Statistics Canada, 2022g). Note the numbers reflected in this graph are reported at the individual person level.

Figure 1: Core housing need rates in Canada by priority populations



² Unsuitable housing: Not enough bedrooms for the size and makeup of the resident household according to the National Occupancy Standards requirements.
 Inadequate housing: In need of major repairs such as defective plumbing or electrical wiring, or structural repairs to walls, floors, or ceilings.
 Unaffordable housing: Costs more than 30% of before-tax household income.

Overall, recent immigrants and racialized communities face the highest rates of affordability and suitability issues, whereas Indigenous Peoples face significant adequacy challenges. While seniors have relatively low rates of unsuitable and inadequate housing, 15.3% experience affordability issues (Statistics Canada, 2022k). Annex C details the experiences of priority populations by housing standards.

Despite having lower than average levels of core housing need, veterans and young adults face unique housing barriers.

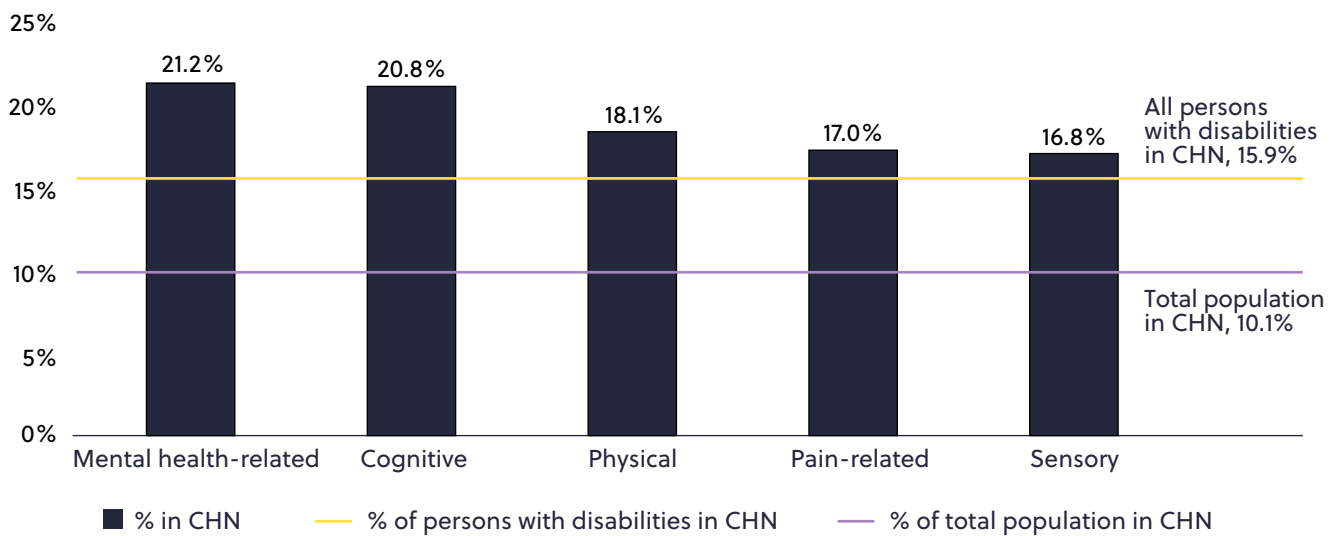
Veterans often struggle with transitioning to civilian life, such as finding employment post-discharge, having limited transferable skills, and having inadequate social support networks (Atkins, 2021).

Young adults encounter difficulties in securing affordable housing due to various factors such as high rents, low vacancy rates, decreasing rent control protection, and lack of rental history, credit, and references (CMHC, 2023; MacAdam, 2020; SPRC of Hamilton, 2022).

Individuals with mental health-related disabilities have a higher rate of core housing need compared to other disability types and the average Canadian.

Figure 2 shows that compared to those with other disabilities, **persons with mental health-related disabilities** faced the highest core housing need rate at 21.2% (Randle & Thurston, 2022). While not included in the CSD, research estimates that almost 25,000 Canadians with **developmental disabilities** were in core housing need in 2017 (Alzheimer Society of Canada et al., 2017). Persons with disabilities (especially those with mental health-related issues) are also more likely to be in unaffordable housing (Randle & Thurston, 2022). See annex B for more details.

Figure 2: Percentage of persons with disabilities in core housing need per the 2017 Canadian Survey on Disabilities by type of disability



Some groups face challenges that can lead to poor housing outcomes, even if their level of core housing need is not known.

Data on core housing need is not available for all NHS priority populations, including **survivors fleeing violence** and **people experiencing homelessness**. However, research suggests that these groups face unique challenges and substantial barriers to housing.

Survivors Fleeing Violence: Emergency shelters that help serve people fleeing domestic violence often operate at or over capacity (Schwan et al., 2020; Statistics Canada, 2022j). These shelters are under-resourced and unequipped to manage the needs of survivors, particularly those with multiple identity factors (Vecchio, 2019).

People Experiencing Homelessness: National point-in-time counts reveal that the number of people experiencing homelessness increased by 20% across 67 communities between 2018 and 2020-2022 (Infrastructure Canada [INFC], 2024). Factors affecting poor housing outcomes for this population include **low and inadequate incomes** (Homeless Hub, n.d.-a; Uppal, 2022), coupled with **unaffordable rental market conditions** and **low vacancy rates** (Thayaparan, 2023; Wachsmuth et al., 2024); **evictions** (Flynn et al., 2022; Wachsmuth et al., 2023); and **discrimination** (CERA, 2021; Sylvestre et al., 2023).

Beyond core housing need, NHS priority populations face a variety of barriers to accessing safe and affordable housing.

The literature highlights the housing-related challenges faced by many NHS priority populations:

- Social isolation
- Lack of shelter spaces
- Lack of affordable housing
- Discrimination and stigma
- Evictions
- Lack of support and services

Discrimination (in many forms) has been identified as one of the most common issues facing NHS priority populations (Bernasky et al., 2020; Schwan et al., 2020). For example:

- Landlords may refuse to rent to **people with mental illness** or may seek to evict them as soon as possible (Munn-Rivard, 2014; Schwan et al., 2020).
- **Newcomers** may face discriminatory practices such as landlords requiring proof of local employment, Canadian credit history, or illegal deposits (CMHC, 2019c).
- **People with disabilities** face employment discrimination, which leads to lower incomes and/or difficulties securing employment, which makes securing housing more challenging (Bernasky et al., 2020; Mental Health Commission of Canada et al., 2013).
- **Racialized groups** were found to be subject to housing discrimination (CMHC, 2019e). Private landlords were more likely to discriminate than real estate agents (CMHC, 2019e). **LGBTQ2+-identifying individuals** also reported experiences of discrimination from landlords and harassment from other tenants (Ecker, 2017).

Lack of support and services: Limited availability of home support services poses barriers to **seniors** and **people with mental illnesses** who need to access this care (Canadian Mental Health Association, n.d.; Chiu, 2016). **Indigenous Peoples** benefit from culturally relevant support services, including participation in community and cultural activities (Big River Analytics, 2020).

Lack of shelter spaces: Demand for emergency shelter beds remains high among people experiencing homelessness (INFC, 2022). Those in emergency shelters may comprise only a small subset of those experiencing homelessness at any given time (Beer et al., 2022).

Interviewed internal stakeholders noted that the most vulnerable populations typically required supports **outside of housing**. While they recognized that this might not fall within CMHC’s scope, they also felt that social inclusion extended beyond “bricks and mortar;” thus, having adequate levels of support to keep people housed were required if social inclusion was an objective. This could potentially be achieved through better coordination between CMHC and organizations who administered social supports.

The literature identified several new and emerging best practices in improving the social inclusion of priority populations through housing.

These practices include supporting the following:

- The **resettlement and integration of refugees** (Abid, 2020).
- **Naturally Occurring Retirement Community (NORC)** (National Institute on Ageing [NIA] & NORC Innovation Centre, 2022; Rosenberg et al., 2022).
- **Intergenerational housing** to combat social isolation (HelpAge Canada, n.d.-a, n.d.-b; Palumbo & Pannozzo, 2022; Suleman & Bhatia, 2021).
- Affordable housing for **seniors in rural communities** (Ismail-Teja et al., 2020).
- Adequate housing for **2SLGBTQ+ seniors** (Gahagan & Redden, 2020; McDowell, 2021).
- Removal of barriers to housing **for survivors of violence** (Ashlie et al., 2021).
- **Systemic changes** to address societal inequities (Ben Haman et al., 2021; Biss & Raza, 2021).

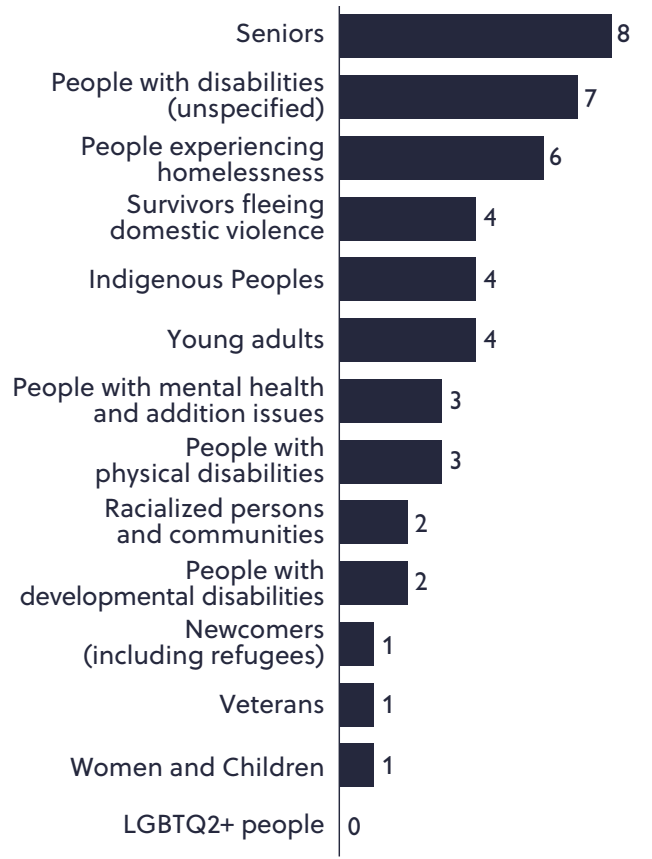
See annex D for further details on these practices.

NHS priority populations and women and children are not consistently targeted by non-federal housing programs across Canada.

A jurisdictional scan reviewed 36 housing programs across Canada, delivered by provinces, territories, and selected municipalities.³ Out of the 36 housing programs examined across provinces, territories and selected municipalities, only 18 (or 50%) targeted priority populations like those of the NHS, see figure 3. It is notable that of the programs examined:

- LGBTQ2+ people are not targeted by non-federal programs.
- Only 25% of the 18 programs targeted priority populations.

Figure 3: Number of the 18 provincial, territorial and municipal programs targeting each priority group



³ Note that the programs reviewed may not be representative of all housing programs across Canada. See annex E for more details on the jurisdictional scan.

Finding 2:

NHS federally funded supply programs are contributing to meeting the NHS’s minimum investment target, with 28% of funding serving the needs of women and children (as of March 31, 2023).

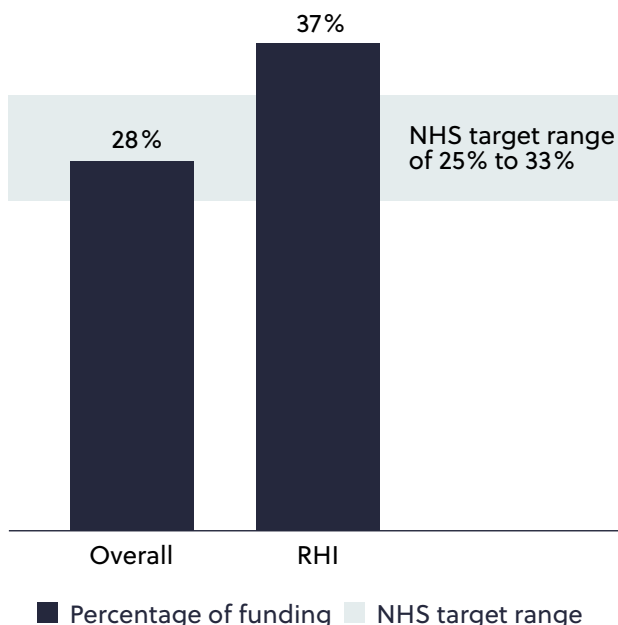
Overall, the NHS aims to target 33% of the strategy’s investments, with a minimum of 25%, toward serving the unique needs of women and their children (Government of Canada, 2023a).

As of March 31, 2023, approximately 28% of the funding allocated to approved projects funded under the federally funded supply initiatives (ACLP, AHF, AHIF 1, FLI, RHI 1 and 2) is for units serving women and children. This amounts to approximately \$7 billion across up to 940 projects with up to 58,275 unit/beds. As such, the NHS supply programs **are on track** to help meet the NHS’s minimum investment targets.

As noted in figure 4, the RHI funding for women and their children achieves beyond the target. This target is an overall NHS target. Most programs are not required to meet this threshold, with the exception that the RHI has a program-specific target for women and their children.

See annex G for further details on how the NHS supply programs serve women and children, as well as details on the analysis presented in figure 4.

Figure 4: Percentage of funding for units intending to target women and children overall, by program.



Finding 3:

NHS supply programs most frequently target seniors, people with physical disabilities, Indigenous Peoples, and people experiencing homelessness. However, there are barriers that explain why some priority populations in these programs are not served as effectively as other priority groups.

Most NHS supply programs allow applicants to indicate whether they will target NHS priority populations, and if so, which one(s).

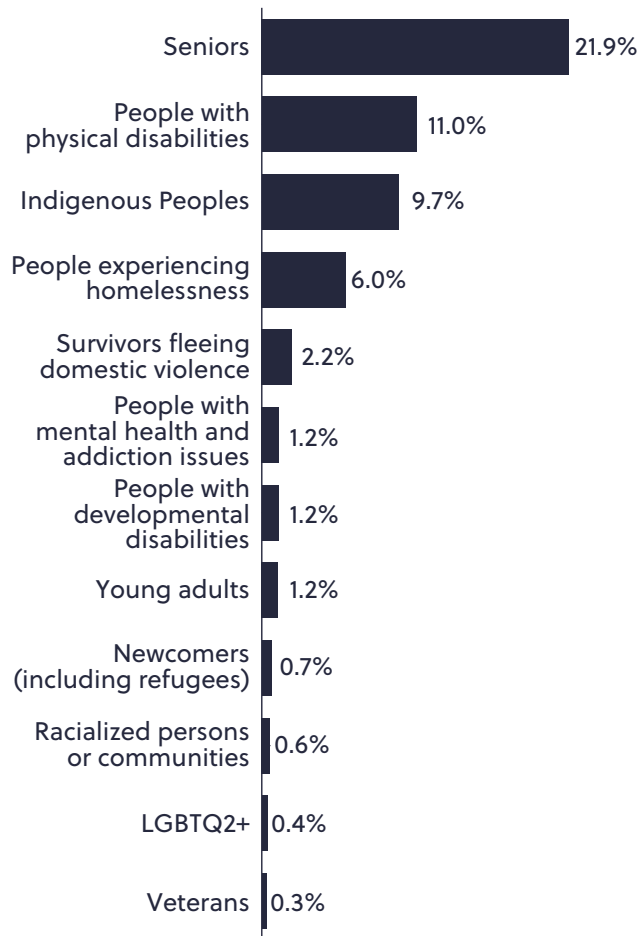
However, there is variability among NHS programs, as described in annex F. In most programs, applicants voluntarily identify which, if any, of the NHS priority populations their project intends to target. Some programs also collect the total number of units intended to target this group. Applicants that commit to targeting NHS priority populations are generally awarded prioritization points, making these projects more likely to be selected for funding. But this may not increase the total amount of funding they receive.

The voluntary targeting of NHS priority populations by applicants has resulted in seniors, people with physical disabilities, Indigenous Peoples and people experiencing homelessness being the most frequently targeted NHS priority populations (see figure 5).

Three of these groups are the same as the most targeted priority populations from the provincial, territorial, and municipal programs. Since projects must often secure funding from more than one source, it is possible that the consistent targeting of these groups may play a role in the decisions made by applicants.



Figure 5: Percentage of total units intending to target each priority group in the NHS supply programs (based on CRM application data)



Black Canadians and people with disabilities are excluded from the figure. The maximum percentage of total units intending to target each priority group is 0.05% for Black Canadians (104 units) and 0.01% for people with disabilities (34 to 59 units).

Any NHS priority group category includes projects wherein the applicant stated that they are targeting any of the priority populations. If the applicant was specific as to which group they were targeting, their project was excluded from this category's count. The maximum percentage of total units intending to target any NHS priority group was 0.5% (1,034 units).

Some of the groups more frequently targeted in NHS projects may also be easily identified by landlords without the need to collect additional demographic information and/or self-identify. For example, **seniors** are often visually identifiable and have well-established housing types that explicitly target them, such as retirement homes (Retirement Homes Act, 2010). **People with physical disabilities** may be visually identifiable and/or may request an accessible unit when applying for tenancy.

There are likely factors that explain why some priority populations may not be as frequently targeted by NHS projects.

When observing figure 5, it is evident that not all NHS priority populations are being equally served. For most groups, **less than 5% of total units** are intended to target them. Some less-frequently targeted groups may be harder to identify without explicitly asking for or collecting this information. However, landlords may not be willing or able to explicitly target these groups (AHRC, n.d.; OHRC, n.d.). For example, identifying **young adults, racialized persons or communities, and LGBTQ2+ people** in a tenancy application would often require requesting age, race, or sexual orientation information, which are protected from discrimination under Human Rights Codes or Acts (AHRC, n.d.; OHRC, n.d.).

Other groups may have more complex needs that the average landlord may be unequipped to meet. This includes survivors fleeing domestic violence who may require trauma-informed supports, people with mental health and addictions issues who require psychological support, people with developmental disabilities and veterans. Therefore, **ease of identification, protection from discrimination and complex needs** provide insight as to why some groups may not be readily targeted.

Individuals with intersectional identity factors face additional or more complex challenges and barriers to housing.

Economic instability is a significant theme impacting intersectional groups, for example:

- **Seniors and racial or Indigenous identities** face employment challenges due to language barriers, which impacts their income (Weeks & Leblanc, 2010). **Senior women** are more likely to have incomes very close to the poverty line (Ivanova, 2017).
 - Among Indigenous groups, First Nations had the highest low-income rate (22.7%), with Inuit (16.6%) and Métis (12.8%) at comparatively high rates (Statistics Canada, 2022i). Those in **Northern or remote** areas, where costs are higher, may still struggle financially despite not being formerly low-income (Statistics Canada, 2021b).
 - One study noted a high proportion of **older LGBT adults** living on limited income, with high housing costs being a key concern: 28% indicated they had fallen behind on rent or mortgage payments or had to borrow money (Gahagan & Redden, 2020).
 - **Women and gender-diverse people** experience chronic affordability issues linked to low incomes, undermining housing stability and leading to housing loss (Schwan et al., 2021).
 - **Racialized immigrants** tend to earn less than their non-racialized counterparts (Century Initiative, 2022). **Immigrant women** reported a significantly lower median income of \$25,000 in 2018, as opposed to men's \$36,200 (Century Initiative, 2022).
- Lack of appropriate supports and services is a critical barrier across intersectional identities.
- **Homeless individuals with mental health issues** face many challenges (such as obtaining a health card and maintaining appointments) due to not having a permanent address (Munn-Rivard, 2014).
 - **People with developmental disabilities experiencing homelessness** are overrepresented and face hidden homelessness, lacking access to tailored services that address their unique needs (Alzheimer Society of Canada et al., 2017; CMHC, 2019d).
 - Urban, rural and northern **Indigenous housing providers** noted that resource concerns and loss of subsidies have resulted in some providers cutting support services and/or raising rents (CMHC, 2022d).
 - In remote communities, **many Indigenous women** are confronted with staying in an abusive household or moving to urban areas with shelter services and other supports, but where they may lose informal supports (CMHC, 2022c).

The following journey map provides an example of how intersecting identities can impact an individual's housing experience. The figure below demonstrates an example of a single-parent, newcomer family living in unsuitable housing. It highlights changes that could help to improve their housing suitability, safety, and proximity to supports, services, transportation and amenities.

Farzana is a 32-year-old newcomer from Afghanistan, a recent widow, and a mother of three, including a teenage boy and two girls under 10 years old. Farzana's family is unsuitably housed as she lives in a one-bedroom apartment in Toronto with her three children.



1. Addressing Unsuitability of Housing

Like many newcomer families, Farzana and her family would benefit from 3(+) bedroom apartments to ensure access to suitable housing. More communal spaces (e.g., libraries, study rooms, playrooms, etc.) in her building provide additional spaces for socializing and for children to do their homework in a quiet space.



3. Increasing Safety

The concrete play area on the grounds has a basketball net, but it is poorly lit with a number of safety concerns. Farzana's safety concerns could be alleviated through simple enhancements such as improved lighting in and around the play area, entrances, parking lots and isolated areas. Security cameras may also improve safety.



2. Considering Nearby Services and Supports

Farzana and her family would also benefit from on-site and culturally appropriate services and supports to enhance their social inclusion. Such services could include childcare, a community resource centre, a food program, etc.



4. Proximity to Transportation and Amenities

Farzana and her children are lucky to live close to amenities (e.g., within walking distance to parks, schools, a library, pharmacies, and grocery stores) which support their social inclusion. However, there are no walk-in clinics, health care services or community services close by.

Finding 4:

Current data collection practices limit the ability to report on outcomes relating to priority populations.

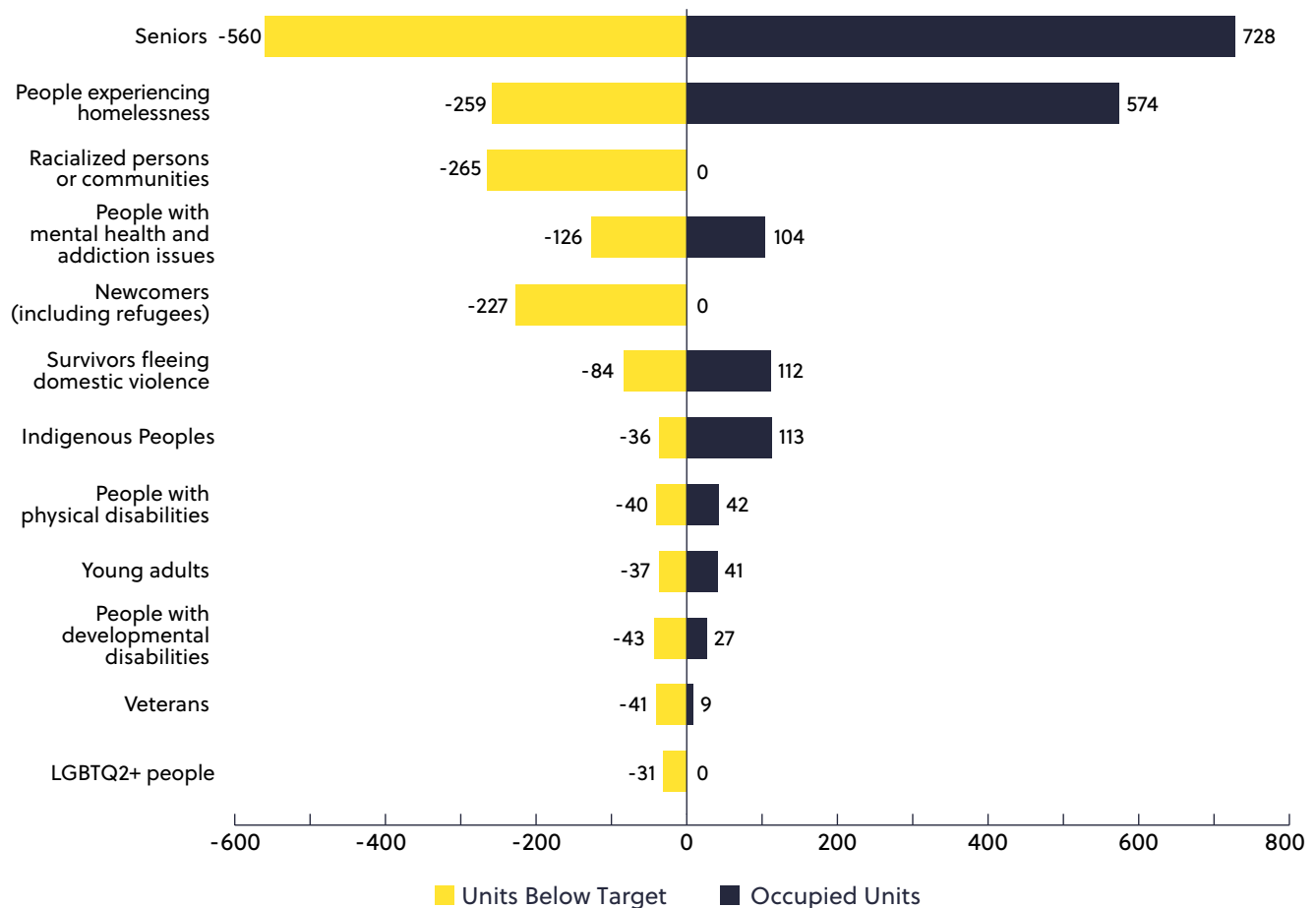
Most AHF projects reviewed do not appear to be meeting their commitments for priority populations, partly due to limitations in collecting this data.

NHS applicants commit to various outcomes, including providing units to priority populations. Once a building is completed and occupied, CMHC monitors the project to ensure proponents are following agreed-upon commitments from the application process. This is done through an annual process where proponents submit an attestation of compliance. The evaluation reviewed annual attestations for AHF from 2022, which comprised 14% (86) of all AHF projects and compared them to their application to understand if the projects are meeting their commitments.

Note that application intentions may not be adequate to measure the initiatives' success in targeting priority populations. Overall, **data collection practices at application and post-occupancy reporting could be improved to better report on the achievement of serving priority populations.** This issue is compounded by the difficulty in obtaining some of this information, such as identity factors that may be protected grounds against discrimination under Human Rights Codes or Acts. For example, landlords may not be able to explicitly target priority groups to reside in units, such as young adults, racialized persons and LGBTQ2+ people. Additionally, different NHS programs have varying requirements and restriction related to data collection, which can impact how effectively priority populations are identified and served. These restrictions can limit the ability to gather comprehensive demographic information needed for analysis and reporting.

Figure 6 shows that in aggregate, **50% of AHF units reviewed (from 86 projects) are occupied by the intended target population**. There are several possible reasons a project may not be meeting targets. Projects may not be fully occupied at the time of the attestation. Conversely, a unit may be occupied by a household in need that does not identify as one of the NHS priority populations to avoid vacant units. As mentioned, there are also legal limitations on collecting information (such as sexual orientation or racialized group) from existing or potential tenants.

Figure 6: Aggregated number of units occupied and missing from projects reviewed



Limitations of this analysis:

- 86 projects is a small sample size and represents only 14% of all approved AHF projects (at the time of this evaluation’s scope). The low number of post-occupancy attestations at the time of the evaluation was not concerning as projects can take many years to be built and occupied.
- The current data collection process posed challenges due to inconsistent templates across projects and manual compilation, risking errors in analysis and results.
- The attestation form does not handle intersectional identities in a measurable way.

The list of priority populations is not consistent across NHS programs, which could affect reach to groups and comparability of data.

The list of NHS priority populations varies between programs and between sources (e.g., from internal sources such as guidelines, or from external sources such as Web pages). Table 2 shows the variations in the terminology used to describe priority populations and the possible unintended impacts. With the evolution of the NHS, other groups have also been noted as priority populations in various sources (not originally listed in the 2018 NHS Glossary of Common Terms), including Black Canadians, women and girls, and the working poor or housing challenged. Note that since the inception of the NHS, the terminology for “people with developmental disabilities” and “people with physical disabilities” has been broadened to “people with disabilities” to be more inclusive.

Table 2: Variations in the terminology used to describe priority populations and possible unintended impacts

Priority populations as listed in this report	Common alternative ways these populations might be referred to in other sources	Possible unintended impacts of these variations
Survivors (especially women and children) fleeing domestic violence	<ul style="list-style-type: none"> - Women and children fleeing domestic violence - Survivors fleeing gender-based violence - Survivors fleeing domestic violence 	<ul style="list-style-type: none"> - Variations in how survivors fleeing violence are labelled may inadvertently impact who is served. - When limited to women, this may exclude male victims. In Canada, one in five cases of intimate partner violence reported to the police involves a male victim (Roebuck et al., 2020). - Gender-based violence is when a person faces violence because of their gender, gender expression, gender identity, or perceived gender (Government of Canada, 2022c). Domestic violence, also sometimes referred to as intimate partner violence, is a prevalent form of gender-based violence (Government of Canada, 2022b). When limited to those experiencing domestic violence, it excludes those experiencing other forms of gender-based violence.
People with developmental disabilities	<ul style="list-style-type: none"> - People with intellectual disabilities - May not be included as own group - May be included as a specific subgroup to people with disabilities 	Disabilities can be physical, developmental, intellectual, cognitive, pain-related, and sensory, among others. Narrowing in on one type of disability may have inadvertently excluded some people with disabilities in need.

Priority populations as listed in this report	Common alternative ways these populations might be referred to in other sources	Possible unintended impacts of these variations
People with physical disabilities	<ul style="list-style-type: none"> - May not be included as own group - May be included as a specific subgroup to people with disabilities 	<p>Disabilities can be physical, developmental, intellectual, cognitive, pain-related, and sensory, among others. Narrowing in on one type of disability may have inadvertently excluded some people with disabilities in need.</p>
Young adults	<ul style="list-style-type: none"> - Young adults (<i>no age range specified</i>) - Young adults (18 – 29) - Excluded from some lists altogether 	<p>Young adults were added to the NHS as a priority group after the launch of the strategy, since then, they have not always been included in lists of priority populations.</p>
People experiencing homelessness	<ul style="list-style-type: none"> - Chronically homeless - Homeless people or those at risk of homelessness - Individuals and families experiencing homelessness 	<p>People experiencing homelessness are sometimes narrowed to only those experiencing chronic homelessness (i.e., people experiencing long periods of homelessness) (Dionne et al., 2023) or broadened to those at risk of homelessness (i.e., attempting to ensure people avoid experiencing homelessness altogether).</p>
Groups where no or minimal variation was found in the documentation	<ul style="list-style-type: none"> - Seniors - LGBTQ2+ people - Indigenous Peoples - People with mental health and addiction issues - Racialized persons or communities - Newcomers (including refugees) 	<p>Minor variation may still have unintended consequences.</p>

Finding 5:

Evidence suggests that there are additional groups facing barriers to housing that are currently not prioritized within the NHS.

Table 3 illustrates some additional groups that were identified through the evaluation as facing barriers to housing.

Table 3: Additional groups facing barriers to housing

<p>Temporary foreign workers with precarious immigration status</p>	<p>Inspections of workers’ housing revealed insufficient fire protection (smoke alarms and extinguishers); missing or damaged furnishings, windows, and window screens; insufficient beds; ceiling, wall and floor damage; insufficient washrooms and kitchen facilities; heating concerns; and rodents (Bejan et al., 2021). They face barriers to accessing public services and social benefits and are extremely vulnerable to exploitation and discrimination (Bejan et al., 2021; Biss & Raza, 2021; Goldring et al., 2009; Mooten, 2021).</p>
<p>Survivors of human trafficking</p>	<p>Often not eligible to access shelters for women fleeing violence (Gibbons et al., 2018; Standing Committee on the Status of Women, 2018). For example, they often do not present with evidence of physical abuse and cannot provide evidence of cohabitation with their abusers (Canadian Centre to End Human Trafficking, 2021; Gibbons et al., 2018; Standing Committee on the Status of Women, 2018). Shelter and transition homes may have anti-sex work policies which the trafficked individual may be out of compliance with (Gibbons et al., 2018).</p>
<p>People living in rural and remote communities</p>	<p>Difficulties accessing funding under the NHS and limited availability of shelter and support services pose significant challenges for these communities (Biss & Raza, 2021; Vecchio, 2019).</p>
<p>People living in chronic poverty, especially women and gender-diverse people</p>	<p>Primarily struggle with affordable housing, with many spending over 30% of their income on housing, risking homelessness (Biss & Raza, 2021; Schwan et al., 2021).</p>
<p>Persons who have interacted with the criminal justice system</p>	<p>Face post-incarceration housing barriers due to stigma, lack of support, and restrictive housing policies (Biss & Raza, 2021; Braet, 2021). In addition, individuals released without a conviction generally do not receive support after their release (John Howard Society of Ontario et al., 2022).</p>

<p>Families, including lone-parent or one-parent families</p>	<p>Families are a priority group commonly targeted through provincial, territorial, and municipal programs, with one specifically targeting lone-parent families. In addition, one-parent households (and, in particular, one-parent renter households led by women) are more likely to be in CHN than two-parent households and Canadian households in general (Statistics Canada, 2022e).</p>
<p>Climate refugees</p>	<p>One internal stakeholder identified “climate refugees” as a potential new priority population. These were individuals, from both within and outside of Canada, who were under threat of being displaced due to continuous flooding or other extreme climate events. This stakeholder suggested that research on this emerging population could begin now, so that they could be supported to stay in place in the future.</p>
<p>Students Population in the North</p>	<p>Some program application forms allow applicants to denote any population they plan to target, even non-NHS populations. In the documentation reviewed for the evaluation, the following populations were noted: students, populations in the North, families, low-income families, and single parents.</p>

Accessibility

The NHS glossary **defines accessibility** as: “the manner in which housing is designed, constructed or modified (such as through repair/renovation/renewal or modification of a home), to enable independent living for persons with diverse abilities. Accessibility is achieved through design, but also by adding features that make a home more accessible, such as modified cabinetry, furniture, space, shelves and cupboards, or even electronic devices that improve the overall ability to function in a home” (CMHC, 2022b). In the context of program minimum accessibility requirements, this is centred around physical accessibility needs.



Finding 6:

There is a continued need for federal housing programs to contribute to accessible housing.

Accessible housing and communities contribute to social inclusion and support the human right to housing.

The right to adequate housing, as defined by the OHCHR (1991), encompasses housing that includes and promotes accessibility. Residing in housing that is not easily accessible has been linked to a greater likelihood of accidental injuries for people with mobility issues (Waterston et al., 2015). In addition, accessible housing promotes social inclusion, independence, and overall quality of life (Goodwin et al., 2022, Zallio & Casiddu, 2016) for people with disabilities. Beyond the housing itself, living in an accessible community also has an important impact on social inclusion (Tucker et al., 2022).

NHS supply programs are responding to an expressed need for accessible housing that was noted during NHS consultations.

The following accessibility-related priorities were expressed during NHS consultations (Government of Canada, 2016):

- Establish minimum standards for accessibility and **incentivize the private sector to strive for higher standards of accessibility** in constructing housing.
- **Help with** the cost of renovating and **retrofitting older homes to include accessibility features**, and the cost of building new homes with these features.
- Help make accessible and inclusive housing desirable to a broader market.

As non-federal programs that are included in the NHS supply programs have varied accessibility requirements, accessible housing needs to be consistently addressed in funded projects across Canada.

Of the 36 non-federal housing programs examined, only 15 included accessibility criteria. As noted in figure 7, inclusion of accessibility requirements in housing programs varies by region. In some jurisdictions, accessibility is embedded into building codes. In areas where accessibility is not a consistent requirement of provincial, territorial, or municipal housing programs or building codes, its inclusion in the NHS supply programs ensures that the accessibility of the housing stock is enhanced.

Figure 7: Provinces or territories in which there are programs that include accessibility criteria



Finding 7:

NHS supply programs are contributing to the creation of accessible housing. While many projects are meeting or exceeding minimum accessibility requirements, accessible units may not be serving the people who need them.

NHS supply programs are contributing to the creation of accessible housing.

Minimum accessibility requirements vary across programs and can encompass both accessible units and universal design (see table 4 for the program minimum requirements for accessibility). Data on the number of accessible units under the RHI was not available.

Table 4: Project accessibility and program minimum accessibility requirement*

Program	Total number of projects	% of accessible unit/beds	Program minimum accessibility requirement (during the evaluation's scope)
Overall	1,461	18%	
ACLP	235	18%	– 10% of units meet or exceed local jurisdiction's accessibility standards
AHF	623	20%	For new construction projects, either:
FLI	21	35%	<ul style="list-style-type: none"> • Option 1: 20% of units meet the respective program's accessibility standards and common areas are "barrier-free," OR • Option 2: The entire project (common areas and dwelling units) has full universal design as defined by each program. <p>For repair/renewal, 20% of units meet its respective program's accessibility standards and common areas are barrier-free.</p>
AHIF 1	22	10%	– 10% of units meet AHIF 1's program-specific accessibility requirements
RHI 1 and 2	560	N/A	<ul style="list-style-type: none"> – Major Cities Stream: At least 5% of units more than required under the local jurisdiction's accessibility requirements – Project Stream: Exceeding the local requirement was not required, however, projects committed to exceeding requirements were prioritized for funding

*Data used for this analysis is specific to accessible units only and does not include universal design.

Program data also show a disconnect between the number of projects with accessible units/beds, the number of projects targeting people with physical disabilities, and the number of projects targeting seniors.

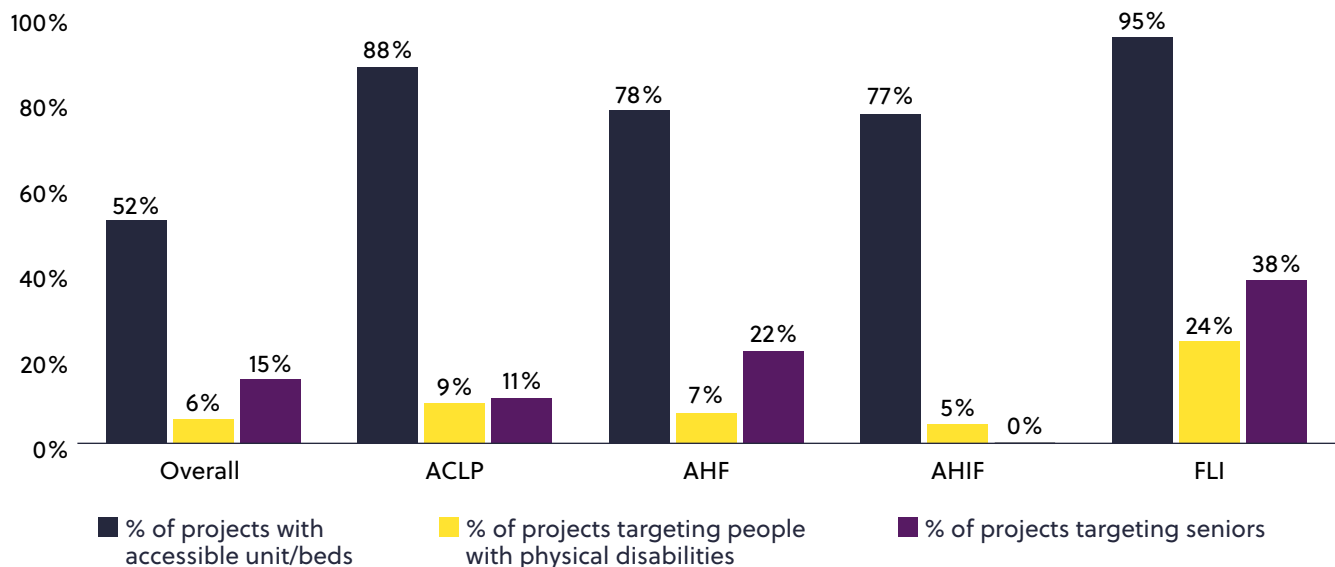
Figure 8 shows that the number of projects with accessible units/shelter beds is consistently higher than the number of projects targeting people with physical disabilities or seniors. It is important to note that targeting these priority populations is not a requirement of the programs, whereas there are minimum requirements for accessible units.

As noted in the interviews, proponents perceived that the mandated number of accessible units far exceeded local demographic needs. In other cases, proponents did not believe that they would find households in need of an accessible unit to occupy them, especially if their organization already had a mission to target another priority population (i.e., Black Canadians).

This situation may not be unique to federal programming.

Most of the reviewed provincial, territorial, and municipal programs that had accessibility criteria did not have explicit requirements to have those units occupied by people with disabilities or seniors. Of the 15 non-federal programs with accessibility requirements, 4 targeted people with disabilities and 2 targeted seniors. However, two provincial programs in Nova Scotia (the Disabled Residential Rehabilitation Assistance Program for Landlords and the Home Adaptions for Seniors' Independence program) specifically funded projects to increase the accessibility of units for seniors and people living with disabilities.

Figure 8: Percent of projects with accessible units/beds, targeting people with physical disabilities, and targeting seniors



*FLI and AHIF are not required to specify the type of disability and are based on their commitments to "persons with disabilities." The RHI program is not included in this analysis.

Finding 8:

The perception from proponents is that the current number of accessible units required is exceeding local needs. However, literature suggests that the accessibility needs of people with disabilities are not currently being met and that the NHS's accessibility requirements could be enhanced to align with emerging best practices.

NHS accessibility requirements are most aligned with those features that support individuals with physical disabilities.

In general, the accessibility requirements for all project types (e.g., shelters, rental units) in the NHS supply programs are most aligned with supporting people with physical disabilities, such as step-free entrances, wider internal doors and corridors, level access, and universal design (CMHC, n.d.; GOC & CMHC, n.d.; Goodwin et al., 2022). Literature suggests that these accessibility features are fundamental for accessibility and the long-term adaptability of units (Goodwill et al., 2022).

The needs of some groups may not be well served by the current NHS accessibility requirements.

Literature suggests that the following accessibility needs could be considered:

- Accessibility of the broader environment beyond the housing unit, such as public transportation and community spaces (Tucker et al., 2022).
- Including various features such as audio, tactile, and visual features; visually contrasting finishes to help define the wall/floor edge, and doorways; spaces to park electric scooters; handrails in hallways (DesignABLE Environments Inc., 2020).

- Investing in research to increase our understanding of the accessibility needs of those who live with mental health issues, cognitive impairments related to drug and alcohol use, acquired injuries (e.g., brain injuries), other cognitive impairments, and those who are neurodiverse (e.g., on the autism spectrum) (Tucker et al., 2022).

In addition, seniors' autonomy, quality of life, and ability to live independently can be enhanced through accessibility features such as the integration of smart appliances (e.g., systems for controlling house comfort or monitoring health and safety) (Zallio & Casiddu, 2016).

There is a continued perception from proponents that the number of accessible units required by the NHS programs exceeds local needs.

Evidence from literature suggests that the needs of people with disabilities are not currently being met. In contrast, interviews with proponents who received NHS funding to repair or build housing described challenges in implementing CMHC's accessibility requirement and found it to be costly. These **proponents noted they would not have included accessibility features if not required to do so, as they perceived that the mandated number of accessible units far exceeded local demographic needs.**

In their view, the larger square footage required for these accessible units led to a smaller number of overall units in their projects and the increased costs resulted in units that were difficult to rent. This contributed to the overall perception that CMHC's requirements were "one-size-fits-all" and do not consider local data.

Findings from the evaluations of the Affordable Housing Fund and the Federal Lands Initiative echoed these concerns. It was identified by funded proponents who repair or build housing that accessibility requirements were often perceived as cost-prohibitive, exceeding the level of community need, and negatively impacting project viability, especially for repair or renewal projects. (CMHC, 2021a; CMHC 2021b).

However, evidence from literature suggests that the needs of people with disabilities are not currently being met (Biss & Raza, 2021, p. 82; Government of Canada, 2016; Tucker et al., 2022).

Proponents suggested enhancing the flexibility of accessibility requirements.

In interviews, proponents suggested a more adaptable approach to accessible housing design. These **interviewees advocated for an approach where they would build or renovate to a client's needs, as-and-when those needs arise.** While some structural requirements would be in place from the start (e.g., wide doorways), other elements such as lower cupboards or roll-in showers could be added at a later date, if required. **The key would be to ensure that design supported future accessibility adaptations.** There is evidence of a continuing demand for modified units, especially those meeting less intensive physical impediments (e.g., ground-floor units) or those that can accommodate families (Woolley, 2016).

A few interviewed proponents also criticized CMHC's reliance on the CSA standards for accessibility as they felt that there were other standards to draw from, such as provincial standards. The literature reviewed did not identify if the provincial standards are more or less stringent than the NHS program requirements, however, provincial standards are likely to be more familiar to proponents. **Enhancing the flexibility of requirements could ensure that proponents are not faced with conflicting program expectations from different funders and standards.**



Mixed-Income Neighbourhoods

Finding 9:

Literature suggests that the creation of mixed-income neighbourhoods is more successful when it includes supports and services that foster a sense of community.

Mixed-income neighbourhoods are made up of households with diverse income levels, rather than having strong concentrations of low-, middle- or high-income households (de Vos & Moore, 2019). The NHS defines mixed-income housing as “any type of housing development (rent or owned) that includes a range of income levels among its residents, including low, moderate and/or higher incomes” (CMHC, 2022b).

Mixed-income neighbourhoods offer access to a broad range of services and amenities and have improved safety.

These neighbourhoods often feature a mix of local businesses, community services and quality educational facilities, thereby enhancing residents’ access to services and amenities and often leads to improved safety (de Vos & Moore, 2019; Joseph et al., 2007; Levy et al., 2010).

Interactions and relationships among neighbours are essential.

Evidence suggests that income mixing alone does not automatically lead to inclusion; some residents can experience social isolation in neighbourhoods where income mixing is enhanced (Bucerius et al., 2017; Levin et al., 2022). Interactions between neighbours are necessary to fully derive the benefits of a mixed-income neighbourhood as they enhance social cohesion and informal support networks (Bucerius et al., 2017; Levin et al., 2022). True integration in mixed-income housing goes beyond physical proximity; it requires fostering meaningful interactions between diverse social groups.

Various supports may help to realize the benefits of mixed-income neighbourhoods.

The following may support the success of mixed-income neighbourhoods:

- **Provision of services:** financial supports, on-site social supports, youth activities and after-school programs, and education programs and services (Bucerius et al., 2017; Fraser et al., 2013).
- **Proximity to amenities:** careers resource centres, childcare facilities, health care services or clinics, transportation.
- **Community-building activities:** initiatives encouraging resident interactions (social events, community gardens, neighbourhood associations) and promoting a sense of belonging (establishing partnerships with trusted community organizations) (Hirsch et al., 2021).
- **Addressing inequalities:** Issues related to inequities require more comprehensive actions to transform not only individual behaviours, attitudes and actions, but also underlying social and structural conditions, such as racism (Hirsch et al., 2021).

See annex H for a range of practices that have been used to successfully implement mixed-income housing.

Note: For Finding 9 and 10, the estimates of household incomes may be over-estimated as renter households in Canada, particularly those who have recently moved, are likely to be paying more than 30% of their income in rent.

Finding 10:

Modelling estimates that most NHS projects contribute to less income mixing in neighbourhoods, which may be explained by the affordability targets of the programs and the neighbourhood’s existing income distribution.

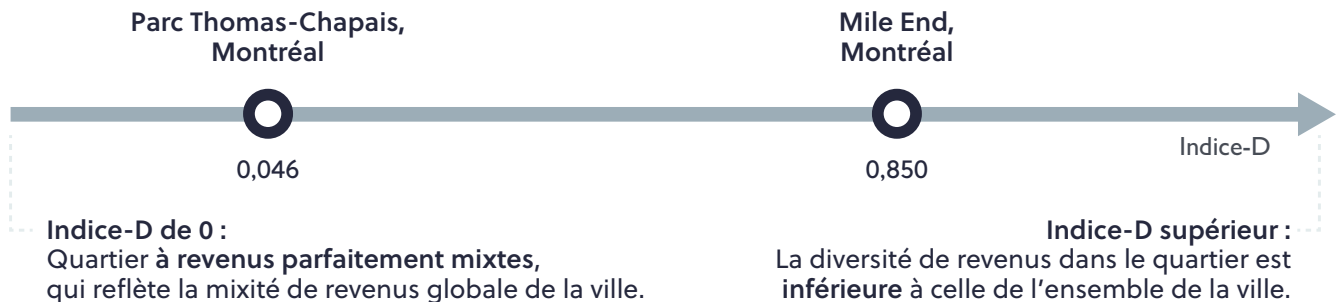
Measuring the neighbourhood income mix: the divergence index (D-index)

The divergence index (D-index) measures the level of income mixing in neighbourhoods and cities by describing the degree to which households with different income levels live together within a neighbourhood. It compares the **neighbourhood’s income distribution** (defined as a census tract) to its **city’s income distribution**.

- The higher the D-index, the more it deviates from the city’s overall income distribution. For example, the neighbourhood may be a particularly high-, middle- or low-income neighbourhood compared to the city as a whole.

Example of the divergence index (D-index) for two Montréal neighbourhoods

Illustrative example using hypothetical D-index data



To understand how ACLP and AHF projects might impact a neighbourhood’s income mixing, this evaluation modelled the hypothetical incomes of residents in ACLP and AHF buildings based on rent rolls (assuming 30% of household income is spent on rent) and compared the D-index of the project’s neighbourhood with and without the NHS projects. Annex I provides more information on this analysis.

Including select ACLP and AHF projects results in less income distribution for the neighbourhood’s D-index.

The mixed-income analysis demonstrated most neighbourhoods in scope had **more concentrated income mix (less income distribution) with the inclusion of an NHS project** – that is, the neighbourhood’s D-index *increased* with the addition of the NHS project. The table below outlines these findings.

	Not-yet-occupied ACLP projects	Occupied ACLP projects	Occupied AHF projects
% of neighbourhoods with higher income distribution	38% Average D-index decreases by 28%	33% Average D-index decreases by 11%	17% Average D-index decreases by 13%
% of neighbourhoods with lower income distribution	62% Average D-index increases by 85%	67% Average D-index increases by 32%	83% Average D-index increases by 21%

This analysis uses data from the following projects:

- Rent roll data submitted at project application for 107 not-yet-occupied ACLP projects, spanning 78 census tracts (neighbourhoods)
- Post-occupancy rent roll data for:
 - 72 occupied ACLP projects, spanning 51 census tracts
 - 39 occupied AHF projects, spanning 35 census tracts

See annex I for the census metropolitan areas in which these projects are located.

Assessed ACLP and AHF projects are affordable to their target households

ACLP aims to build rental housing that is affordable to the **middle class**, and AHF targets housing for **low-income households**. While these programs may not be contributing to mixed-income neighbourhoods in all cases (as discussed previously), our modelling does suggest that **they are affordable to their intended populations**. As noted in figure 9, ACLP projects are modelled to increase units affordable to households in the second- and third-income quintiles, while AHF targets households in the first quintile.

To contextualize the quintiles, annex I provides the income ranges of each quintile in the 26 cities included in this analysis.

The extent to which programs contribute to mixed-income neighbourhoods is more likely a result of project location.

The same project built in different neighbourhoods will not achieve the same level of income mixing.

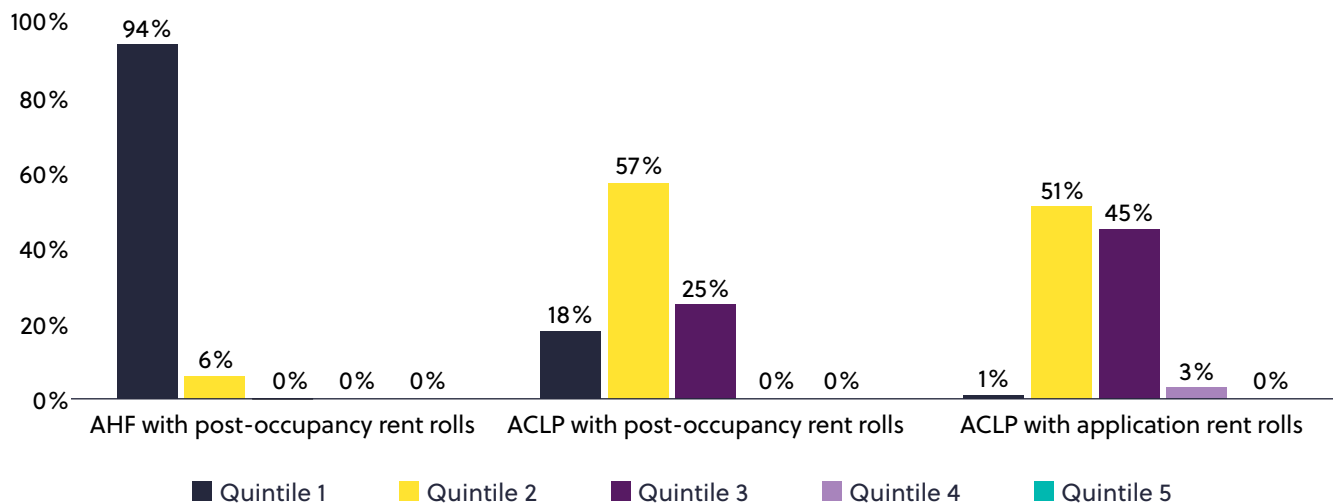
- For instance, a building targeting households in the first-income quintile could increase the income mix of a high-income neighbourhood, but further concentrate local income distribution if it were in a lower-income neighbourhood.

Most of the projects assessed in this analysis are in neighbourhoods where existing local households could afford these units. This does not encourage a greater diversity of household incomes to move into the neighbourhood.

This model demonstrates that the **specific affordability targets of the programs**, in conjunction with the neighbourhood's **existing income distribution**, may result in minimal changes to the overall income composition of these neighbourhoods.

It is important, however, to balance the desire to create more mixed-income neighbourhoods with some of the practical considerations of including this goal more explicitly in program design. For instance, there could be unintended consequences on project viability and community pushback (e.g., for lower-income projects in higher-income neighbourhoods or vice versa).

Figure 9: Modelled neighbourhood household growth by income quintile



Limitations of this analysis:

- Modelling household income based on rent likely misrepresents the number of high- and low-income households occupying NHS units. This is because the percentage of pre-tax income that households spend on rent is not fixed at 30% – lower-income households tend to spend more, and higher-income households, less.
- For repair and renewal projects, the income of any household displaced by the project was unknown. All projects were treated as new construction for the purpose of this analysis, thus adding new households to an existing neighbourhood.
- While the analysis might show that units are *affordable* to certain households, it does not ensure that the units are *suitable* for these households.
- The analysis did not consider the source neighbourhoods from which new households were moving into NHS projects. It assumed all households are new to the neighbourhood.
- The analysis assumes that the affordable units will be allocated to households in the income quintiles targeted by NHS programming. However, this does not guarantee that such allocations will occur in practice.

Proximity to Services and Amenities

Finding 11:

There is a continued need for programs that build housing near a variety of services and amenities.

NHS programs encourage projects to be near workplaces, schools, public transit, and local amenities such as parks and libraries, grocery stores and social services. This contributes positively to social inclusion, participation and quality of life.



Jobs:

Essential workers benefit from being near their workplaces as it encourages active participation in the workforce (Toronto Region Board of Trade & Woodgreen, 2021). Rising rent and housing costs in urban areas have challenged this, amplifying the risk of social exclusion (Toronto Region Board of Trade & Woodgreen, 2021).



Parks and libraries:

Enhancing access to urban parks and green spaces for communities that have inequitable access to these amenities, such as low-income, racialized, and marginalized communities, fosters social inclusion (Doiron et al., 2020; Pinault et al., 2021; Vabi, 2022). Libraries serve as accessible public spaces which provide essential resources and services and promote social inclusion, particularly for marginalized groups (Allen, 2019; Beretta et al., 2018; Forrest, 2022).



Schools and childcare services:

Both proximity to and quality of schools impacts student achievement (Rogova et al., 2016). In addition, limited access to childcare services can impede employment opportunities, especially for women who often bear primary childcare responsibilities (Milaney et al., 2022).



Grocery stores and pharmacies:

Being close to grocery stores and pharmacies improves health outcomes and fosters social inclusion (Keenan et al., 2017).



Social services and community centres:

Various groups benefit differently from access to social services and community centres. For example, living nearby amenities promotes active living and improves overall health for older adults while housing near specific social services is crucial for specialized groups such as the 2SLGBTQ+ community (Levasseur et al., 2015; McDowell, 2021).



Public transit:

Efficient public transit is linked to improved mental health, feelings of safety and a stronger sense of community (Hope et al., 2022). Slow and infrequent public transportation limits access to essentials such as food and recreation (Mendly-Zambo et al., 2021).

Finding 12:

The NHS supply programs enable residents to live in proximity to transit and a few programs enable them to live in proximity to a variety of services and amenities.

With 71% of projects meeting their proximity criteria as noted in figure 10, the NHS supply programs enable residents to have access to the services and amenities of daily life. 70% of projects are within 1 km of transit as noted in figure 11. While only AHF and FLI programs are collecting metrics relating to the proximity to other amenities, at least half of AHF and FLI projects are within target distances from various services and amenities as noted in figure 12. Note NHS programs define proximity criteria differently, see annex F for definitions.

Figure 10: Percentage of projects meeting at least one proximity criterion

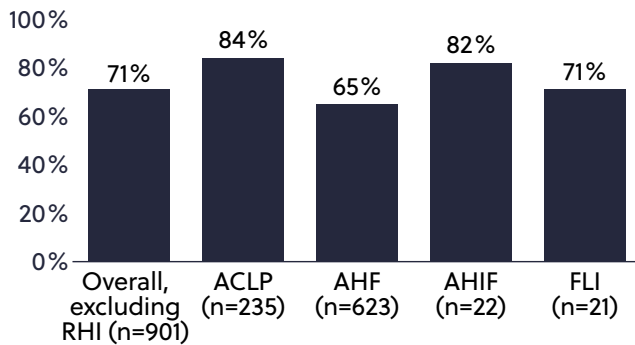


Figure 11: Percentage of projects within 1 km of transit

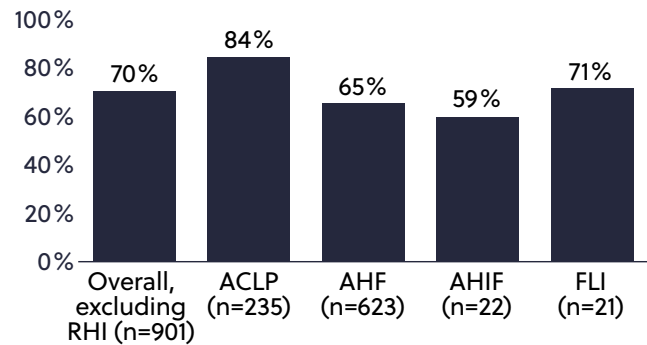
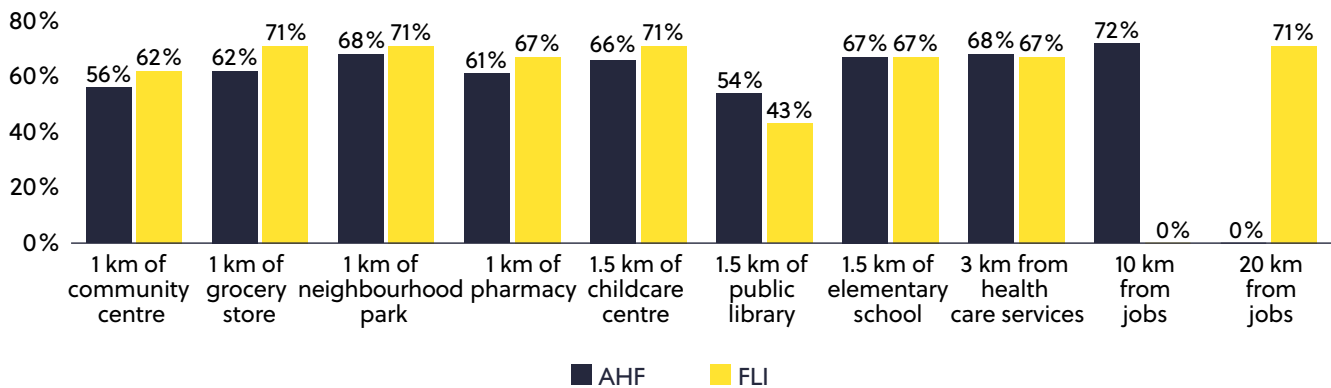


Figure 12: Percentage of AHF and FLI projects near various services and amenities



The non-federal programs examined in this report do not commonly prioritize proximity to services and amenities.

Very few of the provincial, territorial or municipal programs examined in this report considered proximity to services and amenities. Out of the 36 housing programs examined, only three included proximity criteria like those of the NHS. The inclusion of this criterion in NHS programs ensures that housing projects across Canada receiving federal funding are located near amenities and services that support the residents' social and economic inclusion.

The literature review identified some proximity factors not currently included in NHS programming, including the following:

- **Shelters and Transitional Housing:** Of particular importance for women and children impacted by domestic violence (Vecchio, 2019).
- **Adult Learning and Employment Training:** Proximity to these facilities is needed, especially in neighbourhoods where there are concentrations of households with low incomes, low education rates, and higher unemployment rates (Leviten-Reid et al., 2021).



Integrated or On-Site Supports and Services

Finding 13:

There is a continued need for housing that provides residents with integrated or on-site supports and services aligned with their needs.

Supports and services contribute positively to social inclusion, especially when they foster positive and trusting relationships between those providing and receiving supports and services.

Integrated and/or on-site supports and services are particularly important for vulnerable populations in addressing their needs and fostering social inclusion (DesignABLE Environments Inc., 2020). Integrated supports or services refers to the result of bringing together different government services so that individuals or households can access them in a single seamless experience (Kernaghan, 2012). Examples of these services include food banks and soup kitchens, access to health care services, education and training, emergency services, correctional counselling, and housing support workers (DesignABLE Environments Inc., 2020).

To foster social inclusion, supports and services must account for both divergent needs (Milaney et al., 2022; Vecchio, 2019). In addition, studies suggest that beyond the provision of supports and services, the quality of the relationships between the service provider and recipient has an impact on social inclusion (Sandu et al., 2021; Yamin et al., 2014).

On-site services and supports should be tailored to align with the specific needs of individuals and their identity and demographic characteristics.



People experiencing homelessness benefit from support with accessing basic needs such as food, personal hygiene products and medical supplies. They also benefit from general support services, such as assistance accessing clinical and treatment services and social and community integration services (INFC, 2023).



Seniors can greatly benefit from on-site medical and personal care services, outreach programs, and other activities that allow them to age in place (Alzheimer Society of Canada et al., 2017; Crawford, 2011; DesignABLE Environments Inc., 2020).



For **individuals with developmental disabilities**, personal supports such as assistance with daily activities and social coordinators play an essential role in reducing social exclusion (Canadian Association for Community Living, 2019; Crawford, 2011).



Women and children fleeing domestic violence require holistic support including legal aid, trauma-informed mental health services, and housing support (Vecchio, 2019). For women, low or no cost childcare, communal spaces for cooking and socializing, multi-purpose rooms for activities and gardens had a positive impact on their social inclusion (Government of Canada, 2019b; Milaney et al., 2022).



Veterans benefit from housing options that are tailored to their needs, such as health and mental health care, addiction services, social and income support, and expanded access to veteran benefits (CMHC, 2019f).



For **people with mental health and addiction issues**, there is an unmet need for housing options with on-site 24-7 support (Canadian Mental Health Association, n.d.; Kerman et al., 2017).



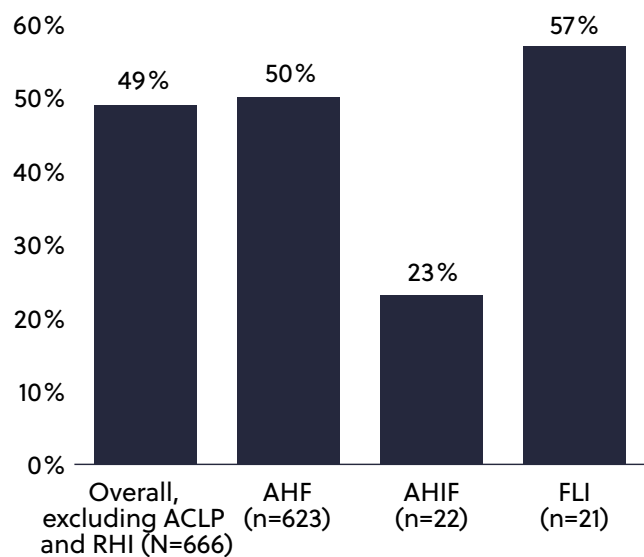
Finding 14:

AHF, AHIF, and FLI are contributing to creating or supporting housing projects in which residents benefit from integrated or on-site supports and services.

Up to 49% of projects intend to provide supports and services to tenants.

- Figure 13 illustrates the percentage of projects providing supports and services. AHIF does not require the provision of services. However, reviewing project applications found that 23% of projects intend to offer supports and services.
- Data is unavailable for the ACLP and RHI programs about the provisions of supports and services.

Figure 13: Percentage of projects with supports and services



There is limited evidence as to whether the supports and services provided are aligned with best practices related to supporting positive housing outcomes.

CMHC staff analyzing projects for approval lack comprehensive internal guidance on which supports and services have been shown to enhance positive housing outcomes, both in general and for the priority populations targeted by a project. Nonetheless, there is some evidence that staff evaluating applications are making judgments about whether listed services should be considered as fulfilling the criteria for providing on-site supports and services that promote social inclusion. Since there is minimal formal and documented guidance to staff, it is possible that supports and services offered in projects are not aligned with the needs of residents or those of the targeted priority populations and that not all files are being treated equally.

The supports and services in housing projects may be more reliant on the NHS project assessment processes, seeing as only 7 of the 36 non-federal programs examined included considerations for integrated or on-site supports and services. A few internal CMHC interviewees noted the importance of these services, remarking that adequate levels of support are required to keep the most vulnerable individuals housed and to foster social inclusion. They also noted that these services may be outside CMHC's areas of responsibilities. As such, it was suggested that adequate levels of support could potentially be achieved through better coordination between CMHC and organizations who administered those social supports.

Other Findings

Finding 15:

The NHS supply programs' requirements and incentives around accessibility have the greatest impact on proponent behaviour, but some other features would have been included regardless of NHS funding.

Most of the interviewed proponents stated that they would have included at least some of the social inclusion features in their projects even if they had not obtained CMHC funding. The NHS supply programs are rewarding them for this choice through either a larger amount of funding, a larger proportion of grants as opposed to loans, and/or by increasing their likelihood of being selected for funding.

Accessibility may be the social inclusion feature with the largest impact on proponent behaviour.

Program design is impacting proponent behaviour by requiring a higher number of accessible units than would otherwise have been included. Proponents who stated they would not have included some features if there were no requirements said their project **would have included fewer accessible units**. Other interviewed proponents noted that they would have included some degree of accessibility regardless of obtaining CMHC funding as some provincial funders have accessibility requirements.

The inclusion of other social inclusion features in projects are less attributable to NHS program design.

Proponents who stated that they would have included at least some social inclusion features, regardless of CMHC funding, was because their **organization's mission or mandate** focused on specific priority populations. With only three of the NHS supply programs including the targeting of priority populations as part of their prioritization process, it is unlikely that the NHS is the main reason projects targeted priority populations.

With property purchase often occurring early in the project, the NHS **proximity** requirements and incentives are likely not changing proponent behaviour, since they often have already selected the project location before applying for funding. As for **integrated or on-site supports and services**, these entail substantial ongoing and operational costs, which NHS funding is not providing on an ongoing basis. It is therefore **unlikely that proponents would include these supports and services if they did not already intend to do so** and had not already secured funding. However, the consideration of both features in the application process of some NHS programs does mean that projects in proximity to important services and amenities or offering valuable supports and services are prioritized over other projects, and thus are more likely to be completed and built to the benefit of future residents.

Finding 16:

The scoring at application does not reflect the relative cost or potential impact of the different social inclusion features.

Figure 14 shows the range of points available for each social inclusion feature in **AHF, FLI, and RHI**, as a percentage of the total available points a project can obtain. Within and across the NHS supply programs, various features are treated relatively the same, **maxing out around the 10% range and being no more than 14%**. There are several elements regarding this scoring system :

- The scoring systems **stop rewarding proponents beyond a certain threshold**.
 - For example, if a project includes 100% of units as accessible, they are rewarded to the same extent as if they had only included 31% of their units as accessible.

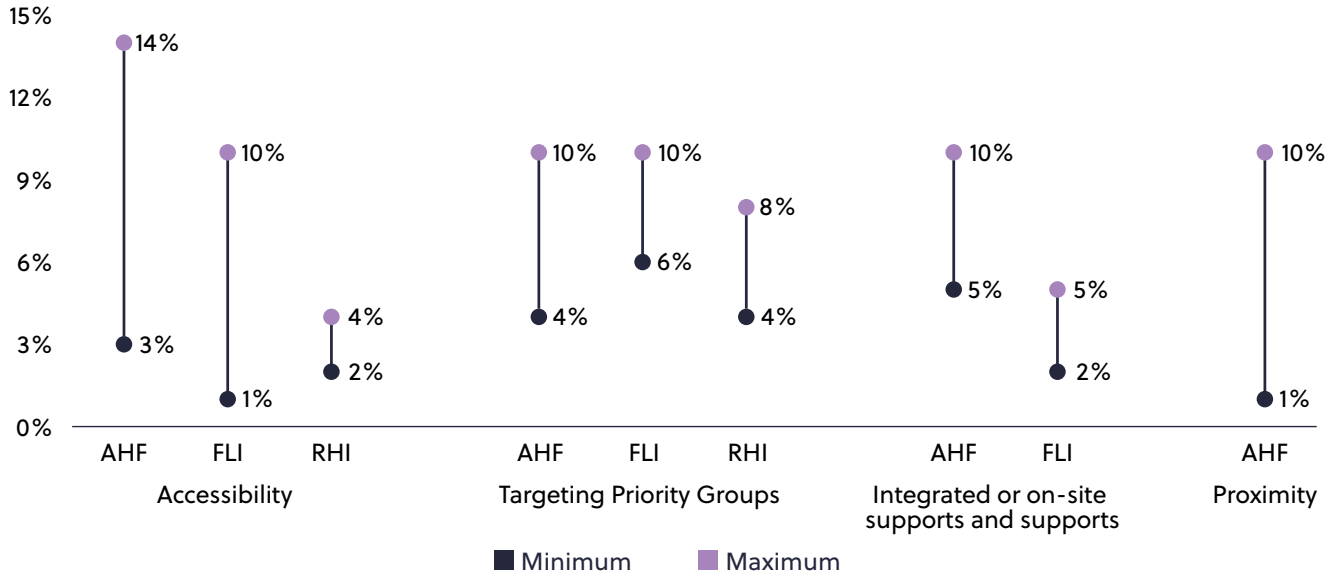
Thus, proponents who are willing to do more are not always rewarded for this choice. This may unintentionally discourage higher levels of commitment to social inclusion features.

- Some features, such as proximity, may **lack distinction in their scoring** system.
 - For example, proximity to transit is worth the same number of points as being in proximity to a pharmacy.

- The scoring system does not account for **the variation in the cost** of including a feature. For example:
 - Accessible units have a cost to build. There is also an opportunity cost as the larger floor area required in an accessible unit can reduce the total number of units in a project.
 - Targeting priority populations has an ongoing administrative cost to identify, select, and report on those households.
 - The provision of on-site or integrated supports and services has an administrative and operational cost or may require a partnership with an external entity.
 - Proximity is largely determined by the selection of the property location, so there is no ongoing cost.

Despite this variation in costs and proponent intentions, program design treats all social inclusion features relatively similarly. This may have impacted the outcomes achieved by projects across all these different objectives and have limited the NHS's influence on project decisions. The scoring grid is also of greater influence when there is higher demand for the program from projects that can exceed social outcomes.

Figure 14: Percentage of total application points available by social inclusion feature for minimum and maximum commitment



Finding 17:

The NHS Research and Data Initiative delivers research insights, data, and innovative solutions that support social inclusion with the potential to inform and strengthen NHS supply programs.

Through the Research and Data Initiative (RDI), the NHS provides funding focused on closing vital data gaps and enhancing evidence-based decision-making, including initiatives with the potential to improve housing interventions and outcomes for Canadians. Initiatives funded under the RDI include:

- NHS Demonstrations Initiative
- Solutions Labs
- Collaborative Housing Research Network
- Research and Planning Fund
- CMHC Housing Research Awards
- Housing Needs Data
 - Canadian Housing Survey
 - Social and Affordable Housing Survey – Rental Structures
- Expert Community on Housing
- Housing Supply Challenge
- Longitudinal Outcomes Research Grant

With funding under the NHS, CMHC has undertaken research to enhance understanding of how to build socially inclusive, accessible, and affordable housing, identifying key factors and guiding principles at various stages of the housing life cycle, from planning to renewal (CMHC, 2020). The research has produced several tools, developed in collaboration with Statistics Canada, that measure social inclusion in relation to housing as follows:

- **Social Inclusion Index (SII):** This index measures social inclusion as experienced by Canadian households in relation to housing and is based on various dimensions such as dwelling satisfaction, neighborhood satisfaction, satisfaction with feeling part of the community, sense of safety, and economic hardship.
- **The Divergence Index (D-Index):** The D-Index is an income-based measure of social and income mixing in Canadian neighbourhoods.
- **The Proximity Measures Database:** The database enables analysis of the proximity of housing to employment, schools, services and other amenities.
- **Canadian Housing Survey:** The survey offers valuable insights into housing needs, conditions and experiences from a sample of Canadian households, including those in vulnerable priority groups. It is conducted across 10 provinces, allowing us to track changes over time starting in 2018.

CMHC has also produced research that identifies the unique housing needs and barriers for certain priority populations in Canada, as well as potential strategies for addressing these issues.

Table 5: Priority populations, Housing Needs and Barriers, and Best Practices

Priority populations	Housing needs and barriers	Best practices
Newcomers	Affordability, overcrowding, hidden homelessness and discrimination, exacerbated by disjointed services aimed to assist in resettlement (CMHC, 2019c).	Policy coordination, increased affordable housing stock, improve training of settlement and housing staff (CMHC, 2019c)
LGBTQ2+ community	Discrimination (by landlords and other tenants), access to community supports, housing with non-gender separated facilities, and increased staff awareness on LGBTQ2+ challenges (CMHC, 2019b).	Inclusive guidelines, policies, and practices along with specialized housing programs and staff training (CMHC, 2019b).
Veterans	Access to personalized support and long-term housing options. The barriers include health issues and living in remote communities (CMHC, 2019f).	Employing a Housing First Intervention model, coordinating government and non-government organizations, and providing housing assistance (CMHC, 2019f).
People with developmental disabilities	Accessible housing, individualized supports, certain housing design features, and discrimination (CMHC, 2019d).	Community-based care and living models, individualized planning, and a tailored Housing First approach (CMHC, 2019d).

Most internal interviewees generally agreed that CMHC research was, at least to some extent, reflected in the refinement of the NHS and its programs. However, there were also gaps and limitations to doing so:

- **Timeliness issues:** Research and data projects take time to produce; however, data and information are often required by CMHC before research has been completed, creating a gap between the time of information demand and the availability of data and research findings.
- **Knowledge transfer gaps:** Specifically, communication between program and research teams and inconsistent approaches to knowledge mobilization of research findings.
- **Organizational cohesion:** Some noted administrative, budgetary and organizational constraints, such as research not being updated on the CMHC website, which can impede research application.
- **Challenges in accessing research:** Several cited a general lack of clarity on access to CMHC research and data and their dissemination, which can hinder the effective use of data and research findings.

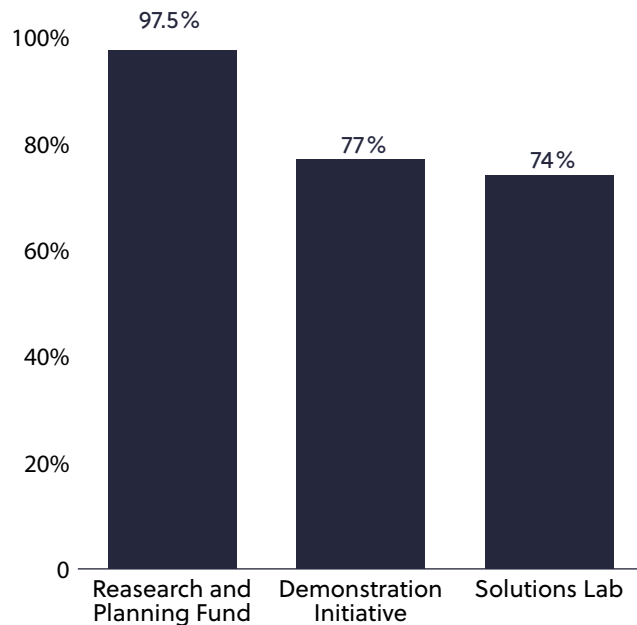
CMHC also manages a suite of funding programs under the NHS RDI that provides funding to organizations in Canada to undertake research, data, and innovation projects that support and advance the NHS priority areas for action. The externally funded RDI programs are outlined in Table 6, below. Projects funded under these programs have contributed new research insights, data, and innovative solutions that advance social inclusion in Canadian communities. Annex J provides examples of projects funded under these programs.

Table 6: Externally funded research, data and innovation programs under the NHS RDI

Program	Description
Research and Planning Fund	Funds non-profits, registered charities and Indigenous partners to advance housing research in Canada to gain insight and expertise to address housing challenges, especially for vulnerable populations.
Housing Research Scholarship Program	Offers research training awards and supplements to postdoctoral researchers and doctoral and master’s students in the social sciences and humanities.
Housing Research Awards	This initiative focuses on completed or near completed research activities, recognizing impactful and innovative Canadian housing research, research training, knowledge mobilization and outreach.
Collaborative Housing Research Network	The Collaborative Housing Research Network is an independent, Canada-wide collaboration of academics and community partners. The Collaborative Housing Research Network provides objective, recognized, and high-quality research that can support housing policy decision-making and inform future program development.
Demonstration Initiative	Funds the demonstration, in a real environment, of solutions supporting NHS priority areas, population groups and outcomes.
Solutions Lab	Funds solutions to complex housing problems and challenges, including social inclusion, by bringing together diverse groups of people to explore new ways of making progress and help inform decision making.
Expert Community on Housing (ECOH)	ECOH is a diverse, collaborative community of 2500+ members working together to share knowledge and contribute to the development and scaling of housing solutions. The network includes leaders and collaborators from both inside and outside the housing sector with expertise in nearly 100 subject areas. Its value to social inclusion actors is demonstrated through sharing of resources and convening to look at complex problems and gather inter-disciplinary feedback. It has also provided a space to test or implement new solutions.

Externally funded RDI programs require applicants to identify the NHS Priority Areas for Action their project will contribute to. One of these priority areas, "Housing for Those in Greatest Need" includes addressing the housing need of priority populations as listed in the Targeting NHS priority populations and Women and Children Section of the report (CMHC, 2018). As previously noted, targeting priority populations and women and children supports social inclusion. The maximum percentage of projects contributing to this NHS Priority Area are noted in figure 15 for three of the externally-funded RDI programs.

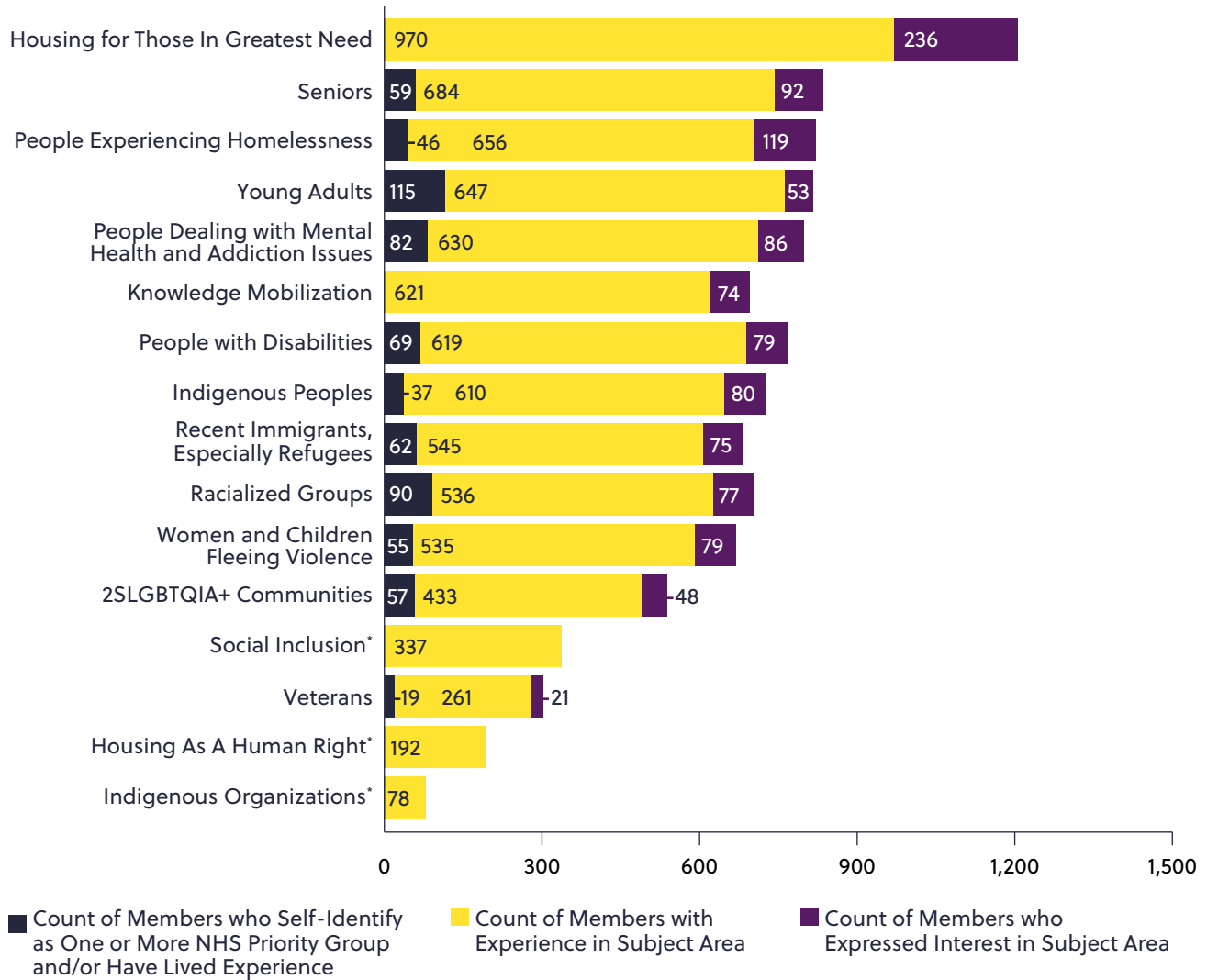
Figure 15: Maximum Percentage of NHS Research, Data, and Innovation Projects Contributing to the NHS Priority Area of 'Housing for Those in Greatest Need'



1,940+ Expert Community on Housing Members (ECoH)

Figure 16 provides the identity, experience, and subject area interest of ECoH members. There is a wide range of subject experience and expertise from ECoH members. As noted in figure 16, there are more members with experience in subject areas related to social inclusion than there are members who expressed interest in these subject areas. This might suggest a limited ability of the ECoH to disseminate and mobilize data, research, and housing solutions related to social inclusion to those who could put them into practice. However, webinar attendance data counter-indicates the above. Average webinar viewership is 99 while the average viewership of webinars related to the theme of Social Inclusion and Priority Populations is 101. This would suggest that content related to Social Inclusion is of interest to and meets the informational needs of the membership.

Figure 16: ECoH Member Counts for Self-Identity with an NHS Priority Group or Having Lived Experience, Experience in a Subject Area, and Interest in a Subject Area



*Social Inclusion, Housing as a Human Right and Indigenous Organizations were not options for "subjects you are most interested in learning about" on the ECoH membership signup form nor could one self-identify as one of these.

Internal CMHC staff interviewees acknowledged the relevance and importance of the social inclusion NHS outcome, and evidence suggests that RDI programs are helping to serve those in greatest need of affordable housing. However, there is an opportunity to improve knowledge dissemination and apply insights from research learnings to guide and strengthen future programming aimed at addressing this outcome.

Recommendation 3:

Consider enhancing knowledge mobilization of findings from research, data and innovation activities under the National Housing Strategy (NHS) Research and Data Initiative (RDI) programs to scale and/or implement solutions to improve social inclusion and to inform future program design.

Conclusion, Recommendations and Key Considerations

The National Housing Strategy seeks to achieve the shared outcome whereby “Affordable housing promotes social and economic inclusion for individuals and families.” This evaluation focused primarily on federally funded supply programs (ACLP, AHF, AHIF Phase 1, FLI, RHI 1 and 2), from program inception to March 31, 2023, and found the following:

Priority Populations and Women and Children

There is a continued need for housing programs that serve NHS priority populations and women and children, who face unique housing challenges. The NHS supply programs are contributing to meeting the NHS’s minimum investment target with 28% of funding intending to serve the needs of women and children. The NHS supply programs most frequently target seniors, people with physical disabilities, Indigenous Peoples and people experiencing homelessness. There are challenges relating to data collection and reporting on priority populations.

Accessibility

There is a continued need for housing programs that contribute to accessible housing. NHS supply projects are contributing to the creation of accessible housing. However, interviewed proponents anticipate that accessible units in their projects may not always be occupied by those in need, and these proponents perceive that the current number of accessible units required exceeds local needs. Program data also suggests a disconnect between the percentage of projects with accessible unit/beds and the percentage of projects targeting people in need of an accessible unit. Proponents that would not have included some social inclusion features if there were no requirements noted their project would have included fewer accessible units.

Mixed-Income Neighbourhoods

Literature suggests that the creation of mixed-income neighbourhoods is more successful when it includes supports and services that foster a sense of community. Modelling estimates that many projects contribute to less income mixing in neighbourhoods. This is likely explained by the affordability targets of the programs and the neighbourhood’s existing income distribution. Project location plays a large factor in the project’s contribution to creating mixed-income neighbourhoods.

Proximity to Services and Amenities

There is a continued need for housing to be near a variety of services and amenities, as this contributes positively to social inclusion. The NHS supply programs are on track to enable residents to live in proximity to transit and a few programs enable residents to live in proximity to other services and amenities

Integrated or On-Site Services

There is a continued need for housing that provides residents with integrated or on-site supports and services aligned with their needs. However, there is a lack of evidence about whether the supports and services provided are aligned with best practices relating to positive housing outcomes generally or for the priority populations targeted by the project.

Other Findings

The inclusion of other social inclusion features in projects are less attributable to the NHS program design and funding, such as targeting of priority populations, integrated supports and services, and proximity to transit and amenities. For example, targeting priority populations is often based on organizational mandates and missions. The NHS program’s design through application scoring does not always reflect the relative

cost or potential impact of the different social inclusion features. Data, innovation and research programs promote social inclusion through research, capacity building, and innovation programs, but limitations were noted with the integration of findings into the design of programs.

Based on these findings, this evaluation proposes one recommendation and two key considerations.

Recommendation 1: Consider enhancing knowledge mobilization of findings from research, data and innovation activities under the National Housing Strategy (NHS) Research and Data Initiative (RDI) programs to scale and/or implement solutions to improve social inclusion and to inform future program design.

CMHC-funded research is, to some extent, reflected in the design and refinement of the NHS and its programs, and evidence shows that NHS research, capacity and innovation programs support advancements in social inclusion. Despite this, persistent communication gaps between researchers and end users of the NHS programs lead to underutilization of existing research findings. Clarifying and standardizing approaches to knowledge mobilization may improve knowledge dissemination and the translation of CMHC-funded research into practice.

Key Consideration 1: Consider enhancing how priority populations are reached and reported on to ensure NHS outcomes are being achieved.

A. Consider how data related to social inclusion and associated definitions can be enhanced.

It appears that many groups may have been targeted less than others within NHS projects and therefore may not be benefiting from NHS investments. Some of these groups, such as young adults, racialized persons or communities, and LGBTQ2+ people, may be harder to identify without the explicit collection of identity factors at application. Many such identity factors are protected from discrimination under Human Rights

Codes or Acts, and landlords may not be willing or able to explicitly target these groups (OHRC, n.d.; AHRC, n.d.). Further, existing data collection practices limit the ability to report on outcomes as well as on the experiences of households residing in NHS projects. Opportunities may exist to collect these identity factors through the application and funding process, or through other methods (i.e., existing statistical surveys). Better understanding and targeting of funding to all priority populations is key and would contribute to greater social inclusion.

B. Consider working toward developing clearer and broader social inclusion indicators.

Current data collection practices limit the ability to report on potential outcomes relating to priority populations. There may also be a lack of clarity as to how the outcome of social inclusion can best be measured. In the long term, to foster greater social inclusion, programs would benefit from the development of clearer and broader overarching social inclusion indicators.

C. While continuing to support priority populations and women and children as overall targets, consider how improved data can inform outreach and targeted approaches to bridge the gap for priority populations most at risk of facing discrimination and barriers to housing..

Priority populations targeted by NHS programs vary from one program to another, including for internal guidelines, procedures, and application guides. This could have unintended consequences for some priority populations. For example, some survivors fleeing violence, people with disabilities and young adults may not be targeted consistently across programs. Further, evidence shows that the reliance on voluntary targeting of NHS priority populations by applicants is not effective in serving all groups.

Opportunities may exist to better reach priority populations that may have been targeted less than others within NHS projects. For example, enhancing outreach and communication through community groups. Enhancing how priority populations are targeted and reported on would ensure that the NHS is able to support them in achieving their housing goals.

Key Consideration 2: Consider how accessibility requirements, application assessments, and scoring systems can be enhanced to better support social inclusion in future programming, notably through:

A. Enhancements to how supports and services are assessed in NHS applications to ensure they are aligned with best practices and that applications are assessed in a consistent manner within and across programs.

Evidence suggests that supports and services should be tailored to align with the specific intersectional needs of individuals and their identity and demographic characteristics. For example, seniors benefit from on-site medical and personal care services whereas people with mental health and addiction issues may benefit from on-site 24-7 support with activities of daily living and learning life skills. A few internal CMHC interviewees also highlighted the importance of integrated or on-site supports and services for the most vulnerable populations. While these services may be outside CMHC's areas of responsibility, there may be opportunities for improved coordination between CMHC and organizations who administer social supports.

Further, ensuring that applications demonstrate the provision of supports and services that are appropriate for the target populations of the project could help to achieve positive outcomes. Applications should also be assessed in a consistent manner across and within programs to ensure the equitable treatment of all applications.

B. Enhancements to the scoring systems for social inclusion features to encourage applicants to increase their level of commitment to social inclusion features.

The application system for social inclusion features stops rewarding proponents beyond a certain threshold. For example, an applicant committing to targeting 100% of their units to priority populations are rewarded with the same number of points as an applicant who is only targeting 50% of their units to priority populations. Similarly, if an applicant commits to having 100% of the units accessible, they are rewarded with the same number of points as an applicant who is only committing to having 31% of their units accessible. This may unintentionally discourage applicants from committing to higher levels of social inclusion outcomes.

Targeting a priority group has an ongoing administrative cost to identify and select these households as well as an annual reporting cost. In contrast, once a property is secured, proximity to services and amenities has no ongoing cost since the proponent is not expected to control if existing amenities remain in place or if new amenities are built or improved nearby. As such, the cost of including one social inclusion feature versus another is not accounted for in the number of points awarded for various features. This may have also had unintentional impacts on outcomes and limited the ability of the NHS to influence applicant choice.

Annex A: Evaluation Methodology – Interviews

The interviews for the Social Inclusion Thematic Evaluation were combined with the interviews for the Environmental Sustainability and the Housing Is Affordable and in Good Condition evaluations. The figures below provide a breakdown of the 70 interviews with 111 participants which informed this evaluation. The interviews were conducted by Malatest & Associates Ltd.

Figure 17: Number of interviews and interview participants by stakeholder group

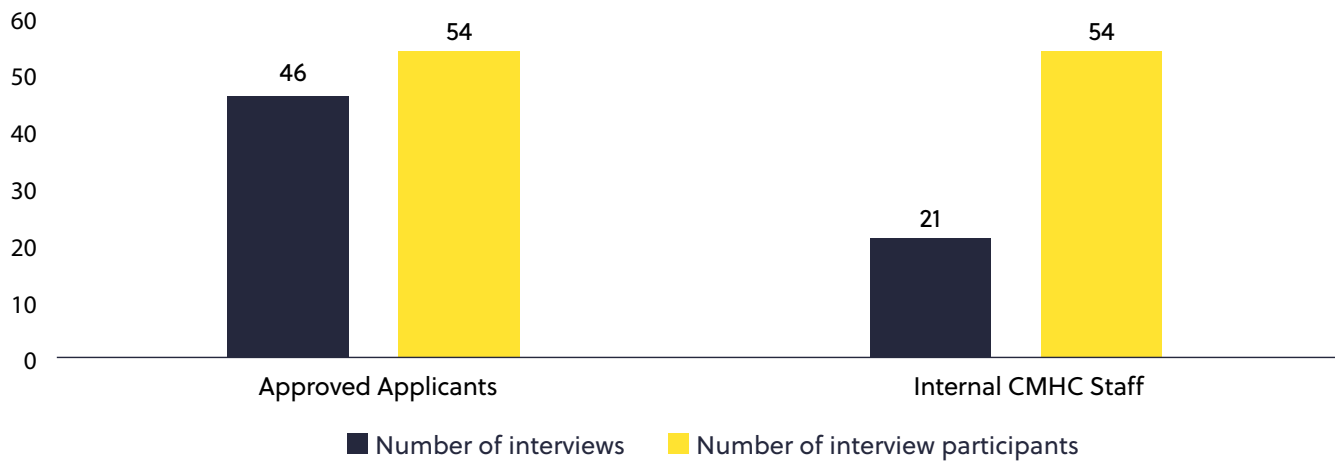
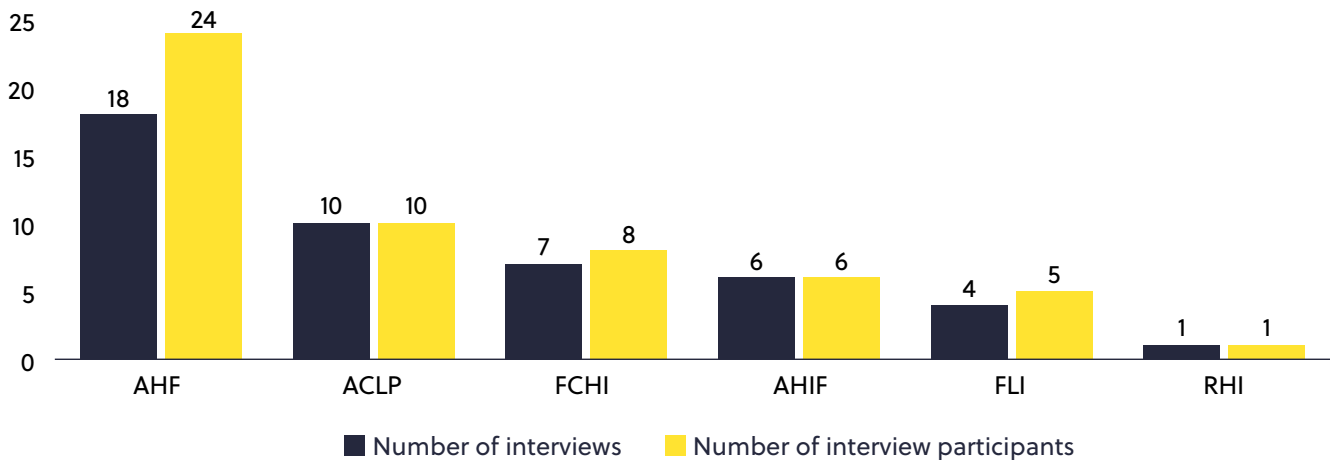


Figure 18: External interviews with approved applicants – Number of interviews and interview participants



In addition, 3 interviews were conducted with external experts on environmental sustainability. While the Federal Community Housing Initiative (FCHI) approved applicants were interviewed, this program was not included as part of the Social Inclusion Evaluation's scope.

Annex B: Profiles of NHS Priority Populations and Women and Children

Survivors Fleeing Domestic Violence

Domestic violence (DV) is a form of **gender-based violence**, which is violence against someone based on their sexual orientation, gender identity and/or expression (Government of Canada, 2019a; Government of Canada, 2022b). Violence in the home can be experienced for reasons other than gender, such as **family violence**, which is any form of abuse experienced from a family member (Government of Canada, 2019a; Government of Canada, 2022a). Examples of family violence include the following:

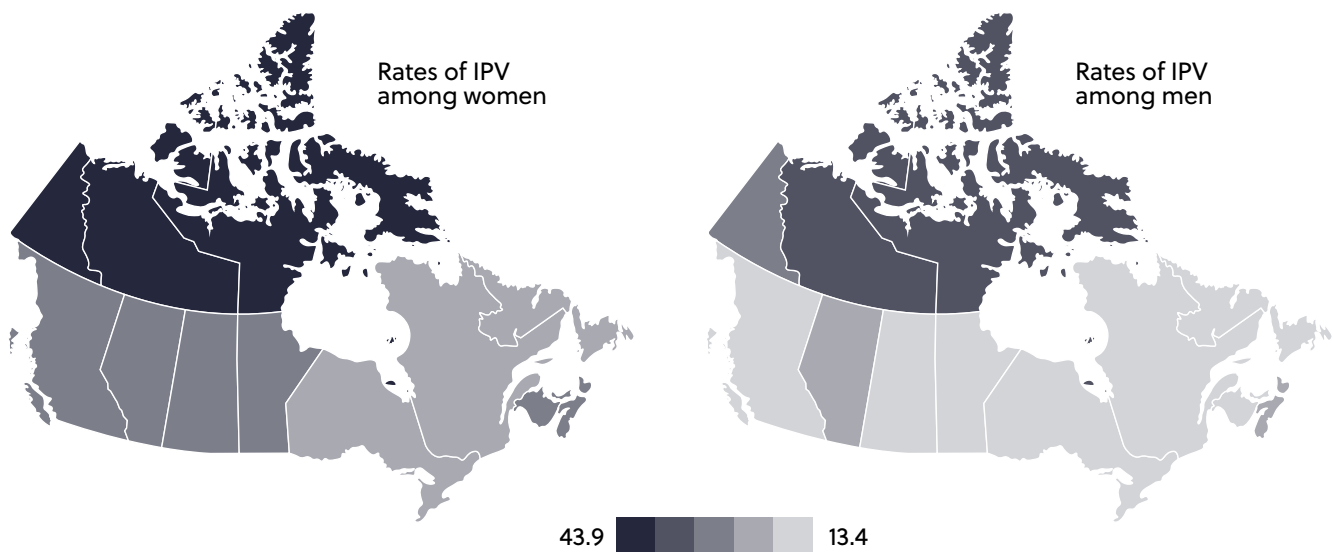
- **Elder abuse**, which is abuse committed by someone with a relationship of expected trust to an older adult (WHO, 2022).
- **Child abuse**, which is the abuse of a family member or caregiver toward a child, including children witnessing violence within the home (Government of Canada, 2022a).

These forms of violence often intersect, with victims experiencing multiple types, such as physical, sexual, psychological, financial, forced marriage, neglect, stalking, harassment, homicide/femicide, human trafficking, online or digital violence, etc. (Government of Canada, 2019a; Government of Canada, 2022a; UN Women, n.d.).

Geographical Distribution

In 2018, **~1 in 4** (25.7%) women had experiences physical and/or sexual violence at the hands of their intimate partners since the age of 15 (Statistics Canada, 2021d). This rate varies across the country, from 43.9% in the Northwest Territories to 21.5% in Quebec. For men, the national rate was 17%, varying from 32.2% in Nunavut to 11.6% in Prince Edward Island. For both men and women, the rate of IPV was 1.8 times higher in rural areas (Conroy, 2021). Figure 19 below illustrates the variation in percentages of intimate partner violence (IPV) among women and men:

Figure 19: Rates of intimate partner violence (IPV) across Canada



Source: Statistics Canada, 2021d

Unique Factors Affecting Poor Housing Outcomes

Violence: Overall, the evidence suggests that those experiencing DV in their homes are without safe housing, and those fleeing DV who stay with friends, family, or in shelters are in unstable and impermanent housing. Survivors are often underrepresented in homelessness assessments due to their hidden homelessness and those staying in violence against women (VAW) shelters are often not included in point-in-time (PIT) counts (Maki, 2019).

Condition of facilities: According to a 2017 Women's Shelters Canada survey of staff and executives of violence against women shelters, 80% of respondents (226 out of 281) indicated that their violence against women shelters needed repairs or renovations (Maki, 2019). Among the respondents who answered whether their shelters had funds for renovations (190 respondents), 46% reported being unable to afford the repairs or renovations required (Maki, 2019). Many shelters and transition homes lacked sufficient existing funding to make the necessary repairs (using operating funds, capital funds, or fundraising), and would need to piece together funds from multiple sources (Maki, 2019).

Age restrictions: Some VAW shelters may not allow women to bring their older sons, which can act as a deterrent or barrier for women fleeing violence (Bopp et al., 2007; Mbilinyi, 2015).

Women-only spaces: Fear of re-victimization or abuse may act as a barrier to women seeking services and therefore some experts recommend women-only homeless shelters (Van Berkum & Oudshoorn, 2015). However, men are often underserved in this sector and may have a difficult time finding appropriate support/housing in the traditional housing sector and in the traditional shelters for survivors of violence sector (Ibrahim, 2022).

Employment: Low wages contribute to challenges in staff retention (Alberta Council of Women's Shelters (ACWS), 2021). For example, the ACWS (2021) found that the average hourly wage for full-time employees at women's shelters is \$27.53, which is lower than the average Albertan hourly wage of \$29.70.

Features and Supports to Address Their Housing Needs

Housing first (HF): When geared toward survivors, HF has been a successful housing option for survivors (Mbilinyi, 2015). It supports survivors' choices and autonomy, through a client-centred and rights-based approach that can reduce time spent in unstable and impermanent housing (Webster, 2013). Other services and supports for survivors may be better received if they are in their own, permanent home (Mbilinyi, 2015; Webster, 2013). HF models can also support women in keeping and/or regaining access to and custody of their children (Mbilinyi, 2015). However, HF models often operate from a non-gender-based lens, focusing on the need of single homeless men, which often ignores the realities and needs of women, especially those escaping violence (H4W, 2013).

Racialized Persons and Communities

Racialized persons and/or groups are those who experience negative social, political, and economic impacts due to racial attributes assigned to them (CMHC, 2022b). This includes not only people classified as “visible minorities” in the Canadian census, but also those who are affected by antisemitism and Islamophobia. Racialized persons experience higher levels of core housing need than the overall Canadian population (Statistics Canada, 2023a).

Immigration status: When racialized persons are also immigrants, they have higher rates of core housing need (Statistics Canada, 2023a). West Asian, Arab, and Chinese immigrants were more likely to experience core housing need. In contrast, Black Canadians experience similar levels of core housing need regardless of their immigration status (Statistics Canada, 2023a). While most racialized groups in Canada exhibit a trend of immigrants being more likely to experience core housing needs than non-immigrants, the Black population stands as an exception, with both non-immigrant and immigrant Black Canadians showing similar rates of core housing need (Statistics Canada, 2023a).

Income

On average, visible minority households had an income that was \$4,798 less than the Canadian average (Edwards, 2019). Racialized persons faced higher average shelter costs, which were \$14,500 annually for racialized households as opposed to \$10,500 for non-racialized households (Shan & Li, 2023).

Table 7: Income of primary maintainer in 2016

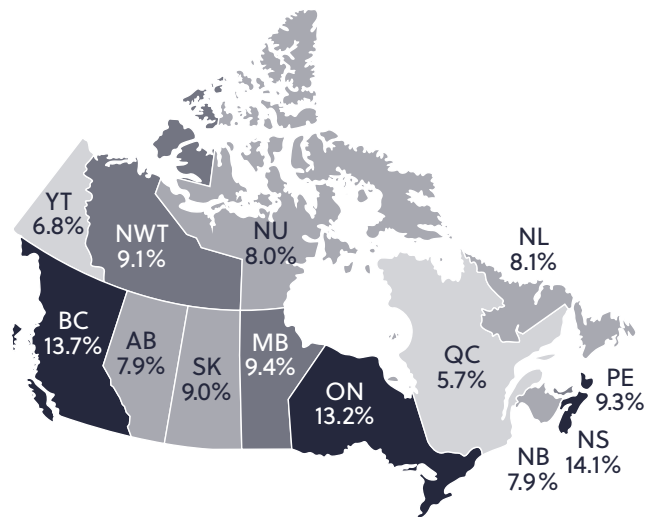
	Overall	Not in Core Housing Need	In Core Housing Need
Visible minority primary maintainer ⁴	\$92,054	\$107,070	\$32,345
Non-visible minority primary maintainer	\$96,852	\$106,016	\$24,444

Source: CMHC (2019b)

Geographic Distribution of Core Housing Need

The housing conditions of racialized groups varied across provinces and territories as noted on the map (Statistics Canada, 2023b). See figure 20.

Figure 20: Percentage of all racialized groups in core housing need in Canada, 2021



Source: Statistics Canada, 2023b

⁴ The primary household maintainer is the first person in the household identified as someone who pays the rent or the mortgage, or the taxes, or the electricity bill, and so on, for the dwelling (Edwards, 2019).

Unique Factors Affecting Poor Housing Outcomes

Difficulty securing housing that they can afford: Middle Eastern and North African groups face the most pronounced challenges in securing housing, largely due to higher unemployment rates within these communities (Shan & Li, 2023). One primary reason is that a significant portion of racialized Canadians reside in areas with expensive housing and costs of living, as highlighted by Shan & Li (2023). This is further emphasized by the fact that between 91% to 96% of ethno-racial minorities and immigrants live in large census metropolitan areas such as Toronto, Vancouver, and Montréal (Choi & Ramaj, 2022). Living in these expensive cities makes it harder for them to find affordable homes.

Economic exclusion: Economic exclusion is the systematic denial of full access to economic resources, significantly affecting income, employment security and wealth (CMHC, 2019e). Research found an ongoing economic disadvantage related to factors such as immigrant status, race and gender. Specifically, individuals identifying themselves as Black, South Asian or Arab; newcomers; or women experienced the highest levels of economic exclusion (CMHC, 2019e). Additionally, economic disadvantages and exclusion are also influenced by immigrant status, sex, gender identity, and age (CMHC, 2019e; Shan & Li, 2023).

Cultural incompatibility in housing design: One research study revealed that many Asian-Indian families in Toronto had to modify their homes to make room for larger gatherings and, in some cases, for extended family living (CMHC, 2019e). This included adding prayer spaces and improving kitchen facilities, highlighting the need for more adaptable housing designs (CMHC, 2019e).

Features and Supports to Address Their Housing Needs



Encouraging the settlement of immigrants outside of the most expensive urban areas could ease housing pressures (CMHC, 2019e). Studies have shown that immigrants residing outside of Toronto, Montréal, and Vancouver tend to experience improved housing conditions more quickly, higher labour force participation, and less crowded housing (CMHC, 2019e). However, smaller communities might face additional infrastructure and social supports costs, diversity issues, as well as lack of essential amenities such as appropriate public transportation, affordable housing configurations, language training and cultural opportunities (CMHC, 2019e).

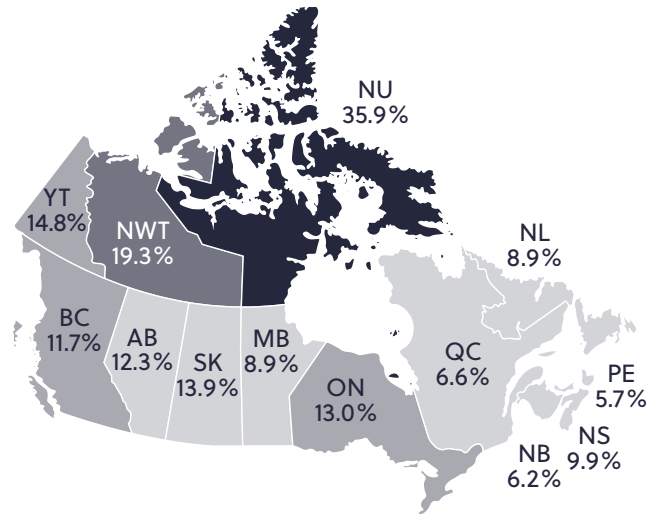
Seniors

In the NHS, seniors are defined as individuals aged 65 and over (CMHC, 2022b). The senior population in Canada is significantly growing due to two factors: the aging baby boomer generation and the increase in lifespan compared to previous generations (Zell & McCullough, 2021). Seniors have higher rates of core housing need than the overall Canadian population (**source – figure 1 slide 14 references**). In addition:

- Seniors living alone are more likely to live in unaffordable housing (Statistics Canada, 2022e).
- Senior renter households were more likely to be in core housing need compared to senior owner households, and the number of senior renter households is growing quickly (Cho, 2019).
- Senior households living in rural areas had more adequacy issues compared to urban senior households since these households were more likely to live in very old homes (e.g., homes built in or before 1945) (GOC & CMHC, 2021).

Geographical Distribution

Figure 21: Percentage of seniors in core housing need across provinces and territories, 2016 (Cho, 2019)



As illustrated in figure 21, **Nunavut** had the highest percentage of seniors living in core housing need, followed by the **Northwest Territories and Yukon**.

Income

Table 8: Total income of all seniors (regardless of core housing need status)

Family characteristics of seniors	Number of people with total income	Median total income	Average total income
Total – Family characteristics of seniors	6,440,615	\$32,800	\$46,160
Seniors living alone	1,681,190	\$34,000	\$47,000
Seniors living in private households of two or more people	4,759,425	\$32,400	\$45,880

Statistics Canada. Table 98-10-0251-01 Family characteristics of seniors by total income statistics: Canada, provinces and territories, census metropolitan areas and census agglomerations⁵

⁵ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810025101>

Unique Factors Affecting Poor Housing Outcomes

Health

Evidence indicates that many seniors prefer to age in place in their existing homes, with assistance as their age and/or health vulnerabilities increase (NIA & NORC Innovation Centre, 2020). However, seniors are not always receiving the home support services they need, meaning that they face challenges to aging within their homes and communities (Chiu, 2016). As seniors age and their abilities and health deteriorate, they need increased care such as meals, housekeeping, help with shopping and errands, transportation to activities, services and appointments. Home care services, however, are not universally covered by health care or insurance (HCC, 2012).

Downsizing and changing housing needs

With the increasing population and percentage of seniors, there is an expectation of higher demand for housing suitable for seniors (e.g., support services on site) in the coming decades (Zell & McCullough, 2021). Moreover, research indicates that as individuals age, they are more likely to experience chronic diseases and disabilities, which can make it increasingly difficult for them to age at home. Seniors with changing abilities may experience a lack of access or delays in accessing supportive housing that were designed to meet their needs (Pitman, 2019). These issues create barriers for seniors attempting to age in place (Pitman, 2019).

Features and Supports to Address Their Housing Needs



Home care and community support services

- Provide care such as meals and housekeeping, help with shopping and errands, and transportation to services (HCC, 2012).
- Increase in the availability of home support for seniors living in rural areas. Examples of home supports include services that coordinate workers to help seniors with some activities, such as cleaning and grocery shopping, or health-related supports (Ruhee et al., 2020).



Diverse housing options: A study suggested a range of housing forms – from single-detached dwellings and apartment buildings to secondary suites, garden suites and multi-generational housing, as well as a range of services from retrofit programs to home support to long-term and palliative care, can be beneficial to seniors (FCM, 2015).

People with Mental Health and Addiction Issues

People with mental health and addiction issues are defined as those affected by a wide range of disorders that impact mood, thinking and behaviour. Examples include depression, anxiety disorders, schizophrenia, substance use disorders and problem gambling (CMHC, 2022b). According to the 2017 Canadian Survey on Disability, over 2 million Canadians aged 15 and over had a mental health-related disability (Statistics Canada, 2019). Among all persons with disabilities, persons with mental illness and cognitive disabilities had the highest rates of unaffordable housing as noted in figure 29.

Geographic Distribution

There is limited data on the number of people with mental health and addiction issues living in core housing need in Canada. Overall, the prevalence of mental health-related disabilities (they may or may not live in core housing need) varies across Canada, with a higher percentage reported in the Atlantic provinces (9.9%) and lower percentage reported in Quebec (4.6%), compared with other regions in Canada (Statistics Canada, 2020). See figure 22.

Income

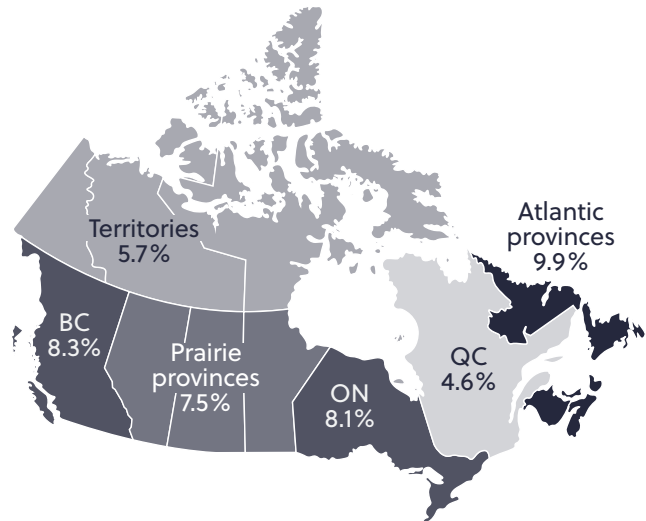
As noted in table 9, people with mental-cognitive disabilities have low incomes (Wall, 2017).

Table 9: Median income for persons with mental-cognitive disability (regardless of their core housing need status)

	After-tax income
Without a disability	\$ 48,300
Physical-sensory disability (disabilities that affect sight, hearing, mobility, dexterity, flexibility or pain)	\$ 37,100
Mental-cognitive disability (disabilities that affect mental health, learning, memory or development)	\$ 29,800

Source: Wall, 2017

Figure 22: Percentages of people with mental health disabilities across Canada (regardless of their core housing need status)



Unique Factors Affecting Poor Housing Outcomes

Fragmentation of service sectors

The lack of coordination and fragmentation between the mental health and housing service sectors is creating challenges for people with mental health issues to access the services they need (Kerman et al., 2017).

Lack of support and services for people with mental health-related disabilities

In Canada, initiatives to meet the housing needs of Canadian with mental illness are scarce (Mental Health Commission of Canada et al., 2013). There are several barriers to accessing housing for those with addictions or mental health-related issues, including limited housing support stemming from gaps in mental health services (Mental Health Commission of Canada et al., 2013); limited resources for social housing (Mental Health Commission of Canada et al., 2013); challenges connecting tenants with existing mental health services (Mental Health Commission of Canada et al., 2013); and receiving culturally appropriate and trauma-informed supports (SHS Consulting & SHIFT Collaborative, 2022).

Features and Supports to Address Their Housing Needs

Tenant support programs: A national study of Australian housing programs and models that focused on interventions that contribute to sustainable tenancies for people with mental health issues revealed that housing programs and models are more effective when they include comprehensive services tailored to their needs. These services include financial management, tenancy management, care coordination and psychological support (Brackertz, 2021).

Stigma reduction: Educational strategies for landlords to reduce bias and enhance their understanding of how to support tenants with mental health problems have been successful in reducing stigma (Mental Health Commission of Canada et al., 2013). These strategies should involve mental health service providers (Mental Health Commission of Canada et al., 2013).

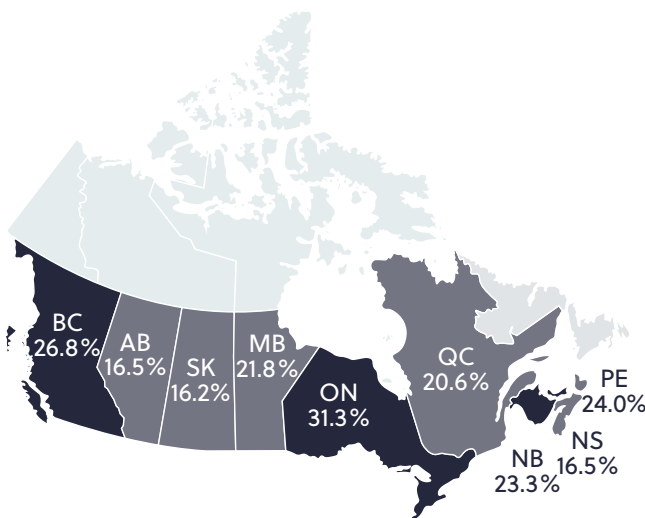
Specialized training for housing workers: Housing workers support people with mental health and addictions issues in securing housing (Brackertz, 2021). They would benefit from receiving specialized mental health training that includes guidance on connecting tenants with effective support services and care coordination to address both their mental health and housing challenges (Brackertz, 2021).

Newcomers (including refugees)

Newcomers (including refugees) are defined as immigrants or refugees who have been in Canada for a short period of time (typically less than 5 years) (CMHC, 2022b).

According to the 2021 Census, 14.3% of recent immigrants experience core housing need, which is notably higher than the 7.7% of all persons living in core housing need in Canada (Statistics Canada, 2022h). According to the 2016 Census of Population, recent refugee-led households had a higher incidence of core housing need at 49% than other recent immigrant-led households at 24.2% (Shan, 2019).

Figure 23: Incidences of core housing need among recent immigrant (non-refugee-led) households, 2016

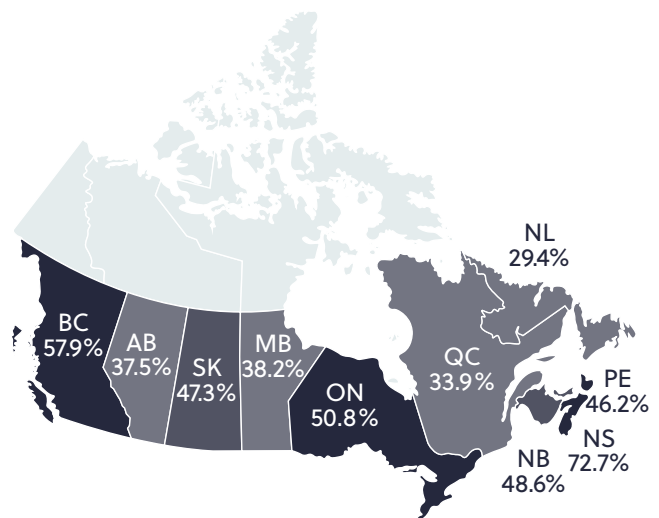


Source: Shan, 2019

Geographical Distribution

As per the 2016 Census of Population, the incidence of core housing need among recent immigrant households (see figure 23) and refugee-led households (see figure 24) varies across Canada (Shan, 2019). Refugee-led households tend to have higher levels of core housing need than recent immigrants (Shan, 2019).

Figure 24: Incidences of core housing need among recent refugee-led households, 2016



Source: Shan, 2019

Income

Table 10: Average household income, shelter cost for renters and STIRs, by immigrant status, Canada, 2016.

	Refugee-led household	Other recent immigrant-led household
Average household income	\$47,669	\$79,656
Average shelter cost for renters	\$1,113	\$1,431
Average shelter cost-to-income ratio	34.9%	29.0%

Source: Shan, 2019

Unique Factors Affecting Poor Housing Outcomes

Insufficient income: Many newcomers are unemployed or underemployed including those with high levels of education and expertise (CFRAC, 2021).

Lack of access to support and services: Previous research points out that there is a notable lack of awareness about housing assistance among newcomers who are most in need (Wayland, 2007). Instead of seeking formal services, most newcomers rely on information from family and friends. Newcomers, particularly refugees, also often grappled with difficulties like language barriers, computer literacy, the cost of technology and internet access (CFRAC, 2021). In addition, newcomers frequently found it unclear which services they were eligible for (CFRAC, 2021).

Residential assimilation: Residential assimilation is the process by which immigrants or minority groups become part of the larger, often dominant, community's residential patterns (Choi & Ramaj, 2022). This process typically involves these groups moving into neighbourhoods that were previously occupied predominantly by the majority group, leading to a mix of cultures and a reduction in segregation. Racialized immigrants tend to face greater challenges in achieving residential assimilation (Choi & Ramaj, 2022).

Features and Supports to Address Their Housing Needs



To adequately support newcomers (including refugees) and improve their housing situations, the literature indicates that better policy integration and coordination are essential (CMHC, 2019c). Various studies recommend:

- setting shared housing and settlement goals;
- emphasizing affordable and diverse housing options for all family types;
- enhancing support for refugees and vulnerable groups;
- offering multilingual services for understanding housing rights; and
- advocating for collaborative efforts between housing and settlement sectors with sustained funding (CMHC, 2019c).

Veterans

The NHS defines veterans as “former members of the Canadian Armed Forces who successfully underwent basic training and were honourably released” (CMHC, 2022b). The estimated total veteran population across Canada is 461,240, with 23,075 veterans identifying as Indigenous (VAC, 2022a). According to the 2021 CHS, veterans experienced a rate of CHN of 5.1% (Statistics Canada, 2022k). No information was found on the geographic distribution of veterans in CHN.

Income

While there was a notable gap in data on income levels specific to veterans experiencing CHN, table 11 presents average incomes for this group in the year prior to military release compared to post-release income across P/Ts. In most jurisdictions (n=10), veteran incomes declined post-release.

Table 11: Veterans total income change by province or territory of residence, 2017 (Poirier et al., 2021)

Provinces and Territories	Pre-Release Yr	Post-Release (avg. 3 Yrs)	Change
Newfoundland and Labrador	\$63,770	\$59,800	-6.2%
Prince Edward Island	\$72,310	\$61,960	-14.3%
Nova Scotia	\$76,920	\$68,910	-10.4%
New Brunswick	\$65,470	\$59,520	-9.1%
Quebec	\$63,820	\$60,340	-5.5%
Ontario	\$75,920	\$77,760	2.4%
Manitoba	\$69,170	\$68,570	-0.9%
Saskatchewan	\$61,920	\$64,540	4.2%
Alberta	\$69,180	\$76,810	11.0%
British Columbia	\$77,630	\$69,630	-10.3%
Yukon	\$54,220	\$48,650	-10.3%
Northwest Territories	\$72,350	\$78,910	9.1%
Nunavut	\$43,370	\$60,010	38.4%
Other	\$62,430	\$55,860	-10.5%
Total	\$70,720	\$68,990	-2.4%

Factors Affecting Poor Housing Outcomes

Homelessness

Veterans responsible for housing decisions within their household were more likely to report past unsheltered homelessness than non-veterans (4% vs. 2%) (Uppal, 2022). A report by Segaert & Bauer (2015) found that the top 3 reasons for shelter use included lack of housing (17%), family/relationship breakdown (10%), and transient lifestyle (9.6%).

Reintegration into Civilian Life

Transitioning from highly structured military life to relatively unstructured civilian life can disrupt focus, trust, friendships, overall well-being and community engagement (Atkins, 2021).

Features and Supports to Address Their Housing Needs

Housing-focused supports

- ***In-home services:*** Assisting veterans to maintain their independence and remain in their home by providing financial support for services such as grounds maintenance, personal care, transportation and home adaptations (VAC, 2022b).
- ***Peer-centred accommodations:*** Veterans have voiced wanting to remain integrated with military culture and community (Atkins, 2021). Examples of apartment complexes and villages in Canada demonstrate the ability to offer housing where veterans can live among peers and have access to supports and services to assist with transitioning to civilian life (Atkins, 2021).
- Assist with housing retention by providing ***rent supplements and rent-g geared-to-income*** housing (Atkins, 2021; Government of Canada, 2023b).

Funds to support the transition to civilian life

- Supporting access to medical, psychological and vocational rehabilitation services needed to reduce barriers to re-establishment in civilian life (VAC, 2022a).
- Support to bridge the gap between the end of military service and the transition into the workforce, and adequate financial support for disabled veterans who are unable to work (VAC, 2022a).

Recommendations for addressing veteran housing needs

A CMHC (2019f) literature review identified three future directions for addressing veterans' housing needs:

- Tailor housing options to veterans' needs, offer personalized support and expand access to veteran benefits.
- Adopt a Housing First model providing integrated supports, such as health and mental health care, addiction services and social and income support.
- Coordinate government and non-government supports.

People Experiencing Homelessness

The NHS defines homelessness as “the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it” (CMHC, 2022b). According to the 2018 CHS, **3% of Canadians have experienced unsheltered homelessness at some point in their lives**, while about **15% experienced hidden homelessness** (Statistics Canada, 2022d). Hidden homelessness refers to individuals who had to temporarily live with family or friends, or anywhere else, because they had nowhere else to live (Statistics Canada, 2022d).

Table 12 is an overview of the 3 nationally coordinated point-in-time (PiT) counts that have taken place since 2016. PiT counts are not intended to provide an absolute number of individuals experiencing homelessness, but a snapshot, usually within a specified time period (Homeless Hub, n.d.-b). Each year, more communities are being included in the PiT count. The exact number of people experiencing homelessness is not well known due to methodological limitations in how this information is collected (Dionne et al., 2023).

Factors Affecting Poor Housing Outcomes

Correlation between income and homelessness

Poverty and homelessness are strongly correlated (Homeless Hub, n.d.-a). By almost all measures of current economic and financial well-being, those who have experienced homelessness fare worse than those who have not, indicating that past experiences of homelessness may have long-lasting financial consequences (Uppal, 2022).

Emerging economic and rental market conditions

Unaffordability (Wachsmuth et al., 2024) and low vacancy rates observed in the rental market have contributed to homelessness across the income spectrum (Cooke, 2023; Thayaparan, 2023 & Bhargava, 2022).

Table 12: Point-in-time count figures – 2016, 2018, 2020-2022 (ESDC, 2017; ESDC, 2019 & INFC, 2024)

Year	# of Communities	Total Enumerated Homelessness	Unsheltered	Emergency Shelter	Transitional Housing
2016	32	5,954	24%	47%	29%
2018	61	25,216	14%	65%	21%
2020/22	72	40,713	23%	61%	16%



Evictions

From rentals: From a study with 88 participants across BC, ON and NB, 30% experienced various types of homelessness immediately following eviction (Wachsmuth et al., 2023). When evicted for major renovations or demolition, many cannot return to their former residence or secure another affordable accommodation in their neighbourhood (CERA, 2021).

From encampments: According to a report commissioned by the Office of the Federal Housing Advocate (Flynn et al., 2022) and recent media articles (CBC News, 2021; CBC News, 2023; Ryan, 2021), individuals living in encampments have faced forced evictions and destruction of their belongings across the country. Encampment evictions contravene the right to adequate housing and do not address the underlying issues related to a lack of secure shelter (Flynn et al., 2022). Indigenous Peoples disproportionately live in encampments and experience unsheltered homelessness compared to non-Indigenous people (Van Wagner, 2022), increasing their risk of forced displacement.



Discrimination

According to the Ontario Human Rights Commission (2017), Sylvestre et al. (2023) and Hanna (2022), those most impacted by discrimination include low-income persons; racialized populations; single-parent (especially women-led) families; populations living with a disability; and Indigenous populations. For those experiencing homelessness with the above intersecting identities, discrimination can be challenging to prove (Sylvestre et al., 2023) and complainants often have little access to legal representation and assistance (CERA, 2021).

Features and Supports to Address Their Housing Needs

General support services: Support with accessing basic needs (supplies for those experiencing unsheltered homelessness); groceries, personal hygiene products, clothing and medical supplies (INFC, 2023). General support services may also include assistance with accessing clinical and treatment services; economic integration services; and social and community integration services (INFC, 2023).

Eviction prevention: Many have encouraged eviction prevention, including recommendations from the Office of the Federal Housing Advocate (2023) regarding encampments, such as providing access to basic services like clean water and sanitation facilities, as well as legal supports, emergency financial assistance, or amendments to residential tenancy laws, as suggested by Zell & McCullough (2020).

Subsidized housing: Creating deeply affordable units that align with very low incomes is critical for reducing homelessness (Beer et al., 2022).

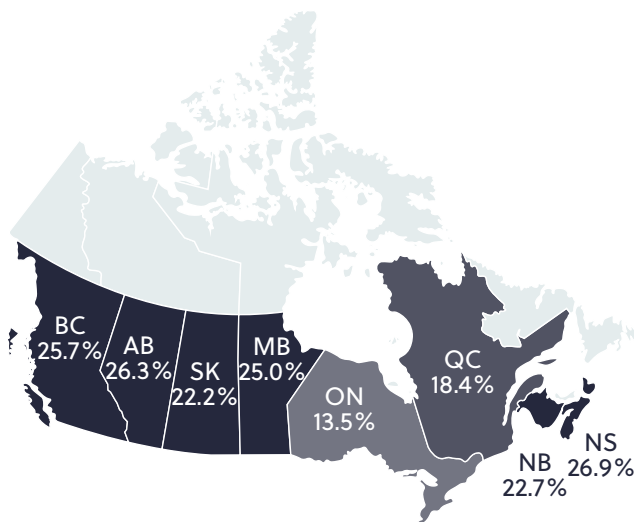
People with Developmental Disabilities

The NHS defines people with developmental disabilities (also known as intellectual disabilities) as having significant limitations in both intellectual capacity and adaptive skills. Examples include conditions such as Down syndrome, fetal alcohol syndrome, and autism (CMHC, 2022b). There is a lack of recent data on the rate of individuals with developmental disabilities in core housing need relative to the general population. The most recent data available that offers information on their level of core housing need **dates back to 2001**.

Geographical Distribution of Core Housing Need

Figure 25 shows the rates of Canadians aged 15 and older who have a mental health-related disability in 2001 (by province and territory) (CMHC, 2010). The western and eastern provinces have high percentages of persons with developmental disabilities in core housing need (CMHC, 2010).

Figure 25: Percentages of people with developmental disabilities in core housing need, 2001.



Unique Factors Affecting Poor Housing Outcomes

Lack of supports and services

According to the Alzheimer Society of Canada et al. (2017), between 100,000 and 120,000 adults with intellectual disabilities face a housing and supports gap. It is reported that approximately 13,000 adults aged 30 and over are living with their parents due to lack of community support and necessary resources to maintain their own homes.

- For example, in Ontario, nearly 10,000 adults with intellectual disabilities are in queue for residential services (Alzheimer Society of Canada et al., 2017). People with developmental disabilities often need assistance from support workers to fulfill their tenancy responsibilities, however, there is a significant shortage of such support available (Alzheimer Society of Canada et al., 2017).
- Almost 30,000 adults with intellectual disabilities reside in group homes or shared residential facilities due to a lack of affordable housing and support (Alzheimer Society of Canada et al., 2017).
- An estimated 10,000 adults with developmental disabilities under the age of 65 are living in hospitals, nursing homes or long-term care facilities because they could not get personal supports and affordable housing (Canadian Association for Community Living, 2018).

Compared to the general population, people with developmental disabilities could find it more challenging to navigate through fragmented service systems, access needed housing and community-based services, and maintain an independent housing status (CMHC, 2019d).

Financial challenges

People with developmental disabilities tend to have lower incomes, less access to paid work and depend more on government income assistance compared to the general population (Selinger, 2021; Statistics Canada, 2015). They may also incur additional costs for disability-related supports such as technical equipment, personal aids and accommodations, which can reduce the amount of income they have available with which to secure adequate housing (CMHC, 2019d).

Features and Supports to Address Their Housing Needs



Access to needed supports and services: Several supports may be required by people with developmental disabilities, such as:

- assistance with everyday living and the completion of daily activities, such as attending appointments or medical care;
- communications and behavioural supports;
- vocational and/or personal development supports that aid individuals in participating in the workforce and/or integrating into the broader community (CMHC, 2019d).



Individualized accommodations: Research indicates that individuals with developmental disabilities can thrive in a variety of housing types including individualized accommodations (where individuals rent or own their housing), group homes or shared living arrangements (CMHC, 2019d). Interestingly, even those requiring more intense supports due to health management issues or challenges with behaviours or mood, can live successfully in personalized housing arrangements given appropriate supports (CMHC, 2019d).

People with Physical Disabilities

People with physical disabilities are those who have long-term conditions that significantly restrict basic physical activities like walking, climbing stairs, reaching, lifting or carrying. This category also includes sensory disabilities such as blindness, deafness, or significant vision or hearing impairments that impact daily living activities (CMHC, 2022b).

Core Housing Need

In 2017, among all persons with disabilities, 18.1% of persons with physical disabilities lived in core housing need (Randle & Thurston, 2022). Moreover, people with physical disabilities have relatively high rates of unaffordable housing and were often living in dwellings in need of major repairs. Also, 26.9% of people with physical disabilities experienced housing affordability issues, which is significantly higher than adequacy issues (10.3%) and suitability issues (6.1%) (Randle & Thurston, 2022). There was no data on the distribution of people with physical disabilities in core housing need in Canada found through this literature review.

Income

In 2014, persons with a disability had lower average employment income than those without a disability – by approximately \$23,000 (Statistics Canada, 2017). No data from more recent years was found. Table 13 presents incomes for all households and individuals with a disability in Canada in 2014 (Statistics Canada, 2017).

Table 13: The median income for persons with physical-cognitive disability (regardless of their core housing need status):

	Employment income	After-tax income
Without a disability	\$ 52,200	\$ 48,300
Physical-cognitive disability	\$ 35,700	\$ 37,100

Source: Wall (2017)

Unique Factors Affecting Poor Housing Outcomes

Employment issues

Persons with disabilities in Canada are facing significant barriers when accessing education, such as lack of disability accommodation and support; lack of services and funding; ineffective dispute resolution; and lack of special education and disability supports on First Nations reserves (Canadian Human Rights Commission, n.d.). As a result, low levels of education can decrease their chance of finding employment, job stability, and income levels due to lack of knowledge and skills (OECD, 2011).

Transportation

People with physical disabilities reported a lack of reliable and accessible transportation which impacted their ability to, among other things, access medical services and health care providers (Ho et al., 2007; Veltman et al., 2001). This challenge is particularly pronounced for individuals living in small rural communities, who need to travel both within their communities for daily needs and between communities to access educational, employment, medical, and recreational services in urban areas (Levesque, 2020).

Lack of accessible public and commercial spaces

Beyond residential settings, the inaccessibility of public and private spaces poses significant challenges for people with disabilities (Department of Justice Canada, 2021). Specifically, public spaces often contain physical barriers that make navigation difficult (Department of Justice Canada, 2021). Furthermore, the inaccessibility of public and commercial spaces has a negative impact, leading many participants to avoid these areas altogether (Department of Justice Canada, 2021).

Features and Supports to Address Their Housing Needs



Income supports: Canadians living with physical or mental disabilities are typically underemployed (The Conference Board of Canada, 2018). Existing income support programs may vary in terms of disability definitions, eligibility criteria, and the amount and type of benefits offered, creating confusion for disabled individuals who need them (Kimpson, 2021).



Coordinated services: Coordinating services can reduce barriers to housing and supports, as well as improve transitions within and between sectors (Addictions and Mental Health Ontario, 2017). Service providers can improve the coordination of services through best practices such as the following:

- Establishing common goals.
- Defining roles and responsibilities.
- Implementing effective communication strategies.
- Engaging in coordinated service planning.
- Participating in community processes.
- Reducing duplication.
- Developing eviction prevention policies.
- Ensuring flexibility and adaptability in service delivery (Addictions and Mental Health Ontario, 2017).

Indigenous Peoples

“Indigenous Peoples” is a collective name for the original peoples of North America and their descendants (CMHC, 2022b). The Canadian Constitution recognizes three groups of Indigenous Peoples (named “Aboriginal peoples” in the Constitution Act): First Nations, Inuit and Métis. These are distinct peoples with unique histories, languages, cultural practices and spiritual beliefs. “First Nations people” include status and non-status Indians (CMHC, 2022b).

Affordability Standard

2021 Census

- Households with multiple Indigenous identities (20.2%) and First Nations (18.6%) face the highest rates of unaffordable housing (Statistics Canada, 2022g).
- Of all renter households living on-reserve, 24.6% spent 30% or more of their income on shelter costs, comparable to renters living off-reserve (33.2%) (Statistics Canada, 2022c).

Adequacy and Suitability Standard

First Nations

- Over one-third of First Nations living on-reserve lived in a dwelling needing major repairs (37.4%), almost 3x the rate of Indigenous households off-reserve (12.7%) (Statistics Canada, 2022f).
- First Nations with Registered or Treaty Indian status were twice as likely to live in crowded housing compared to those without (25.4% vs. 11.2%) (Statistics Canada, 2022f).

Métis

- Although Métis experience lower levels of unsuitability (7.9%) compared to non-Indigenous groups (9.4%), they experience nearly double the rate of inadequate housing (10%) compared to non-Indigenous groups (5.7%) (Statistics Canada, 2022g).

Inuit

- Inuit experience very high rates of inadequate (26.2%) and unsuitable (40.1%) housing, the highest among all Indigenous groups (Statistics Canada, 2022g).

Factors Affecting Poor Housing Outcomes

Challenges in Northern and remote regions

A report by the Federal Housing Advocate outlined obstacles to adequate housing in Nunatsiavut and Nunavut (CHRC, 2023), including the lack of capital investments in water and sanitation infrastructure, programs not designed to account for the heightened cost of construction and limited construction season, and limited access to banking and insurance services.

Inadequate funding for housing providers

A survey of 114 urban, rural and northern Indigenous housing providers demonstrated that the need for continued support in urban, rural and northern housing is outpacing the resources being allocated to address the issue (Brant & Irwin-Gibson, 2019). Additionally, it was highlighted that funding limitations can restrict strategic planning, making it difficult to provide sufficient employee compensation to help with staff retention and minimize turnover (Brant & Irwin-Gibson, 2019; CMHC, 2022d). The loss of subsidies has resulted in some Indigenous housing providers cutting support services and/or raising rents to the upper limit of what is considered affordable (CMHC, 2022d).

Racism and discrimination

Indigenous People experience racism and discrimination (CMHC, 2022c; Motz & Currie, 2019). For example, Indigenous women in urban areas were found to face discriminatory practices such as eviction without notice, unreasonable rent increases, and outright rental refusal based on their ancestry (CMHC, 2022c). Indigenous post-secondary students who had children were living with a romantic partner, and/or were between the ages of 25 and 44 experienced significantly more racially motivated housing discrimination than other Indigenous students in the sample (n = 142) (Motz & Currie, 2019).

Features and Supports to Address Their Housing Needs

Indigenous-centred philosophies and practices

Services and programs designed and delivered by and for Indigenous Peoples (AFN, 2021; CHRA, 2020). Some have called for collaborative approaches where Indigenous governments are recognized and respected as leaders in the Indigenous housing space (AFN 2021; SHS Consulting & SHIFT Collaborative, 2022).

Other features and supports

Multi-family and intergenerational living arrangements (CMHC, 2022c); employment and counselling (CMHC, 2022d); and architecture and building policies aligned with cultural practices (CMHC, 2019e).

Note: 2021 Census data for the affordability, adequacy and suitability standards includes households living on- and off-reserve.

LGBTQ2+ People, Also Referred to as 2SLGBTQIA+

Under the NHS, 2SLGBTQIA+ refers to lesbian, gay, bisexual, transgender, queer, two-spirit and other gender non-binary individuals (CMHC, 2022b). Canada is home to approximately 1 million people who are part of the LGBTQ2+ communities, accounting for 4% of the total population aged 15 and older (Statistics Canada, 2021a).

Note: While the NHS uses the LBGTQ2+ and 2SLGBTQIA+ acronyms for this priority group, it should be noted that variations of the acronym are used across governments, organizations, researchers and community members. The acronym on this slide will match the one used in the source cited.

Income

While there was a notable gap in data on income levels specific to 2SLGBTQIA+ persons experiencing core housing need, table 14 presents total personal income before tax for LGBTQ2+ populations in Canada.

Table 14: Total personal income (before tax), by LGBTQ+ and non-LGBTQ+ populations, Canada, 2018

Total personal income (before tax)	LGBTQ2+ people	Non-LGBTQ2+ people
Less than \$20,000	40.5%	26.2%
\$20,000 - \$39,999	24.0%	23.3%
\$40,000 - \$59,999	16.5%	19.2%
\$60,000 - \$79,999	8.2%	12.6%
\$80,000 - \$99,999	5.4%	7.9%
\$100,000 or more	5.5%	10.8%

Source: Statistics Canada, 2022a

Factors Affecting Poor Housing Outcomes

Housing discrimination

Discrimination in housing often takes place in the private rental market and those who are discriminated against by their roommate (as opposed to a landlord) are not protected under provincial human rights law (McDowell, 2021). Some LGBTQ2S adults have discussed the impact of their identity on their entry into homelessness, particularly after experiencing landlord discrimination and harassment from other tenants (Ecker, 2017).

Seniors: Older LGBT people have expressed concerns about encountering discrimination and rejection as they age into long-term care or assisted living facilities (Redden et al., 2023) and are cautious around disclosing their identities in housing settings (Gahagan & Redden, 2020). A recent survey with LGBT seniors (n = 711) showed that 53% attributed feeling unsafe in their community to other people's perception of their gender identity or expression (Gahagan & Redden, 2020).

Youth: For youth, discriminatory and unsupportive family environments may result in seeking shelter in unsafe spaces (BC Housing Research Centre, 2018; Gaetz, 2017), and once experiencing homelessness, they face additional discrimination in finding work, accessing education and securing a place to live (CMHC, 2022a).

Low and inadequate income

Financial inequities further compounds discrimination-based barriers to housing by limiting options to housing (Redden et al., 2023).

Seniors: A study by Gahagan & Redden (2020) found that:

- a high proportion of older LGBT adults are living on limited income, with high housing costs being a key concern;
- 59% experienced rising rent and 39% had to move due to housing unaffordability;
- 28% had fallen behind on rent or mortgage payments or had to borrow money to cover housing costs.

Features and Supports to Address Their Housing Needs



Addressing discrimination

- Fund non-market housing projects to create intentional 2SLGBTQ communities (Gahagan & Redden, 2020) and LGBT-affirming mixed housing communities (Redden et al., 2023)
- 2SLGBTQIA+-friendly policies, programs and training (CMHC, 2022a)



Knowledge of housing rights

- Increase knowledge of housing rights through various channels (for example – social media)



Broader housing policy

- Rent control and landlord licensing (Gahagan & Redden, 2020)

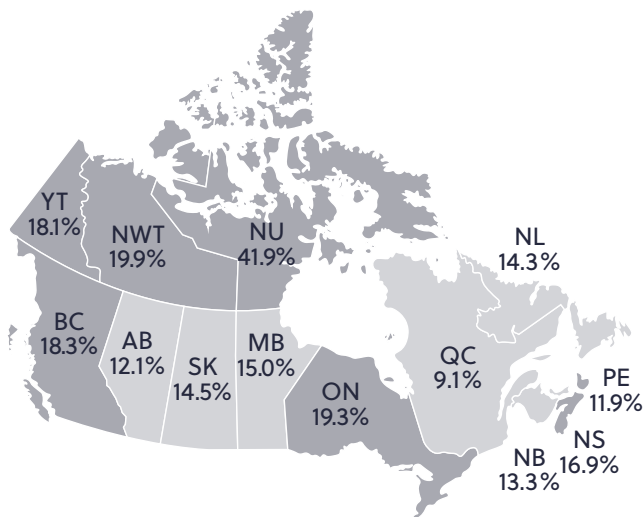
Young Adults

The NHS defines young adults as individuals aged 18 to 29 (Government of Canada, 2018). The age at which an individual is considered to be a young adult varies greatly by location, culture, contexts, organization and reports. According to Statistics Canada (2022k), young adults (aged 20 to 34) who do not live with their parents are more likely to be in CHN (6.59%) compared to those who live with their parents (4.17%). In 2016, young adult renters had higher rates of core housing need (19.8%) than their owning counterparts (5.2%) (MacAdam, 2020). Young adults also faced challenges in pursuing homeownership, and those living in non-rented homes have lower rates of CHN (MacAdam, 2020).

Geographical Distribution

Figure 26 provides a breakdown of youth households (aged 15 to 29) in CHN in 2016 by province and territory. Overall, the rate of CHN for youth households varies across Canada, where the highest rates were in Nunavut and the lowest in Quebec (MacAdam, 2020).

Figure 26: Incidences of youth households in CHN across Canada in 2016.



Source: MacAdam, 2020

Unique Factors Affecting Poor Housing Outcomes

Housing contexts: High rents, low vacancy rates, and low numbers of affordable units negatively impact new and low-income renters (CMHC, 2023). Home prices in Canada have been rising for decades, tripling since the mid-1970s after adjusting for inflation (Kershaw et al., 2022). In 2021, an average young adult working full-time would have to save for 17 years to afford a 20% down payment, compared to 5 years in 1976 (Kershaw et al., 2022). The rising cost of housing has not been matched by a corresponding increase in average earnings for young adults, leaving many unable to afford homeownership and struggling with high rental costs (Kershaw et al., 2022). Additionally, decreasing rent control protection, age discrimination, and the upfront requirements of credit checks, rental history and references affect the ability of young adults to enter the rental market (CMHC, 2019g; SPRC of Hamilton, 2022). The illegal requests from some landlords for multiple months of rent and key deposits to secure a unit disproportionately impact young adults as they tend to be less likely to secure enough money to fulfill these requests (CMHC, 2019g; SPRC of Hamilton, 2022).

Financial constraints: Young adults are less likely to be employed than older Canadians (Morissette, 2021). School attendance and precarious/unstable employment are contributing factors (Morissette, 2021). Young adults also faced higher rates of unemployment during COVID-19 (Morissette, 2021). This lack of financial stability often led to poor housing outcomes, as the shelter costs outpaced income, forcing many to share living space with family or roommates to afford housing, or face unaffordable housing situations (Choi & Ramaj, 2024).

Youth aging out of care

Young adults aging out of care often lack resources and familial supports, forcing them into responsibilities associated with adulthood, such as needing to secure permanent suitable housing, sooner and more abruptly than their peers. (Boyer-D'Alesio, 2022; CMHC, 2019g; Kurzawski, 2021). Those with prior involvement with children protection services and who have lived in foster care, group homes or youth centres are more likely to experience homelessness. (Gaetz et al., 2016; Kurzawski, 2021; Youthworks, n.d.).

Additional Groups

Students: For some young adults, post-secondary education provides them their first experience living away from their guardians (SRDC, 2022). Students are often excluded from housing data (Bula, 2022). In a 2017-2018 case study of 189 (out of approximately 8,000) students from Red Deer College, 31.4% of students had previously experienced homelessness, 3.6% of students were currently experiencing homelessness, and 31% of students were stressed about their housing situation (Weissman et al., 2018).

Features and Supports to Address Their Housing Needs

Formal housing supports and initiatives for young adults: Client-centred programming, as well as youth-centred physical design aim to promote social inclusion, community, independence and wider community involvement (CMHC Solutions Lab et al., 2020). As many young adults access services through word of mouth, increasing awareness of housing services for teachers, clinicians, social workers, and community centre staff can help increase the level of awareness of young adults of the supports available to them (SRDC, 2022).

Examples of formal housing support for young adults:

- Intergenerational home sharing initiatives with students and older adults. (Region of Peel & SHS Consulting, n.d.)
- Legal support relating to tenant rights and navigating the justice system (CMHC Solutions Lab et al., 2020)
- Formalized co-living arrangements with other students (CMHC Solutions Lab et al., 2020)

Women and Children

Women experience higher rates of CHN (8.2%) compared to their male counterparts (7.1%) (Statistics Canada, 2022g). This is evident for both owner and renter households. The rate of women in CHN in renter households is more than four times the rate of women in CHN in owner households (18.3% compared to 4.3%). See figure 27.

Unique Factors Affecting Poor Housing Outcomes

Income: The pay gap between men and women still exists, even though the average women’s income growth outpaced men’s (Statistics Canada, 2022l). In 2021, female employees aged 25 to 54 earned \$3.79 per hour (11.1%) less than their male counterparts (Statistics Canada, 2022l). Factors like the over-representation of men in higher paid industries and women’s higher rate of part-time work contribute to this pay gap (Statistics Canada, 2022l).

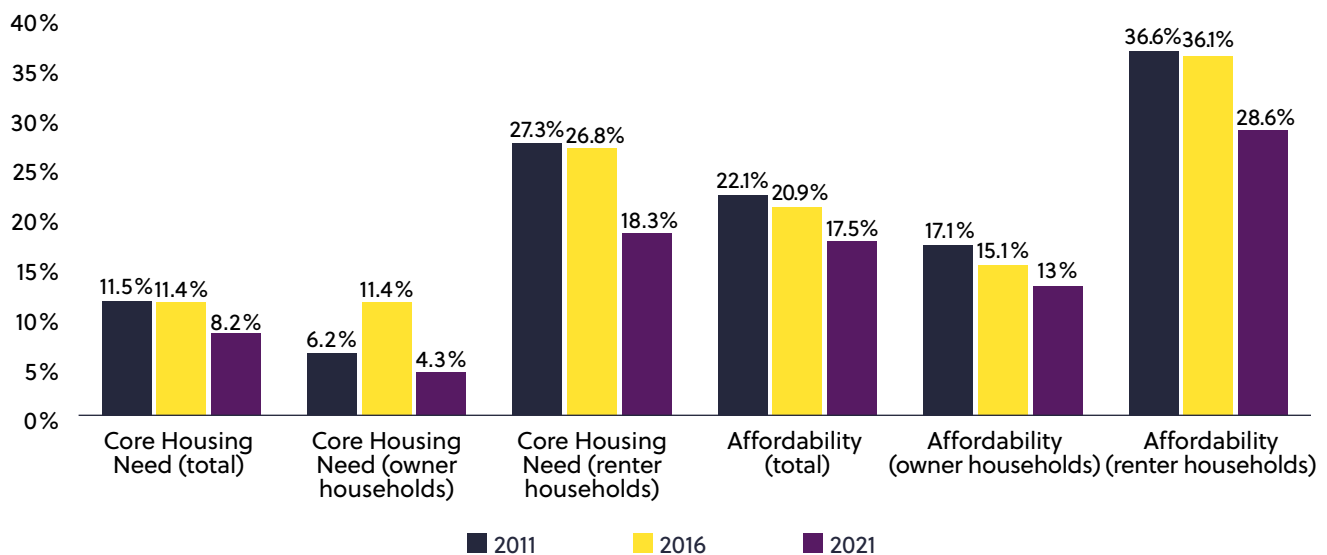
Employment: Evidence suggests that the unpaid work that women engage in is often undervalued in Canadian society. In 2015, Canadian women contributed to 60% of the hours spent on unpaid children care and other

household activities (Gu, 2022). Specifically, women dedicated more hours to these other unpaid household activities than men, spending an average of 18 hours per week, which was nearly double the 10 hours per week spent by men on such activities (Gu, 2022).

Homelessness: Women’s experience of homelessness often takes the form of hidden homelessness, which is more difficult to detect (Bretherton, 2017; Schwan et al., n.d.; Schwan et al., 2020). Hidden homelessness can take the form of staying in precarious or dangerous situations to remain housed, such as overcrowding, engaging in relationships (including being subjected to survival sex), staying in violent relationships or staying in unaffordable housing that makes other necessities more difficult to acquire (Schwan et al., n.d.; Van Berkum, & Oudshoorn, 2015).

Availability of shelters: There are also few women-specific emergency shelter beds available, which is even more pronounced in northern, rural, and remote communities (Schwan et al., 2019). Unlike most emergency shelters, which are co-ed or designated for male-identified individuals – with 68% of all shelter beds being categorized as such – only 13% are dedicated specifically to women (Schwan et al., 2019).

Figure 27: Women-led households in CHN and unaffordable housing by year and housing type (Statistics Canada, 2022g)



The 2021 Census data also reveals that there were 603,040 children (8.8%) living in core housing need in 2021, a decrease from 13.3% in 2016 (Statistics Canada, 2022g).

Features and Supports to Address Their Housing Needs



Recommendations for addressing women's housing needs include **macro- and micro-level strategies**:

- Improve housing policy with eviction prevention, countering the financialization of housing, gender-based equity funding, acknowledging the right to housing, especially for Indigenous women, promoting homeownership for low-income and marginalized women, and integrating accessibility standards in building codes (Schwan et al., 2021).
- Reflect women's needs in homelessness and housing affordability definitions and ensure intersectoral collaboration for smooth transitions from group homes (Schwan et al., 2021).
- Address poverty among women and girls and include them in the decision making related to housing, child care, health care and violence prevention (Schwan et al., n.d.; UN Habitat, 2014).



Safe homes and communities for women also should incorporate safety, efficiency, hominess, personalization, and supportive services in design. Additionally, women's safety in urban design should be considered, with improved public space design, inclusive transport systems, and gender-responsive urban planning (Candiracci & Power, 2022).



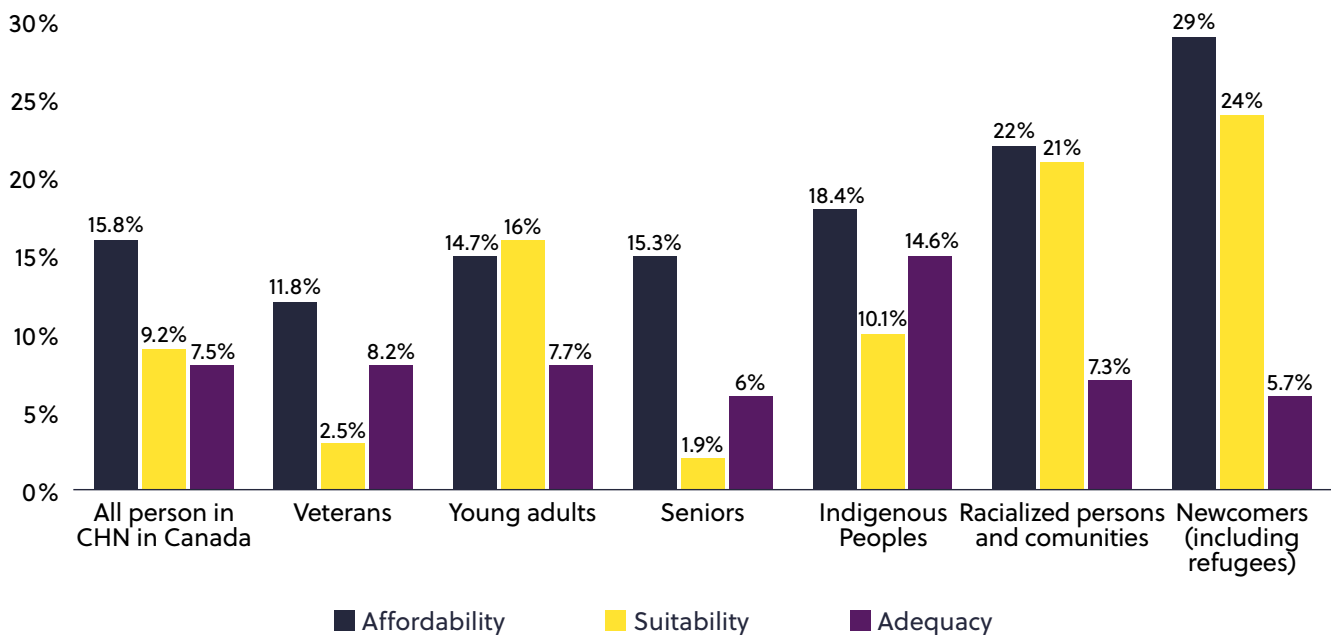
Annex C: Priority Populations and Housing Standards

The 2021 Canadian Housing Survey (CHS) data provides insights into the core housing need rates in Canada (Statistics Canada, 2022b). According to data, the overall population in Canada faces housing challenges, with 15.8% facing affordability issues, 9.2% having suitability issues, and 7.5% facing adequacy problems (Statistics Canada, 2022k). Figure 28 indicates the percentage of vulnerable groups facing core housing need, by type of core housing need in 2021. Some key highlights from figure 28 are presented as follows:

- Recent immigrants are disproportionately affected by housing affordability and suitability issues, with 29.0% and 24.0% respectively.
- Further, Indigenous Peoples face the most severe challenges in housing adequacy, with 14.6% living in inadequate housing.
- Racialized persons and communities also experience significant issues related to housing suitability (21.0%).
- Seniors have relatively low suitability issues (1.9%) but face adequacy concerns (6%).
- Young adults face notable housing challenges with both suitability (16%) and affordability (14.7%) issues.
- Veterans, despite having the lowest affordability issues compared to other vulnerable groups, have a higher-than-average rate of inadequate housing at 8.2% (Statistics Canada, 2022k).

It is also worth noting that, in 2021, there was a decrease in the number of households living in unaffordable housing, despite rising shelter costs and the hardships caused by the COVID-19 pandemic (Statistics Canada, 2022e).

Figure 28: Percentage of vulnerable groups facing core housing need, by type of core housing need in 2021



The Canadian Survey on Disability (CSD) data indicates significant disparities in affordability, suitability, and adequacy of housing among the total population and persons with disabilities, including sensory, pain-related, physical, cognitive, and mental health-related disabilities (Thurston & Randle, 2022). Notably, in 2017, persons with disabilities faced more housing challenges compared to the general population in Canada. The core housing need rate is highest among persons with mental health-related disabilities at 21.2%, compared to those with other disability types (see figure 29). Persons with mental illness had the highest rates of unaffordable housing (see figure 30) (Statistics Canada, 2021c).

Figure 29: Percentage of persons with disabilities in core housing need in 2017 by type of disability

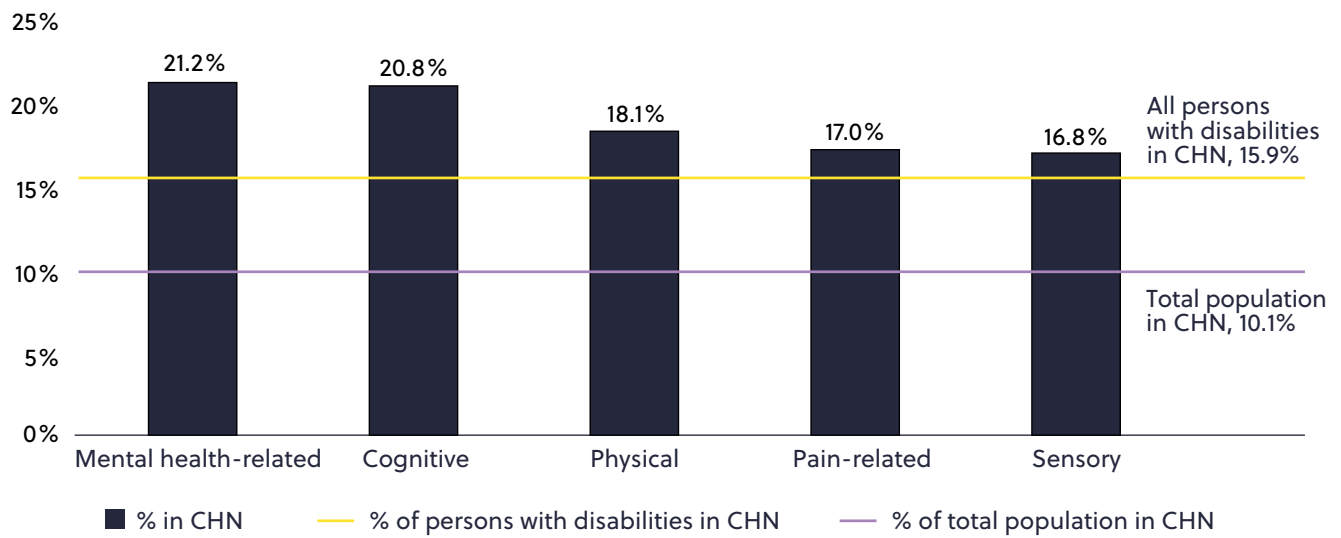
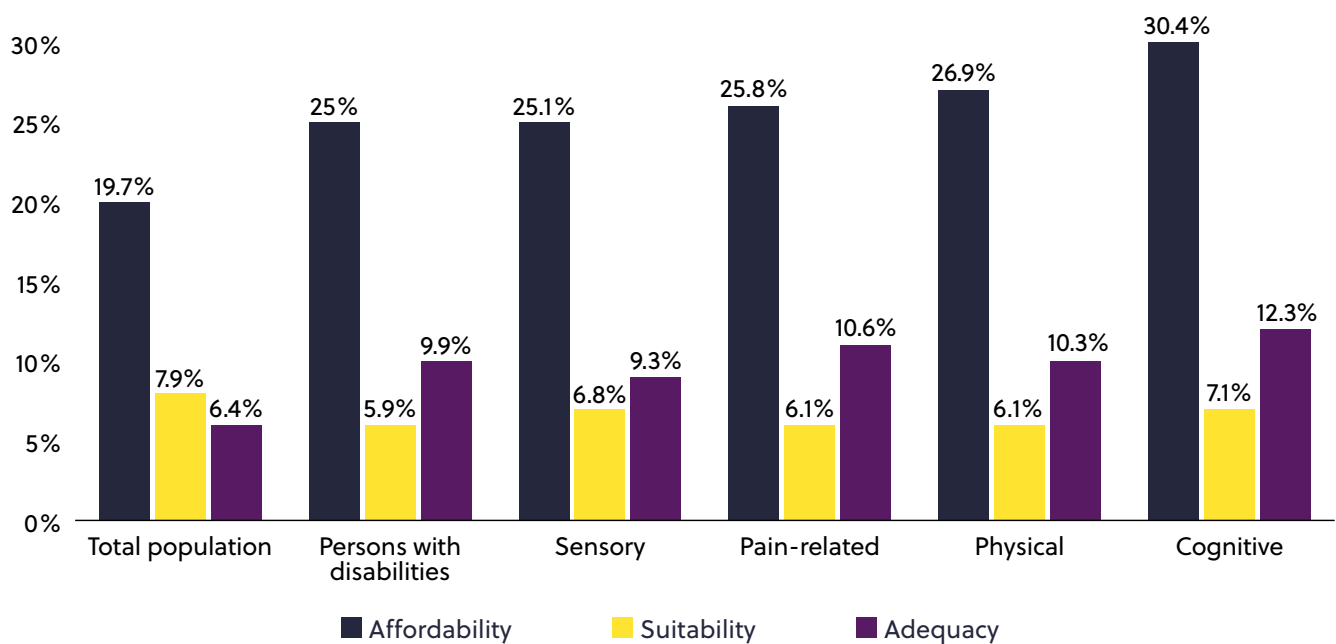


Figure 30: Percentage of persons with disabilities facing core housing need, by type of core housing need in 2017



Annex D: New and Emerging Best Practices to Improve the Social Inclusion of Priority Populations

1. Best Practices for Supporting the Resettlement and Integration of Government-Assisted Refugees

Research has identified that government-assisted refugees (GARs) face many housing-related issues. First, the money they receive to cover housing rents is not sufficient to cover rental costs (Abid, 2020). Second, GARs often face challenges finding housing that is large enough to appropriately house their families, which tend to be larger than the Canadian average (Abid, 2020). Third, housing-related information is not shared appropriately between the federal government and organizations/service provider organizations (SPOs) providing support to GARs (Abid, 2020). Fourth, refugees also lack knowledge of and familiarity with the Canadian housing market (Abid, 2020). Fifth, there is a lack of translation services provided to help GARs communicate with their (potential and actual) landlords (Abid, 2020). Sixth and finally, GARs often face challenges in finding housing in suitable geographic locations as affordable housing is often not located in areas close to public transportation and the services and supports that GARs require (Abid, 2020). Several recommendations are made to better support the resettlement and integration of GARs, specifically regarding housing:

- Better information sharing between all actors and organizations involved in the settlement process.
- The need for higher income support for GARs to help them find and pay for adequate and suitable housing.
- Provision of pre-departure orientation services to GARs that include information on housing in Canada.
- Provision of opportunities for community involvement, especially for GARs resettled and housed in smaller cities.
- Effective case management systems are needed to support GARs in accessing and navigating existing services (e.g., housing, health, income assistance, etc.).
- Provision of translation services (Abid, 2020).

2. Naturally Occurring Retirement Community (NORC) Programs

Naturally occurring retirement communities refer to areas (including neighbourhoods or buildings) where high numbers of older residents are living (Rosenberg et al., 2022). These areas have occurred naturally, for example, “due to older adults remaining in their own homes as they age, or because they have congregated to an area after retirement or downsizing” (Rosenberg et al., 2022, p. 13). Generally, two different types of NORCs can be differentiated, namely vertical and horizontal NORCs (National Institute on Ageing & NORC Innovation Centre, 2022; Rosenberg et al., 2022). While the former refers to NORCs that have developed in high-rise apartment or co-operative buildings, the latter refers to areas comprised of low-rise buildings and/or single-family homes (National Institute on Ageing & NORC Innovation Centre, 2022; Rosenberg et al., 2022). NORC programs, also referred to as NORC-supportive service programs, are based on the idea of using areas in which NORCs have developed and installing wraparound services in these areas to support older adults living there to live as independently as possible and age in place for as long as possible (National Institute on Ageing & NORC Innovation Centre, 2022; Rosenberg et al., 2022). Wraparound services can, for example, include “social connections and support; care navigation; and nutrition and exercise” (Rosenberg et al., 2022, p. 13). Some NORCs also provide access to direct health care services (National Institute on Ageing & NORC Innovation Centre, 2022; Rosenberg et al., 2022).

While there are different approaches to implementing programming in NORCs, most of them share certain aims, including:

- addressing social isolation by creating opportunities for social interaction and community building;
- improving health outcomes by increasing access to services, information and resources;
- providing opportunities to get engaged in the community (e.g., civic engagement);
- providing shared and accessible community spaces; and
- providing opportunities for participatory decision making by including older residents in decision-making processes regarding programming and service choices (National Institute on Ageing & NORC Innovation Centre, 2022).

3. Intergenerational Housing

Intergenerational housing, i.e., providing older adults with the opportunity “to reside with or among younger individuals,” has been identified as a promising practice to address issues such as social isolation in older adults and to enable them to age in place (Suleman & Bhatia, 2021, p. 172). Intergenerational housing can be provided in many different forms. It can for example be integrated into already-existing forms of independent or assisted living as well as into long-term or hospice care (Suleman & Bhatia, 2021). Canada HomeShare is an example for intergenerational housing in Canada. It is a Canada-wide national housing program that matches students with older adults to, on the one hand, enable aging in place for older adults, and, on the other hand, provide students with an affordable place to stay during their studies (HelpAge Canada, n.d.-a).

4. Affordable Housing for Seniors Living in Rural Communities

A study examining the situation of seniors (particularly low- and middle-income seniors) living in rural areas in Canada and their access to affordable and adequate housing identified a number of recommendations and policy options for CMHC’s and the federal government’s considerations (Ismail-Teja et al., 2020). These recommendations are not only based on the findings related to the situation of seniors in rural Canada but also based on an exploration of what other jurisdictions (i.e., Finland, the Netherlands, the U.S., Denmark and France) are doing to ensure that seniors in rural areas have access to affordable housing (Ismail-Teja et al., 2020). These recommendations centre around the following aspects:

- Collecting and disseminating data that is related to rural seniors’ housing needs (e.g., housing needs of rural seniors aging in private residence, preferences of rural seniors with regard to new housing development projects) to make it more accessible to policy makers.
- Promoting health and well-being of seniors to enable them to age in place through collaboration with organizations that can provide in-home services.
- Supporting adequacy of housing by collaborating with provinces and territories to ensure existing programs and resources are available to rural seniors for home renovations and modifications.
- Investing in alternative housing options for low- and middle-income rural seniors (i.e., other than long-term care facilitates (Ismail-Teja et al., 2020).

5. Adequate Housing for 2SLGBTQ+ Seniors

Regarding housing of older 2SLGBTQ+ individuals, across the U.S. several LGBT-focused seniors housing has emerged. These housing opportunities present a place where LGBT seniors do not have to hide their identity and can live openly and without fear of discrimination, which is often experienced in “regular” seniors’ housing (McDowell, 2021). Moreover, it is suggested that staff at care homes and seniors’ residences that are not focused on 2SLGBTQ+ individuals should be required to partake in ongoing training so that they can understand and address the specific needs of 2SLGBTQ+ seniors (Gahagan & Redden, 2020; McDowell, 2021). It is also suggested that care providers should not only partake in training but also be evaluated to ensure accountability (McDowell, 2021). Moreover, it is flagged that training needs to be provided not only to all staff at such facilities but also to other residents (Gahagan & Redden, 2020; McDowell, 2021).

6. Overcoming Barriers to Housing After Violence

The “Getting Home Project” focused on reducing barriers to safe, secure and affordable housing for women and their children experiencing violence in British Columbia (BC) (Ashlie et al., 2021). The project developed and implemented action plans in four pilot sites that were based on community needs assessments to identify the barriers to housing that women and their children experiencing violence faced. Several key insights were identified throughout all four pilot sites, these included the importance of building on existing partnerships, knowledge sharing and using the strengths of others, being open, honest and humble, taking steps to ensure longevity of projects, using what already works well, understanding that no project is too small or too big and that there is a fundamental need for policy change across all levels (Ashlie et al., 2021).

7. Housing Social Inclusion and Systemic Changes

For housing policies aimed at addressing homelessness, place-based disadvantage, and affordable housing supply and management to be effective at enhancing social inclusion, there is not only a need for more holistic policy approaches, but also a need to be accompanied by wider systemic reforms that address social inequalities (Ben Haman et al., 2021; Biss & Raza, 2021). One suggestion to achieve this is to reform the taxation system so that renters are not disadvantaged compared to homeowners or landlords (Ben Haman et al., 2021). Another one is for a housing strategy to be interlinked with a poverty strategy which addresses the “inadequacy of [current] social assistance programs” (Biss & Raza, 2021, p. 81).

Annex E: Jurisdictional Scan

A jurisdictional scan was conducted by Goss Gilroy Inc. to compare the NHS programs to the programs delivered by provinces, territories and municipalities across Canada. Housing programs were selected from all 13 provinces and territories as well as selected municipalities reflecting the different regions of Canada (i.e., West, Prairies, Ontario, Quebec, Atlantic and North). As only 36 housing programs were reviewed, this sample may not be representative of all housing programs available across Canada. Nevertheless, interesting trends emerged. See table 15 for a description of the programs included in this scan.

Table 15: Programs included in the jurisdictional scan

#	Jurisdiction & Name of Program	Program Description
British Columbia		
1	Building BC: Community Housing Fund	This program provides funding to develop affordable rental homes for middle- and low-income families, independent seniors and individuals in BC. It focuses on mixed-income projects and eligible proponents are non-profit housing providers, Indigenous organization, First Nations, non-profit housing co-operatives or municipal housing providers that are wholly government-owned and controlled (BC Housing, n.d.-a; 2020).
2	Building BC: Supportive Housing Fund	This program aims to deliver additional homes with 24-7 support services for people who are experiencing homelessness or who are at risk of homelessness and is available to non-profit service providers (BC Housing, n.d.-c; 2018a).
3	Building BC: Indigenous Housing Fund	The program is aimed at Indigenous families, seniors, individuals, and persons with a disability. It aims to build new units of social housing for projects on- and off-reserve and is open to the following proponents: Indigenous non-profit housing providers, First Nations, Métis Nation BC, and non-profit and for-profit developers in partnership with Indigenous organizations (BC Housing, n.d.-b; 2018b).
Vancouver		
4	Metro Vancouver Housing – Collaborations and Partnerships	This program works with many different partners to build and operate affordable housing across the region, including federal and provincial governments, municipalities and not-for-profit organizations (Metro Vancouver, n.d. –a; n.d. –b; 2021).

#	Jurisdiction & Name of Program	Program Description
Alberta		
5	Affordable Housing Partnership Program	This program aims to bring together partners from public, private and non-profit organizations to provide more affordable housing where it is needed most (Government of Alberta, n.d. –a; 2022).
6	Capital Maintenance and Renewal Program	This program provides funding to maintain and repair government-owned affordable housing units across the province (Government of Alberta, n.d. –b).
Calgary		
7	The Home Program	This program provides funding to non-profit organizations to deliver projects that increase housing stability and successful tenancies for affordable housing residents or people in housing need (City of Calgary, n.d.; 2023).
Edmonton		
8	Affordable Housing Tax Grant	This grant offsets municipal property taxes for non-profit entities operating bridge housing, supportive housing, government-supported housing and other permanent affordable housing (City of Edmonton, n.d.-a; n.d.-b).
Manitoba		
9	Visitable Housing	This program aims to make houses more accessible to persons with mobility impairments. “Visitable Housing” or “Visitability” is the concept of designing and building homes with basic accessibility features (Government of Manitoba, 2006).
10	Proposal Development Funding Program	This program plans to develop affordable housing projects for vulnerable populations with low to moderate income in Manitoba. Eligible proponents are private non-profit corporations and non-profit co-operative housing associations (Government of Manitoba, n.d.-a; Manitoba Housing, 2022).
11	Rental Housing Construction Tax Credit	This is a financial incentive offered to private and non-profit housing developers (including non-profit co-operatives) to address the persistent shortage of rental housing in Manitoba communities (Government of Manitoba, n.d. –b; Manitoba Housing, n.d.).

#	Jurisdiction & Name of Program	Program Description
Saskatchewan		
12	Affordable Housing Development	This program aims to develop affordable rental housing and/or repair emergency shelters specifically intended for victims of domestic violence. Funding is available to organizations that are experienced in managing rental housing projects and/or providing support services for hard-to-house households. Joint applications of housing and service providers are possible (Government of Saskatchewan, n.d.-a; Saskatchewan Housing Corporation, n.d.-a; 2022).
13	Rental Development Program	This program provides one-time capital funding to help housing organizations develop affordable rental housing units for households with low incomes and particularly those who are "hard-to-house." Eligible proponents include the community housing sector (e.g., non-profit housing organizations and rental co-operatives), municipal governments and their agencies, Indigenous governments and organizations (including First Nation bands, tribal councils and Métis organizations), and private entrepreneurs/builders/developers (Government of Saskatchewan, n.d.-b; Saskatchewan Housing Corporation, n.d.-b).
Ontario		
14	Infrastructure Lending	This program provides affordable, long-term financing to public sector clients (e.g., municipalities, housing providers, universities), allowing them to modernize and renew their infrastructure (Infrastructure Ontario, n.d.).
Toronto		
15	Open Door Affordable Housing Program	This program aims to accelerate affordable housing construction by providing City financial contributions including capital funding and fees and property tax relief, fast-tracking planning approvals, and activating surplus public land. The program is available for private and non-profit affordable housing organizations (City of Toronto, n.d.; 2021).

#	Jurisdiction & Name of Program	Program Description
Quebec		
16	Quebec Affordable Housing Program	This program provides financial support for affordable rental housing projects intended for low- and moderate-income households as well as people with special housing needs. Eligible proponents include housing authorities, non-profit organizations, co-operatives and private sector companies (Gouvernement du Québec, n.d.-b; 2022b).
17	Housing Financial Assistance Program	This program supports projects selected under the Quebec Affordable Housing Program by providing a loan guarantee (Gouvernement du Québec, n.d.-a; 2022a).
Montréal		
18	Affordable Housing Renovation Program	This program offers subsidies to owners of buildings containing six or more dwelling units to encourage them to renovate their buildings providing affordable housing (Ville de Montréal, n.d.; 2022).
New Brunswick		
19	Affordable Rental Housing Program	This program aims to invite entrepreneurs, non-profit groups and housing co-operatives to submit development proposals to house families, non-elderly singles, seniors, persons with disabilities, persons with special needs and supportive housing models (Government of New Brunswick, n.d.-a; n.d.-b).
20	Rental Rehabilitation and Conversion Programs	This program provides landlords with financial help to repair substandard units rented to low-income households and rooming houses (Social Supports NB, 2021).
Nova Scotia		
21	Community Housing Acquisition Program	This program supports the purchase of existing multi-unit residential properties by community housing providers to preserve affordable housing and expand the supply of non-market housing (Government of Nova Scotia, n.d.-a; n.d.-b).
22	Land for Housing Initiative	This initiative supports the creation of new affordable housing supply by making provincially owned land available for housing development. Eligible proponents include both private and community housing developers (Government of Nova Scotia, n.d.-e; n.d.-f).

#	Jurisdiction & Name of Program	Program Description
23	Disabled Residential Rehabilitation Assistance Program for Landlords	This program provides financial assistance for landlords to modify homes to be more accessible for residents with disabilities (Government of Nova Scotia, n.d.-c).
24	Home Adaptions for Seniors' Independence	This program helps homeowners and landlords pay for home adaptations so seniors with lower incomes can stay in their homes independently for longer periods of time (Nova Scotia Department of Municipal Affairs and Housing, n.d.-d).
Halifax		
25	Affordable Housing Grant Program	This program is open to all registered non-profit or charitable organizations for costs associated with the development, renovation or purchase (including land) of affordable housing units (Halifax Regional Municipality, n.d.).
Prince Edward Island		
26	Multi-Unit Residential Loan Program	This program provides a financing program for property developers who will assist in the construction of multi-unit residential developments on PEI (Government of Prince Edward Island, n.d.-a).
27	Residential Unit Development Incentive for Multi-Unit Residential	This program provides financial support to encourage the development of newly constructed rental units by providing a diminishing property tax rebate for a period of up to five (5) years (Government of Prince Edward Island, 2022).
Newfoundland and Labrador		
28	Partner-Managed Housing Program	This program is directed in support of social housing initiatives largely in partnership with partner-managed, non-profit housing groups (Newfoundland and Labrador Housing Corporation, n.d.-a; 2023).
29	Supportive Living Program (SLP)	The program is an interdepartmental initiative and supports the goals of the Poverty Reduction Strategy and the Social Housing Plan. Eligible proponents are incorporated non-profit organizations (Newfoundland and Labrador Housing Corporation, n.d.-a; n.d.-b).

#	Jurisdiction & Name of Program	Program Description
Nunavut		
30	Nunavut 3000	Igluliuqatigiingniq Nunavut 3000 is a collaboration between the government and its partners to address the housing crisis in Nunavut (Nunavut Housing Corporation, n.d.-a; n.d.-b).
Northwest Territories		
31	Shelter Enhancement Funding	This funding provides NWT communities with funding to repair, rehabilitate and improve existing shelters. Eligible proponents are homelessness shelter operators including Indigenous governments, community governments and non-government organizations (Northwest Territories Housing Corporation, n.d.-b).
32	Rapid Rehousing	This program builds on the experience of NGOs using their effectiveness in case management and expertise in program referral, Housing NWT partners with non-government organizations (NGOs) through a flexible contribution that allows the NGOs to help, in whatever manner they determine (e.g., damage deposits, rent supplements, bridge funding, etc.) (Northwest Territories Housing Corporation, n.d.-a).
33	Supportive Housing	This program provides support for emergency housing and transitional housing in NWT’s smaller communities for residents who are unable to access social housing programs because of past behaviours (e.g., arrears), or residents in situations in which the limited availability of suitable housing has limited their options (Northwest Territories Housing Corporation, n.d.-c).
Yukon		
34	Housing Initiatives Fund	This fund provides capital grants for new affordable housing across Yukon. This can be used for new rental housing or new homeownership options. Eligible proponents are community housing providers including public or private non-profit housing organizations or rental co-operatives, First Nations governments and development corporations, municipalities and private sector companies and individuals (Government of Yukon, n.d.-a; 2022; Yukon Housing Corporation, 2020).

#	Jurisdiction & Name of Program	Program Description
35	Municipal Rental Construction Program	This program is a one-time capital grant for eligible projects and is meant to help increase the supply of rental housing in municipalities (Government of Yukon, n.d. –b).
Whitehorse		
36	Housing Development Incentives	This incentive is intended to encourage the development of smaller, denser housing forms, targeted density, and rental/ supportive housing projects (City of Whitehorse, 2020).

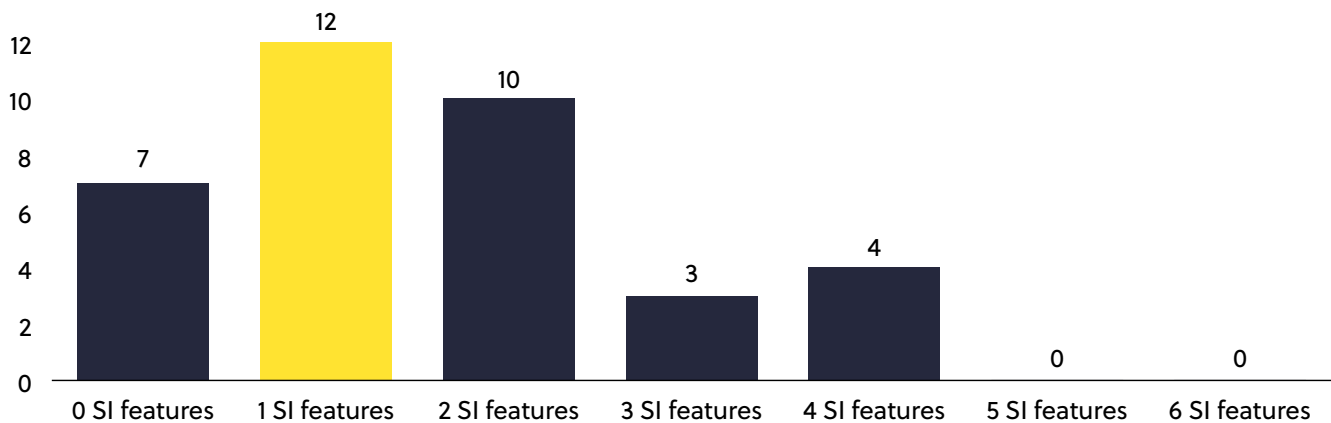
In the context of the **National Housing Strategy (NHS)**, the terminology and definitions of social inclusion features and priority populations can **vary** significantly across provinces, territories and municipalities. To address this, we used the NHS-defined terms to aggregate data from various PTs and municipalities. This involved mapping local terms and features to the NHS framework.

Table 16: Variation in terminology across provinces, territories and municipalities

NHS Terms	PT/Municipal Terminology
Accessibility	Visitable housing/visitability (Manitoba), barrier-free units (Quebec)
Priority Populations and Women and Children	Women and children fleeing violence, youth exiting care, people with disabilities
Mixed-Income Housing	N/A
Proximity to Transit and Amenities	Proximity to services (Vancouver), access to amenities (Nova Scotia)
Integrated or On-site Supports and Services	Integrated services (Saskatchewan)

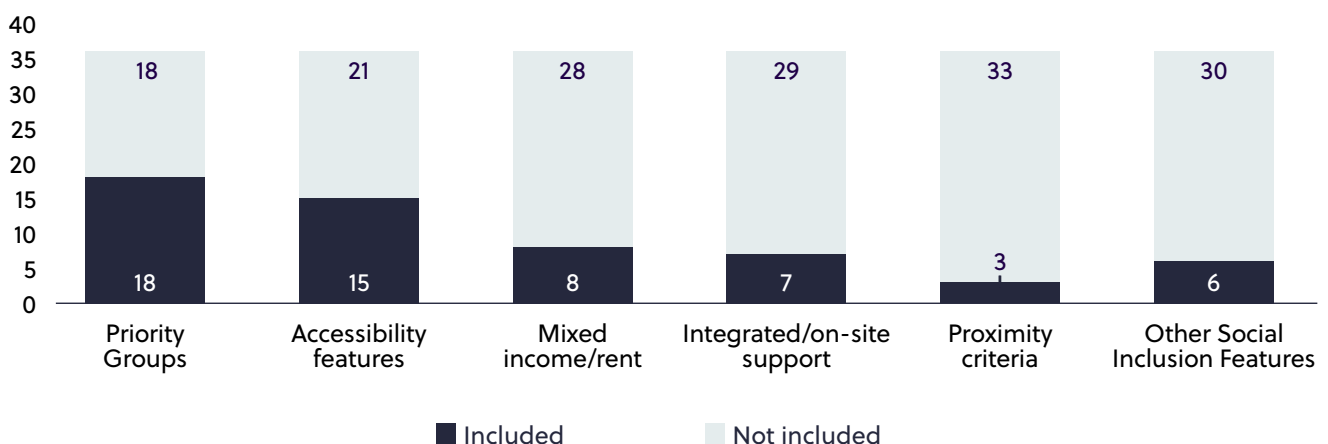
Out of the 36 housing programs examined across provinces, territories and selected municipalities, 31 (80.5%) contained at least one social inclusion feature. Seven programs (or 19.4%) contained no social inclusion features. Twelve programs (33.33%) contained one social inclusion (SI) feature (the most common number), followed by 10 programs (27.77%) containing 2 social inclusion features, 4 programs (11.11%) containing 4 SI features and 3 programs (8.33%) containing 3 SI features. On average, programs included 1.6 social inclusion features ranging from 0 to 4. In total, there are 6 SI features, but no program contained more than 4. Figure 31 illustrates the number of SI features that are included by program:

Figure 31: How many programs include SI features by amount



Targeting priority populations was the most common social inclusion feature included across the 36 programs at 50% (or 18 programs), followed by accessibility requirements at 42% (or 15 programs). Proximity criteria were the least commonly included social inclusion feature, included in only 3 (or 8.33%) of the programs. Six programs (or 16.7%) included social inclusion criteria that are not included in the NHS. Of these, 2 programs (or 5.5%) included only social inclusion features that are not included in the NHS.

Figure 32: Number of provincial, territorial, and municipal programs included in social inclusion requirements



Annex F: Priority Group Targeting and Proximity Criteria in the NHS Supply Programs

Targeting Priority Populations

Each NHS supply program differs in terms of if and how they are designed to target NHS priority populations as noted in table 17.

Table 17: How NHS supply programs target priority populations

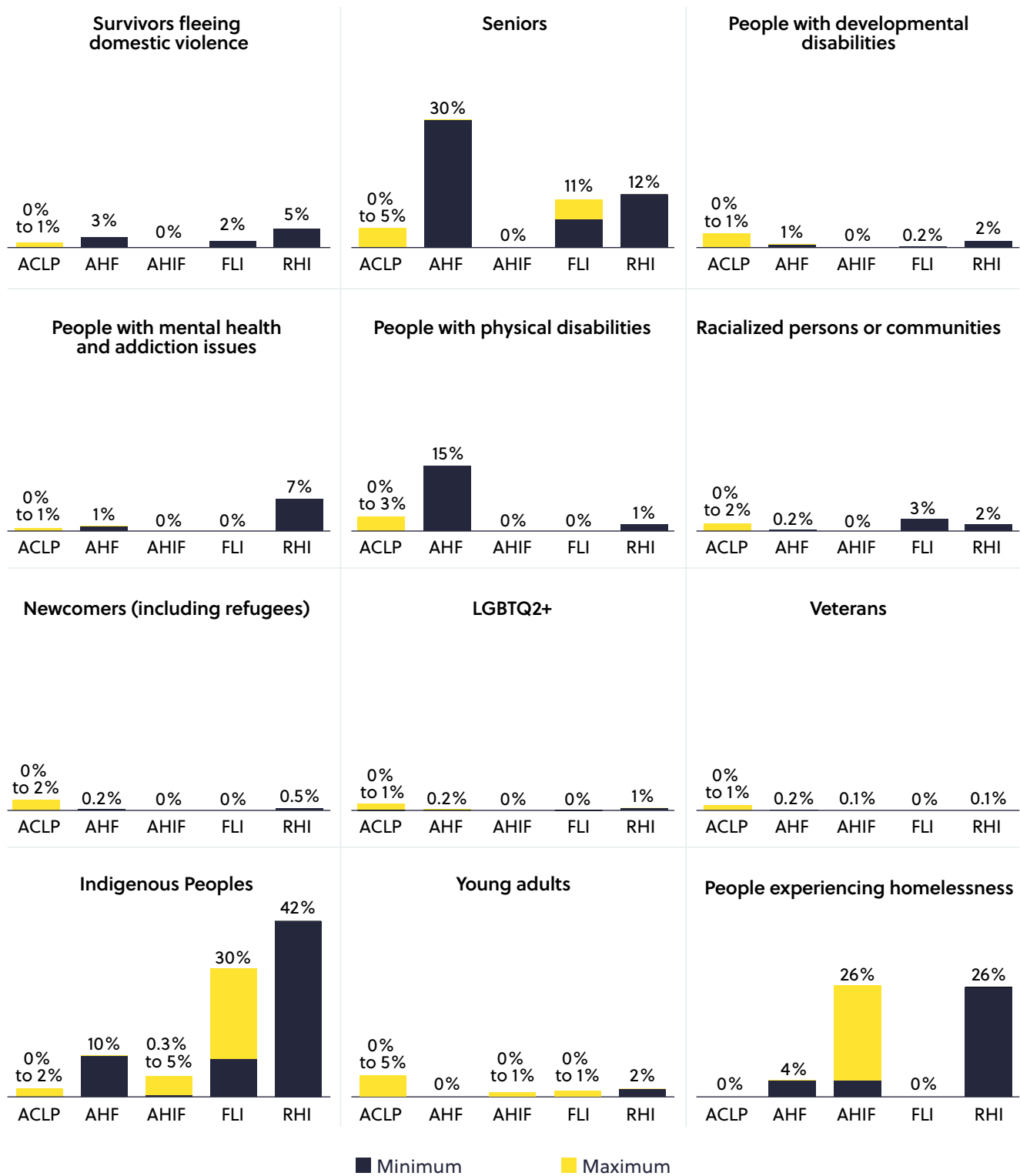
Program	Is information on the intention to target priority populations collected at application?	Does the program prioritize projects who intend to target priority populations?	Other aspects by program
ACLP	No	No	The ACLP is not designed to target priority populations. However, in a survey conducted for the 2021 ACLP program evaluation, applicants denoted which priority populations, if any, they were targeting or intending to target in programs. In figure 33, the ACLP's contribution to units targeting priority populations was based on those survey responses.
AHF	Yes	Yes	The AHF allows applicants to choose both if they will target an NHS priority population and, if so, which one they want to target. It collects information as part of the application on the number of units intending to target priority populations. Some applications had some conflicting data points which were overcome by using minimum and maximum intended contributions. In addition, 86 projects had post-occupancy attestations which were used in lieu of the applications data in figure 33.
AHIF 1	Yes	No	The AHIF 1 allowed applicants to choose both if they will target an NHS priority populations and, if so, which one they want to target. It generally did not collect as part of the application the number of units intending to target priority populations. As such, in figure 33, it was assumed that a minimum of 1 unit and a maximum of all units are intending to target the selected priority group.

Program	Is information on the intention to target priority populations collected at application?	Does the program prioritize projects who intend to target priority populations?	Other aspects by program
FLI	Yes	Yes	The FLI allows applicants to choose both if they will target an NHS priority populations and, if so, which one they want to target. It does not consistently collect as part of the application the number of units intending to target priority populations. As such, in figure 33, when unit counts were not denoted in an application it was assumed that a minimum of 1 unit and a maximum of all units are intending to target the selected priority group.
RHI 1 and 2	Yes	Yes	The RHI programs required all units to target an NHS priority group. The information included in figure 33 is based on information consolidated by agreement management teams who followed up with applicants post-approval and/or construction on the progress and outcomes of their projects. On occasion, that post-approval/construction data was supplemented by application data.

Different programs drew the interest of different applicants who had somewhat divergent levels of interest in voluntarily targeting the various priority populations as noted in figure 33. The most targeted groups by program are as follows:

- ACLP: Seniors, young adults, people with disabilities.
- AHF: Seniors, people with disabilities, and Indigenous Peoples.
- AHIF: People experiencing homelessness and Indigenous Peoples.
- FLI: Indigenous Peoples and seniors.
- RHI: indigenous Peoples, people experiencing homelessness, seniors, people with mental health and addition issues, survivors fleeing domestic violence.

Figure 33: Percentage of total units by program and by priority group



Proximity to Services and Amenities

Table 18: NHS Supply Program Proximity Criteria

Proximity Criteria	
ACLP	Projects are awarded points for being within 1 km of public transit (i.e., bus stop, train station, rapid transit, subway station) or for having in place an alternative form of transportation (e.g., car sharing service, shuttle bus).
AHF	<p>Projects are awarded points for being within each of the following:</p> <ul style="list-style-type: none"> - 1 km of public transit station or bus stop, grocery store, neighbourhood park, pharmacy, community centre - 1.5 km of publicly funded elementary school, public library, child care centre - 3 km of health care services or a hospital - 10 km of job opportunities (e.g., business district, commercial strip, industrial site)
AHIF	Projects were required to demonstrate that proposals were in locations with adequate access to public transit. Some flexibility was applied in the case of projects situated in rural and remote areas such as the North (source: TB sub B160226).
FLI	Prioritizes federal properties which are in close proximity (1 km) to transit and other amenities. Federal properties located in the North, rural or remote areas are exempt from proximity considerations. Instead, they are prioritized based on the ability to provide municipal services to the property (i.e., water, sewage treatment, utilities) and the likelihood of access to building materials and construction expertise. The property prescreening assessment tool also collects information relating to its proximity to grocery stores, parks, pharmacies, community centres, public elementary schools, public libraries, child care centres, health care services or hospitals and near a spatial concentration of jobs (e.g., business districts, commercial strips, industrial sites).
RHI	Proximity not included as a requirement or as a prioritization consideration.

The NHS supply programs have differing proximity criteria as noted in table 7.

Annex G: Serving Women and Children in NHS Supply Programs

The following provides further details on how the NHS supply programs serve women and children as well as details on the analysis of results by program:

- ACLP: An ACLP project is considered to be serving women and children when it features units specifically designed for women and children, including young mothers, older women, or women with special needs. The assessment includes projects that offer features attractive to women and children, such as specific building features, on-site support services, and/or proximity to amenities. Additionally, units confirmed to be occupied by women and their children are considered.
- AHF: The AHF has two data points relating to if a project is serving women and children and by how much. These two data points do not always match. To account for this discrepancy, minimum and maximum contributions were calculated for those projects where the data is not consistent across both metrics.
- AHIF: In general, projects under this program do not specify the number of units serving women and children. Instead, it is simply denoted as a project that is or is not serving women and children. As such, it is assumed that a minimum of one unit and a maximum of all units are serving women and children in projects serving this population.
- FLI: A combination of data and documentation and responses to interviews conducted for the 2021 evaluation were used to compile which projects were serving women and children.
- AHF, AHIF, FLI: Both unit/beds denoted as targeting women and children and unit/beds denoted as targeting women and children fleeing violence were counted toward this outcome for these programs up to a maximum of the total number of unit/beds in a project. If a project denotes that they will either target women and children or that those same units may target a different population, a minimum and maximum count was created to account for the fact that units may go to the other population rather than women and children.

Table 19: Number and percentage of projects and units targeting women and children

Program	Projects Serving Women and Children				Number of Unit/ Beds Serving Women and Children			
	Count		Percentage		Count		Percentage	
	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
Overall	823	940	56%	64%	45,274	58,275	20%	25%
ACLP	202	202	86%	86%	11,585	11,585	28%	28%
AHF	303	420	49%	67%	30,237	40,488	20%	26%
AHIF	2	2	9%	9%	2	2,646	0.01%	14%
FLI	8	8	38%	38%	134	240	3%	6%
RHI	308	308	55%	55%	3,316	3,316	32%	32%

Annex H: Best Practices for Mixed-Income Housing

Best practices that have been identified in the research for the implementation of mixed-income housing in Canada are presented below:

Building and Unit Characteristics

- **Quality and Amenities:** No distinction in build quality and amenities between units for low-income tenants and others, ensuring equitable living conditions for all residents (de Vos & Moore, 2019).
- **Integration and Use of Space:** Most new mixed-income developments are also “well integrated with the surrounding community” in terms of the look of the buildings to avoid stereotypes often associated with social housing (de Vos & Moore, 2019). Some mixed-income developments may include commercial spaces on the ground level to generate additional revenue (de Vos & Moore, 2019).

Resident Interaction

- **Communal Spaces and Activities:** Engagement among residents is fostered through common rooms, rooftop or garden terraces, resident barbecues, potting areas, community gardens, computer rooms, after-school programs for resident children (e.g., homework clubs, community kitchens, and local beekeeping), facilitating a sense of community (de Vos & Moore, 2019).

Governance and Participatory Mechanisms

- **Engagement in Governance:** Developments feature governance structures such as committees and tenant representatives, enhancing tenant involvement in policy and operational decisions (de Vos & Moore, 2019).

Income Mix

- **Diverse Income Housing:** Developments offer a mix of deeply subsidized, moderate-income, and market-rate units, with flexibility to adapt to changing circumstances and needs, promoting a diverse community (de Vos & Moore, 2019).

Support Services and Tenant Support Workers

- **Partnerships and Support:** Mixed-income housing often relies on partnerships with external agencies for providing support services, with some developments employing tenant support workers for direct assistance (CMHC, 2019h; de Vos & Moore, 2019).

Environmental Sustainability and Financial Viability

- **Sustainable Practices:** Emphasis on sustainable design and green technologies to ensure financial viability and affordability, with a note on the significance of government funding (de Vos & Moore, 2019).

Communication and Relationship Building

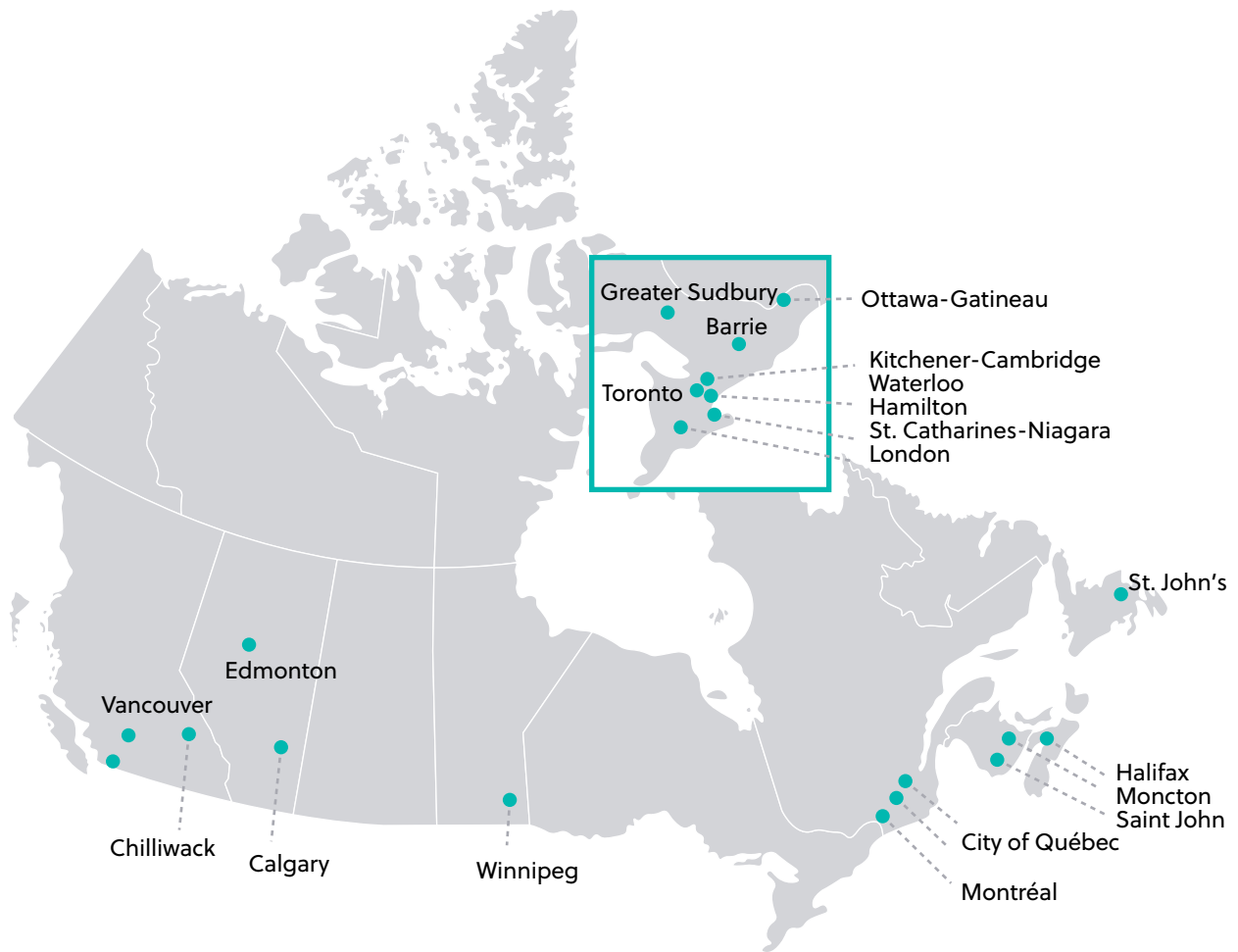
- **Community Engagement:** Early and transparent communication with neighbourhood residents to mitigate opposition, emphasizing the importance of addressing concerns and showcasing the benefits of mixed-income housing (CMHC, 2019h).

Annex I: Details on Mixed-Income Analysis

Scope of the Mixed-Income Analysis

This analysis included 218 NHS-funded projects across two NHS programs:

- 179 ACLP projects, of which 107 were based on the rent rolls submitted at application and 72 were based on the most recently available post-occupancy rent rolls (i.e., 2022 or 2021)
- 39 AHF projects based on post-occupancy rent rolls (i.e., 2022 or 2021).



Approach

To understand how ACLP-, AHF-funded projects might impact a neighbourhood's level of income mixing, this evaluation conducted the following analysis:

1. For each neighbourhood in scope, calculate the number of neighbourhood households in each of the city's (CMA's) income quintiles. Income quintiles divide the population into five equal groups based on income, with each group representing 20% of the population.
2. Calculate the D-index of the project's neighbourhood (for further details on this equation, see CMHC, 2021c and Roberto, 2024).
3. Model the hypothetical incomes of residents in ACLP and AHF buildings where rent roll data was available (see box below). Modelling was necessary due to resident income data being unavailable at the time of the evaluation. Income-level data for NHS-funded units will be available in the future through record linkage methods.
4. Add the modelled households into their neighbourhood's respective income quintiles.
5. Recalculate the neighbourhood's D-Index.

Modelling household incomes of residents of NHS buildings

Incomes were modelled based on the assumption that households are spending 30% of their pre-tax income on rent.

- For example, if a unit is rented out at \$1,200 per month, this would equate to an annual cost of \$14,400. Based on our assumption, a household living in this unit would need to earn \$48,000 per year to spend 30% of their income on rent.



Table 20: Income quintiles of 22 cities examined in mixed-income analysis

City	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
Barrie	under \$49,600	\$49,600 - \$81,000	\$81,000- \$114,000	\$114,000- \$162,000	\$162,000 and more
Calgary	under \$50,400	\$50,400 - \$83,000	\$83,000- \$120,000	\$120,000- \$178,000	\$178,000 and more
Chilliwack	under \$40,800	\$40,800 - \$67,000	\$67,000- \$98,000	\$98,000- \$144,000	\$144,000 and more
Edmonton	under \$48,400	\$48,400 - \$79,500	\$79,500- \$114,000	\$114,000- \$166,000	\$166,000 and more
Greater Sudbury	under \$41,600	\$41,600 - \$68,500	\$68,500- \$102,000	\$102,000- \$153,000	\$153,000 and more
Halifax	under \$41,200	\$41,200 - \$67,000	\$67,000- \$97,000	\$97,000- \$143,000	\$143,000 and more
Hamilton	under \$44,800	\$44,800 - \$75,000	\$75,000- \$110,000	\$110,000- \$164,000	\$164,000 and more
Kelowna	under \$42,400	\$42,400 - \$69,500	\$69,500- \$101,000	\$101,000- \$151,000	\$151,000 and more
Kitchener Cambridge Waterloo	under \$46,400	\$46,400 - \$76,000	\$76,000- \$110,000	\$110,000- \$158,000	\$158,000 and more
London	under \$40,400	\$40,400 - \$65,500	\$65,500- \$95,000	\$95,000- \$141,000	\$141,000 and more
Moncton	under \$38,800	\$38,800 - \$61,600	\$61,600 - \$89,000	\$89,000 - \$129,000	\$129,000 and more
Montréal	under \$37,200	\$37,200 - \$61,600	\$61,600 - \$92,000	\$92,000- \$138,000	\$138,000 and more
Ottawa-Gatineau	under \$48,800	\$48,800 - \$81,000	\$81,000 - \$117,000	\$117,000- \$170,000	\$170,000 and more
Québec	under \$39,600	\$39,600 - \$62,800	\$62,800 - \$92,000	\$92,000- \$136,000	\$136,000 and more

Evaluation of Social Inclusion in the National Housing Strategy

City	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
Saint John	under \$36,000	\$36,000 - \$60,800	\$60,800- \$89,000	\$89,000- \$136,000	\$136,000 and more
St. Catharines-Niagara	under \$39,600	\$39,600 - \$64,000	\$64,000- \$92,000	\$92,000- \$135,000	\$135,000 and more
St. Johns	under \$40,000	\$40,000 - \$68,500	\$68,500- \$103,000	\$103,000- \$156,000	\$156,000 and more
Toronto	under \$46,000	\$46,000 - \$79,500	\$79,500- \$117,000	\$117,000- \$176,000	\$176,000 and more
Trois-Rivières	under \$31,600	\$31,600 - \$50,800	\$50,800- \$76,500	\$76,500- \$116,000	\$116,000 and more
Vancouver	under \$42,000	\$42,000 - \$73,000	\$73,000- \$110,000	\$110,000- \$166,000	\$166,000 and more
Victoria	under \$42,800	\$42,800 - \$70,000	\$70,000- \$102,000	\$102,000- \$152,000	\$152,000 and more
Winnipeg	under \$41,600	\$41,600 - \$68,500	\$68,500- \$99,000	\$99,000- \$145,000	\$145,000 and more

Annex J: Research, Capacity, and Innovation Programs and Social Inclusion

This annex outlines a few examples of projects supported by NHS research, capacity, and innovation programs that contribute to research and knowledge of social inclusion, as well as webinars hosted by the Expert Community on Housing (ECoH) on topics related to social inclusion.

Research and Planning Fund

Project: "Sorry, it's Rented": Measuring Discrimination Against Newcomers in Toronto's Rental Housing Market

Organization: Canadian Centre for Housing Rights (CCHR)

Project description: Following the receipt of hundreds of calls from newcomers who report housing discrimination and other barriers to accessing rental housing, CCHR conducted a discrimination audit project to gauge the scope of discriminatory practices taking place during housing searches for newcomers in Toronto (CCHR, 2022).

Demonstration Initiative

Project: Sustainable Neighbourhood Action Program (SNAP): Transforming the San Romanoway Towers

Organization: Toronto and Region Conservation Authority

Project description: The SNAP program developed a collaborative model that addresses property owners' priorities and tenants' needs, while considering the surrounding neighbourhood and achieving important environmental and socio-economic benefits through the revitalization of multi-unit residential towers (Toronto and Region Conservation Authority, 2020). Hundreds of residents contributed to the project's design, and skills training and capacity building programs for residents transformed passive participants into active community leaders who work closely with property managers to continue to improve living conditions (Toronto and Region Conservation Authority, 2020). Significant improvements in community

connection and healthy living were noted by residents (Toronto and Region Conservation Authority, 2020).

Solutions Lab

Project: Affordable Housing for Mutual Inclusion: Options for Individuals with Developmental Disabilities + Medical Complexities

Organizations: Reena, Safehaven and SHS Consulting

Project description: This cross-Canada project aims to foster social and economic inclusion in creating intentional environments where people with developmental disabilities may thrive while having access to new opportunities (Reena et al., 2022). Through a design-led approach, the project explores new concepts and ideas for housing that would foster the kinds of daily experiences that people with developmental disabilities and medical complexities seek (Reena et al., 2022). Along with envisioning the future of inclusive housing and communities, the project explores new ways of creating housing beyond traditional development approaches, with a focus on bringing people together – both in the process and in the co-created spaces (Reena et al., 2022).

Recent Webinar Examples Hosted by the Expert Community on Housing (ECoH) Related to Social Inclusion

1. GBA Plus from Theory to Practice: Exploring Case Studies from Housing Research and Programs (May 9, 2024)
2. The Impacts of Systemic Discrimination and Barriers Across Canada's Housing System (March 26, 2024)
3. Elevating Hope: Empowering 2SLGBTQIA+ Youth Through Friends of Ruby Transitional Home (February 8, 2024)

Annex K: Best Practices on Accessibility

Examples of New and Emerging Best Practices in Accessibility

This annex provides a detailed overview of the new and emerging best practices identified in enhancing social inclusion through housing, focusing on accessibility requirements.

Participatory Approach

- 1. Stella's Circle:** A community organization in St. Johns, Newfoundland, developed a comprehensive toolkit aimed at enabling seniors, especially those with complex mental health needs, to age within their communities. This resource serves not only seniors but also individuals who have experienced trauma, involvement in the criminal justice system, homelessness or poverty. The toolkit details a participatory approach, ensuring that seniors are included in the home modification process, and highlights effective practices such as enhancing lighting, and the usability of faucets, door handles and light switches. Additionally, it includes essential training for staff to meet the needs of these populations effectively (Stella's Circle, 2019).
- 2. The Socially Inclusive Design Working Group (2018)** provided a guide for housing developers, policy, and decision makers on creating socially inclusive housing (German et al., 2023). This housing concept aims to be barrier-free, inclusive, and supportive, particularly addressing the needs of people with cognitive, developmental, or intellectual disabilities. The guide defines socially inclusive housing as a set of design elements that facilitate such inclusivity and supports the necessity of communal programming. It stresses the importance of consulting with individuals with a variety of disabilities to ensure housing is accessible for all and underscores the potential market opportunities for developers in this area (German et al., 2023).
- 3. Universal Design Definition and Principles:** Drawing from the UN's definition, Erdtman et al. (2022) describe universal design as the design of products, environments, programs and services that are usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. The Centre for Excellence in Universal Design (n.d.) articulates seven principles of universal design which include equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for error, low physical effort, and size and space for approach and use. Practical applications of universal design in housing, as documented by DesignABLE Environments Inc. (2020) and McDowell (2021), include:
 - Adjustable counter heights
 - Automated doors
 - Roll-in or walk-in showers
 - Accessible placement of light switches and intercoms
 - Hallways designed for wheelchair access with handrails (DesignABLE Environments Inc., 2020; McDowell, 2021)

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Alternative text and data for figures

Figure 1: Core housing need rates in Canada by priority populations
% of population in CHN by PG in 2021

Priority population	2021 Canadian Housing Survey	2018 Canadian Housing Survey	2021 Census of Population	2017 Canadian Survey on Disability
LGBTQ2+ people		17.0%		
Persons with disabilities				15.9%
Recent immigrants	13.2%		14.3%	
Indigenous Peoples	13.1%		13.2%	
Racialized groups	9.2%		11.3%	
Seniors	8.5%		8.9%	
Children			8.8%	
Women			8.2%	
% of Canadians in CHN 2021			7.7%	
Young adults	5.5%			
Veterans	5.1%			

Figure 2: Percentage of persons with disability, by type of disability and core housing need status, Canada 2017

Type of disability	% in CHN	% of persons with disabilities in CHN	% of total population in CHN
Mental health-related	21.2%	15.9%	10.1%
Cognitive	20.8%	15.9%	10.1%
Physical	18.1%	15.9%	10.1%
Pain-related	17.0%	15.9%	10.1%
Sensory	16.8%	15.9%	10.1%

Figure 3: Number of the 18 provincial, territorial, and municipal programs targeting each priority group

Priority population	Number of provincial, territorial, or municipal programs targeting each priority group
Seniors	8
People with disabilities (unspecified)	7
People experiencing homelessness	6
Survivors fleeing domestic violence	4
Indigenous Peoples	4
Young adults	4
People with mental health and addition issues	3
People with physical disabilities	3
Racialized persons and communities	2
People with developmental disabilities	2
Newcomers (including refugees)	1
Veterans	1
Women and Children	1
LGBTQ2+ people	0

Figure 4: Percentage of funding for units intending to target women and children overall, by program

Program	Minimum percentage of funding	NHS Target Range
Overall	28%	Between 25% and 33%
RHI	37%	Between 25% and 33%

Figure 5: Percentage of total units intending to target each priority group in the NHS supply programs (based on CRM application data)

Priority population	Percentage of total units intending to target priority group
Seniors	21.9%
People with physical disabilities	11.0%
Indigenous peoples	9.7%
People experiencing homelessness	6.0%
Survivors fleeing domestic violence	2.2%
People with mental health and addiction issues	1.2%
People with developmental disabilities	1.2%
Young adults	1.2%
Newcomers (including refugees)	0.7%
Racialized persons or communities	0.6%
LGBTQ2+	0.4%
Veterans	0.3%

Black Canadians and people with disabilities are excluded from the figure. The maximum percentage of total units intending to target each priority group is 0.05% for Black Canadians (104 units) and 0.01% for people with disabilities (34 to 59 units).

Any NHS priority group category includes projects wherein the applicant stated that they are targeting any of the priority populations. If the applicant was specific as to which group they were targeting, their project was excluded from this category's count. The maximum percentage of total units intending to target any NHS priority group was 0.5% (1,034 units).

Figure 6: Aggregated number of units occupied and missing from projects reviewed

Priority Group	Occupied Units	Units Below Target
Seniors	728	-560
People experiencing homelessness	574	-259
Racialized persons or communities	0	-265
People with mental health and addiction issues	104	-126
Newcomers (including refugees)	0	-227
Survivors fleeing domestic violence	112	-84
Indigenous Peoples	113	-36
People with physical disabilities	42	-40
Young adults	41	-37
People with developmental disabilities	27	-43
Veterans	9	-41
LGBTQ2+ people	0	-31

Figure 7: Provinces or territories in which there are programs that include accessibility criteria (Map Canada)

Province or territory	All programs included accessibility	Some programs included accessibility	Not included in programs reviewed
British Columbia			x
Ontario			x
Newfoundland and Labrador			x
Nova Scotia	x		
Prince Edward Island		x	
New Brunswick		x	
Saskatchewan	x		
Alberta		x	
Northwest Territories		x	
Yukon		x	
Nunavut			x
Manitoba		x	
Quebec		x	

Please note that this figure is a map of Canada in the report. Three categories are highlighted in different colours to clearly show which province/territory have all programs/some programs/no program with accessibility features.

Figure 8: Percent of projects with accessible units/beds, targeting people with physical disabilities, and targeting seniors

	% of projects with accessible unit/beds	% of projects targeting people with physical disabilities	% of projects targeting seniors
Overall	52%	6%	15%
ACLP	88%	9%	11%
AHF	78%	7%	22%
AHIF	77%	5%	0%
FLI	95%	24%	38%

*FLI and AHIF are not required to specify the type of disability and are based on their commitments to "persons with disabilities." The RHI program is not included in this analysis.

Figure 9: Modelled neighbourhood household growth by income quintile

Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
94%	6%	0%	0%	0%
18%	57%	25%	0%	0%
1%	51%	45%	3%	0%

Figure 10: Percentage of projects meeting at least one proximity criterion

Overall, excluding RHI (n=901)	71%
ACLP (n=235)	84%
AHF (n=623)	65%
AHIF (n=22)	82%
FLI (n=21)	71%

Figure 11: Percentage of projects within 1 km of transit

Overall, excluding RHI (n=901)	70%
ACLP (n=235)	84%
AHF (n=623)	65%
AHIF (n=22)	59%
FLI (n=21)	71%

Figure 12: Percentage of AHF and FLI projects near various services and amenities

	AHF	FLI
1 km of community centre	56%	62%
1 km of grocery store	62%	71%
1 km of neighbourhood park	68%	71%
1 km of pharmacy	61%	67%
1.5 km of childcare centre	66%	71%
1.5 km of public library	54%	43%
1.5 km of elementary school	67%	67%
3 km from health care services	68%	67%
10 km from jobs	72%	0%
20 km from jobs	0%	71%

Figure 13: Percentage of projects with supports and services

Overall, excluding ACLP and RHI (N=666)	49%
AHF (n=623)	50%
AHIF (n=22)	23%
FLI (n=21)	57%

Figure 14: Percentage of total application points available by social inclusion feature for minimum and maximum commitment

Accessibility	Minimum	Maximum
AHF	3%	14%
FLI	1%	10%
RHI	2%	4%

Targeting Priority Groups	Minimum	Maximum
AHF	4%	10%
FLI	6%	10%
RHI	4%	8%

Integrated or on-site supports and supports	Minimum	Maximum
AHF	5%	10%
FLI	2%	5%

Proximity	Minimum	Maximum
AHF	1%	10%

Figure 15: Maximum Percentage of NHS Research, Capacity, and Innovation Projects Contributing to the NHS Priority Area of "Housing for Those in Greatest Need"

Research and Planning Fund	97.5%
Demonstration Initiative	77%
Solutions Lab	74%

Figure 16: ECoH member counts for self-identity with an NHS priority group or having lived experience, experience in a subject area, and interest in a subject area

Subject Areas	Count of Members with Experience in Subject Area	Count of Members Who Self-Identify as One or More NHS Priority Group and/or Have Lived Experience	Count of Members Who Expressed Interest in Subject Area
Housing for Those In Greatest Need	970		236
Seniors	684	59	92
People Experiencing Homelessness	656	46	119
Young Adults	647	115	53
People Dealing with Mental Health and Addiction Issues	630	82	86
Knowledge Mobilization	621		74
People with Disabilities	619	69	79
Indigenous Peoples	610	37	80
Recent Immigrants, Especially Refugees	545	62	75
Racialized Groups	536	90	77
Women and Children Fleeing Violence	535	55	79
2SLGBTQIA+ Communities	433	57	48
Social Inclusion*	337		
Veterans	261	19	21
Housing As A Human Right*	192		
Indigenous Organizations*	-78		

*Social Inclusion, Housing as a Human Right and Indigenous Organizations were not options for "subjects you are most interested in learning about" on the ECoH membership sign-up form nor could one self-identify as one of these.

Figure 17: Number of interviews and interview participants by stakeholder group

	Number of interviews	Number of interview participants
Approved Applicants	46	54
Internal CMHC Staff	21	54

Figure 18: External interviews with approved applicants – Number of interviews and interview participants

	Number of Interviews	Number of interview participants
AHF	18	24
ACLP	10	10
FCHI	7	8
AHIF	6	6
FLI	4	5
RHI	1	1

Figure 19: Rates of intimate partner violence (IPV) across Canada

Province or territory	Women experienced physical and sexual assault committed by intimate partners (%)
Newfoundland and Labrador	22.1
Prince Edward Island	27.6
Nova Scotia	31.5
New Brunswick	27.3
Quebec	21.5
Ontario	24.4
Manitoba	28.4
Saskatchewan	29.4
Alberta	29.9
British Columbia	29.8
Yukon	41.5
Northwest Territories	43.9
Nunavut	43.5
Canada	25.7

Source: Statistics Canada, 2021d

Figure 20: Percentage of all racialized groups in core housing need in Canada, 2021

Province or Territory	Percent
Canada	11.3
Newfoundland and Labrador	8.1
Prince Edward Island	9.3
Nova Scotia	14.1
New Brunswick	7.9
Quebec	5.7
Ontario	13.2
Manitoba	9.4
Saskatchewan	9
Alberta	7.9
British Columbia	13.7
Yukon	6.8
North-West Territories	9.1
Nunavut	8

Source: Statistics Canada, 2023b

Figure 21: Percentage of seniors in core housing need across provinces and territories, 2016

Province or Territory	Percentage of seniors living in core housing need
Alberta	12.3%
British Columbia	11.7%
Manitoba	8.9%
New Brunswick	6.2%
Newfoundland and Labrador	8.9%
Northwest Territories	19.3%
Nova Scotia	9.9%
Nunavut	35.9%
Ontario	13.0%
Prince Edward Island	5.7%
Quebec	6.6%
Saskatchewan	13.9%
Yukon	14.8%

Figure 22: Percentages of people with mental health disabilities across Canada (regardless of their core housing need status)

Province or Territory	Percentage of Canadians with mental-health related disabilities
British Columbia	8.3%
Prairie provinces	7.5%
Territories	5.7%
Ontario	8.1%
Quebec	4.6%
Atlantic provinces	9.9%

Figure 23: Incidences of core housing need among recent immigrant (non-refugee-led) households, 2016

Province	Percentage of recent immigrant (non-refugee-led) households in core housing need
British Columbia	26.8%
Alberta	16.5%
Saskatchewan	16.2%
Manitoba	21.8%
Ontario	31.3%
Quebec	20.6%
New Brunswick	23.3%
Nova Scotia	16.5%
Prince Edward Island	24.0%

Source: Shan, 2019

Figure 24: Incidences of core housing need among recent refugee-led households, 2016

Province	Percentage of recent refugee-led households in core housing need
British Columbia	57.9%
Alberta	37.5%
Saskatchewan	47.3%
Manitoba	38.2%
Ontario	50.8%
Quebec	33.9%
New Brunswick	48.6%
Nova Scotia	72.7%
Prince Edward Island	46.2%
Newfoundland and Labrador	29.4%

Source: Shan, 2019

Figure 25: Percentages of people with developmental disabilities in core housing need, 2001.

Province	Percentage of people with developmental disabilities in core housing need
British Columbia	25.7%
Alberta	26.3%
Saskatchewan	22.2%
Manitoba	25.0%
Ontario	13.5%
Quebec	18.4%
New Brunswick	22.7%
Nova Scotia	26.9%

Figure 26: Incidences of youth households in CHN across Canada in 2016.

Province or Territory	Percentage of Youth in CHN
Canada	14.8%
Newfoundland and Labrador	14.3%
Prince Edward Island	11.9%
Nova Scotia	16.9%
New Brunswick	13.3%
Quebec	9.1%
Ontario	19.3%
Manitoba	15.0%
Saskatchewan	14.5%
Alberta	12.1%
British Columbia	18.3%
Yukon	18.1%
Northwest Territories	19.9%
Nunavut	41.9%

Source: MacAdam, 2020

Figure 27: Women-led households in CHN and unaffordable housing by year and housing type (Statistics Canada, 2022g)

	2011	2016	2021
Core Housing Need (total)	11.5%	11.4%	8.2%
Core Housing Need (owner households)	6.2%	11.4%	4.3%
Core Housing Need (renter households)	27.3%	26.8%	18.3%
Affordability (total)	22.1%	20.9%	17.5%
Affordability (owner households)	17.1%	15.1%	13%
Affordability (renter households)	36.6%	36.1%	28.6%

Figure 28: Percentage of vulnerable groups facing core housing need, by type of core housing need in 2021

Priority Group	Affordability	Suitability	Adequacy
Veterans	11.8%	2.5%	8.2%
Young adults	14.7%	16.0%	7.7%
Seniors	15.3%	1.9%	6.0%
All person in CHN in Canada	15.8%	9.2%	7.5%
Indigenous Peoples	18.4%	10.1%	14.6%
Racialized persons and communities	22.0%	21.0%	7.3%
Newcomers (including refugees)	29.0%	24.0%	5.7%

Figure 29: Percentage of persons with disability, by type of disability and core housing need status, Canada 2017

Type of disability	% in CHN	% of persons with disabilities in CHN	% of total population in CHN
Mental health-related	21.2%	15.9%	10.1%
Cognitive	20.8%	15.9%	10.1%
Physical	18.1%	15.9%	10.1%
Pain-related	17.0%	15.9%	10.1%
Sensory	16.8%	15.9%	10.1%

Figure 30: Percentage of persons with disabilities facing core housing need, by type of core housing need in 2017

	Affordability	Suitability	Adequacy
Total population	19.7%	7.9%	6.4%
Persons with disabilities	25.0%	5.9%	9.9%
Sensory	25.1%	6.8%	9.3%
Pain-related	25.8%	6.1%	10.6%
Physical	26.9%	6.1%	10.3%
Cognitive	30.4%	7.1%	12.3%

Figure 31: How many programs include social inclusion features by amount

Number of Social Inclusion Features	Number of programs
0 features	7
1 features	12
2 features	10
3 features	3
4 features	4
5 features	0
6 features	0

Figure 32: Number of provincial, territorial, and municipal programs included in social inclusion requirements

	Included	Not included
Priority Groups	18	18
Accessibility features	15	21
Mixed income/rent	8	28
Integrated/on-site support	7	29
Proximity criteria	3	33
Other Social Inclusion Features	6	30

Figure 33: Percentage of total units by program and by priority group

Survivors fleeing domestic violence		Seniors	
Program		Program	
ACLP	0% to 1%	ACLP	0% to 5%
AHF	3%	AHF	30%
AHIF	0%	AHIF	0%
FLI	2%	FLI	7% to 11%
RHI	5%	RHI	12%

People with developmental disabilities		People with mental health and addiction issues	
Program		Program	
ACLP	0% to 3%	ACLP	0% to 1%
AHF	1%	AHF	1%
AHIF	0%	AHIF	0%
FLI	0%	FLI	0%
RHI	2%	RHI	7%

People with physical disabilities	
Program	
ACLP	0% to 3%
AHF	15%
AHIF	0%
FLI	0%
RHI	1%

Racialized persons or communities	
Program	
ACLP	0% to 2%
AHF	0%
AHIF	0%
FLI	3%
RHI	2%

Newcomers (including refugees)	
Program	
ACLP	0% to 2%
AHF	0%
AHIF	0%
FLI	0%
RHI	0%

LGBTQ2+	
Program	
ACLP	0% to 1%
AHF	0%
AHIF	0%
FLI	0%
RHI	1%

Veterans	
Program	
ACLP	0% to 1%
AHF	0%
AHIF	0%
FLI	0%
RHI	0%

Indigenous Peoples	
Program	
ACLP	0% to 2%
AHF	10%
AHIF	0% to 5%
FLI	9% to 30%
RHI	42%

Young adults	
Program	
ACLP	0% to 5%
AHF	0%
AHIF	0% to 1%
FLI	0% to 1%
RHI	2%

People experiencing homelessness	
Program	
ACLP	0%
AHF	4%
AHIF	4% to 26%
FLI	0%
RHI	26%