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National Housing Council

Improving the National Housing Strategy: A National Housing Strategy by and For Whom? Documented Experiences of People with Living Knowledge of Housing Need. Literature Review.

Background

The first National Housing Council (the Council) was announced on November 22, 2020 and has initiated its work to provide advice to the Minister for Housing and Diversity and Inclusion on the effectiveness of the National Housing Strategy and how to further the housing policy of Canada.

The National Housing Council (the Council), through its Improving the NHS Working Group, commissioned A Way Home Canada to conduct a literature review and analysis on documented experiences of people with living knowledge of housing need. Findings from this review and analysis will help inform its recommendations to the Minister of Housing and Diversity and Inclusion.

About the Literature Review

The literature review examines nearly 300 documents on lived experience (LE) on housing need. It provides four overarching conclusions from the analysis accompanied by nine recommendations which aim to advance not only the realization of the right to housing, but also the centring of lived experience.

Overarching conclusions included in the report:

1. Lived experience knowledge is essential to fulfilling the goals of the NHS and realizing the right to housing. As such, LE knowledge must be prioritized in housing-related research, policy and planning (Recommendations 1 & 2).
2. Deep affordability and adequacy measures are necessary for realizing the right to housing (Recommendations 3, 4, & 5).
3. Advancing the right to housing requires applying an intersectional lens (Recommendations 6 & 7).
4. Recommendations from people with LE already exist; the NHS must be accountable to their realization (Recommendations 8 & 9).

Recommendations included in the report:

1. To advance the commitment to the right to housing as outlined in the NHS, and to uphold the commitment to centring LE knowledge, the NHC should advocate strongly for housing-related research funding that prioritizes people with LE as research designers, implementers, analysts, authors, and disseminators.
2. Better accounting for, and disaggregating, LE voices and recommendations in community housing and homelessness plans and needs assessments will help to increase government and systems accountability to people with LE.
3. To advance deep affordability, the NHC should advocate for a definition of affordability that meaningfully relates to the needs of people experiencing homelessness and/or core housing need, and that draws on existing recommendations by people with LE.
4. The NHC should press for NHS funding streams to contribute to the creation of a more diverse housing stock, informed by the needs of people with LE, because this is an essential dimension of achieving the right to housing ambition of the NHS. These should respond to unmet housing needs, while also considering promising practices related to trauma-informed and systems approaches.
5. The NHC should advocate for an Indigenous-led strategy that responds to the housing and related support needs of Indigenous Peoples. The NHC should also advance calls for the

development of an Indigenous Housing and Homelessness Non-Profit Entity (IHHE), including an LE Advisory Council to be made up of Indigenous individuals with LE (Baspaly et al., 2022, p. 26), to advise more broadly on Indigenous experiences of homelessness.

6. The NHC should call for the broader application of gender-based analysis plus (GBA+), which is informed by the concept of intersectionality, in the implementation of all dimensions of the NHS. For instance, applicants to funding streams should be required to demonstrate how they have applied a GBA+ lens to their development plans, including how their developments will meet diverse adequacy needs. This will necessitate meaningful and ongoing engagement with people with LE.
7. The NHC can and should model - and become a stronger voice for - centring diverse LE in the development, implementation, and ongoing monitoring and evaluation of housing-related supports and programs.
8. The NHC should carefully extract recommendations put forward by people with LE and commission their engagement in developing accountability mechanisms to help combat the problem of important reports collecting dust on shelves rather than being realized in practice.
9. The NHC should work with people with LE to develop recommendations about how the implementation of the NHS, and the work of the NHC, will be accountable to people with LE moving forward.

Next Steps

As part of this analysis, the Council's Improving the NHS Working Group has also completed engagement and additional research on NHS programs. These efforts have been captured in different reports that will be published in the coming weeks and will ultimately inform constructive, evidence-based advice to the Minister of Housing and Diversity and Inclusion in a final report with recommendations expected in the early fall.

If you have any questions about this work, please contact the National Housing Council Secretariat at nationalhousingcouncil@cmhc-schl.gc.ca.

Disclaimer

Please note that the views expressed in this report are the personal views of the author and does not reflect the views or position of the National Housing Council, CMHC or the Government of Canada. The National Housing Council, CMHC, and the Government of Canada accept no responsibility for the views expressed in such research report or any consequences that may arise in using or relying on this literature review.

About the Council

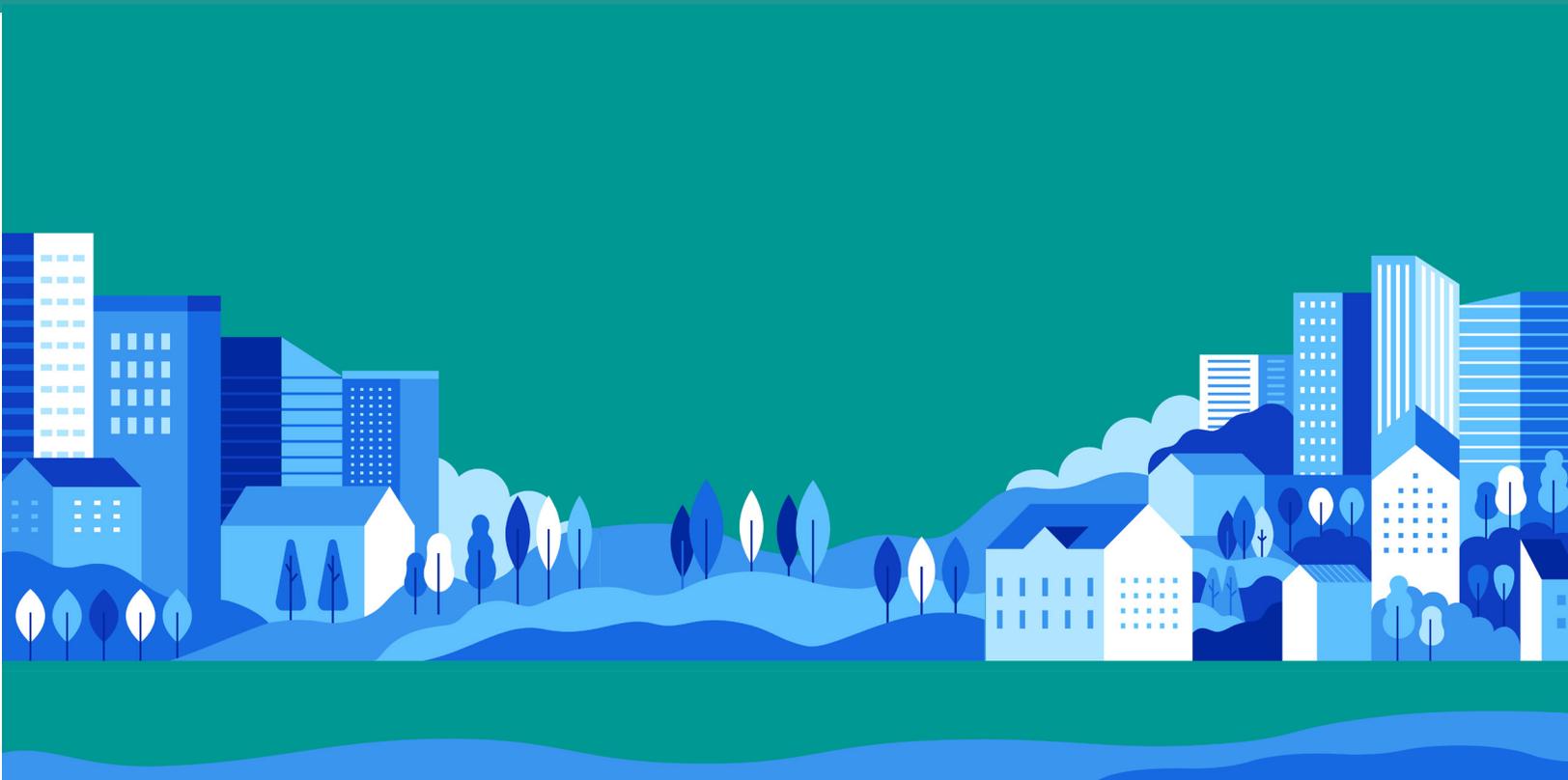
In July 2019, the National Housing Strategy Act (NHSA) became law. The NHSA, among other things, recognizes that a National Housing Strategy supports the progressive realization of the right to adequate housing. The Act includes the establishment of a National Housing Council. The Council's mandate is to provide advice to the Minister of Housing and Diversity and Inclusion and further the housing policy of the Government of Canada and the National Housing Strategy. Drawing on the diverse expertise and experience of its membership, the Council promotes participation and inclusion in the development of housing policy through the diversity of its members and engagement with communities.



SYSTEMSPLANNING
COLLECTIVE

A National Housing Strategy By and For Whom?

Documented Experiences of People With Living
Knowledge of Housing Need



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observatory on
homelessness

A WAY HOME
VERS UN CHEZ-SOI
CANADA



June 15, 2022

ACKNOWLEDGEMENTS

The research team members who worked on this report are situated across the unceded and treaty lands of many Indigenous Peoples, Nations and groups. We recognize the ongoing role of colonialism and its consequences for achieving the right to housing for Indigenous Peoples, and the ways in which other systems of oppression intersect with colonialism and with each other to deny so many people a place to call home.

Several people contributed to the research and writing reflected in this report, including:

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EXECUTIVE SUMMARY

The dismantling of homeless encampments across the country amidst the ongoing COVID-19 pandemic, combined with the high cost of rent and the use of ‘renovictions’ and ‘demovictions’ to circumvent caps on rent increases, has re-focused attention on the urgency of advancing the right to housing, a commitment laid out in the National Housing Strategy (NHS, 2018), which establishes “the right of every Canadian to access adequate housing” (p. 8). Achieving the right to housing demands centring the expertise of people with lived/living experience of homelessness and/or core housing need (people with LE), who understand uniquely what happens when housing is unaffordable, unavailable, and/or inadequate. Drawing on existing literature and reports that describe the experiences of people with LE, we make recommendations about improving the National Housing Strategy (NHS).

To produce this report, our team undertook a secondary analysis of publicly available research and reports where people with LE of homelessness and/or core housing need were - at minimum - involved as research subjects. We identified 268 documents and 20 housing and/or homelessness community plans and needs assessments that met this criterion, for a total of 288 documents.

Summary of Findings

General findings

We report several general findings, but most critically, we highlight that **homelessness and core housing need are URGENT problems across Canada**, especially for individuals and families with very low incomes, and for members of historically marginalized communities, including Indigenous Peoples, Black and other racialized people, people with disabilities, and members of LGBTQ2S+ communities, who are overrepresented in the homeless and core housing need population compared to the general Canadian population (Claveau, 2020; Statistics Canada, 2021). Throughout this report, **we highlight dimensions of this problem, including its structural foundations, and urge immediate and bold action because peoples’ lives are at stake.**

The role of people with LE of homelessness and/or core housing need in shaping housing-related knowledge

Of the nearly 300 documents we reviewed, only 51 included LE researchers, or people with LE beyond as research subjects. 44 of these were research studies or reports, and seven (7) were community housing and/or homelessness plans. These documents offer strategies and important commitments for meaningful LE engagement. Albeit sparse, the growing body of literature led and authored by people who are most impacted by homelessness (Cataldo et al., 2021; Jarrett, 2016; Loignon et al., 2018; Malenfant & Smith, 2021) demonstrates a shift from people with LE as research subjects to people with LE as offering leadership on ways forward, not only in terms of understanding homelessness and core housing need, but also in terms of realizing the right to housing across Canada. Several of our recommendations emphasize the importance of engaging more meaningfully with people with LE.

The housing-related experiences of people with lived experience of homelessness and/or core housing need

The literature on LE knowledge of homelessness and core housing need reveals complex dimensions related to the affordability and adequacy - including accessibility, freedom from discrimination, and appropriateness - of housing options.

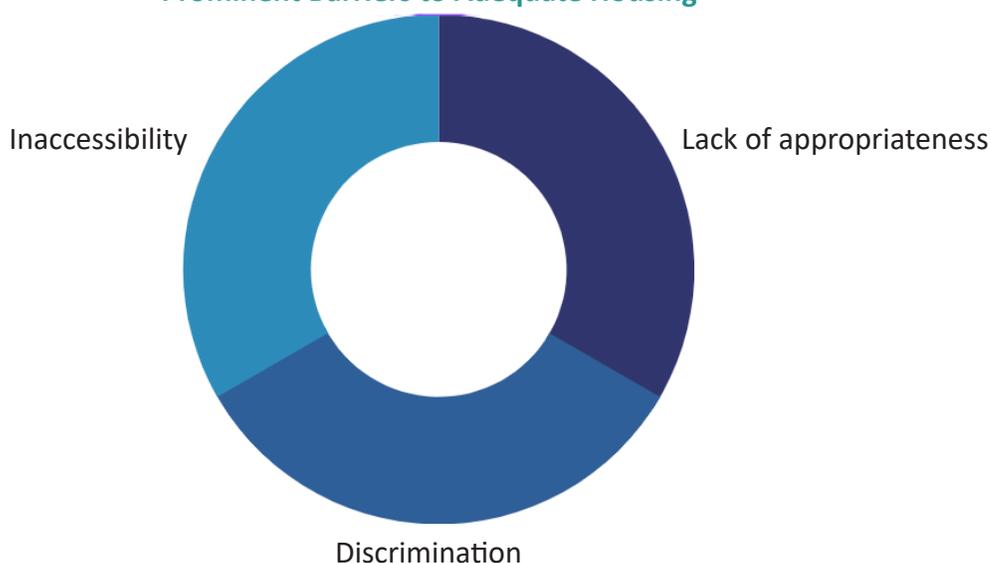
Affordability

People with LE highlight the need to adopt a definition of affordability that meaningfully relates to the needs of people experiencing homelessness and core housing need. As Beer et al. (2022) point out, definitions of affordability tied to market measures are failing to address the problems of homelessness and core housing need. The literature we reviewed highlights distinct affordability-related barriers for different groups including newcomers, youth, and women. Common to LE discussions of affordability are the absence of deeply affordable, non-market social housing options as a realistic prospect in the short- or medium- term; and the link between income inadequacy and housing affordability, particularly for those with barriers to employment.

Adequacy

While the NHS acknowledges the need for housing affordability, it pays minimal attention to the development of adequate housing. Our synthesis reveals that there are wide-ranging and overlapping issues related to securing adequate housing. **The three most prominent clusters of barriers to adequate housing relayed by people with LE relate to accessibility, freedom from discrimination, and appropriateness.** LE-informed literature highlights several shortcomings in housing provisioning across these categories. In general, we can conclude individuals with accessibility needs and living with low income are unable to access adequate housing; that despite human rights legislation at the federal and provincial levels, housing discrimination on several protected grounds occurs; and that housing options for people experiencing homelessness and/or core housing need may not be appropriate in terms of size, physical condition of units, cultural requirements, the availability of related supports.

Prominent Barriers to Adequate Housing

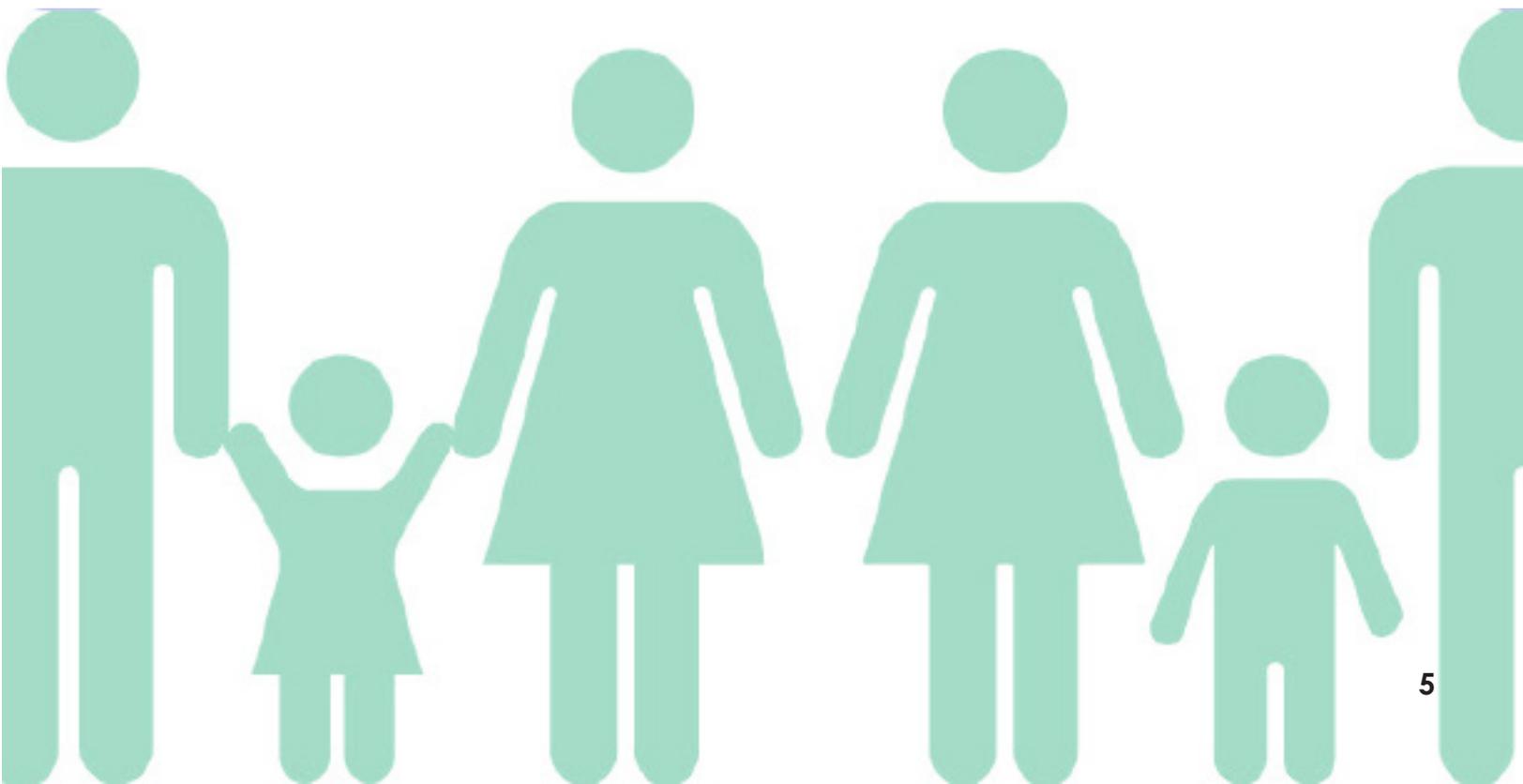


Access to housing supports

Our review also uncovered systemic barriers and important considerations related to LE experiences with accessing housing programs and services. A recurring theme in the literature highlights perspectives from LE on the necessity of providing advocacy and navigation-type supports for people who are experiencing homelessness, and who are working towards transitioning to safe, stable, and adequate housing. Navigation and advocacy services can be particularly important for people experiencing homelessness, and for newcomers. More housing-related supports that are attentive to the ongoing consequences of colonialism are essential for Indigenous Peoples. Transitional housing services for people leaving short-term congregate care settings are also vital. Across these needs, the application of an intersectional lens reveals that housing-related supports must be attentive to the diverse needs of different populations. **Finally, an important consideration related to housing supports is that it is critical for these supports to be available before a person is forced into homelessness.**

Unmet housing needs

The scope and depth of unmet housing needs recorded in the literature we analyzed emphasizes the urgency of the problem of homelessness and/or core housing need across Canada. The LE-informed literature we reviewed highlights that without a rights-based approach to affordable housing, the needs of many groups – including youth, Indigenous Peoples, families, people who use substances and/or have psychiatric labels, and those who sleep rough and are without access to shelters – will continue to go unmet. This literature also cautions against assuming that the needs within these and other groups are homogenous. Emerging responses to diverse unmet housing needs that warrant future attention are systems and trauma-informed approaches.



Summary of Conclusions and Recommendations

People with LE have made immeasurable contributions to understanding homelessness and/or core housing need, but continue to be positioned primarily as subjects in research, and overlooked as policy actors, despite explicit commitments to centring their knowledge in the NHS and its enabling legislation, the National Housing Strategy Act, 2019. The results of our research and analysis suggest several important ways forward, primarily for the NHS, but also with implications for the NHC itself. Four overarching conclusions from our analysis - accompanied by nine recommendations - are as follows:

- LE knowledge is essential to fulfilling the goals of the NHS and realizing the right to housing. As such, LE knowledge must be prioritized in housing-related research, policy and planning (Recommendations 1 & 2)
- Deep affordability and adequacy measures are necessary for realizing the right to housing (Recommendations 3, 4, & 5)
- Advancing the right to housing requires applying an intersectional lens (Recommendations 6 & 7)
- Recommendations from people with LE already exist; the NHS must be accountable to their realization (Recommendations 8 & 9)

The nine recommendations - which aim to advance not only the realization of the right to housing, but also the centring of LE - are listed here and elaborated in the final pages of the report.

Recommendation 1

To advance the commitment to the right to housing as outlined in the NHS, and to uphold the commitment to centring LE knowledge, the NHC should advocate strongly for housing-related research funding that prioritizes people with LE as research designers, implementers, analysts, authors, and disseminators.

Recommendation 2

Better accounting for, and disaggregating, LE voices and recommendations in community housing and homelessness plans and needs assessments will help to increase government and systems accountability to people with LE.

Recommendation 3

To advance deep affordability, the NHC should advocate for a definition of affordability that meaningfully relates to the needs of people experiencing homelessness and/or core housing need, and that draws on existing recommendations by people with LE.

Recommendation 4

The NHC should press for NHS funding streams to contribute to the creation of a more diverse housing stock, informed by the needs of people with LE, because this is an essential dimension of achieving the right to housing ambition of the NHS. These funding streams should respond to unmet housing needs, while also considering promising practices related to trauma-informed and systems approaches.

Recommendation 5

The NHC should advocate for an Indigenous-led strategy that responds to the housing and related support needs of Indigenous Peoples. The NHC should also advance calls for the development of an Indigenous Housing and Homelessness Non-Profit Entity (IHHE), including an LE Advisory Council to be made up of Indigenous individuals with LE (Baspaly et al., 2022, p. 26), to advise more broadly on Indigenous experiences of homelessness.

Recommendation 6

The NHC should call for the broader application of gender-based analysis plus (GBA+), which is informed by the concept of intersectionality, in the implementation of all dimensions of the NHS. For instance, applicants to funding streams should be required to demonstrate how they have applied a GBA+ lens to their development plans, including how their developments will meet diverse adequacy needs. This will necessitate meaningful and ongoing engagement with people with LE.

Recommendation 7

The NHC can and should model - and become a stronger voice for - centring diverse LE in the development, implementation, and ongoing monitoring and evaluation of housing-related supports and programs.

Recommendation 8

The NHC should carefully extract recommendations put forward by people with LE and commission their engagement in developing accountability mechanisms to help combat the problem of important reports collecting dust on shelves rather than being realized in practice.

Recommendation 9

The NHC should work with people with LE to develop recommendations about how the implementation of the NHS, and the work of the NHC, will be accountable to people with LE moving forward.



INTRODUCTION

The dismantling of homeless encampments across the country amidst the ongoing COVID-19 pandemic, the high cost of rent, and the use of ‘renovictions’ and ‘demovictions’ to circumvent caps on rent increases, have re-focused attention on the urgency of advancing the right to housing, a commitment laid out in the National Housing Strategy (NHS, 2018), which establishes “the right of every Canadian to access adequate housing” (p. 8). This commitment aligns with Canada’s commitments to:

- The United Nations International Covenant on Economic, Social and Cultural Rights,¹
- The United Nations Declaration of Human Rights, which includes the right to housing (Monari, 2020; Shoemaker et al., 2020; WHO, 1986); and
- The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which affirms the right of Indigenous Peoples to self-determination, including in relation to housing.²

The right to housing, which we discuss in more detail below, demands centring the expertise of people with lived/living experience of homelessness and/or core housing need (people with LE), who understand uniquely what happens when housing is unavailable, unaffordable, and/or inadequate. Their expertise makes them important policy actors because their experiences reveal varied and essential knowledge that is critical for finding ways forward in realizing housing as a human right.

This report presents the results of an analysis of nearly 300 research articles, reports, and community housing and homelessness plans and needs assessments where the knowledge of people with LE is evident. The purpose of this report is to make recommendations about improving the National Housing Strategy (NHS), and about how to better learn from the knowledge of people with LE in housing-related research, policy, and planning moving forward.

Alongside the commitment to housing as a human right, the principles of the NHS include prioritizing the housing needs of those who most need housing: women and children, including those fleeing violence; seniors; young adults; Indigenous Peoples; people with disabilities; people dealing with mental health and addiction issues (which we discuss throughout this report as people with psychiatric labels and/or who use substances); veterans; people who identify as LGBTQ2+; racialized groups; recent immigrants, especially refugees; and people experiencing homelessness (Canadian Mortgage and Housing Corporation, 2018). Three things are important about this list and have informed

1. Canada ratified the United Nations International Covenant on Economic, Social and Cultural Rights in 1976. The Covenant includes “...the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing...” (Article 11.1, 1966, p. 4).

2. UNDRIP affirms Indigenous Peoples’ right, “without discrimination, to the improvement of their economic and social conditions, including...[in] housing...” (Article 21.1, 2007, p. 17) and “to determine and develop priorities and strategies for exercising their right to development... [including related to] housing and other economic and social programmes affecting them...” (Article 23, 2007, p. 18). In 2021, Canada passed the United Nations Declaration on the Rights of Indigenous Peoples Act, which “(a) affirm[s] the Declaration as a universal international human rights instrument with application in Canadian law; and (b) provide[s] a framework for the Government of Canada’s implementation of the Declaration” (2021, s.4).

dimensions of our report. First, people with LE who identify with one or more of these social identities should be prominent actors in housing research, policy, and planning. Throughout this report, we highlight why this is so important and how it could be advanced. Second, people with LE who identify with one or more of these social identities have been subjected to intersecting systems of oppression - colonialism, (hetero)sexism, racism, ableism, and classism among them. This means that efforts to achieve housing as a human right must also grapple with broader systemic issues that produce and reproduce homelessness and core housing need, which we try to do through our analysis and recommendations.

Third, and related, **Indigenous Peoples with LE have unique rights to self-determination, rich knowledge systems, and ongoing experiences with colonialism that demand unique consideration when advancing strategies for achieving the right to housing.** Thistle

(2017), citing the 2012 definition of Indigenous homelessness put forward by the Aboriginal Standing Committee on Housing and Homelessness (2012), specifies that: “Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews” (p. 6). Leviten-Reid and Parker (2018) also argue that in order to address barriers to accessing housing and housing supports there must be a shift towards integrating Indigenous knowledges (p. 479). These calls are supported by others who make a compelling case for unique Indigenous-controlled models for addressing unmet housing needs (Baspaly et al., 2021), and who highlight the urgency of centring the knowledges and LE of Indigenous Peoples in both the National Housing Strategy (e.g., Gaetz et al., 2016) and the National Housing Council (Paradis, 2018). We therefore emphasize the knowledge of Indigenous Peoples with LE throughout the report, including in the Conclusions and Recommendations section.

Indigenous Peoples with LE have unique rights to self-determination, rich knowledge systems, and ongoing experiences with colonialism that demand unique consideration when advancing strategies for achieving the right to housing.

The analysis presented in this report is guided by interrelated theoretical and practical commitments, including: recognizing the expertise of people with LE; the right to housing (NHS, 2018; Farha & Schwan, 2020; Office of the High Commissioner of Human Rights, 1991); and intersectionality (Crenshaw, 1989; Collins & Bilge, 2020). Our commitment to recognizing the expertise of people with LE means centring their knowledge. To this end, our emphasis throughout the report is on LE-identified definitions, needs, strategies for engagement, and so on. Using a right to housing lens means recognizing all people - including those who are experiencing homelessness - as rights holders, making affordable and adequate (that is, accessible, free from discrimination, and appropriate) housing available for all, and interrogating and working to redress the causes of inadequate housing (Farha & Schwan, 2020). We consider the importance of the right to housing throughout our report. Ultimately, our analysis reveals that a right to housing lens helps to uncover structural factors that precipitate housing insecurity and homelessness, such as immigration status (Forchuk et al., 2022; Teixeira, 2014), gender-based inequities (Lazarus et al., 2011; Singer, 2004; Schwan et al., 2021), the stigmatization of people who use substances and/or have psychiatric labels (Fleming et al., 2019; Lachaud et al., 2021), colonization (Baskin,

3. The seven dimensions of adequate housing outlined by the Office of the High Commissioner of Human Rights (1991) include: (a) legal security of tenure; (b) availability of services, materials, facilities and infrastructure; (c) affordability; (d) habitability; (e) accessibility; (f) location; and (g) cultural adequacy. In addition to our emphasis on accessibility, appropriateness, affordability, and freedom from discrimination, our analysis touches on other dimensions of this definition.

2007), and a scarcity of actually affordable housing (Baskin, 2007; Forchuk et al., 2022; Gaetz et al., 2016; Lazarus et al., 2011; RAPSIM, 2016), points to which we return below.

Black legal scholar Kimberlé Crenshaw coined the term intersectionality (1989) as a way of articulating the experiences of Black women seeking justice. The concept helps to reveal that “inequities are never the result of single, distinct factors. Rather, they are the outcome of intersections of different social locations, power relations and experiences” (Hankivsky, 2014, p. 2). Intersectionality as a concept is used as a theory, a praxis (Collins & Bilge, 2020), and a way of examining public policies (Hankivsky et al., 2014). In this report, we use intersectionality in all these ways. In our findings, we highlight how housing-related needs vary and are created differently for different equity-deserving groups. Our commitment to intersectionality as a praxis is linked to our commitment to recognizing the expertise of people with LE, who are often excluded from policy conversations through systems that mark them as undeserving. Finally, our recommendations about how the NHS can be improved are informed by an intersectional approach to public policy, which seeks to reveal and rectify the uneven impacts of the application of policies in peoples’ lives.

Drawing on existing literature and reports that describe the experiences of people with LE, we make recommendations about improving the National Housing Strategy (NHS) so that the right to housing is realized, including for those most in need of housing across the country. This report contributes to the National Housing Council (NHC) Working Group (WG) focused on improving the NHS. Established through the National Housing Strategy Act (NHTA), 2019, the mandate of the NHC is to “6(1)...[further] housing policy and the National Housing Strategy by (a) providing advice to the Minister, on its own initiative or at the request of the Minister, including, among other things, on the effectiveness of the National Housing Strategy...” (NHTA, 2019, s. 6(1)).

The NHC established three priorities for its work in 2021-2022, including Progressive Realization of the Right to Adequate Housing; Improving the NHS; and Urban, Rural and Northern Indigenous Housing (Communiqué from the National Housing Council, 2021). This report complements other reports completed to serve the NHC WG on improving the NHS, such as Analysis of Affordable Housing Supply Created by Unilateral National Housing Strategy Programs (Beer et al., 2022). In the pages that follow, we synthesize information from 268 publicly available studies and reports and 20 municipal and regional community housing and homelessness plans that describe LE related to housing affordability and adequacy; access to housing supports; and unmet housing needs. We also highlight promising practices for centring people with LE as experts in research, policy, and planning by synthesizing findings from the 51 documents included in our analysis that engaged with people with LE beyond as research subjects. Finally, we offer four overarching conclusions, as follows:

- LE knowledge is essential to fulfilling the goals of the NHS and realizing the right to housing. As such, LE knowledge must be prioritized in housing-related research, policy, and planning
- Deep affordability and adequacy measures are necessary for realizing the right to housing
- Advancing the right to housing requires applying an intersectional lens
- Recommendations from people with LE already exist; the NHS must be accountable to their realization

These are accompanied by nine recommendations, which emphasize how LE knowledge, a commitment to intersectionality, Indigenous-specific initiatives, and better monitoring and accountability mechanisms, can advance the right to housing for those most persistently excluded.

APPROACH

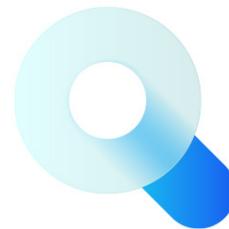
To produce this report, our team undertook a secondary analysis of publicly available research and reports where people with LE of homelessness and/or core housing need were - at minimum - involved as research subjects. A primary benefit of this approach is that it avoids the trap of over-researching - and the associated risk of re-traumatizing - historically marginalized groups while failing to recognize their agency or incite meaningful social change. However important, this is still a minimal step towards realizing the expertise of people with LE in housing and homelessness policy such as the NHS. However, after initial discussions with the NHC WG, we decided that this was the most appropriate approach for this report because of the limited time available,⁴ and because of ongoing pandemic-related challenges facing people with LE and community organizations that work with people with LE.

Search Strategy

Our analysis is based on studies and reports uncovered through a robust search strategy, designed to uncover as many studies and reports as possible that contain information about the housing-related experiences of people with LE. The result was a broad review of published academic research and community reports, as well as municipal and regional housing and homelessness community plans and needs assessments.

Step 1: General and refined academic search

We began by developing a large list of research databases, journals, researchers, and key search terms based on our collective knowledge of the field. Based on an initial scan of the literature using the broad parameters we developed, we refined and limited our search to six key databases, including: Scholars Portal Journals; Canadian Business and Current Affairs Database; Political Science Database; Nursing & Allied Health Database; Public Health Database; and Sociology Database. Within each of these databases, we ran targeted searches with diverse combinations of key terms to uncover as many relevant documents as possible. Using the 'advanced search' function in all databases, we narrowed our search to documents focused on Canada, homeless⁵ or core housing need, and lived/living experience or expertise. We then used secondary and tertiary search terms (including related derivatives⁶) to identify research with specific populations, including: youth, lone parent families, 2SLGBTQ+ folks, Indigenous Peoples, Black people, racialized people, newcomers (including immigrants and refugees), people with disabilities, people living with poverty, people with psychiatric labels, and people who use substances. We conducted



4. Discussed in more detail below, relationship-building and reciprocity are important dimensions of engaging with people with LE.

5. In keyword searches, using an "*" at the end of a word returns results of all terms with the same root. For example, searching for "homeless*" returns all documents that include the word "homeless" or "homelessness".

6. For example, searches for research about youth also include the terms, "young", "adolescent", and "teen*".

repeated searches in each database until we were uncovering multiple duplicate articles, at which point we determined that we had uncovered most of the relevant research available. We limited the search to documents produced since 2000, and by focusing on documents published in English.

Step 2: Targeted search and outreach

We also gathered relevant academic research and community reports using a variety of additional searching and outreach efforts. This included:

- Searching the reference lists of studies identified in Step 1 to uncover additional research.
- Undertaking a small, targeted search for relevant French language documents
- Undertaking additional targeted searches to fill gaps in our findings (for instance, to locate studies explicitly about the experiences of newcomers).
- Undertaking targeted searches of websites that focus on issues related to housing and homelessness, including: The Homeless Hub and The Canada Mortgage and Housing Corporation.
- Reaching out to organizations and academics working in the housing and homelessness sector to invite them to send us additional reports that they had created or of which they were aware.⁷
- Searching online for housing and/or homelessness community plans and housing needs assessments prepared by municipalities or regions across Canada.



Step 3: Inclusion review

We reviewed the abstract or executive summary of 371 documents gathered in steps 1 and 2, including research articles, e-books, government reports, and community-based research reports. This also included 58 housing and/or homelessness community plans and housing needs assessments. These documents were reviewed for inclusion using three criteria:

- Was the document authored by people with lived/living experience of homelessness and/or core housing need (people with LE)?
- Were people with LE involved in the research beyond as subjects?
- Are data from people with LE included in the research?



For a document to be included in this report, we had to be able to answer ‘yes’ to at least one of the above questions. Through this review, we identified 268 documents and 20 housing and/or homelessness community plans and needs assessments to include in our analysis. Of these, only 51 included LE researchers, or people with LE beyond as research subjects. Most of these 51 were research studies or reports. Just seven (of 20) community plans and needs assessments that met our inclusion criteria clearly stated that people with LE were included beyond as participants in general consultations.

7. Thanks to our colleagues at the Canadian Urban Institute who helped to facilitate this step through the survey they conducted as part of their work for the NHC WG.

The final set of 288 documents that we report on here includes 288 primary academic research, secondary analyses of data gathered with people with LE, research undertaken by community organizations, and municipal and regional housing and/or homelessness community plans and needs assessments. Besides documents included in our analysis, we retained several documents that we used to inform the context of this report, such as those that articulate the right to housing, that highlight pressing challenges facing Indigenous Peoples, or that report on general details about the state of homelessness and/or core housing need in the Canadian context.

Analysis Framework

After a document was identified for inclusion, we reviewed it more carefully using a framework we developed by: considering the needs of the NHC WG; drawing on our knowledge of the field; and working collaboratively with two advisors with LE, who highlighted important considerations based on their expertise. For instance, they noted the importance of asking whether people with LE shaped the analyses presented in research studies, and of looking for evidence of trauma-informed approaches being used in housing and related service provision.

Besides documenting the author(s), publication year, and other basic details of each included document, we extracted the following information:

- Promising practices related to engaging with people with LE
- Social location/identities of people with LE involved in the research
- Geographic focus
- Definitions and experiences related to affordability and adequacy
- Experiences related to accessing housing supports
- Reported unmet housing needs
- Use of lenses or approaches that align with promising practices and/or the priorities of the NHC, including: the right to housing, systems approaches, and trauma-informed approaches

In our findings, we offer a combination of general and specific insights. We pay particular attention to knowledge presented in the 51 documents where people with LE were engaged as more than research subjects.



Limitations

The NHC “is committed to engaging with those in greatest need, including people with lived experience of housing need and homelessness, to ensure their voices are heard by policy makers” (Communiqué from the National Housing Council, 2021). Despite this commitment, which is also core to our commitments and practices, a limitation of this report is that we were unable to work collaboratively with people with LE in designing our approach, or to solicit LE knowledge specifically in relation to the NHS. Doing so could have revealed important additional information since the NHS is very rarely mentioned directly in the documents we reviewed. Primarily, it is alluded to through discussions of regional HF programs, or in relation to the former Homelessness Partnering Strategy (HPS) (Canham et al., 2019, 2018; Teixeira and Drolet, 2016; Fleury et al., 2014); mentioned in community plans and needs assessments, though not comprehensively; or invoked in discussions about how the NHS should support particular groups, such as Indigenous Peoples, women, people living with disabilities, and seniors (Ion et al., 2018; Leviten-Reid and Parker, 2018; Gaetz et al., 2016).

Meaningful engagement with people with LE requires grounding engagement in reciprocal, long-term relationships, which move beyond participation as knowledge extraction towards models of co-creation and partnership. In turn, this requires a commitment to foregrounding LE knowledge at all stages of project development, through participation in the conceptual stages of a project and mutual negotiation of project parameters and boundaries. While the research team on this project includes individuals with LE of homelessness and/or core housing need, and researchers with relationships with LE communities, the operational constraints governing this report made it impossible to engage in an approach we would describe as full LE collaboration and knowledge co-creation.

Meaningful engagement with people with LE requires grounding engagement in reciprocal, long-term relationships, which move beyond participation as knowledge extraction towards models of co-creation and partnership. In turn, this requires a commitment to foregrounding LE knowledge at all stages of project development, through participation in the conceptual stages of a project and mutual negotiation of project parameters and boundaries.

To help mitigate these limitations, we paid careful attention in our analysis to research and reports that were explicit about the engagement of people with LE beyond as research subjects. As we discuss in our review of promising practices, LE knowledge offers leadership, not only in terms of understanding homelessness and core housing need, but also in moving towards the progressive realization of the right to housing across Canada.

For the NHC to fulfill its mandate in relation to LE engagement, it is essential that promising practices for engaging with people with LE are taken up in future efforts to inform the NHS. We also recommend that the NHC examine how organizational practices with respect to timelines, budgets, and information management protocols can best facilitate the involvement of people with LE of homelessness and/or core housing need in policy development.

Another limitation is that our approach to gathering housing and homelessness community plans and needs assessments was not exhaustive, and therefore represents only a subset of existing community reports that are used to inform local planning and policymaking. 38 of the 58 plans and assessments we gathered were screened out due to a lack of clear indication of whether and/or how people with LE were engaged in their development. However, we cannot say with certainty that people with LE were not involved in some capacity in those communities or regions. Yet, even with the limited sample and working with the information provided in community reports themselves, we can glean important

insights to inform future research directions and policy and planning practice.

Two final limitations merit mention. One is that our approach did not evaluate the quality of the studies we included, nor weight them according to their number of participants. As a result, we have not commented on the quality of the included studies and reports. However, the fact that we selected studies based on the role of people with LE in the research suggests that at minimum, all the findings we discuss below are informed by LE knowledge, which is an important indicator of quality. The other is that our approach did not reveal extensive information related to the ongoing consequences of the COVID-19 pandemic for people experiencing homelessness and/or core housing need, even though we know that the pandemic “has magnified the broad spectrum of health and social harms faced by individuals experiencing and at risk of homelessness” (Peri and Sohn, 2022), and exaggerated housing-related challenges for various groups, including women fleeing violence (McLean and Wathen, 2022), and people living with poverty (Pin et al., 2021). Moving forward, it is essential to consider how efforts to advance the right to housing can account for the additional harms caused by the pandemic and corresponding policy responses.

FINDINGS

Our findings include a general summary about the state of homelessness and core housing need in Canada that we can conclude from the documents we reviewed, and about the extent to which the expertise of people with LE are reflected in existing research and reports. On this point, we also draw on a limited but growing supplementary body of literature to offer some key promising practices related to meaningful engagement with people with LE. Aligned with our analytical framework, we go on to describe what we learned from the documented experiences of people with LE in terms of housing affordability and adequacy; access to housing-related supports; and unmet housing needs.

General Findings

Homelessness and core housing need are URGENT problems across Canada, especially for individuals and families with very low incomes, and for members of historically marginalized communities, including Indigenous Peoples, Black and other racialized people, people with disabilities, and members of LGBTQ2S+ communities, who are overrepresented in the homeless and core housing need population compared to the general Canadian population (Claveau, 2020; Statistics Canada, 2021). Peoples’ struggles with homelessness and/or core housing need have deep and long-lasting impacts on their physical and mental health and wellbeing. The literature we reviewed recognizes the structural inequities and systems of oppression that create this situation; however, many studies still concentrate on individual determinants of homelessness. For instance, many studies we reviewed focused on people with psychiatric labels and/or who use substances, as opposed to targeting extreme poverty, unemployment, racism, a shortage in the supply of affordable and adequate housing, and other structural causes of homelessness and/or core housing need. This emphasis risks undermining attention to the structural causes of homelessness and housing precarity (Gerrard, 2016; Cronley, 2010; Pleace & Qulgars, 2003).

Because of the oppressive systems and resulting circumstances that lead to core housing need and homelessness, there is a growing emphasis on the use of and need for trauma-informed housing support systems, especially for youth (Côté, 2021,2019; Doucet, 2018; Fast et al., 2018; Gaetz 2016a, 2016b; Karabanow, 2018, 2008; Kidd et al., 2020, 2019a, 2019b, 2016; Klodwasky et al., 2006; Schwan et al., 2018), women (Kahan et al., 2019; Fortheringham et al., 2014; Latchford, 2006; Marshall et al., 2021; Milaney et al., 2020a; Schmidt et al., 2015; Shier and Graham, 2011; Bernas et al., 2019; Schwan et al., 2021), transwomen (Sakomoto et al., 2010; Schwan et al., 2021), families, seniors (Grenier et al., 2021; Humphries and Canham, 2021; Milaney et al., 2020b; O’Neil et al., 2021), people who use substances (Jacob et al., 2021; Patterson et al., 2013), people with psychiatric labels (Kerman and Sylvestre, 2019; Monari et al., 2020), and Indigenous Peoples (Bingham et al., 2019, 2018; Shier and Graham, 2011; Schmidt et al., 2015; Bernas et al., 2019).

A small number of pan-Canadian studies have been important for informing a lot of research in this area. These include the Canadian Housing Survey (Statistics Canada, 2021); the pan-Canadian housing & homelessness survey of women and gender diverse people (Schwan et al., 2021); the Canadian State of Homelessness Report (Gaetz et al. 2016a); and Without a Home: The National Youth Homelessness Survey (Gaetz et al., 2016b).

There is a heavy emphasis within the included documents on Housing First (HF) as a supportive housing model. This is not surprising given its place of prominence in federal homelessness initiatives. 53 of the studies we reviewed assessed the effectiveness of HF in meeting the housing needs of program participants. According to these studies, the HF model is more effective than other models of supportive housing. However, the HF model is most effective when tailored to the specific and unique needs of service users, and when they are provided with holistic support, including health, financial and social programs. Further, and as we discuss in more detail below, there are limits to the HF model that must be taken seriously. It is also worth noting that within these articles, explicit references to housing as a right were less frequent. Although the right to housing with no preconditions is one of the core principles of HF as a program model and philosophy, this presupposition was not expanded on in the HF-focused literature.

The 288 included documents focus on different, albeit sometimes overlapping, groups of people. Table 1 provides an overview of the social identities of focus in articles and reports where people with LE were engaged beyond as subjects. Many of the articles and reports we reviewed included demographic information of participating people with LE, but these unique identities were not included in the articles’ subsequent analyses. The size of the participant pool across the literature and documents we reviewed varied widely from an individual account of one person’s experience to studies with more than 500 participants.

The Role of People with LE Beyond as Research Subjects

# of documents where people with LE were involved as more than research subjects	51
# of these focused on women and gender diverse people	11
# of these focused on newcomers, including immigrants and refugees	0
# of these focused on people who use substances and/or have psychiatric labels	5
# of these focused on youth	11
# of these focused on Indigenous Peoples	5
# of these focused on adults who identify as LGBTQ2S+	1
# of these focused on older people	0
# of these focused on men	1
# of these focused on families	3
# of these focused on diverse social identities	14

The Role of People with LE of Homelessness and/or Core Housing Need in Shaping Housing-Related Knowledge

Across the documents compiled for this review, people with LE were rarely engaged beyond as research subjects. In a large majority (> 80%) of the documents we reviewed, LE was presented through the data collection undertaken by researchers and analyzed without apparent further input or inclusion of people with LE. Altogether, only 51 of 288 included documents engaged with LE in more generative ways,⁸ 44 of these were uncovered through the literature review. The rate of inclusion of LE beyond as research subjects or passive participants was higher in the sample of community plans and needs assessments (7 out of 20). However, all seven were homelessness plans, and none were needs assessments or housing-specific plans.

Most community plans and needs assessments involved people with LE as participants through interviews, focus groups/design labs, community events, or surveys. Some of the surveys mentioned were broader public surveys, which in many cases did not disaggregate the results to identify the number of respondents with LE of homelessness and/or core housing need. The lack of disaggregated primary data was common in these plans and reports, creating little transparency about whose voices were included in the planning process. Further, many of the reports and plans gave no indication as to whether or which of their findings and recommendations came directly from people with LE. If they were included at all, the perspectives of LE were ostensibly lumped in with those of the “community”, a seemingly catch-all term used for anyone who was consulted but was not a service provider, funder, or government official. This leaves the perspectives of people with

8. It is possible that other studies we looked at included people with LE, but that this was not noted in the study or report. We hope that whenever possible, the work and knowledge of people with LE has been made visible in the documents we reviewed.

LE at risk of capture or erasure by being grouped with other community members' interests. Without direct attribution to people with LE, there is no avenue for public accountability to ensure that their interests, priorities, and needs are being met through local planning goals, actions and indicators.

We grouped the 44 articles and seven community plans engaged with people with LE beyond as research subjects into one of four approaches, organized from most to least intensive engagement: LE authorship; LE participation throughout the project; LE participation through follow-up interviews and member-checking; and LE participation in recruitment and data collection.

LE authorship

Sesula & Kassam (2014) authored an article on barriers to receiving mental health services, with Kassam sharing LE of mental health barriers. Chapple (2016) is an LE author who led a survey of the homelessness experiences of LGBTQ2S+ adults. Leblanc (2021) wrote from her own LE, in conversation with her research with people experiencing rough sleeping, to highlight the ways that this population is invisible within Québécois housing policy. The Parkdale People's Economy (2018) created a guide about the realities of displacement in the Toronto neighbourhood, community-led research, and policy recommendations. Voronka et al. (2014) are authors with LE who study explored experiences with mental health supports using LE narratives.



Ongoing LE participation

In Brown et al. (2007), researchers involved Indigenous youth with LE of homelessness and child welfare involvement in shaping research aims and study questions, carrying out and guiding recruitment, and engaging in data analysis and revision of the findings (p. 57). Kidd et al. (2019a; 2019b) engaged youth peer leaders in all aspects of study design through to knowledge dissemination regarding transitions out of homelessness for youth. Nichols & Braimoh (2018) hired youth as researchers as well as participants, employing a participatory action research approach. In this study, youth with LE also interviewed service providers (Ibid.). Paradis (2017) employed and trained women with LE and provided material supports for them to participate as recruiters, workshop facilitators, and developers of policy recommendations. Similarly, Lewis (2016) worked with LE communities through recruitment, development of an accessibility plan, and knowledge mobilization.

Phipps et al. (2021) carried out research by a team of academic and community researchers based in Owen Sound on rural housing precarity and homelessness, in partnership with other community advisory groups in the area. Phipps & Masuda (2018) carried out a participatory research project with tenants living in urban and rural areas of Ontario, supporting LE leadership of research. Schwan et al. (2021) involved peer researchers and people with LE in designing and piloting survey questions in their study of women's and gender diverse peoples' housing and homelessness-related experiences. People with LE were also involved with data collection, data analysis, and knowledge mobilization (Ibid.). Two popular media sources we uncovered featured LE testimony. In a 2018 blog post, Dene artist Michael Fatt discusses his individual LE navigating homelessness, surviving the 60's scoop and drug use, and artwork he creates is shared in support of his narrative. In a blog post from Ferguson (2021), the testimonies of people with LE of living in encampments are mobilized to push the City of Toronto to call for a moratorium on encampment clearings.

A small number of studies reported on using participatory approaches but did not elaborate on how people with LE were involved at all stages of the research process (Fotheringham et al., 2014; Forchuk et al., 2022).

Four community homelessness plans engaged people with LE throughout the planning process through the development of LE advisory groups or committees. This included the Intersectional Gender-Based Strategy to End Homelessness in Winnipeg (Bernas et al., 2019); the Community Plan to End Homelessness in the Capital Region 2019-2024 (Greater Victoria Coalition to End Homelessness, 2019); Kelowna’s Journey Home Strategy (Turner, 2018); and End Homelessness Winnipeg’s 5-Year Plan 2020-2025 (2019). Some of the plans also involved people with LE in reviewing and analyzing information and formulating recommendations, and/or in data collection roles such as hosting LE focus groups and dialogues (Bernas et al., 2019). Winnipeg’s Intersectional Gender-Based Strategy to End Homelessness (Bernas et al., 2019) provided the most comprehensive breakdown of the participation of people with LE at each stage of the project, including striking a First Voice Advisory Committee which had representation on, and veto power over, the larger project Steering Committee’s decisions and recommendations.

LE participation through interviews and member checking

Benbow et al. (2019; 2011) involved participants in their research about mothering and homelessness in follow-up interviews to provide feedback on the research team’s interpretation and analysis of data, to “co-construct knowledge and shared understandings” (Benbow et al., 2019, p. 181). Brais & Maurer (2021) attempted to carry out follow-up interviews, though only one participant showed up. Nelson et al. (2016) invited LE interviewees to provide feedback on a draft report of findings. Thulien et al. (2018) engaged youth with LE in consultation on themes emerging from research data on social integration and homelessness, including informing interpretations of research data.



LE participation in recruitment and data collection

In Abramovich’s 2021 study, youth research participants were supported by peer support workers, who facilitated recruitment and contributed to data collection materials. In another study by Abramovich (2019), LGBTQ2S+ youth with LE of housing precarity were involved, however this was limited to the data collection stage. The Conseil Jeunesse de Montréal is a youth-led organization which undertook consultations with people with LE of housing instability aged 12-30 to draft a report on housing realities in the city (2016). Consultations were also carried out as part of Saskatoon’s Community Plan 2019-2024 for Reaching Home funding (2019). This was the only Reaching Home plan of the 14 we reviewed that detailed LE engagement. Their approach involved an iterative housing sector mapping process with community and housing sector meetings, consultations, learning events, and work specifically with Indigenous Peoples and youth with LE of homelessness, including iterative mapping exercises.



In Fleming et al. (2019), peer research assistants recruited participants to explore evictions in Vancouver. In Grewel et al. (2021), eight participants with LE participated in brainstorming and building an understanding of barriers for people with LE navigating diabetes (p. 6). Hwang et al. (2003) trained people with LE of rooming houses to administer surveys with their peers to explore housing and health within rooming houses in Toronto. Kennelly (2015) used visual/video data collection with participants to explore experiences of youth during Vancouver's Olympics. Logan & Murdie (2014) used a photovoice approach to collect data on Tibetan newcomer experiences in Toronto. Somers et al. (2013) engaged people with LE in focus groups to inform the relevance of research, grant application, and research design. Werschler & Ronis (2015) recruited 3 youth from their research sample and trained them to undertake data collection on needs of young men at risk of homelessness in Fredericton, New Brunswick. A few other studies created advisory groups of people with LE to inform their research (Leviten-Reid et al., 2020; Sakamoto et al., 2010; Stewart et al., 2010).

Promising practices for LE engagement

The scarcity of articles that involved the engagement of people with LE beyond as research subjects demonstrates that barriers remain for people with LE to inform understandings of housing and homelessness in Canada. Although limited, there is a growing body of literature authored by people with LE that offers important insights about how to appropriately engage with and centre the knowledge of people with LE. LE scholar Nelson (2020, 2016) outlines the difficulties present in structuring and organizing LE knowledge around homelessness in a Canadian context while maintaining the imperative to do so if we wish to act to ensure the right to housing. Literature that involves building capacity for LE engagement, some of which is discussed above, highlights an area of promising practice for shifting from the common practices of excluding and invisibilizing LE knowledge in research (Nelson, 2020; Yarbrough, 2020), to centring people with LE as knowledge holders.



Other LE scholars point out that recognizing the material and social support required by people with LE to be able to fully participate as collaborators rather than subjects, holds significant promise for transforming knowledge creation spaces to not only include LE knowledge, but mobilize its value to transform responses to homelessness. Promising practices for research that ensure people with LE are at the core of data collection include mobilizing participatory, community-based and narrative methods, and training peer researchers (Frederick, Daley & Zahn, 2018; Lewis, 2016). Approaches that engage people with LE throughout all phases of research and knowledge mobilization, and that prioritize opportunities for non-traditional outputs that are important to communities, are also important.

For communities most impacted by intersecting experiences of systemic discrimination and housing precarity, including Indigenous communities, Black and racialized communities, LGBTQ2S+ communities, and those with psychiatric labels (Akome et al., 2008, Andrews & Heerde, 2021, Tuck & Yang, 2014), self-determination and LE leadership in research are key to ensuring knowledge is grounded in community. Albeit sparse, the growing body of research led and authored by people who are most impacted by homelessness (Cataldo et al., 2021; Jarrett, 2016; Loignon et al., 2018; Malenfant & Smith, 2021) demonstrates a shift from LE engagement as research subjects to people with LE as offering leadership on ways forward, not only in terms of understanding homelessness and core housing need, but also in terms of realizing the right to housing across Canada.

For communities most impacted by intersecting experiences of systemic discrimination and housing precarity, including Indigenous communities, Black and racialized communities, LGBTQ2S+ communities, and those with psychiatric labels, self-determination and LE leadership in research are key to ensuring knowledge is grounded in community.

The Housing-Related Experiences of People with Lived Experience of Homelessness and/or Core Housing Need

As noted earlier, the principles of the NHS include prioritizing the housing needs of those who most need housing, including: women and children; those fleeing violence; seniors; youth; Indigenous Peoples; people with disabilities; people with psychiatric labels and/or who use substances; veterans; people who identify as LGBTQ2+; racialized groups; recent immigrants, especially refugees; and people experiencing homelessness (Canadian Mortgage and Housing Corporation, 2018).

Much of the literature we reviewed touched on dimensions of affordability and adequacy - including accessibility, freedom from discrimination, and appropriateness - of housing options. There were few explicit LE-derived definitions of these terms in the literature. Thus, the discussion of each dimension provides an opportunity to reflect on the compatibility of externally derived definitions with LE knowledge, and how LE knowledge challenges and extends these definitions.

Affordability

One of the complementary reports prepared for the NHC WG on the NHS (Beer et al., 2022) emphasizes how the housing supply created by unilateral NHS funding programs suffers from problematic definitions of affordability. While the NHS defines affordability, with respect to housing, as spending 30% or less of gross household income on direct housing costs, federal NHS housing supply initiatives generally use definitions of affordability tied to average market rents, rather than income. As Beer et al. (2022) note, despite affordability being a mandated criterion for participation in these programs, few units of housing created through these programs are affordable for people experiencing homelessness or core housing need (p. 4).

In the documents we reviewed, people with LE discussed the need to advance housing affordability using strategies and definitions that meaningfully relate to the needs of people experiencing homelessness and/or core housing need. This should include at least:

- Recognizing multiple levels of affordability including the provision of deeply affordable housing at 50% or less of average market rates for those on low and/or fixed incomes (Kerman et al., 2019; PPE, 2018);
- Recognizing and legalizing diverse types of affordable housing such as rooming houses (Hwang, 2002; PPE, 2018);
- Emphasizing the importance of investments in non-market social housing options including supportive housing, government-funded subsidies and rent-geared-to-income (RGI) housing (Leviton-Reid et al., 2020); and
- Developing and implementing the NHS' National Housing Benefit in collaboration with LE knowledge holders to provide direct rent supplements for people experiencing homelessness and/or core housing need (Stergiopoulos et al., 2017).

Much of the literature we reviewed touched on dimensions of affordability and adequacy - including accessibility, freedom from discrimination, and appropriateness - of housing options. There were few explicit LE-derived definitions of these terms in the literature. Thus, the discussion of each dimension provides an opportunity to reflect on the compatibility of externally derived definitions with LE knowledge, and how LE knowledge challenges and extends these definitions.

Almost all accounts of LE knowledge in relation to affordability focused on the affordability of rental units, consistent with data that supports that those experiencing homelessness and/or core housing need are predominantly tenants, who tend to have lower incomes and less secure housing (Bunting, 2004) than homeowners. However, some literature about LE knowledge of affordability and the experiences of older people articulated affordability concerns in relation to home ownership as well (Weeks, 2010).

Unsurprisingly, in research foregrounding LE knowledge, affordability was discussed as a major barrier to obtaining stable housing. Accounts from people experiencing homelessness discussed an absence of affordable housing as a major barrier to exiting homelessness (Conseil Jeunesse de Montréal, 2017; Doucet et al., 2018; Hill et al., 2020; Kennelly et al., 2015; Lazarus et al., 2011; Piat et al., 2012; Young et al., 2017). A number of contributions noted the direct relationship between insufficient social assistance rates and homelessness, as income assistance levels leave recipients unable to afford market-rent housing, oscillating between homelessness and inadequate, temporary housing arrangements (Jadidzadeh and Kneebone, 2018; Kennedy et al., 2016; Meij et al., 2020; Voronka et al., 2017; Waldbrook, 2013). Leviten-Reid and Parker (2018) describe the inadequacy of social assistance rates as being implicated in a housing “crisis” for non-senior single low-income adults.

Several articles highlighted the acuity of housing affordability concerns for recent immigrants and refugees settling in Canada (Brown et al., 2016; Carter et al., 2009; Francis et al., 2014; Hiebert et al., 2017; Ives et al., 2014; Logan and Murdie, 2014; St. Arnault and Merali, 2021; Sylvestre et al., 2017; Walsh et al., 2015). Specific factors identified by LE participants as affecting the ability of recent immigrants and refugees to afford housing include insufficient income, difficulty obtaining employment without Canadian work experience, a lack of local credit history, and the absence of familial networks to provide income support. Below, we discuss further how the unmet housing needs of newcomers create particular challenges for them.

Other literature emphasized unique affordability-related challenges for youth, particularly youth with limited connection to family support and/or aging out of care (Conseil Jeunesse de Montréal, 2017; Doucet et al., 2018; Kennelly et al., 2015; Kidd, 2019; RAPSIM, 2016; Schwan et al., 2018). Barriers for youth included a lack of credit history, low-incomes, and the presence of psychiatric labels that made securing educational and employment opportunities difficult. Women (Jones, 2015; Kahan, 2019; Paradis et al., 2017; Schwan et al., 2021) can also face particular housing affordability barriers, and are more likely to experience core housing need, especially low-income women, disabled women, lone mothers, and Indigenous women (Jones, 2015; Schwan et al. 2021). The Calls for Justice emerging from the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) repeatedly emphasize the essential role of safe and affordable housing in addressing the crisis of MMIWG (Reclaiming Power and Place, 2019). Other groups with specific affordability concerns include older adults (Weeks, 2010), students (Sotomayer et al. 2021), and employed single adults working in low-wage jobs (Kahan, 2019). Housing challenges experienced by these groups are discussed further in the *Unmet Housing Needs* Section.

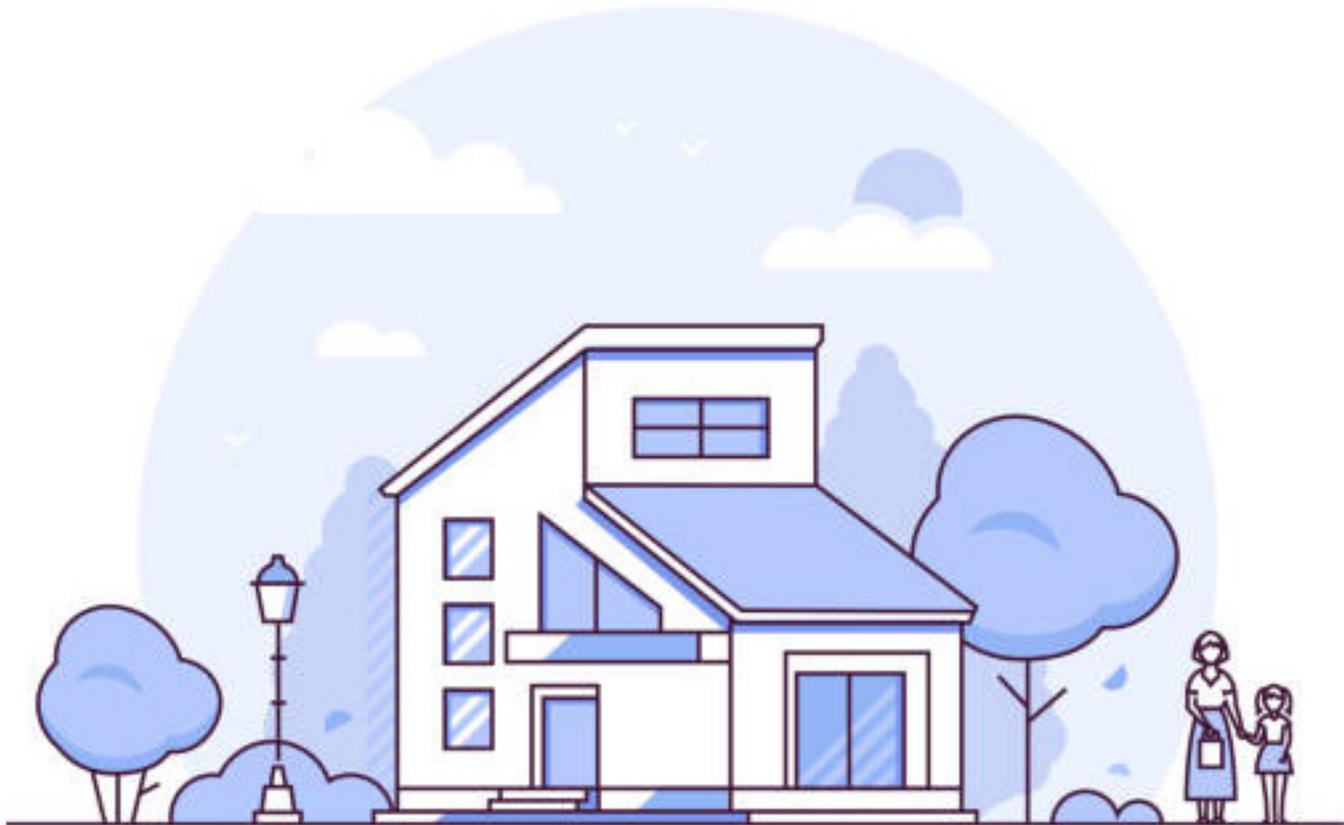
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Common to LE discussions of affordability were the absence of deeply affordable, non-market social housing options as a realistic prospect in the short- or medium- term; and the link between income inadequacy and housing affordability, particularly for those with barriers to employment. Underlying the urgency of the situation, an inability to secure affordable housing was associated with a cascading series of negative impacts on individuals including social exclusion, feeling unsafe in one’s home, and housing accessibility and adequacy issues (Leviten-Reid, et al, 2020).

Adequacy

There were few definitions of housing adequacy stemming from LE knowledge. The LE authored “Tenant Bill of Rights” grounds housing adequacy in terms of rights to safe, secure housing; good quality housing; and social inclusion through participation in decision-making and meaningful activities (Coplan et al., 2015). The Parkdale People’s Economy report (2018), written with LE collaborators, similarly grounds adequacy in units “that are safe, secure, healthy, sustainable, and well-maintained; bound by relationships that respect the rights of tenants; inclusive to all tenants across race, class, gender, and ability; and accommodate the space and tenure needs of tenants” (p. 30). Further, Canada’s recently appointed Housing Advocate highlighted - in her opening remarks - that the definition of housing adequacy and appropriateness must extend beyond considerations of household composition (Houle, 2022). Through our analysis, and building on the LE-derived definitions noted above, we identified three, sometimes overlapping, dimensions of adequacy that received the most attention, including: accessibility, freedom from discrimination, and appropriateness.

The Parkdale People’s Economy report (2018), written with LE collaborators, grounds adequacy in units “that are safe, secure, healthy, sustainable, and well-maintained; bound by relationships that respect the rights of tenants; inclusive to all tenants across race, class, gender, and ability; and accommodate the space and tenure needs of tenants” (p. 30).



Accessibility

While there were few LE-formulated definitions of accessibility, what we did uncover was largely consistent with the above discussion on affordability. The LE-authored “Tenant Bill of Rights” grounds accessibility in access to necessary supports and services and the right to live in an inclusive community free from discrimination (Coplan et., 2015). Similarly, the Parkdale People’s Economy report (2018) defines accessible housing as “units that accommodate all tenants; that provide an accessible application process that does not discriminate based on income and employment status; that enable independent and dignified living for people living with disabilities through universal and/or adaptable design; and that provide access to supports as needed or desired by the tenant based on a continuum of care” (p. 30). Importantly, these definitions adopt a multidimensional view of accessibility that incorporates elements of housing design that impact one’s ability to access housing. Accessibility, location, and cultural adequacy are some of the dimensions of adequacy outlined by the Office of the High Commissioner of Human Rights (1991) that are taken up in the literature we reviewed.

One dimension of accessibility discussed in the literature related to the physical characteristics of the unit. For example, LE knowledge holders with mobility concerns discussed the difficulty of finding units without challenging features, such as stairs (Reynolds et al., 2016; Sylvestre et al., 2018; Weeks, 2010). LE knowledge holders also discussed the importance of the geographic location of affordable private market and/or social housing, especially for those with psychiatric labels and/or complex health needs. In their intersectional gender-based homelessness strategy for Winnipeg, Bernas et al. (2019) note that the built environment should actively contribute to decolonization through creating accessible space for: gatherings; engaging in cultural traditions and ceremonies; and hosting visitors, larger families and intergenerational households (pp. 48-49). Some LE participants



recounted how they needed social housing or supportive housing options, but that these were not readily available, especially in less urban locations (CAMH, 2022; Diaksi, 2012). Others discussed how affordable housing in urban areas was located in areas underserved by public transit and/or distant from key services participants relied on (Marshall et al., 2021; Paradis et al., 2017). This indicates that location, along with the proximate availability of a broad range of services, is a key component of accessibility. Several LE discussions of accessibility noted the difficulty that documentation requirements, such as credit checks, banking information, references, and employment verification (Carter, 2009, Kidd, 2019; Sotomayer et al., 2021), created for accessing rental housing.

Freedom From Discrimination

Another dimension of housing related to adequacy, and important to a rights-based approach, is whether people face discrimination while accessing or maintaining housing. Discrimination in private market housing provision on a number of protected grounds was frequently described by LE knowledge holders, including discrimination against immigrant and refugee families (Carter, 2009); based on race, ethnicity or Indigeneity (Piat et al., 2012; NWAC, 2018; Nixon, 2018; Walsh et al., 2015), against people with psychiatric labels/diagnoses (Hill, 2020; Piat et al., 2012), against youth (Greater Victoria Coalition to End Homelessness, 2019; City of Windsor, 2019; Schwan et al., 2018; Social Planning Council and Resource Assistance for Youth, 2016); against social assistance recipients (Hill, 2020; Piat et al., 2012); against LGBTQ+ people (Ecker and Kubicek, 2017); against low-income mothers (Jones, 2015); and against women (Lazarus et al., 2006; Leviten-Reid, et al, 2020; Shier et al., 2011; Singer, 2004).

Experiences of discrimination in private market housing were linked to difficulty acquiring housing, and to likelihood of eviction. LE knowledge holders described the use of eviction notices and legal grey areas to pressure ‘undesirable’ tenants to end their tenancies (Fleming, 2019; Piat et al., 2012; Walsh et al., 2015). Women with LE described the intersection of gender discrimination with safety concerns regarding their housing (Lazarus et al., 2006; Leviten-Reid, et al, 2020). New immigrant and refugee families with LE discussed discrimination based on family size and migration status (Carter, 2009).

Related to the right to housing, a number of articles considered both the dearth of education on tenants’ rights, as well as harmful eviction policies, as infringements on renters’ rights (Coplan et al., 2015; Fleming et al., 2019; Gaetz et al., 2016; Teixeira, 2011, 2009, 2018). A qualitative study by Fleming et al. (2019) presented the lack of support for renters’ rights as follows:

Most participants living in non-profit housing were unaware of whether or not they had rights under the RTA (e.g., advance notice, ability to contest eviction), which further undermined their housing security. In the perceived absence of protections, evictions from non-profit housing were commonly issued verbally and occurred with short notice (6.5 days on average), leaving participants without time to arrange for alternate accommodations and secure storage for belongings. Participants characterized the processes surrounding evictions from non-profit housing as “unfair” and described how, in the words of ‘Olivia’, “we don’t have rights” (40-year-old white woman) (p. 173).

Expanding on the concerning lack of education on housing rights, an ethnographic study by Forchuk et al. (2022) on the experiences of newly immigrated families stated that “immigrant families reportedly face precarious situations with housing on arrival in Canada due to systemic difficulties related to information availability, rights, and responsibilities, and other socioeconomic problems” (p. 36). They authors urge that the Canadian government should uphold “the United Nations charter on human rights, and the 1951 Refugee Convention and its 1967 Protocol, as well as the rights and dignity of everyone including immigrants and their families” (Ibid., p. 36) and also cite the Ontario Human Rights Commission’s stance that “adequate housing is a human right and essential to human dignity irrespective of place or time” (Ibid., p.36).

Discussed earlier, the Tenants’ Bill of Rights (Coplan et al., 2015) is offered as an LE response to these injustices. Through interviews and focus groups, the team⁹ focused on the diverse needs of tenants in supportive housing to identify: 1. The Right to Independence; 2. The Right to Access Supports and Services; 3. The Right to Live in an Inclusive Community; 4. The Right to Empowerment; 5. The Right to Safety; 6. The Right to Secure Tenancy; 7. The Right to Good Quality Housing; 8. The Right to Recovery; 9. The Right to Food Security; and 10. The Right to Meaningful Activity (Ibid.).

In addition to discrimination, people with psychiatric labels and/or who use substances recounted additional accessibility barriers to securing and maintaining housing, namely related to requirements to comply with specific treatment regimes to maintain housing (Hwang, 2012; Kennedy et al., 2016). The presentation of treatment requirements as a barrier to housing reinforces the importance of HF approaches for people with psychiatric labels and/or who use substances (Aubry et al., 2016; Hwang, 2012; Kennedy et al., 2016). Concerningly, one recent study found that women and gender diverse people with physical disabilities and psychiatric labels both reported being unable to access shelters at much higher rates than non-disabled people (Schwan et al., 2021).

Appropriateness

Appropriate housing is housing that is suitable for the needs of a household in size, location, and condition. The Office of the High Commissioner for Human Rights (1991) considers these dimensions in their definitions of “availability of services, materials, facilities and infrastructure” and “habitability”. In our review of LE-informed literature, concerns about the physical characteristics of housing available to people with LE included concerns about poor condition, disrepair, safety, absence of cooking facilities, and pest infestations (CAMH 2022; Jones, 2015; Kirst et al., 2020; Patterson et al., 2014; Schwan et al., 2021, Sylvestre et al. 2018). Women who lived in poor quality housing reported safety concerns which negatively affected their quality of life and social inclusion (Jones, 2015; Paradis et al., 2017).

Overcrowding was also noted in LE narratives as a barrier to securing appropriate housing (Christensen, 2016; Ives, 2014; Paradis et al., 2017; Perrault et al., 2020). Groups affected by overcrowding included new immigrants and refugees, women, and northern communities. A recent report on urban, rural, and northern Indigenous housing also notes that crowding, and dwellings in major need of repair, are more prevalent for Indigenous households compared to non-Indigenous households (Baspaly et al. 2022). A lack of culturally appropriate housing options was also an issue for Indigenous people living off-reserve (NWAC, 2018; Nixon, 2018).



9. The Dream Team is a LE grassroots organization focused on supportive housing for people with psychiatric labels and/or who use substances.

Several articles noted the importance of housing choice for people with LE, with choice contributing to a sense of personal agency and security (Hasforda, 2019; Patterson et al., 2014). Social housing with shared spaces and service integration was also described by LE participants as important (Leviten-Reid and Lake, 2016; Piat et al., 2012). Living in poor quality housing was associated with stigma and social exclusion, indicating a connection between the physical characteristics of a space and social dynamics (CAMH 2022; Patterson et al., 2014; Sylvestre et al. 2018).

While many articles drawing on LE knowledge described the benefits of a HF approach (Aubry et al., 2016; Cherry et al., 2020; Hatch, 2021; Parpouchi et al, 2013), some also noted that this approach may not be appropriate to all groups. In HF programs for Indigenous Peoples, an issue was an absence of culturally safe housing options, including connection to land, community, family, and spiritual practices (Alaazi et al, 2015; Christensen, 2016; Ion, 2018; Paradis, 2018; Schmidt et al., 2015). In rural areas, HF was critiqued as being a less appropriate approach to addressing homelessness, where an absence of private rental stock led to tenancy failure because clients did not want to move outside of their region (Macdonald and Gaulin, 2020; McCartney et al., 2021). Related, many communities face challenges in successfully implementing the HF model due to a shortage of available affordable housing for low-income households, the lack of systems integration to meet the complex and holistic needs of HF participants, and the lack of the HF programs' adherence to HF's core principles.

To sum-up the discussion of housing adequacy, LE-informed literature finds a number of shortcomings of housing provisioning in the areas of accessibility, freedom from discrimination, and appropriateness. **Key findings related to housing adequacy include that low-income individuals with accessibility needs are unable to access adequate housing; that despite human rights legislation at the federal and provincial levels, housing discrimination on a number of protected grounds occurs; and that housing options for people experiencing homelessness and/or core housing need may not be appropriate in terms of size, physical condition of units, cultural requirements, or supports available to residents.** The issue of access to housing supports is discussed further below.

Access to housing supports

Our review also uncovered systemic barriers and important considerations related to LE experiences with accessing housing programs and services. A recurring theme in the literature highlights perspectives from LE on the necessity of providing advocacy and navigation-type supports for people who are experiencing homelessness, and who are working towards transitioning to safe, stable, and adequate housing. Navigation and advocacy services include supporting people who are experiencing homelessness with conducting housing searches, filling out application forms, advocating with landlords, sharing information about housing resources and supports, and so on (Ecker and Kubicek, 2017; O'Neil et al., 2021; St. Arnault & Merali, 2019). These types of services can help to build the capacity of people with LE so they broaden their strategies for searching for housing. These types of services also offer general support and guidance during what can be an overwhelming and precarious process (Thulien et al., 2018). Alternatively, an absence of advocacy and navigation types of services can result in people remaining stuck in their experiences of homelessness, particularly among people experiencing chronic homelessness (Hill & Tamminen, 2020). A lack of navigation supports can also be particularly burdensome for newcomers and refugees who experience additional barriers to obtaining housing due to language and cultural differences (D'Addario et al., 2017; Ives et al., 2014). Coplan et al. (2015) note that newcomers and refugees with specific language needs often have less



access to services, if any at all. A study on refugee pathways into housing describes the impacts of advocacy and navigation services that operate with a sense of cultural humility and belonging as “[making the biggest] difference in enabling [refugees] to eventually find and access affordable housing, regardless of which sources of funds they used to move up the income ladder.... Their advocates engaged in concrete actions, such as directly assisting refugees with their housing search, helping them to fill out forms or write letters attesting to the fact that they qualify for subsidized housing, or finding interpreters to help them navigate the local housing market and available rental units” (St. Arnault & Merali, 2019, p. 237).

Because, as noted earlier, people also face discrimination when trying to access housing and housing-related support services, Stergiopolous (2012) suggests that housing-related support programs and services should adapt to better serve participants, particularly from diverse ethno-racial backgrounds, such as by hiring staff who reflect client populations served by housing programs and providing space for people to talk about experiences of racism and discrimination. Ecker and Kubicek (2017) make a similar point, with respect to LGBTQ2S+ adults, particularly older adults, who also face barriers to accessing services. Literature also highlights how housing programs and services must also include the inclusive provision of ongoing supports to diverse community members to ensure transitions into housing are seamless, sustained, and trauma-informed (Ecker and Kubicek, 2017; Osuji & Hirst, 2015), a concept we discuss further below.

A key concern raised in the literature regarding access to housing supports and services is that in some cases, people with LE must first access shelter, crisis or emergency-based services before being eligible for other services. In some cases, shelters are pivotal to the process of connecting individuals with housing programs and resources (Shier et al., 2011), however this creates a gap for individuals experiencing homelessness or core housing need who do not access the shelter system. One study on pathways in and out of homelessness highlighted that some “women became homeless to access other needed supports. We mention this as it challenges our perception of why people access emergency shelter and on-going homeless shelter services. We generally perceive that people access shelters as a last resort. While this may be the case – as some respondents did exhaust other options, others did not have these multiple options; it was not until some were homeless that they started to receive the supports they needed” (Jones et al., 2012, p. 107, see also Whitzman 2021).

One study that engaged LE youth across Canada on solutions to youth homelessness prevention highlighted how youth are condemned to experiences of homelessness due to burdensome processes associated with accessing safe, adequate and affordable housing (Schwan et al, 2018); “Youth across Canada are pleading that we act now to remove the administrative and bureaucratic barriers to accessing public housing – policies, requirements, and criteria that condemn youth and their families to poverty and homelessness until they are considered to be sufficiently “in need” to deserve housing” (Schwan et al, 2018, p. 50). The newly appointed Federal Housing Advocate, Marie-Josée Houle, echoed this concern, highlighting that housing and homelessness systems should not be built to respond only when people have lost everything, such as by going through an eviction, and ending up in a shelter. She commented, “we can’t wait until people are at that point to find them a spot...we must do better!” (Houle, 2022). Overall, this represents a significant gap in the continuum of housing and related support services. Designing access to housing resources around shelter system use poses significant barriers for people who never touch the shelter system because they experience hidden homelessness or refuse to access a shelter due to unsafe experiences, lack of dignity, experiences of racism or discrimination,

feeling of not belonging, lack of knowledge about resources, and lack of suitability (Bernas et al., 2019; Schwan et al., 2021; Shier et al., 2011; Whitzman, 2021). In many cases, access to housing supports and services is restricted to the resources available within the system, which are often inadequate and lead to individuals remaining homeless. More so, housing supports and programs are lacking for specific groups of people who are experiencing homelessness and have unique housing needs, such as supportive housing for women trying to transition to safe and stable housing, particularly for Indigenous women (Reclaiming Power and Place, 2019), and particularly in northern communities in Canada (Schmidt et al., 2015). Another area of concern is appropriate transitional housing for individuals leaving short-term congregate housing (hospitals, shelters, etc.). The absence of appropriate transitional options led to housing instability (Abramovich et al., 2019; Canham et al., 2021; Doucet, 2018).

The availability of culturally appropriate transitional housing with links to appropriate supports targeted at equity-deserving groups (e.g., youth, LGBTQ2S+ people, Indigenous Peoples) had a positive impact on social inclusion, quality of life, and security of tenure (Abramovich et al., 2019; Kidd, 2019; Klodawsky et al., 2006; Leviten-Reid & Lake, 2016; Piat et al., 2012). LE experiences demonstrate how access to housing has become increasingly challenging due to race and gender inequities, particularly embedded within the private rental market, which impacts whether and how groups such as lone-mother-headed families, immigrants and refugees, racialized persons, and persons with disabilities have access to housing options (Jones et al., 2015; Paradis, 2019).

There is also a stark lack of appropriate housing supports available for Indigenous Peoples. This is clearly articulated in the Calls for Justice laid out by the MMIWG Inquiry (Reclaiming Power and Place, 2019). Further, in their recent report about Indigenous housing and homelessness, Baspaly et al. (2022) note the importance of “wrap around supports that enable [service providers] to ensure Indigenous individuals thrive, across all ages, genders, experiences, family situations, mental health concerns and substance issues, incomes employability and physical abilities. [Service providers’] capacity to provide these services is challenged by an overall “lack of culturally safe places to offer [individuals and families]...” (p. 11). Bingham et al. (2019) add to this by pointing out that “violence against Indigenous women in Canada has been widely publicized but has not informed the planning of housing interventions” (abstract), and subsequently noting “the importance of recognizing the distinct experiences of Indigenous women [including the high risk of suicide] when providing housing and relevant support services, particularly those emphasizing culturally and trauma informed care” (p. 6).



In sum, LE-informed literature is clear about the importance of providing supports for people as they try to access affordable and adequate housing. Navigation and advocacy services can be particularly important for newcomers, and for people experiencing homelessness. More housing-related supports that are attentive to the ongoing consequences of colonialism are essential for Indigenous Peoples. Transitional housing services for people leaving short-term congregate care settings are also vital. Across these needs, the application of an intersectional lens reveals that housing-related supports must be attentive to the diverse needs of different populations. Finally, an important consideration related to housing supports is that it is critical for these supports to be available before a person is forced into homelessness.

Unmet housing needs

The stories told through the documents we analyzed affirm extensive unmet housing needs for particular groups of people (Canadian Mortgage and Housing Corporation, 2018). Studies that discuss the right to housing frequently take the position that without a rights-based approach to affordable housing, the needs of youth (Baskin, 2007; Doucet, 2018; Karabanow, et al. 2018; Schwan et al, 2018; Youth Council of Montreal, 2017), Indigenous Peoples (Baskin, 2007; Gaetz et al., 2016), families (Paradis, 2017), women (Jones et al., 2015; Lazurus et al., 2011; Schwan et al., 2021; Singer, 2004), people who use substances and/or have psychiatric labels, and those who sleep rough and are without access to shelters (Leblanc, 2021) will continue to go unmet.

Our analysis also reveals complex realities for people whose identities do not fit neatly within one group. For instance, Abramovitch & Kimura (2021), Abramovitch et al. (2019) and Côté & Blais (2021, 2019) explore the unique experiences of youth who identify as LGBTQ2S+, while Walsh et al. (2015) consider the experiences of newcomer women. **In other words, identifying ‘groups’ of people with unmet housing needs comes with some risks, which include - even if inadvertently - homogenizing the experiences of people within these groups. In other words, our analysis highlights that there is not a universal experience of homelessness or core housing need, and as such, responding to unmet housing needs will require much more careful attention to what types of housing are supported through the NHS, and with what guidance from people with LE.** An individual’s identity, which impacts the barriers they face - such as stigma and discrimination - plays a significant role in how they navigate their housing journey, including the supports they require to access and maintain appropriate housing.

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Our analysis included just over 30 articles that focused on youth with LE. Only 11 of these engaged with youth with LE beyond as research subjects. Youth have unique housing needs compared to adults because of how homelessness and housing precarity can impact personal development, the acquisition of life skills, and access to educational and employment opportunities (Parouchi et al, 2021; Schwan et al., 2018). The vast majority of these studies focused on youth experiencing homelessness and highlighted a wide range of unmet needs, including access to: appropriate support services (e.g., Abramovitch & Kimura, 2021; Bani-Fatemi et al., 2020; Counsel Jeunesse de Montreal, 2017; Kahan et al., 2019; Wershler & Ronis, 2015); safe and affordable housing (e.g., Brown et al., 2007); housing for youth who use substances (e.g., Csiemik et al., 2017; Fast et al., 2018); and supports that meet the needs of youth aging out of care (e.g., Doucet, 2018), transitioning out of

homelessness (Kidd et al., 2020, 2019; Lalonde et al., 2021), and/or who are Indigenous (Kidd et al., 2019).

Research about the housing-related experiences of newcomers also highlights unique unmet housing needs. No studies about newcomers with LE that we located engaged with them beyond as research subjects. Drawing on his earlier research, Hiebert (2017) notes that “poor housing amplifies all of the other challenges newcomers must overcome to find their place in Canadian society (Francis and Hiebert, 2014)” (p. 4). Indeed, findings from research about newcomers with LE highlight the complex challenges this heterogeneous population faces. For example, Bhattacharyya et al. (2020) discuss how family size, trauma history, and English or French language proficiency impact access to housing for Syrian and Yazidi refugees and highlights how the traumatic experiences of Yazidi women in particular creates unique housing-related challenges. In smaller communities, the mere availability of housing is a problem. For instance, in her study of newcomers to North Bay, Ontario, Brown (2016) found that “the most commonly cited challenge or barrier... whether they were currently renting or living with relatives, was the availability of rental property” (p. 738).

Along with the work by Bhattacharyya et al. noted earlier, a small cluster of research about newcomers with LE focuses specifically on the experiences of newcomer women (e.g., Berman et al., 2009; Ives et al., 2014; Sjollema et al., 2012; Walsh et al., 2015). These studies reveal that housing insecurity places newcomer women at high risk for exploitation (Ives et al., 2014), and, as Sjollema et al. (2014) explain, “statements from the women consistently demonstrated that the primary cause of housing insecurity for newcomer women is that of inadequate income in the face of rising housing costs” (p. 209). Further, as discussed in the section on housing adequacy, “discrimination due to presence of children, or ethnicity, a history of trauma, and language barriers were cited by many women as prohibitive factors in finding stable housing” (ibid., p. 209). This problem, reported nearly a decade ago in this study, can only have worsened in the current housing climate.

The disproportionate experience of homelessness experienced by Indigenous Peoples in Canada is also documented in the literature we reviewed. About 30 of the articles we reviewed focused specifically on Indigenous Peoples with LE. These rarely adopted Indigenous knowledge frameworks, and few described engagement with LE beyond as research subjects (for exceptions, see Christensen, 2011; NWAC, 2018). Nixon (2012, 2018) adopts the medicine wheel as a framework for understanding how homelessness affects Indigenous women and uses this framework to reveal housing needs specific to Indigenous women. Some of the articles describing the experiences of Indigenous Peoples with LE focus on the north and speak to the dearth of available housing and support services across the region (Christensen, 2011; Young & Manion, 2017). These studies highlight the complex interplay of factors such as trauma histories, colonialism and interactions with the colonial child welfare and justice systems, the lack of housing options, and substance use, involved in producing and reproducing homelessness (Christensen, 2011; NWAC, 2018; Nixon, 2018); factors that are documented in other research about the experiences of Indigenous Peoples as well (Alberton, 2020).

Other research about the experiences of Indigenous Peoples with LE discusses the importance of culturally appropriate housing design (Alaazi et al., 2015; Bernas et al., 2019; Latimer et al., 2018; NWAC, 2018), the urban housing crisis facing Indigenous Peoples (Baspaly et al., 2022; Kauppi, 2018), and the prevalence of housing-related problems people with LE face, such as “absentee landlords, dirty conditions, shady deals for rent, and unsafe buildings...” (Brown et al., 2007, p. 62). In a survey of Indigenous housing providers,

respondents almost always noted that they were “[unable to fulfill] the holistic (spiritual, mental, emotional, and physical) needs of their clients...” (Baspaly et al., 2022, p. 10). Ion et al. (2018) outline a number of solution-focused social policy recommendations to Indigenize the creation and management of housing for Indigenous Peoples living with and affected by HIV. Some of this research also highlights how limited housing options force Indigenous Peoples to migrate from more remote and rural areas and reserves to urban centres (Kishigami et al., 2008; Shaikh & Rawal, 2019; NWAC, 2018), which can lead not only to cultural displacement but also to new housing and homelessness challenges.

About 22 studies and one community plan included in our analysis focused on the housing-related experiences of women. Some of these included gender diverse people, and some sat at particular intersections of identity (for instance, those focused on newcomer women as discussed above), while others were more broadly focused. For instance, in a mixed-methods study of senior women living in congregate social housing in Ontario, Marshall et al. (2021) suggested that while the regional 10-year housing plans supported by the NHS are a good starting point in addressing the shortage of affordable housing units, they may be insufficient for “meeting the existing demand for housing for some of Canada’s most socially vulnerable citizens” (p.22).

An extensive recent study about women’s and gender diverse peoples’ experiences with housing and homelessness (Schwan et al., 2021) used a collaboratively developed survey, that included input from women with LE, to answer questions including: “What are the key housing challenges facing women and gender diverse peoples, and how do they navigate these difficulties? ...What housing rights violations are being experienced by women, girls, and gender diverse people? ...[and] What policy and practice change is needed to effectively address homelessness and housing need for women, girls, and gender diverse people in Canada?” (pp. 5-6). While the full report warrants extensive attention, some key findings include that of the nearly 500 respondents, “79% of women and gender diverse people experiencing housing need or homelessness report having a disability...” (p. 6), and that low incomes (including grossly inadequate social assistance rates) and poverty are primary barriers to accessing housing (Ibid.).

This study also finds they also find that “the top reason women and gender diverse people lost their most recent housing was because of a breakup, with 47% reporting this experience. This reason outpaced all affordability issues, concerns about safety, experiences of violence, loss of income or subsidies, or poor housing conditions...” (p. 36). As explained by the UN Special Rapporteur on the Right to Adequate Housing, “the independent right of women to security of tenure, irrespective of their family or relationship status, should be recognized in national housing laws, policies and programmes” (cited in Schwan et al., 2021, p. 36). The findings highlight that the right to safe and appropriate housing is severely compromised for women and gender diverse people in Canada.

The literature we reviewed also reports on unmet housing needs for older people. One study reported that even in supportive housing, older men who were “members of minority groups experienced identity and institutional exclusion because of discrimination linked to their ethnicity, language, and sexual orientation” (Burns et al., 2020, p. 1). Predictably, the importance of supports that allow aging in place, including health and wellbeing supports, shared social spaces, and physical accessibility, are highlighted by older LE knowledge holders as important housing-related needs (e.g., Leviten-Reid & Lake, 2016; Humphries & Canham, 2021; Reynolds et al., 2016).



People with psychiatric labels and people who use substances were regularly lumped together in the research we reviewed, though there seems to be a heavier emphasis on LE with psychiatric labels, which is typically described as mental illness. In this cluster of studies, there is evidence that psychiatric labels and substance use both contribute to and are exacerbated by housing-related challenges. Support services integrated with housing are important for meeting the housing needs of these populations (Paleupa et al., 2013; Patterson et al., 2013), including access to services - such as recreation and employment services - that foster social inclusion (Patterson et al., 2014) and shy away from an emphasis on 'fixing' people with LE.

One idea discussed as an umbrella strategy for responding to unmet housing needs is to employ a systems approach. A systems approach "utilizes inter-agency collaboration, individualized programming and community-based service provision... In the homelessness sector, a system of care is a method at the community (or provincial/territorial or national) level of delivering services differently to help people who are homeless, or at-risk of homelessness" (Homelessness Hub, n.d., para.1). A study by Canham et al. (2021) explored how coordinated and community-based systems of care assisted people with LE who had been recently discharged from the hospital. The benefits of a systems approach included "non-profit housing providers and medical professionals [and others working] together and...really [delivering] a service that supports...clients" (p. 7).

Systems of care also include unconventional nodes. While examining public libraries as a site of intervention, Hill and Tamminen (2020) acknowledged the usefulness of networks of care that are accessible to people with LE of homelessness when they explained that libraries are an accessible and comfortable site for people with LE. Homeless and at-risk populations are significant users of library programs and services,¹⁰ as libraries are often their only means for accessing resources and supports on a daily basis and may be the first place they go to when they need a safe place (p. 474).

Some literature also referred to specific coordinated programs that resulted in positive outcomes for people with LE, as such BC's Housing Outreach Program (HOP) and Homeless Prevention Program (HPP), The Toronto Mental Health and Addictions Access Point, the Peer Education and Connection through Empowerment (PEACE) program for youth in Toronto, and the Supporting Transitions and Recovery Learning Centre (STAR) in Toronto (Canham et al., 2019; Coplan et al., 2015; Kahan et al., 2019; Khan et al. 2020). Additionally, and as already noted, several articles examined the coordinated approaches evaluated in the At Home/Chez Soi controlled trial of HF (e.g., Chung et al., 2018; Fleury et al., 2014; Kirst et al., 2020; Lachaud et al., 2021).

Additionally, 15 of the 20 community plans and needs assessments we reviewed included some discussion of a system (or 'systems', if engaging outside the homelessness/housing sectors) approach, primarily in reference to Coordinated Access Systems, which are now required under Reaching Home for Designated Communities. While some mentioned hearing from people with LE and service providers that accessing the complex system of services was challenging, indicating a need for better coordination and accessibility, there was no information provided about people's experiences with Coordinated Access. More research is needed to understand the impact of Coordinated Access Systems on people's experiences accessing services, especially now that the approach has been adopted nationwide.

10. The Living Library: Stories of Housing and Home (<https://nfpl.historicniagara.ca/s/livinglibrary/page/exhibit>) is an interesting project of the Niagara Falls Public Library that reinforces the important role of libraries in the experiences of people with LE.

Trauma-informed approaches are also discussed in relation to addressing unmet housing needs. Trauma-informed approaches are defined by the government of Canada as “policies and practices that recognize the connections between violence, trauma, negative health outcomes and behaviour” (Public Health Agency of Canada, 2018). Further, “trauma-informed approaches require fundamental changes in how systems are designed, organizations function and practitioners engage with people [in ways that]: Understand trauma and violence, and their impacts on peoples’ lives and behaviours; Create emotionally and physically safe environments; Foster opportunities for choice, collaboration, and connection; and Provide a strengths-based and capacity-building approach to support client coping and resilience” (Ibid.).

Systems and trauma-informed approaches to care indicate a shift towards more culturally relevant and holistic approaches to tackling core housing need and homelessness in Canada. In our review of the literature, it was not uncommon to find studies that used or examined both approaches (Doucet, 2018; Fortheringham et al., 2014; Gaetz et al., 2016a, 2016b; Kahan et al., 2019; Kidd et al., 2020; Schmidt et al., 2015; Shier & Graham, 2011). For instance, Schmidt et al. (2015), who explored the experiences of homeless women in Canada’s Northern Territories reported that the women involved in the study called for “integrated, trauma-informed and women-centred services; and addressing of the social and economic factors that affect homelessness and mental health” (p. 74). Using a trauma-informed approach is a principle underpinning the Calls for Justice outlined in the final report of the MMIWG Inquiry (Reclaiming Power and Place, 2019). In literature engaging with people with LE, both systems and trauma-informed approaches were regarded for their usability in addressing the unmet housing needs of youth, people with psychiatric labels, people who use substances, Indigenous Peoples, refugees, women, and LGBTQ+ people. It is apparent that there is a need to ‘meet people where they are at’, rather than forcing people into ‘one-size-fits-all’ programs.

Systems and trauma-informed approaches to care indicate a shift towards more culturally relevant and holistic approaches to tackling core housing need and homelessness in Canada.

In sum, the scope and depth of unmet housing needs recorded in the literature we analyzed emphasizes the urgency of the problem of homelessness and/or core housing need across Canada. The persistence of unmet housing needs also highlights how significantly we are failing at achieving the right to housing. LE-informed literature discusses the unique unmet housing needs of youth, women, newcomers, and Indigenous Peoples, but rarely engages with people with LE beyond as research subjects. This literature also cautions against assuming that the needs within these and other groups are homogenous. Emerging responses to diverse unmet housing needs that warrant future attention are systems and trauma-informed approaches. Below, we discuss ideas for requiring more attention to adequacy and unmet housing needs in the NHS.



Summary of Gaps in Existing Literature

Existing literature and reports contain a wealth of LE knowledge about homelessness and/or core housing need. Still, there remain important gaps in our understanding of the needs and experiences of people with LE. As we have noted throughout this report, although not a complete gap, there is a shortage of research where people with LE are engaged beyond as subjects. Given the commitments to centring LE that fall from the National Housing Strategy Act, 2019, it is vital that more attention is paid to how people with LE can be centred as research and policy actors.

There are also some notable absences in existing research and reports in terms of which people with LE are engaged as knowledge holders. Despite being over-represented amongst people with LE, people with disabilities were rarely the focus of research that we uncovered. This is an oversight that warrants correction. The LE of Trans, Two-Spirit, and gender diverse people is also rarely considered (for exceptions, see Bernas et al., 2019; Sakamoto et al., 2010; Schwan et al., 2021). The housing conditions of Indigenous Peoples in the north and living on reserves are not well documented in the research we reviewed, although we know generally that there are deep and widespread problems with on-reserve housing (Indigenous and Northern Affairs Canada, 2017). Further, few of the documents that included Indigenous Peoples with LE used Indigenous knowledge frameworks or engaged with Indigenous Peoples beyond as research subjects, despite their clear rights to self-determination. Other gaps include the LE of families experiencing homelessness, older peoples' housing-related experiences, and the LE of Black people.

Most of the documents and reports we reviewed focused on housing and homelessness in urban centres, and much of this is concentrated in Toronto, Vancouver, and Montreal. Fewer than 30 of the documents we reviewed considered remote or rural contexts. This is another important gap that merits attention.

Finally, hidden homelessness is a widely documented concern across Canada that may affect hundreds of thousands of people (Gaetz et al., 2016; Duchesne, 2015, p. 3; Gulliver-Garcia, 2016, p.11; Gaetz et al., 2013). The invisible homeless population comprises people who double up with their families, “couch surf”, and/or live in substandard and overcrowded housing conditions (Gaetz et al., 2016; Duchesne, 2015, p. 3; Gulliver-Garcia, 2016, p.11). Fewer than five of the documents we reviewed focused on people with LE of hidden homelessness.



CONCLUSIONS AND RECOMMENDATIONS FOR THE NATIONAL HOUSING STRATEGY

People with LE have made immeasurable contributions to understanding homelessness and/or core housing need in Canada but continue to be positioned primarily as subjects in research, and overlooked as policy actors, despite explicit commitments to centring their knowledge in the NHS and its enabling legislation, the National Housing Strategy Act, 2019. Our analysis of approximately 300 pieces of literature and community housing and homelessness plans reveals extensive information about promising practices for engaging with people with LE, and nuanced and important details about ongoing issues related to housing affordability and adequacy, access to housing supports, and unmet housing needs.

Despite national and international commitments to realizing the right to housing, the NHS is falling short. The results of our research and analysis suggest several important ways forward, primarily for the NHS, but also with implications for the NHC itself. Four overarching conclusions from our analysis are as follows:

- LE knowledge is essential to fulfilling the goals of the NHS and realizing the right to housing. As such, LE knowledge must be prioritized in housing-related research, policy and planning
- Deep affordability and adequacy measures are necessary for realizing the right to housing
- Advancing the right to housing requires applying an intersectional lens
- Recommendations from people with LE already exist; the NHS must be accountable to their realization

Below, we elaborate on each of these conclusions, and match them with specific recommendations. We suggest that taking up these recommendations will advance not only the realization of the right to housing, but also the centring of LE.

Prioritize LE Knowledge in Research, Policy, and Planning

There is a disconnect between the NHS's commitment to engaging with people with LE, and realizing this commitment. The principles of the NHS include recognizing that "good housing policy requires transparent and accountable partnership between the federal government... and people with lived experience of housing need" (Government of Canada, 2018, p. 5). Related, they also acknowledge that "First Nations, Inuit and Métis Nation housing strategies must be co-developed..." (Ibid., p. 5), which highlights both the importance of LE engagement, and the unique right of Indigenous Peoples to self-determination. Moreover, as noted earlier, the priorities of the NHC include an emphasis on an active role for people with LE (Communiqué from the National Housing Council, 2021). Chapter 7 of the NHS discusses partnerships with Indigenous governments and groups. However, Chapter 8, which focuses on fostering research that "will identify barriers to accessing housing, measure and assess the impact of existing housing policies, identify future research opportunities, and shape the National Housing Strategy" (Government of Canada, 2018, p. 20), does not prioritize funding for research by and with people with LE.

This disconnect is apparent in the extensive document dataset we reviewed. While many of the studies we reviewed were undertaken before the introduction of the NHS, the trend of engaging minimally with people with LE, and primarily as research subjects, is clear, problematic, and ongoing despite the language in the NHS.

Recommendation 1

To advance the commitment to the right to housing as outlined in the NHS, and to uphold the commitment to centring LE knowledge, the NHC should advocate strongly for housing-related research funding that prioritizes people with LE as research designers, implementers, analysts, authors, and disseminators. A step in the right direction would be for the NHC to use the promising practices articulated above, and to bring its operating procedures in line with these practices.

Prioritizing LE knowledge also means more intentional, continuous and transparent engagement, training, and resourcing of people with LE in local and regional planning processes. This is paramount when attempting to fill “data gaps related to the housing needs of Canada’s most vulnerable populations...” (NHS, 2018, p. 20). Filling data gaps is a noted priority of the research commitments articulated in the NHS, but it does not prioritize LE engagement, often relying instead on statistical analysis of census data or housing data from the Canada Mortgage and Housing Corporation, which is important but insufficient. Community needs assessments, homelessness plans, and integrated housing and homelessness plans more frequently involved direct engagement of people with LE, though only seven homelessness plans detailed efforts to include people with LE beyond as data sources. Most LE knowledge was invisibilized or folded into themes from broader community or public engagements. For the NHC to fulfill its mandate in relation to LE engagement, we also recommend that the NHC examine how organizational practices with respect to timelines, budgets, and information management protocols can best facilitate the involvement of people with LE of homelessness and core housing need in policy development.

Recommendation 2

Better accounting for, and disaggregating, LE voices and recommendations in community housing and homelessness plans and needs assessments will help to increase government and systems accountability to people with LE. The Intersectional Gender-Based Strategy to End Homelessness in Winnipeg (Bernas et al., 2019) offers a good example of a comprehensive engagement strategy to involve people with LE in all stages of planning and decision-making and can inform future guidance provided by the NHC.

Advance Deep Affordability and Adequacy

In their analysis of unilateral NHS funding programs, Beer et al. (2022) paint a troubling picture of the extent to which these programs are failing to lift people and families out of core housing need. They note that lone parent families and people with very low incomes in particular are being overlooked by the ‘affordability’ parameters associated with the National Housing Co-Investment Fund and the Rental Construction Financing Initiative (Ibid.). Our findings extend these concerns about housing affordability. As we discuss extensively above, lack of deep affordability remains a serious problem for people experiencing homelessness and/or core housing need. This is true for lone parent families and people with very low incomes, and for other historically marginalized

groups, including newcomers and recent immigrants (e.g., Brown et al., 2016; Logan and Murdie, 2014; St. Arnault and Merali, 2021; Sylvestre et al., 2017; Walsh et al., 2015), youth (e.g., Conseil Jeunesse de Montréal, 2017; Lalonde et al., 2021; Schwan et al., 2018), and others who are also identified as priority populations in the NHS. It is also true in small towns (Brown, 2016), northern communities (Young & Manion, 2017), and across large urban centres. In *Progressive Realization of the Right to Adequate Housing: A Literature Review*, Biss et al. (2021) paint a damning picture of Canada's failure to realize the right to housing, and highlight that the NHS could take a more systemic and iterative approach to engaging with people with LE to advance housing as a human right. Making housing affordable for people experiencing homelessness and core housing need requires a definition of affordability that is connected to peoples' incomes, not to the market.

Recommendation 3

To advance deep affordability, the NHC should advocate for a definition of affordability that meaningfully relates to the needs of people experiencing homelessness and/or core housing need. People with LE suggest that several complementary strategies are necessary for achieving affordability, including, as noted above:

- **Attending to multiple levels of affordability including the provision of deeply affordable housing at 50% or less average market rates for those on low and/or fixed incomes (Kerman et al., 2019; PPE, 2018);**
- **Recognizing and legalizing diverse types of affordable housing such as rooming houses (Hwang, 2002; PPE, 2018);**
- **Investing in non-market social housing options including supportive housing, government-funded subsidies and rent-geared-to-income (RGI) housing (Leviton-Reid et al., 2020); and**
- **Developing and implementing the NHS' National Housing Benefit in collaboration with LE knowledge holders to provide direct rent supplements for people experiencing homelessness and/or core housing need (Stergiopoulos et al., 2017).**

Affordable housing is a necessary but incomplete requirement for advancing the right to housing, which also demands housing adequacy (Office of the High Commissioner of Human Rights, 1991). In our analysis, we highlight myriad challenges facing people as they try to access adequate housing, both in terms of its accessibility and appropriateness, and because of experiences with discrimination. Using an intersectional lens, it becomes clear that adequate housing considers factors such as size, location, proximity to support services, presence of cultural features, and accessibility, which are tied to many and diverse aspects of a person's social location and LE. An absence of housing adequacy contributes to ongoing homelessness and core housing need, yet the notion of adequate housing is only minimally attended to in the NHS and is, based on the unmet housing needs discussed above, not being sufficiently considered.

Recommendation 4

The NHC should press for NHS funding streams to contribute to the creation of a more diverse housing stock, informed by the needs of people with LE, because this is an essential dimension of achieving the right to housing ambition of the NHS. These should respond to unmet housing needs, while also considering promising practices related to trauma-informed and systems approaches.

Recommendation 5

Several dimensions of housing adequacy, along with persistent unmet housing needs, are unique for Indigenous Peoples. The importance of culturally appropriate housing design (e.g., Alaazi et al., 2015; Bernas et al., 2019; Latimer et al., 2018; NWAC, 2018), the critical role of trauma-informed approaches (e.g., Bernas et al., 2019; Reclaiming Power and Place, 2019; Schmidt et al., 2015), and the well-documented unmet housing needs (e.g., Kauppi, 2018; NWAC, 2018) are all highlighted in literature that reports on the experiences of Indigenous Peoples with LE. Thus, the NHC should advocate for an Indigenous-led strategy that responds to the housing and related support needs of Indigenous Peoples. The NHC should also advance calls for the development of an Indigenous Housing and Homelessness Non-Profit Entity (IHHE), including an LE Advisory Council to be made up of Indigenous individuals with LE (Baspaly et al., 2022, p. 26), to advise more broadly on Indigenous experiences of homelessness.

Recognize that the Right to Housing Depends on an Intersectional Lens

As previously noted, the NHS aims to serve priority groups who face unique and widespread unmet housing needs. However, as described in the literature, and documented above in the section on Unmet Housing Needs, there remains much work to be done on this front. The experiences of many people - including those who sit at the intersections of priority groups - remain poorly understood; this in and of itself is a barrier to realizing the right to housing. The NHS realizes this challenge when it acknowledges that “current gaps in our knowledge and data make it difficult to assess the impact housing programs and initiatives may have on certain groups. Significant gaps in housing data and research mainly concern the needs of seniors, refugees, LGBTQ2 [people], LGBTQ2 youth and Indigenous youth...” (2018, p. 27). The NHS further addresses this challenge through its commitment to “integrating GBA+ throughout the program cycle of the National Housing Strategy” (2018, p. 24). However, there is little evidence that a fulsome intersectional approach to recognizing housing needs and allocating housing funding is being realized. One community plan we reviewed offers valuable insight and guidance on intersectional gender-based approaches (IGBA) to ending homelessness, and notes that “understanding intersectionality and how to use an IGBA is important to ending gender-based homelessness. ...if solutions focus on any specific gender as a homogeneous group and neglect the complex and intersecting identities of the individuals within that group, they too will create gaps that people experiencing oppression will fall into....” (Bernas et al., 2019, p. 7).

Recommendation 6

Building on calls by others to take up feminist and rights-based approaches (Leviten-Reid & Parker, 2018; Gaetz et al., 2016), and on the federal government’s use of a gender-based analysis plus (GBA+) lens to develop the NHS, the NHC should call for the broader application of GBA+, which is informed by the concept of intersectionality, in the implementation of all dimensions of the NHS. For instance, applicants to funding streams should be required to demonstrate how they have applied a GBA+ lens to their development plans, including how their developments will meet diverse adequacy needs. This will necessitate meaningful and ongoing engagement with people with LE.

It is also important for housing programs and related support services to adopt a commitment to intersectionality in GBA+, which we suggest includes attending to anti-racist and anti-oppressive (AR/AO) frameworks that can help to respond to structural power imbalances, and prevent and reduce existing bias and discrimination within the homeless and housing sectors. Optimistically, the literature reports some success among HF program models that were adapted to better support participants from diverse ethno-racial groups, with one study noting, “the effectiveness of a HF adaptation, using [AR/AO] practice, in improving housing stability among homeless adults with mental illness from ethno racial minority groups...” (Stergiopoulos, 2016, p. 9). Applying AR/AO principles to service delivery includes attending not only to “empowerment, education, alliance building, language use, alternative healing strategies, advocacy, social justice/activism and fostering reflexivity...” but also to “regular staff training in such practices, as well as linguistic and culturally accessible programming and services, and a physical environment that is inclusive and welcoming to people from ethnic minority groups” (Stergiopoulos, 2016, pp. 3-4).

Again here, there is an important role for people with LE. People with LE who identify as Indigenous, Black, racialized, members of 2SLGBTQ+ communities, trans and gender diverse, living with disabilities and/or refugees confront layers of bias and discrimination in their housing and homelessness experiences. At the same time, our analysis highlights that existing research methods and practices, as well as community planning processes, rarely engage with people with LE beyond as subjects, and even more rarely using Indigenous, AR/AO, and/or GBA+ frameworks. The current landscape of engagement with LE is particularly concerning for marginalized groups whose experiences of homelessness are marked by multiple forms of discrimination, oppression and systemic violence.

Recommendation 7

The NHC can and should model - and become a stronger voice for - centring diverse LE in the development, implementation, and ongoing monitoring and evaluation of housing-related supports and programs.

In sum, decision making processes that directly inform solutions to homelessness and housing precarity must be led by diverse groups of LE, and opportunities to strengthen or leverage leadership amongst people with LE must be advanced.

Be Accountable to Existing Recommendations from People with LE

Finally, the benefit and necessity of listening to and taking up existing recommendations from people with LE cannot be overstated. Despite notable gaps, the housing-related needs and challenges facing people with LE are well-documented, not only in the research and reports we reviewed, but elsewhere, such as when Baspaly et al. (2022) highlight that housing needs and related recommendations that have been “well documented in major reports including the [LE-informed] final reports of the Truth and Reconciliation Commission of Canada and the National Inquiry into Missing and Murdered Indigenous Women and Girls” (p. 11).

While inclusive engagement and participation of people with LE is essential, so too is government accountability in responding to recommendations that have already been put forward. A lack of accountability risks further disenfranchising and excluding the very people whose knowledge is so vital to realizing the right to adequate housing in Canada, and who can be wary and skeptical that efforts to implement a rights-based approach to the NHS will meaningfully engage with and respond to their voices (Paradis, 2018). In their report meant to inform the NHS in its inception, participants with LE noted that “people have been over-consulted and there hasn’t really been any movement” (Toronto participant, as cited in Paradis, 2018, p. 16); that “[people with LE] do not feel we are being heard or listened to. Change this and really listen to us and value our input. No more tokenism” (Saskatoon participant, as cited in Paradis, 2018, p. 17); and that, “[participation is] not just a check-mark. Having follow-up mechanisms and accountability to utilize our advice [is necessary]” (Toronto participant, as cited in Paradis, 2018, p. 18).

The LE documented in the research and reports included in this review reveal a wide range of suggestions to make housing not only more affordable, but also more adequate. Elevating and acting on LE has the potential to lead to better outcomes for individuals, communities, and society, by putting resources and efforts toward housing and programs that actually reflect and respond to the diverse experiences of community members. For example, Coplan et al. (2015) note that in supportive housing in Toronto, “tenants enjoyed programs that they developed, requested or had input over. The implementation of programs that are not responsive to the needs of tenants can be patronizing or underutilized” (p. 51). Voronka et al. (2014) provide recommendations on appropriate mental health supports, and the Parkdale People’s Economy (2018) makes recommendations related to avoiding development-induced displacement. These are but a few of the instances where LE recommendations are put forward.

Recommendation 8

Moving forward, the NHC should carefully extract recommendations put forward by people with LE and commission their engagement in developing accountability mechanisms to help combat the problem of important reports collecting dust on shelves rather than being realized in practice.

About the right to housing, people with LE have also provided a great deal of insight. The consultations led by Paradis in 2018 shed light on the everyday rights violations experienced by participants and generated clear recommendations on inclusive and accountable participatory processes that could be adopted within the NHS and by the NHC itself. Consultation participants suggested that significant LE representation on the NHC is important, along with a decentralized engagement approach that funds local initiatives or bodies to support “broad participation by, and accountability to, people directly affected by inadequate housing and homelessness” (Paradis, 2018, p. 19). Participants indicated that this could include “[having] lots of local level councils” (Toronto Participant), “[having] multiple processes, different ways to participate – online, local councils and groups, less formal processes, art, and drama. Not necessarily sitting in formal space” (Hamilton Participant) and having “local Indigenous sovereign leadership in each territory” (Victoria Participant) (cited in Paradis, 2018, p. 19).

Overall, it is clear from people with LE that current approaches, tools and processes used for LE engagement are limited (e.g., surveys, focus groups, one-off consultations), and there has yet to be a clear demonstration of commitment to transformational changes to power dynamics and accountability to people with LE of homelessness and inadequate housing.

Recommendation 9

The NHC should work with people with LE to develop recommendations about how the implementation of the NHS, and the work of the NHC, will be accountable to people with LE moving forward.

Realizing the right to housing, which depends on centring the knowledge of people with LE, will require bold shifts in how power is allocated in policy making processes, and in generally accepted definitions of expertise. The LE knowledge shared through the nearly 300 documents we reviewed can inform short-, medium-, and long-term shifts towards realizing the right to housing in Canada.

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