

CITY &amp; COUNTY OF PETERBOROUGH, 2011



# HOUSING is Fundamental

A REPORT to the COMMUNITY from the **AFFORDABLE HOUSING ACTION COMMITTEE**

## We Can't Afford Poverty



**“It may seem an uncommon prescription.... But there’s an increasing awareness, among even the country’s most wealthy, that poverty reaches beyond the tables of the hungry and digs into their own pocketbooks.”**  
**– Anna Mehler Paperny and Tavia Grant**

– Source: <http://www.theglobeandmail.com/news/politics/how-paying-peoples-way-out-of-poverty-can-help-us-all/article2011940/>

**I**NVESTMENT IN POVERTY REDUCTION helps us all.

**The Myth:** The decades-old, dominant economic philosophy was to grow the wealth of society’s highest earners and it would trickle down to those less fortunate. The exaggerated wealth disparity in Canada today has proven that a falsehood. We now realize the contrary, that by eliminating the crushing poverty of the lowest earners, wealth will trickle up.

**The Results:** The ranks of the working poor are growing. Jobs lost in the 2008 recession have been replaced with ones that offer fewer hours and less pay. Some of the hardest-hit sectors aren’t coming back. More people are leaving the workforce entirely. Food bank use hit a record high in 2010 and more of the users had jobs. Minimum wages and social assistance fail to keep pace with rising costs. While unemployment is dropping, the proportion of the population with jobs hasn’t risen. Young workers fail to enter the workforce as older workers are forced to forego retirement.

**Research Evidence:** 1. The social and financial costs of inequality are mounting. 2. Paying to get people out of poverty can be a economic boon. For example: a year’s worth of emergency shelter, emergency-room medical care, law-enforcement, and other social services for one homeless person costs four times more than a year’s supportive housing for that person.

When people are poor, out of work, or homeless, it hurts the bottom line of all Canadians. *“If Ottawa and the provinces fail to make this [poverty reduction] a priority, over time we will begin to run out of the money that we*

*need to deal with the demographic bulge because it will be consumed in the health care requirements of the poor, which will increase. It will be consumed in the costs of the illiteracy and unemployment which relate to poverty. ... And it’ll be unsustainable.”* – Senator Hugh Segal

– Reference: <http://www.theglobeandmail.com/news/politics/how-paying-peoples-way-out-of-poverty-can-help-us-all/article2011940/>

**H**OUSING IS FUNDAMENTAL 2011 is highlighting the theme of **mental health, addiction and housing**. In this examination, the potential of housing to mitigate and become a catalyst for stability and recovery illustrates once again the fundamental relevance of housing. Housing is at the centre of everything!

– Paul Armstrong, Chair, Community Education Sub-Committee, AHAC

### OBSERVATIONS, 2011

- no improvement in ‘core housing need’
- urgent need for service coordination for mentally ill/addicted
- urgent need for supportive housing
- demand for emergency housing (shelters) is constant
- poverty is unaffordable
- O.W. and O.D.S.P. maintains people in poverty
- inadequate housing places an inordinate cost burden on health care
- transitional housing almost non-existent in the community

## Peterborough: Highest in Canada for Core Housing Need

**T**HIS IS A MONUMENTAL ISSUE impacting on the health and well-being of our citizens. A.H.A.C. calls upon our civic leaders to represent the interests of low and moderate income renter households making this a priority proportional to its social and economic relevance.

– For rankings, see: **‘Peterborough: Highest in Canada for Core Housing Need’**, pg. 3.

**Definitions:** **Core Housing Need:** 30% of household income spent on housing. **Severe Core Housing Need:** 50% of household income spent on housing.

# THE NUMBERS TELL THE STORY



## FACT:

*Peterborough renter households are poorer than Canadian renter households in general.*

## Rental Market

*Peterborough CMA – Fall 2010*

- Vacancy rate dropped to 4.1% from 6.0%
- Average market rent grew by 1.4%
- Rental stock essentially unchanged
- Increasing proportion of renters age 45 to 65
- Increasing demand for larger apartments
- Peterborough incomes relatively low compared to other CMAs
- Affordability remains a challenge

–Source: Rental Market Report – Peterborough CMA, Fall 2010, *Canada Mortgage and Housing Corporation (CMHA)*. Note: CMA = Census Metropolitan Area.

## Ontario Works and O.D.S.P. Caseload, City and County of Peterborough

	Ontario Works (O.W.)	Ontario Disability Support Plan (O.D.S.P.)
2007 (Jan.)	2,993	3,021
2010 (Dec.)	3,815	3,921

Source: Local SDMI/Caseload Data Reports

IN THE 47 MONTHS depicted in the above chart, O.W. caseloads have increased by 27.5%. O.D.S.P. caseloads have increased by 29.8%. All O.W. And O.D.S.P. recipients spend in excess of 30% of their total monthly entitlement, placing them in ‘core housing need.’

*Note: O.D.S.P. helps to provide a higher level of income and stability for those with multiple barriers to employment and limited prospects for sustainable employment earnings.*

## Current Social Assistance Rates

Ontario Works (OW)	Basic Needs	Shelter Allowance	Ont. Child Benefit	Total (month)	Increase, Nov. 2010
Single	\$224	\$368	\$0	\$592	\$7
Couple	\$443	\$578	\$0	\$1,021	\$11
Single parent + 1 child	\$344	\$578	\$92	\$1,014	\$9
Single parent + 2 children	\$344	\$627	\$184	\$1,155	\$10
Couple + 1 child	\$443	\$627	\$92	\$1,162	\$12

Ontario Disability Support Program (ODSP)	Basic Needs	Shelter Allowance	Ont. Child Benefit	Total (month)	Increase, Nov. 2010
Single	\$584	\$469	\$0	\$1,053	\$11
Couple	\$864	\$737	\$0	\$1,601	\$17
Single parent + 1 child	\$727	\$737	\$92	\$1,556	\$14
Single parent + 2 children	\$745	\$799	\$184	\$1,728	\$14
Couple + 1 child	\$864	\$799	\$92	\$1,755	\$17

Source: Income Security Advocacy Centre, Toronto, Ontario, 1-866-245-4072.

*Are increases to benefits keeping pace with the real cost of living ... ?*

## Reducing Rural Poverty and Homelessness

OPERATED BY THE Housing Resource Centre (HRC), the **Reducing Rural Poverty and Homelessness program (RRPH)** increases access to City-based housing and homelessness prevention services for residents in rural areas of Peterborough County. It creates the capacity for City-based agencies to develop stronger connections with rural communities.

### Households Served by RRPH, 2010

County Households at Risk of Homelessness	355
County Households at <i>Imminent Risk</i> of Homelessness (i.e. <i>within next 30 days</i> )	178
County Households at <i>Imminent Risk</i> of Homelessness that Remained Housed due to HRC Support	142

### Reasons for Risk of Homelessness for County Residents

Hydro One arrears/deposit	86
Rent arrears/last month's rent	8
Heating fuel (gas, oil, propane, wood)	29
Other (mortgage arrears, property tax arrears, water arrears)	5

Source: Kawartha Food Share

## “Acceptable Housing” and “Core Housing Need”

THE TERM **acceptable housing** refers to housing that is adequate in condition, suitable in size, and affordable:

- **Adequate** – not requiring any major repairs.
- **Suitable** – enough bedrooms for the size and make-up of resident households.
- **Affordable** – less than 30% of pre-tax household income.

**Core housing need** occurs when housing falls below any of the adequacy, suitability or affordability standards, *and* when the median rent for alternative local market housing that meets all three standards would cost 30% or more of the household's pre-tax income.

– Source: Canada Mortgage and Housing Corporation

*The gap in the wealth of owners and renters has been widening for at least two decades.*

## Shelter Use in Peterborough: Number of Bed Days, 2010

	Cameron House	Youth Emergency Shelter	Brock Mission
# of Bed Days	3,368	4,586	8,285
Annual Cost	\$165,921	\$388,897	\$209,698
Total Annual Cost, All Shelters = \$764,516			

Source: Social Services, City of Peterborough

## Best Use of \$\$?

**W**HEN YOU ADD IN THE HEALTH CARE, social service and judicial costs, the bill for homelessness is far greater than just the shelter costs.

Wouldn't it be more efficient to invest \$.75 million annually in housing? Housing provides safety, stability, better health and dignity. Housing reduces health care, judicial, and social service costs.

## Peterborough: Highest in Canada for Core Housing Need

Peterborough: Gross Rent as a % of Household Income	% of Renter Households	# of Renter Households
Less than 20% · <i>Affordable</i>	25.08%	3,175
20-29% · <i>Affordable</i>	24.41%	3,090
30-34% · <i>Core Housing Need</i>	10.78%	1,365
35-39% · <i>Core Housing Need</i>	7.07%	895
40-49% · <i>Core Housing Need</i>	9.79%	1,240
50%+ · <i>Severe Core Housing Need</i>	22.79%	2,885
Households 30% and over	50.43%	6,385

## Housing Subsidy: Raising Families Out of Poverty

**P**ROVIDING 'AFFORDABILITY' by building affordable rental units is cost prohibitive. In Peterborough alone, approximately 6,300 units would be needed.

But affordability can be achieved by ensuring that no more than 30% of total household income is paid for housing. To do this, some form of an income tested tax credit or rent supplement must be paid to the household. This is real poverty reduction where it matters most — housing.

### Low Income Households, Peterborough City/County

	Total Population	# of People in Low-Income Households	% of People in Low-Income Households
County of Ptbo	55,965	2,610	4.7%
City of Ptbo	72,750	9,140	12.6%

*The solution is not about making (i.e. building) affordable housing, it's about making housing affordable.*

*Making housing affordable is not just a social issue. It's a health issue and plays a pivotal role in reducing poverty.*

Top Cities in Canada for % of Renters With Core Housing Need	30% and over: Core Housing Need	50% and over: Severe Core Housing Need
Peterborough, Ontario	50.43%	22.79%
Kingston, Ontario	48.01%	21.80%
Kelowna, B.C.	47.90%	22.72%
Barrie, Ontario	47.89%	22.80%
Windsor, Ontario	47.15%	22.45%
Toronto, Ontario	46.41%	22.17%

Source: Statistics Canada, Census of Population. Last modified: 2011/02/23.

## Affordable Housing Program Rents\*/Average Market Rents

Peterborough CMA, Fall 2010. Minimum Hourly Wage and Gross Annual Income Required

	Affordable Housing Program Rents (80% of Average Rents)			Average Market Rents		
	Rent	Wage/Hour	Income Needed	Rent	Wage/Hour	Income Needed
Bachelor	\$472	\$9.08	\$18,880	\$590	\$11.35	\$23,600
1 Bdrm.	\$598	\$11.50	\$23,920	\$747	\$14.37	\$29,880
2 Bdrm.	\$712	\$13.69	\$28,480	\$890	\$17.12	\$35,600
3 Bdrm.	\$877	\$16.87	\$35,080	\$1,096	\$21.08	\$43,840

Source: Canada Mortgage and Housing Rental Market Report, Fall 2010 (Peterborough CMA), and custom calculations.

\*Affordable Housing Program (AHP) rents in Peterborough include heat and hydro whereas market rents may or may not be inclusive.

## Social Housing Wait List, Greater Peterborough Area, 2003-2011

	2003 (Dec.)	2004 (Dec.)	2005 (Dec.)	2006 (Dec.)	2007 (Dec.)	2009 (July)	2010 (Feb.)	2011 (June)
Waiting List	1539	1502	1503	1488	1502	1503	1501	1538

Source: Housing Access Peterborough (HAP).

## Household Income of Peterborough Renter Relative to All Canadian Renter Households

	Peterborough: # of Renter Households	Peterborough: % of Renter Households	Canada: % of Renter Households
Under \$20,000	4343	34.3%	29.1%
\$20,000 - \$39,999	4267	33.7%	30%
\$40,000 - \$59,999	2367	18.7%	19.5%
\$60,000 - \$79,999	937	7.4%	10.8%
\$80,000 - \$99,999	392	3.1%	5.4%
\$100,000 and over	354	2.8%	5.4%
Average Household Income		\$34,613	\$41,988

Source: 2006 Census, Statistics Canada, based on 2005 incomes for tenants, Catalogue #97-554-XCB2006049, and Peterborough Income Distribution of Renter Households.

# MENTAL ILLNESS, ADDICTION, HOUSING

## How Serious is the Problem?

- 1 in 5 people (20%) experience serious mental illness or substance abuse in their lifetime
- Between 15% and 21% of children and youth have one mental health issue; 2% to 3% have a serious or complex addiction throughout their lifetime
- Between 10% and 25% of seniors experience mental health disorders (Alzheimer's disease and other forms of dementia)
- One-third of persons over age 80 experience some form of dementia

## The Interrelationship

- 30% of people with a mental illness will be dependent on alcohol or drugs
- 50% of people with addiction will have a mental illness at some time in their lives
- 1 of every 3 persons being treated for gambling problems also have a substance abuse

## The Cost

- \$2.5 billion/year – Ontario Health Care system (2007-08)
- \$444 million/year – Ministry of Children and Youth Services (2008-09)
- \$2.3 billion/year in law enforcement services
- \$15 billion/year – Alzheimer's disease in Canada (2008. Projected in 2038: \$153 billion)
- \$2.1 billion/year – Private sector spending annually
- \$?? – Emotional costs to people with lived experience and their families and friends

– Source: Recommendations for Ontario's Mental Health and Addictions Strategy

## Housing Options for the Seriously Mentally Ill

**A**PPROPRIATE HOUSING for individuals with serious mental illness can help reduce psychiatric symptoms, decreasing the need for emergency and treatment services.

**Supportive housing.** Often communal. Small number of tenants, 24-hour services on site, access to case management, emergency response and homemaking. Primary focus is rehabilitation leading to more independent living.

**Supported housing.** Individuals in affordable housing of their choice. Supports are independent from the housing and individualized to a person's needs. Primary focus is community integration and rehabilitation.

**Rent supplements or rent-geared-to-income housing** are strategies that make housing affordable. For those with serious mental illness, poverty is a major barrier to housing.

## The Goal ...

**“THE ABILITY TO LIVE IN THE COMMUNITY with the least intervention from formal services.”**

– Source: Joint Submission to the Ontario Ministry of Municipal Affairs and Housing Long-term Affordable Housing Consultation Session, July 22, 2009

This goal is economically sound and offers the greatest promise of enhanced quality of life. It is a goal that cannot be achieved without investments in affordable housing.

## Housing: The *First* Priority

**A**“HOUSING FIRST, recovery will follow” approach is proving to be a successful strategy in the largest project in Canadian history to study the link between homelessness and mental health. [...]. Once a person is given a place to live, he or she can better concentrate on other personal issues suggests Dr Jayne Barker, the lead executive.

– Source: The Globe and Mail, March 7, 2011

## Mental Health and Poverty

**“A**CCORDING TO the National Council on Welfare, in the ten provinces, the yearly income of an individual with a disability can be as low as \$7,851, two-thirds below the poverty line.” Affordable housing for such an individual would amount to \$196.28 per month. Approximately 70% of unemployed individuals with a psychiatric disability are subsisting on Social Assistance Payments and living in poverty.”

– Source: Federal Budget Initiatives: Enhancing the Economic Basis for Mental Health, Submission to the House of Commons Standing Committee On Finance by the Canadian Mental Health Association, National Office, August 14, 2009

## Chicken or Egg ... ?

**W**HICH OCCURS FIRST: mental illness or homelessness? Research supports either.

The stress of being homeless may encourage anxiety or depressive disorders.

Persons with mental illness can have challenges with maintaining employment. They also have difficulties maintaining themselves in stable housing. Homelessness

is the outcome.

The seriously mentally ill are:

- disproportionately affected by homelessness
- tend to be homeless for longer periods
- have less contact with family and friends
- encounter more barriers to employment
- tend to be in poorer health than the general homeless population

– Source: Housing and Mental Illness, Canadian Mental Health Association, June 2008



**FACT:**

*Housing is a requirement for good health, and a key component of recovery.*

– Source: Joint Submission to the Ontario Ministry of Municipal Affairs and Housing Long-term Affordable Housing Consultation Session, July 22, 2009



# No Health Without Mental Health

**O**UR SOCIETY HAS MARGINALIZED and stigmatized those with mental illness and addictions which, in itself, becomes a barrier to recovery and stable living. But planning and managing health and addiction services separately from other health services hasn't helped either.

A better approach aims to integrate people with mental illnesses and/or addictions into their communities and to integrate mental health and addiction services with the rest of the health system. Every door should be the right door for afflicted persons trying to get help and support. The vision is for individuals with mild to complex disorders to enjoy good health and well-being, living and participating in welcoming, supportive communities.

Respecting the diverse strengths and needs of people with mental illnesses and/or addictions, those with lived experience can become partners in their own recovery. With service providers collaborating, seamless care can be realized.

All services and supports must address the health, economic and social harms associated with mental illnesses, problematic substance use and harmful gambling. Identifying the social factors that contribute to mental illness and addiction is the work of prevention.

Early identification, early intervention, and high quality, effective, integrated, person-directed services and supports can reduce the incidence of mental illness and addiction.

## The Time is Now!

**W**E WILL BE CASTING OUR VOTE in the Ontario provincial election on October 6, 2011. We need to ensure that Mental Health and Addictions is a key election issue. Key priorities are:

1. To ensure a comprehensive basket of core mental health and addiction services are equally available to all Ontarians.
2. To focus on those who are at greatest risk; start with children and youth.
3. To ensure individuals with serious mental illness and addictions have access to supportive housing to support their recovery.
4. To mobilize leadership to ensure Ontario's addiction and mental health strategy is effective.

— Mark Graham, Executive Director, CMHA Peterborough, May 27th, 2011



*Support from community outreach workers on the streets not only makes the difference in quality of life – it can make the difference between life and death.*

## The Homelessness Partnering Strategy

**“I**F YOU'RE HOMELESS IN PETERBOROUGH, chances are you know Samantha Blondeau and Joe Meisenheimer, community outreach workers. 'We basically help people with whatever their needs are.' These workers are on the streets helping the homeless with everything from managing money and basic life skills to accessing food and medical services.

While the project has helped more than 70 people find housing, keeping those clients in housing is a greater challenge.

Meisenheimer, who tackled homelessness issues in Vancouver and Toronto before moving to Peterborough, thought it was going to be easy here. 'It hasn't been. There is no end to the need here,' he said.”

— Source: Peterborough Examiner, March 8, 2011, [geagle@peterboroughexaminer.com](mailto:geagle@peterboroughexaminer.com)

## Ontario to Change its “Fractured” \$3 Billion Mental Health System

**“T**HE CURRENT WAY of organizing and delivering services is failing Ontarians. ... They might have to go to this place for housing, another place for employment support, this place for health services. It's really tough to navigate and they don't get what they need.”

— Deb Matthews, Minister of Health, Ontario, December 2010

Anticipated outcomes for people with mental illness and addiction:

- More people served through primary care and community services
- Shorter wait times for community and hospital-based services
- Fewer hospital admissions or readmissions
- Less demand on emergency departments
- Better quality of life for afflicted and their families
- Better quality care
- More stable housing and less demand on shelters and alternate level of care beds
- Lower costs per person for the recovery journey
- Fewer suicides and suicide attempts
- More youth graduating from high school and post-secondary institutions
- More people (including ODSP and CAS clients) employed and integrated in their communities
- Appropriate mental health and addiction services for those in the criminal justice system

— Source: Respect, Recovery, Resilience, Recommendations for Ontario's Mental Health and Addictions Strategy, December 2010

*Changes can deliver more effective service, enhanced quality of life and reduce associated social costs without making large, new expenditures.*

**FACT:**

***“Hospitalizations were reduced from an average of 53 days per year prior to having supportive housing to only half a day after supportive housing was provided.”***

— Source: Joint Submission to the Ontario Ministry of Municipal Affairs and Housing Long-Term Affordable Housing Consultation Session, July 22, 2009. See McCarthy, J. & Nelson, G. (1991). *An evaluation of supportive housing for current and former psychiatric patients*. Hospital and Community Psychiatry, Vol. 42, No. 12, 1254-6.

***Poverty is a greater risk factor in diabetes than diet or exercise.***

— Source: “To manage health costs, invest in social well-being,” *The Globe and Mail*, December 8, 2010

## Serious Mental Illness and Physical Health

**A** HIGH INCIDENCE of diabetes and heart disease exists in people with serious mental illnesses. Heart disease, stroke and respiratory conditions are also more prevalent and result in higher mortality rates.

Managing chronic physical conditions in people with serious mental illnesses is imperative. However, the people in this group frequently have difficulty in accessing primary care. This is even more true when the person with mental illness is homeless or vulnerably housed. The stabilizing influence of housing, especially housing with supports, helps people to maintain links with community mental health agencies with family health teams. Once again, housing is fundamental.

### Stats and Facts:

- Those with symptoms of depression report having three times as many chronic physical conditions as the general population. (*Canadian Institute for Health Information, 2008*)
- Those with chronic physical conditions have twice the likelihood of experiencing a mood or anxiety disorder. (*Government of Canada, 2006*)
- One in two persons with major depression and a co-existing chronic physical condition report limitations in their day-to-day activities. (*S. Patten, 1999*)

### Strain on City Police Resources: Mental Health Calls Up in 2011

**C**ALLS FOR POLICE UNDER THE Mental Health Act require two officers. These calls doubled in the first three months of 2011, compared to the same period in 2010.

If the patient is taken to P.H.R.C., officers must wait until the person is admitted, sometimes a three or four hour wait during which the officers cannot respond to other calls.

In future, money granted by the province will pay for a mental health worker to assist with the hospital intake process.

— Reference: <http://www.peterboroughexaminer.com/ArticleDisplay.aspx?e=3117733>

**I**NVESTMENT IN STABILIZATION AND RECOVERY for mental health sufferers is *cheaper* than medical, judicial and social services. Housing with supports is known to assist people to recovery and stable living.



Photo: 'The[G]', Creative Commons

## Homeless Patients Cost More Per Hospital Stay

**O**N AVERAGE, \$2,559 more is spent on homeless patients admitted to hospital (a substantial impact on the health care system). Homeless patients stay longer due to underlying health problems and because there is nowhere to send them after they no longer need acute care.

While the homeless have a 23% hospitalization rate, the general population have a 5% rate.

Homeless persons with psychiatric problems present higher costs due to the severity of their illness when they are admitted. This could reflect:

- a) limited availability of mental health services,
- b) the necessity for severe symptoms before hospitalization is deemed necessary.

— Source: *The Globe and Mail*, Jill Mahoney, Tamara Baluja, March 9, 2011

## Housing: The Best Medicine

**T**WENTY PERCENT of homeless people with tuberculosis die within a year of diagnosis. Canadian Medical Association president, Dr. Jeff Turnbull, states that cities need to spend more on sustainable and supportive housing to reduce this mortality rate. Improvements to shelters aren't enough to counter the underlying barriers to proper treatment of the disease.

***“We shouldn't have people living in emergency shelters for the better part of their life,” says Turnbull.***

— Source: CBC News, February 21, 2011

# WHAT CAN BE DONE

## What's Needed for Better Mental Health Outcomes?

- Better physical health
- Personal safety
- Decreased stress
- Improved sleep and diet

**Adequate, suitable and affordable housing can provide all of the above, thus contributing to physical and mental well-being.**

– Source: Housing and Mental Illness, Canadian Mental Health Association, June 2008

***Affordable housing = an investment in health promotion and illness prevention.***

## Follow the Links

**T**HE ECONOMIC STATUS of a person determines the housing (adequacy, suitability, affordability) they inhabit. AHAC has maintained, using evidence from studies, that income is linked with housing. Now, **hard medical evidence reveals that a person's economic status and social participation directly affects their physical health.** That, in turn, affects the cost of health care. This is not vague sentimentalism; it is hard scientific proof. Human health suffers when people are subjected to prolonged hardship, stress and disparity.

– Source: "To manage health costs, invest in social well-being," The Globe and Mail, Dec. 8, 2010

## Bad Policy

**I**N THE EARLY 1990s the federal and provincial governments decided to get out of the business of building affordable housing. Private developers decided not to participate because it wasn't profitable enough. Today, governments occasionally run special programs to build new housing for people on low and modest incomes. But supply is far short of demand.

Poor policy equals increasing rates of 'core housing need'.

– Source: The Globe and Mail, Judith Maxwell, March 22, 2011

***AHAC is unequivocal about the need for a national housing policy. A consistent, uniform approach to addressing housing needs is long overdue.***

## Increase Transfer Payments to Low Income Persons/Households

**S**UBSIDIZED HOUSING, tax breaks, subsidies for necessary goods and increases to minimum wage are well-meaning but misguided says Kevin Milligan, a UBC economist. Instead, he argues, increase transfer payments to those with low incomes. (Transfer payments include Ontario Works, Ontario Disability Support Program, C.P.P. Pensions, etc.)

– Source: The Globe and Mail, Stephen Gordon, March 21, 2011.  
See Economy Lab on Twitter

***AHAC recognizes that 'housing unaffordability' is linked with income deficiency.***

## SOUND FAMILIAR?

***The Canadian Mental Health Association, Ontario has called for the development of a national mental health strategy. This umbrella would contain all other directions for action.***

## Housing and Hunger in Ontario

**F**OOD BANK USE in Ontario has grown by 42% since 2000. Ontario is the third largest user of food bank services in Canada.

- 402,000 rely on food banks each month
- 45% are on O.W.
- 23% are on O.D.S.P.
- 11% have employment income
- 64% are in private rental housing
- 38% are single adults (largest group)
- 30% are single parents (second largest group)



– Source: Ontario Hunger Report 2010, Ontario Association of Food Banks

## In Peterborough:

- Over 8,300 use food banks in March 2011. There is a serious and growing dependency on food banks and community meal programs here in Peterborough.

**H**unger is a local, national and global problem. It's also a sign of costly malfunctions in housing and labour markets.

The first malfunction is the cost of shelter with soaring rents in small cities such as Peterborough that surpass the ability of low income households to pay. The typical household accessing food banks in Ontario pays 65% of its income in rent. There is no money for food by the end of the month.

– Source: The Globe and Mail, Judith Maxwell, March 22, 2011

***A growing sector of our community cannot feed itself once they have paid for their housing and other necessities. Do we fully understand that food banks and meal programs are no longer optional services?***

***"For the poor, the price of decent food, of health care, of social security, of housing are all substantially beyond reach."***

– The Value of Nothing by Raj Patel



# RECOMMENDATIONS

## Municipal Rent Supplement Program: We Can Do It ... Slowly

**C**URRENTLY RENT SUPPLEMENTS exist on a very small scale funded by random program monies from other sources (Province). When the programs run out, no one knows when they might be renewed. What happens to households when the support terminates?

### City of Peterborough:

- Phase in a program.
- Start small and expand.
- Initially, target the most in need (i.e. households paying in excess of 50% of their total income)
- Publicize the program extensively.
- Households must apply to qualify.
- Supplements will return household rents to 30% of total household income.

Currently, there are 2,885 households in the Peterborough CMA in 'severe core housing need' (greater than 50% spent on housing).

Every cent spent in the program will be put back into the local economy. The stimulus effect will be a multiplier of the money put into the program.

– Affordable Housing Action Committee

*“... working to find solutions to the problem of affordable housing is also smart economic policy. An inadequate supply of housing can be a major impediment to business investment and growth.”*

– Source: TD Economics

## A.H.A.C. Recommendations, 2011

1. **The City of Peterborough** must contribute to reduce the critical levels of 'core housing need' within this city. A failure to reduce this condition will continue to negatively affect the local economy. Among ways to do this are: **a municipal rent supplement program**, and support for and implementation of the recommendations of the **Affordable Housing Community Improvement Plan**.
2. **Peterborough (City and County)** participate with community partners in the establishment of a stock of 'supportive housing.' Supportive housing is the key to preventing and reducing homelessness, housing seniors and persons with disabilities and essential to recovery and stability for those afflicted with mental illness and addictions. Supportive housing is cost effective and proven to reduce social and health care costs.
3. The mentally ill and addicted are more effectively served when community agencies collaborate. To achieve this goal, **all agencies need to participate in a dialogue**. **A.H.A.C.** could be the convenor of a forum for collaboration.
4. Coordinate the efforts of **all local municipalities** (City, Townships, County) to **pressure the federal and provincial governments on housing issues, policies and roles**.

## Taking Stock: Outcomes of Our 2010 Recommendations

2010 Recommendation	Status One Year Later
1. Senior governments target housing/income	Unsustained and declining efforts
2. National Housing Strategy	Didn't happen
3. Municipal councillors make affordable housing a key priority	Still in process
4. City and County adopt Federation of Canadian Municipalities' 2008 Report on a national action plan	Not done
5. City & County address housing poverty by:	
- Municipal rent supplement program	Not done
- Incentives for housing development/construction	Begun but incomplete
- Support community centre, warming room	Achieved
- Participation in federal-provincial housing supply programs	Excellent participation but no new supply programs on the horizon