

“Bring Me Home”: The Canadian AIDS Society’s Position on Housing and HIV/AIDS

Background Document

“Home is not where you live, but where they understand you.”
-- Christian Morganstern

Currently, 58.5% of the Canadian AIDS Society’s (CAS) member organizations provide housing or housing support, according to the membership database. More resources are needed for community-based initiatives on housing. The Canadian AIDS Society (CAS) adopts a holistic approach to health as part of its core values and beliefs. Housing is part of a person’s social environment, which has an impact on health. This background document accompanies the position statement, which is a call for action to address housing as part of the response to HIV/AIDS in Canada.

Housing as a Human Right

Member countries of the United Nations, including Canada, recognize adequate and secure housing as a human right under Article 25 (1) of the Universal Declaration of Human Rights¹, which reads:

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

International Declaration on Poverty, Homelessness and HIV/AIDS

In October 2008, CAS’ Board of Directors endorsed the 2008 International Declaration on Poverty, Homelessness and HIV/AIDS². The declaration demands that policy makers address the lack of adequate housing as a barrier to effective HIV prevention, treatment and care, and that the governments fund and develop housing as a response to the HIV/AIDS pandemic.

Housing as a Determinant of Health

As part of its core beliefs and values, CAS adopts a holistic approach to health. Housing is part of a person’s social environment which has an impact on health³.

As part of the Leading Together⁴ Championing Committee, CAS has committed to addressing the social factors and inequities driving the epidemic, in collaboration with governments, organizations and individuals. Public policies in many sectors, including housing, can have a direct and immediate impact on people living with HIV and communities at risk. One of targets of Leading Together aims to see measurable improvements in communities’ access to appropriate, comprehensive health and social services, including housing, and health promotion/harm reduction programs. As part of its actions, Leading Together will “review and, if necessary, change housing policies and

practices – municipally, provincially, territorially and federally – to give people living with HIV and communities at risk better access to affordable, appropriate housing.”

Links Between Housing and HIV/AIDS

In Canada, acceptable housing⁵ is defined as housing that is in adequate condition, of suitable size, and affordable⁶. Typically, homelessness is defined as sleeping or living on the streets, in a car, in a shelter, in an abandoned building or any other place not intended for sleeping. People identified as stably housed usually reside in their own home or apartment, and those unstably housed are in transitional housing, an institution, or couch surfing with family, friends or strangers⁷.

Homelessness and unstable housing have been associated with higher rates of HIV^{8,9,10,11,12,13,14,15,16}, and seroconversion^{17,18}. In fact, people who are homeless or unstably housed have HIV infection rates that are three to nine times higher than stably housed people^{19,20,9,16,21}. Homelessness and unstable housing is also linked to more frequent injection drug use^{11,22,23,24,25}, needle sharing⁸, exchanging sex^{8,26,27,28}, number of sexual partners, and unprotected intercourse^{26,29,30}. Conversely, living in an apartment or house was associated with decreased needle sharing, daily injection, sex trade and unprotected sex among people who use injection drugs⁸.

People who are homeless or unstably housed have HIV infection rates that are three to nine times higher than stably housed people.

Unstable housing is associated with violence against women^{31,32,33}, higher levels of drug and sex-related HIV risk behaviour^{34,33}.

Impact of Housing on Mental Health

Psychologically, unstable housing or transience, meaning moving frequently, increases the likelihood of depression and stress due to moving itself, as well as to the surrounding life circumstances^{35,36}. Housing instability has also been associated with poorer perceived health status³⁷.

Another important psychological consequence of homelessness or lack of stable housing is its impact on social interaction. Housing plays an important role in the size and composition of social networks³⁸, and social networks values and norms are important determinants of risk behaviour^{39,40}. Housing provides the space to develop and maintain social relations⁴⁸. Housing is particularly important for forming intimate relationships. “Lack of housing, transient living conditions, and the communal sleeping arrangements in most homeless shelters pose a formidable barrier to forming stable intimate relationships.”⁴⁸

A home and neighbourhood contribute to a person’s sense of identity and belonging^{41,42,43,44}. A sense of home makes a person feel secure, provides some order, continuity and meaning in their lives^{45,46}. Without adequate housing, a person can experience a reduced sense of safety, personal efficacy, and personal value^{47,48}. These psychological responses can lead to feelings of social rejection, internalized shame, and lack of self-esteem, which can lead to risky health-related behaviours^{48,49,50,51}.

There are also economic and political factors at play in the context of health. Law and policies influence who experiences housing instability and who is eligible for housing assistance. This is especially true for people who use drugs or have a criminal record⁵². Migrants may also be excluded from local housing and social services if they do not meet residency requirements⁵³.

Laws are often targeted at homeless people can hinder HIV prevention efforts. For example, law enforcement efforts related to commercial sex work and illegal drug use push these activities into the underground, making people less accessible to outreach workers or providers of harm reduction resources^{54,55}. Incarceration will disrupt a person's social supports and put them in another risk environment⁴⁸.

The economic and political contexts in our society, the inequality of opportunities and conditions, and the social processes of discrimination and exclusion all contribute to homelessness and unstable housing in Canada.

Impact of Housing Status on Health of People Living with HIV/AIDS

Homeless people living with HIV/AIDS are more likely to have lower CD4 counts⁶⁶, and are less likely to initiate or adhere to antiretroviral medication regimens^{66,56}.

Women living with HIV/AIDS have a higher risk of mortality than men living with HIV/AIDS⁵⁷, primarily because of poverty, homelessness, unmet subsistence needs and sex exchange. Their health is further compromised by high rates of mental illness, drug use and victimization.

For people living with HIV/AIDS, being homeless or unstably housed are important factors

Homeless or unstably housed people living with HIV/AIDS are more likely to have lower CD4 counts, higher viral loads, higher mortality, and are less likely to initiate or adhere to antiretroviral medication regimens.

that can hinder access to health care and social services, initiation and adherence to antiretroviral therapy, and can have an adverse effect on viral load and mortality^{58,59,60,61}. Being in a stable residence is associated with access to health care. In one study of HIV-positive people who injected drugs, they were almost three times more likely to use the services of a clinic than their homeless or unstably housed peers⁶².

For people living with HIV/AIDS, homelessness leads to higher medical costs⁶³, inadequate access to care⁶⁴, and poorer continuity of care⁶⁰. Homeless people living with HIV/AIDS had higher annual rates of hospital admission^{65,66}, total lengths of stay in hospital⁶⁵ and emergency department admissions^{65,66} than their housed peers

Homeless people living with HIV/AIDS are more likely to poorly rate their mental, physical and overall health than housed people living with HIV/AIDS⁶⁶.

Current Housing Situation in Canada

Homelessness

It is difficult to measure homelessness. It is a visible problem in Canada, although there exists no reliable method for counting the number of people who are homeless at a given point in time. In addition, homelessness is a continuum of experiences with a variety of short and long term durations⁶⁷. The homeless population is difficult to track, as they have no fixed address, are often mobile and in many cases, are hidden. It is clear from CAS' work that emergency shelters and drop-in centres for street-involved people are overwhelmed and cannot keep up with the demand⁶⁸.

Housing Need

Based on the definition of acceptable housing as housing that is in adequate condition, of suitable size, and affordable⁶, 13.5% of urban Canadian households were deemed to be in core housing need in 2005. Core housing need increases as income decreases. Low-income renters accounted for the largest share of all core housing need households, at almost 59%. Similarly, 22% of low-income owners were in core housing need.

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In Canada's North, the core housing need is greater, with 14% of households in the Northwest Territories and 39% of households in the Yukon reporting adequacy problems in 2004⁶⁹. Suitability is even more of a problem in the North, with many households living in overcrowded conditions. The average household size were higher in the North compared to Canada as a whole, with the exception of the Yukon Territory: Nunavik (Northern Quebec) at 4.1 persons per household, Nunavut at 3.7, Nunatsiavut (Northern Labrador) at 3.5, Northwest Territories at 2.9, Yukon at 2.4, and Canada at 2.5⁶. There is very little private rental housing outside of Whitehorse and Yellowknife.

With the current international economic situation deteriorating, it can only be assumed that core housing need in Canada will increase.

Housing Need of People Living with HIV/AIDS

In Ontario, almost half of people living with HIV/AIDS have problems with housing⁷⁰, as determined by Positive Spaces Healthy Places, the first longitudinal community-based research initiative in Canada to examine the housing status and stability and its relationship to health outcomes and health-related quality of life for people living with HIV/AIDS. A quarter of people living with HIV/AIDS had difficulty paying their rent. A third of them were at risk of losing their homes, and a third were worried about being forced out of their homes. One quarter of them did not feel they belonged in their neighbourhoods. One in five had moved in the last year.

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Barriers and Facilitators to Housing

In general, lower income, injection drug use and recent incarceration act as barriers to housing, whereas case management, outpatient drug treatment attendance and social support facilitate housing⁷¹.

A Housing First Approach

“Housing. Housing would be a big one. Number one. And number two, a place that will not be totally shocked that I’m a drug addict... if I’m a drug user, I’m out the door.”

“What I’d like to see in this city is housing that tolerates using.”

-- quotes from focus group participants⁶⁸

Housing First⁷²

To address homelessness, especially for people who have been homeless for a long period of time, an approach known as ‘Housing First’, ‘Pathways to Housing’ or ‘Streets to Homes’ has evolved. It is especially useful for people with mental health and substance use issues. The ‘housing first’ principle consists of helping people move directly from the street to housing. It provides immediate access to housing and does not require treatment or sobriety as a prerequisite to housing. It is basically a harm reduction approach to housing.

In the prevailing model for housing in most jurisdictions, outreach workers work to bring homeless people to drop-in centres and shelters, who then help them find transitional housing to get people ‘housing ready’ based on a list of criteria, and then they are moved into permanent housing. To be eligible for supportive housing, people must be sober, have insight into and adhere to treatment for their mental illness, and have no criminal background. It is assumed that people need training to live in housing, that the skills they learn in one setting are transferable to another, and that they need treatment and sobriety before being ready for housing. These assumptions create barriers to housing for many homeless people.

In the housing first approach, outreach workers identify people who have not been served well by existing supportive housing programs, as well as people who cannot or will not accept the terms of existing programs. Once housed, services are provided to them from a client-centered, solution-focused approach, and assistance is provided to them to help them navigate through the community services that can best meet their needs. Housing First combines subsidized housing through rent supplements and assertive community treatment and support. This type of approach has been shown to reduce homelessness for program participants and to produce housing stability. Landlords are also included in the process to ensure their concerns about property management are being addressed

Studies on the Housing First approach were conducted and showed that homeless people obtained housing earlier, remained stably housed, showed greater reduction in the use of institutional services (hospitalizations and correctional services), and reported higher perceived choice than people who were assigned to housing that was contingent on treatment and sobriety^{73,74,75}. In another study, 88% of Housing First participants remained housed after 5 years compared to 47% of participants in the city’s residential treatment system⁷⁶.

A made in Canada version of Housing First was initiated in 2005 by Toronto’s City Council. It developed independently of the Housing First programs emerging in the United States, based on the belief that housing is a basic human right, not a reward for clinical success. Streets to Homes⁷⁷ adopts a Housing First approach based on the fact that homeless people

want housing. It is more cost-effective to focus on permanent solutions than emergency measures. The Streets to Homes Program was acknowledged as the best practice by the Canada Mortgage and Housing Corporation, by Human Resource and Skills Development Canada and by the Building and Social Housing Foundation of the World Habitat Awards. It has received a total of 12 awards.

Streets to Homes⁷⁷ has housed more than 2,200 people in just over three years. Between 85-90% of participants are still housed, and 87% of them are very happy or mostly happy with their housing. The majority of participants (91%) report that their lives have improved a lot or somewhat improved as a result of being housed, mostly in terms of security, privacy and improved mental outlook. As for alcohol and drug use, 49% reported having decreased or quit using alcohol, and 73% reported decreasing or quitting other drug use. Use of clinics, emergency departments and hospital were down whereas use of family doctors, psychiatrists, dentists, optometrists and specialists increased, indicating a better use of health services. Similarly, there was a reduction in the use of emergency services such as 911, ambulance, fire, and police, as well as a reduction in arrests, incarceration, court time, probation and panhandling. People had a more positive outlook for the future and higher self-esteem. People reported that the friendliness and persistence of outreach workers was the key to them accepting their services. They had to adjust to being housed but were inclined to want to remain housed.

Housing Initiatives in Canada

The following section provides a brief overview of the history of housing initiatives in Canada and summarizes various national housing initiatives currently taking place.

A brief overview of the history of housing in Canada⁷⁸

In 1973, the Liberal government, under Trudeau, announced an ambitious new federal housing program. By the early 1980s, there was funding for about 20,000 new units of community-based co-op and non-profit housing annually. Several hundred thousand social housing units were funded under the post-1973 federal program.

However, between 1984 and 1993, about \$1.8 billion was cut from national housing programs. The federal government cancelled all funding for new housing in 1993. In 1996, the federal government announced plans to transfer the administration of national housing programs to the provinces and territories. In the 1990s, the provinces and territories joined the downward slide in funding these programs.

Some positive steps have occurred in recent years. The federal government announced a Homelessness Partnership Strategy, including a Supportive Community Partnerships Initiative, with \$753 million of funding over three years. This endeavour resulted in creating transitional housing in several cities.

In November 2001, the federal government signed the Affordable Housing Framework Agreement with the provinces and territories, for \$680 million over 5 years, to be matched by the provinces and territories. However, advocates report that most provinces are not paying their matching share, and even if these initiatives were fully funded, they would still fall short of the need for affordable rental housing in Canada.

There has historically been a sharp divide between owners and renters in Canada. The conditions for owners have been favourable, with a growing supply of housing, affordable prices, and low interest rates. Governments have supported owners with many programs, including grants and tax measures. The median income of owners has increased.

In contrast, the rental housing crisis has grown to desperate proportions. Supply has dwindled, rents have increased, and the median incomes of renters have decreased. The crisis affecting renters has largely been hidden, as ownership statistics produced monthly by government and industry do not reflect renters, and rental statistics are only produced yearly.

The rental housing situation has indicated a dangerously low vacancy rate in 2001, at 1.1%; however, the rate rose to 2.7% by 2006⁶. The construction of new affordable housing is low outside Quebec and rented at the high-end of the income scale. There has also been loss of affordable units due to demolition or conversion. Rents are climbing across the country as renter incomes are falling. Homelessness has been growing, as seen in the overcrowded emergency shelters. Public investment has failed to create affordable private housing. Private sector lobbyists are urging the federal government to bring in tax schemes that are aimed at subsidizing a new supply but the new proposals simply repeat the errors of the past.

Without a strategy, there is little or no accountability for the significant public benefits of addressing the housing issues. There is little or no targeting to ensure that the new supply of housing is affordable to low and moderate-income renter households.

Current Initiatives

The Homelessness Partnering Strategy

On December 19, 2006, the federal government announced the Homelessness Partnering Strategy⁷⁹, to begin on April 1, 2007. This strategy replaced the National Homelessness Initiative which expired on March 31, 2007. It provided \$269.6M over two years “to prevent and reduce homelessness by helping to establish the structures and supports needed to move homeless and at-risk individuals towards self-sufficiency and full participation in Canadian society.”

The strategy focuses on a ‘housing first’ approach, as described above. It contains three main program initiatives:

1. Homelessness Partnership Initiative

This initiative is specifically targeted at designated communities (listed on the website), Aboriginal communities and outreach communities. The program adopts a community-based delivery model, with a community advisory board for the community planning process, and community consultation on the plan. The proposed projects are selected according to different terms and conditions depending on the stream. So far, 61 communities receive funding based on identified need. Some community-based organizations have obtained funding for some programs through this initiative.

2. Homelessness Accountability Network

This program is established to strengthen networks between the Homelessness Partnering Strategy’s designated communities and other key stakeholders. It includes national and

regional events and web-based tools. There are three main activity areas: knowledge development and sharing, partnering networks, and ongoing accountability through a streamlined results-reporting function.

3. Surplus Federal Real Property for Homelessness Initiative

The Surplus Federal Real Property for Homelessness Initiative continues to operate in collaboration with Public Works and Government Services Canada and the Canada Mortgage and Housing Corporation. Basically, surplus federal real properties are made available to community organizations, the not-for-profit sector and other levels of government for projects to help prevent and reduce homelessness.

The Homeowner Residential Rehabilitation Assistance Program

The Canada Mortgage and Housing Corporation offers financial assistance to low-income homeowners for mandatory repairs that will maintain their housing to a proper standard. The Homeowner Residential Rehabilitation Assistance Program⁸⁰ provides funds to upgrade properties and maintain them to proper standards. The program has been expanded to include rental and homelessness initiatives. Funding for this program was renewed for two years, along with the Homelessness Partnering Strategy.

The Canadian Multi-Site Research Demonstration Projects in Mental Health and Homelessness

Health Canada and the Mental Health Commission of Canada are supporting the Canadian Multi-Site Research Demonstration Projects in Mental Health and Homelessness. This initiative is a “five-year intervention trial designed to provide policy relevant evidence about what service and system interventions best achieve housing stability and improved health and well-being for those who are homeless and mentally ill.”

Although there is promising data from the Streets to Homes program in Toronto, as mentioned above, there is a lack of experimental research about the Housing First approach’s long term effectiveness and cost-effectiveness in Canadian settings. On February 25th, 2009, the Mental Health Commission of Canada issued a Request for Proposals⁸¹. Comparisons of Housing First approaches to care as usual in particular populations of interest will be carried out in Vancouver, Winnipeg, Toronto, Montreal and Moncton to identify best practices that could be applicable to other Canadian cities. This endeavour is endorsed by the federal Homelessness Partnering Strategy.

The 2009 Federal Budget

In January 2009, the federal government announced its plan of action to stimulate the housing sector and to improve housing across Canada⁸². Its highlights include support for home ownership and the housing sector, investments in housing for Canadians, and help for municipalities to build stronger communities.

Support for Home Ownership and the Housing Sector

The federal government will implement a temporary Home Renovation Tax Credit of up to \$1,350 in tax relief to reduce the costs of renovations for an estimated 4.6 million Canadian families. They have also allocated \$300 million over two years for energy saving home retrofits, additional access to up to \$25,000 from a Registered Retirement Savings Plan to purchase or build a home, and \$750 in tax relief for the purchase of a first home.

Investments in Housing for Canadians

The plan allocates funding over two years for social housing, distributed as such:

- a one-time federal investment of \$1 billion over two years for social housing renovations and energy retrofits for up to 200,000 social housing units, on a 50/50 cost-shared basis with the provinces
- \$400 million over two years for new social housing and to remediate existing social housing on Aboriginal reserves
- \$400 million over two years for social housing units for low-income seniors
- \$75 million over two years for social housing units for people with disabilities

Helping Municipalities Build Stronger Communities

The federal government plans on making up to \$2 billion available over the next two years in direct, low-cost loans to municipalities for improvements to housing related infrastructure.

Call for a National Strategy

When considering the body of evidence that reveals the complex relationships between housing and HIV/AIDS, it is clear that there is a need to develop strategies that address the fundamental causes of homelessness and unstable housing in Canada, as part of a response to HIV/AIDS. These strategies need to address both the association between housing status and the risk of HIV transmission, as well as the association between housing status and the health and well-being of people living with HIV/AIDS.

Canada is the only G8 country (Canada, France, Germany, Italy, Japan, Russia, United Kingdom, United States) not to have a national housing strategy. Instead, it has a variety of short-term programs to address housing and homelessness, with no coordinated effort or adequate long-term planning. Having a long-term housing strategy or policy would allow a certain coordination of efforts over the housing market in Canada.

A Similar Call from Other Groups

Other groups have called for a national housing strategy. The Federation of Canadian Municipalities, comprised of mayors and other municipal representatives, has called for an end to chronic uncertainty about affordable housing and wants commitment to long-term funding for a national housing strategy. They state that \$3.35 billion from federal, provincial and territorial governments are required annually over the next 10 years for affordable housing and to tackle homelessness.

The One Percent Solution⁷⁸, conceived by Dr. David Hulchanski, from the Centre for Urban and Community Studies, University of Toronto, on behalf of Toronto Disaster Relief Committee, has been proposed and supported by many organizations and housing advocates, including the National Housing and Homelessness Network. This proposed solution is based on the fact that in the mid-1990s, the combined spending on housing by all levels of government was about 1% of their combined budgets. The One Percent Solution calls on governments to double their housing spending, adding an additional 1%. This additional spending would allow the federal government to adopt a comprehensive national housing strategy.

The Canadian AIDS Society takes action

The Canadian AIDS Society has committed to conduct a review of international and national housing strategies, policies and programs from countries with similar social and economic structures to Canada and to develop policy recommendations for a Canadian Housing Strategy. The review will allow us to better understand how HIV/AIDS issues are reflected in models of national housing strategies from other countries. It will identify the best practices and strategies for ensuring Canada has a strong response to housing needs, which will in turn contribute to Canada's response to HIV/AIDS. This review will contribute to developing an integrated policy with relevant government departments seeking to address homelessness in Canada.

Working Together to Develop a National Strategy

The development and implementation of a Canadian Housing Strategy must involve all key stakeholders. Leadership needs to come from the federal government, and involve provincial and territorial government, municipalities, community-based organizations, the private sector, as well as homeless and unstably housed people.

Components of a Strategy

A Canadian Housing Strategy needs to address the supply of housing, its affordability, its supports, the rehabilitation of existing housing and emergency relief.

Supply

As Canada's low-income renters are the most affected by core housing need, the number of rental units targeted to low and moderate income households, especially people living with HIV/AIDS, needs to increase. The private sector faces challenges as the costs of developing and operating rental housing are steep, and the income of renter households has fallen. There is a gap between what low and moderate income tenants can afford to pay and what the private landlord needs to collect to cover costs plus a reasonable return on investment. Incentives must be put in place to stimulate the construction of more affordable rental units. The federal government has proposed some investments in social housing for Aboriginals on reserves, for seniors and for people with disabilities over the next two years; however a longer term investment and strategic plan is required to address this need for all Canadians who are not adequately housed.

Affordability

A plan is needed to ensure that new units are affordable to the households that need the new housing the most. There is an urgent need to increase income assistance and rent supplements available to low and moderate income households, as about 59% of low-income renters are in core housing need⁶. Rent supplements can be made available to both private and non-profit housing providers, based on a contract with the landlord that ensures the property is well maintained and remains affordable over time. Rents can also be capped at an affordable amount. Federal and some provincial governments have used rent supplements to assist both private and social housing tenants with considerable success over the years. These types of programs need to be expanded. For example, one province offers a shelter allowance program which provides financial assistance to low-income households whose members must spend too much of their budget on rent or mortgage payments.

Supports

Some supportive housing initiatives offer specific programs for those who require special services. For instance, the Housing First approach to housing described above put people who have been chronically homeless into homes, then guides them through the various health and social services they may require to assist them with their mental health and/or substance use and other factors. Such programs also assist people in accessing and maintaining their housing. Some Canadian provinces have adopted a Housing First approach in their housing initiatives (for example, Alberta), and the federal government's Homelessness Partnering Strategy is also based on this approach. The Canadian AIDS Society strongly supports this model, and the ongoing research to gather evidence on its effectiveness. A Housing First approach to homelessness needs to be promoted and adopted by more Canadian provinces and municipalities. A national housing strategy would help unify our approach to homelessness and unstable housing.

Rehabilitation

The federal government plans on investing in a temporary Home Renovation Tax Credit to provide incentives for Canadian home owners to renovate their home and to retrofit them with energy saving measures. They have also invested in the renovation and energy retrofit of existing social housing. The Homeowner Residential Rehabilitation Program has been renewed for another two years. While these measures will contribute to making more homes adequate for its residents, they are temporary and short-term. Programs of this type need to be long-term and integrated into a long-term plan and vision, which could be developed through a national housing strategy, in consultation with all key stakeholders.

Emergency relief

The Homelessness Partnering Strategy and the Surplus Federal Real Property for Homelessness Initiative are a step in the right direction in terms of providing housing for the homeless. It remains to be seen how these initiatives will be rolled out. Once again, such initiatives would benefit from long-term investments and planning under a national housing strategy.

Closing Remarks

Improving Canada's housing situation would contribute to the response to the HIV/AIDS pandemic. As housing is an important determinant of health, it would also contribute to the greater health of many Canadians in general. Canada has some short-term national initiatives, and a variety of provincial, territorial and municipal initiatives to address various aspects of housing such as its supply, affordability, supports, rehabilitation and emergency relief. Current investments still fall short of meeting the core housing needs of Canadians. The federal government needs to initiate a coordinated, long-term plan to address Canada's housing needs, in collaboration with provincial and territorial government, municipalities, community-based organizations, the private sector, as well as homeless and unstably housed people.

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