

Poverty POV

What we are hearing



**Ontario Human
Rights Commission**



Ontario
Human Rights Commission
Commission ontarienne des
droits de la personne

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Introduction

In its recently released Strategic Plan (2023–2025), the Ontario Human Rights Commission (OHRC) identified health and well-being as a priority focus area. Research has shown two issues that significantly impact health and well being are the inability to exercise the right to housing and the inability to exercise the right to mental health and addiction disability care. Combined, these issues also cause or sustain poverty.

While these issues are long-standing in Ontarioⁱ, the COVID-19 pandemic, the increasingly high cost of living, including housing and food, and the rise in mental health and addiction care needs have meant that the most vulnerable in Ontario are struggling in more profound and extreme ways. This is especially true for people experiencing homelessness, substance use, gender-based violence and complex traumaⁱⁱ.

The OHRC has long identified systemic discrimination in housing issues and has raised concerns about zoning and other barriersⁱⁱⁱ to developing low-cost rental housing, group homes, supportive housing and transitional housing. The high cost of market housing, combined with long wait lists for community housing,^{iv} has created an extreme shortage of affordable, stable and safe housing, and is a leading contributor to poverty in Ontario.^v

548 survey responses
13 written submissions
9 key informant meetings

Since the pandemic, the housing and homelessness crisis has become more serious and widespread. For example, housing instability and homelessness are on the rise as people are unable to pay rent due to job loss, or reduced income and the rapidly increasing cost of living. And, for people living with disabilities, housing choices are extremely limited, chronically inaccessible and often substandard and unsafe.

Many people with mental health and addiction disabilities rely on social assistance, and the majority do not have access to deeply affordable^{vi}/community housing^{vii}. They disproportionately experience poverty and homelessness^{viii}. While many factors can lead to homelessness, including systemic discrimination and the experience of violence, abuse and trauma, including intergenerational trauma, mental health plays a significant role – an estimated 25% to 50% of homeless people live with a mental health disability^{ix}.

At the same time as levels of poverty deepen, there have been changes to the legislated right to housing in Canada. In 2019, the Government of Canada enacted the National Housing Strategy Act^x which supports “the progressive realization of the right to adequate housing as recognized in the *International Covenant on Economic, Social and Cultural Rights*, to which Canada is a party.”

Despite these commitments, in 2021, the United Nations Committee on Economic, Social and Cultural Rights requested that Canada provide information on the measures taken to address the disproportionately high incidence of poverty among *Code*-protected groups, and specifically requested that Canada provide information on the steps taken towards the National Housing Strategy Act at the provincial level. Most notably, the Committee requested information on whether the Act had the power to provide remedies for violations of the right to housing. Canada has yet to respond to these requests for information.

Phases of the OHRC's poverty engagement

In this context, in July 2022, the OHRC began a provincewide engagement on poverty as it relates to the right to affordable, adequate and accessible housing and the right to mental health and addiction care. The OHRC called on stakeholders, service providers, Indigenous organizations and advocates to provide written submissions based on a background paper and engagement guide.

In November 2022, the OHRC launched a public survey, held a launch event for service providers, and since then has held nine key informant meetings, with more planned in the coming months. The survey is now closed and the OHRC received over 500 responses.

After reviewing the findings, the OHRC will issue a final report with recommendations and work with community partners to monitor progress and hold duty-holders to account.

This report highlights some of what we have heard so far. The OHRC's final report will provide a more detailed analysis of the findings along with recommendations.

How we understand poverty and the indivisibility of human rights

When the OHRC met with the Ontario Federation of Indigenous Friendship Centres (OFIFC), we learned about the crucial need to reframe how we think about poverty and how that reframing will result in more sustainable, strengths-based and culturally relevant policy and program solutions^{xi}. Specifically, thinking of poverty in exclusively economic terms leads to a narrow understanding of the impact of poverty on quality of life, and of the solutions available to remedy it. However, a perspective that asks what leads to prosperity results in holistic solutions rooted in culture and has greater and more sustainable long-term impacts. This nuanced understanding of poverty also leads us to consider the interdependence and indivisibility of human rights.

Our consultation has revealed that the rights to housing and to mental health and addiction care are indivisible and interdependent, with other rights that lead to well-being and prosperity, such as the right to practice one's culture and the right to food. This means that one set of rights cannot be enjoyed fully without the other^{xii}.

The concept of indivisible and interdependent rights is central to human rights law and the framing of the OHRC's Poverty POV initiative. This has been confirmed by what we are hearing from people and organizations across Ontario. The rights to housing and mental health and addiction care are interdependent with, and indivisible from rights to food, education, and being free from discrimination and violence, among others. When a woman encounters discrimination in one area (for example, while trying to find housing), it affects her ability to exercise other rights as well, like the ability to flee from violence or get proper identification to receive social services.

What we are hearing

Over the last several months, the OHRC has received written submissions, survey responses and held key informant meetings with a range of organizations including legal clinics, advocacy groups, lived/living experts, Indigenous organizations and front-line service providers. While the public survey is now closed, the OHRC continues to hold key informant meetings and welcomes written submissions.

Snapshot of survey responses

Survey responses were received from all regions in Ontario with the majority coming from larger urban areas (37%), medium urban areas (27%) and small rural communities (17%). We heard relatively equally from the central, east, west and northern parts of the province.

Many survey respondents had an annual income of under \$15,000 a year (40%) with other responses coming from people with annual incomes in between \$15,000 to \$25,000 (24%). Almost half of all survey response came from people who receive the Ontario Disability Support Program (ODSP) (43%) and Ontario Works (OW) (8%). Eleven percent of survey responses were from people with no source of income.

Most responses were from White people (69%). The remaining responses were First Nations people (7.2%), Métis (4%), Black (9%), East Asian (3%), South Asian (3.2%), South East Asian (1.6%), Middle Eastern (3.1%), Latino (2.1%) and "other" (8.6%). We did not receive any responses from Inuit/Inuk.

Women represented most respondents (58%), with men (25%), transgender men (2%), transgender women (0.5%) and gender variant/non-conforming (5%) providing the remaining responses. Twenty-five percent of respondents identify as 2SLGBTQ+.

Most survey respondents have, or had, a disability. Respondents have or had an addiction disability (33%), other types of mental health disability (75%) and other forms of disability (54%). Many survey respondents do not or have not had adequate housing (58%). Sixty percent of respondents are unable to feed themselves or their families.

While the OHRC continues to analyze the qualitative survey data, many respondents shared experiences of discrimination, social and economic isolation, and an overall fear for the future wellbeing of them and their families. Respondents shared their experiences in not being able to find and afford adequate places to live and not being able to get the mental health and addiction care they require in their communities. Respondents shared how these experiences limit their ability to not only access steady employment but also their ability to enjoy culture, recreation and time with family and friends.

The OHRC recognizes that the survey data to date lacks representation from some *Code*-protected groups, most notably Indigenous, Black and other racialized communities. To address these gaps, the OHRC is actively working with community partners to make sure we hear directly from the groups not adequately reflected.

Five core issues

Broadly speaking, the consultation has so far revealed five core issues that are preventing people from exercising their rights to housing and mental health and addiction care, leading to and sustaining deepening levels of poverty.

1. Experiencing discrimination based on *Code* grounds such as race, disability, and receipt of social assistance, among others

Written submissions, key informant interviews and public survey responses detail significant systemic discrimination in housing and mental health and addiction care for Indigenous, Black and other racialized people as well as for people with disabilities, people receiving social assistance, 2SLGTBQ+ people and people who have been involved in the criminal justice system. That discrimination can lead to life-altering outcomes such as people with disabilities being unnecessarily institutionalized due to the extreme lack of accessible housing and lack of accommodation by housing providers.

We heard that mental health and addiction disability supports are challenging to access and waitlists are long, especially in northern and rural areas. We have also heard that many people protected by the *Code* experience discrimination and stigma by mental health and addiction service providers, and often do not have access to culturally appropriate services to meet their needs. These experiences often re-traumatize people when they are most vulnerable and attempting to get care.

Many respondents told us that measures to address systemic discrimination, specifically ableism, anti-Indigenous and anti-Black racism, in human services^{xiii}, are non-existent or woefully ineffective.

2. Lack of deeply affordable housing, including housing with supports, and an increase in homelessness

Written submissions and key informant interviews have indicated a sharp increase in people experiencing homelessness or being at risk of homelessness. Individuals or families experiencing homelessness can have living situations ranging from being at imminent risk of losing housing, couch-surfing with friends or family, temporarily staying in shelters, to living on the streets or, increasingly, in encampments. People who are experiencing homelessness are more likely to experience significant physical and mental health issues and rapid age-related decline.

Homelessness is rising despite the introduction of a National Housing Strategy (2017) and federal commitments to reduce chronic homelessness by 50% by the 2027–2028 fiscal year^{xiv}. We heard that in most communities across Ontario, it is very difficult to secure deeply affordable/community housing. For people who are experiencing mental health and addiction disabilities, finding housing with the appropriate supports is even more challenging. We heard that more supportive housing will benefit communities and save government money in the long term, as emergency services are far more costly.

But this is not simply an issue of housing supply. We have heard that increasing financialization of housing^{xv} has a disproportionate impact on *Code*-protected groups^{xvi}. Financialization can be summarized as investors using the housing market in different ways to earn profits, often making the housing less affordable.

We also heard about the impact that stigma, discrimination and NIMBYism have on low-income housing projects that target vulnerable people. Police record checks are being used in the private market as well as to access supportive housing, which acts as a barrier for people involved in the justice system.

We heard that when vulnerable people are unable to access housing, they have increased vulnerability to a range of negative outcomes, such as gender-based violence, human trafficking, and very poor mental and physical health outcomes.

3. Inadequate income supports

We heard from nearly all written submissions, survey responses and key informants that social assistance benefits are impossible to survive on. According to the Canada Mortgage and Housing Corporation (CMHC), the average rental cost of a one-bedroom apartment in Ontario in October 2021 was \$1,395 per month^{xvii}. That is \$873 more than the shelter allowance for a single person receiving Ontario Disability Support Program (ODSP) benefits and \$1,005 above the maximum shelter allowance for Ontario Works (OW). And currently, more than 200,000 families are on the waiting list for social housing across Ontario^{xviii}.

Survey respondents told us that medication and other medical coverage is inadequate on ODSP, and it is very difficult to access mental health supports. We have also heard that a basic income would improve mental and physical health and lift people out of despair.

We have heard how challenging it is to access social assistance while experiencing homelessness. The specific barriers to housing are: the requirements for social assistance shelter allowance (you need shelter to receive the shelter allowance); stringent identification requirements; a punitive document request system; woefully inadequate benefit rates; and increased digitization (caseworkers no longer in the office and harder to connect with).

One written submission plainly stated: “the social assistance system entrenches systemic discrimination that restricts the rights and opportunities for people with mental health addiction disabilities to afford, access and maintain housing.”^{xix}

4. Inability to access mental health and addiction care in a timely way

Many respondents told us that mental health and addiction disability needs post-pandemic are significantly higher across Ontario. We have heard that co-ordinated access is inconsistent across Ontario, which leads to challenges in accessing care in a timely way, especially in rural and remote areas. Service providers told us that due to significant under-funding, individual case management is lacking and agencies do not have the capacity to support everyone who comes through their doors.

We have also heard that individuals with serious mental health and addiction disabilities who need high-intensity supports with housing can wait over five years. Waiting that long can have fatal outcomes. Many respondents told us about the need for more support for harm reduction efforts, a safe supply of drugs (that are increasingly toxic on the illicit market), decriminalization of illegal drugs, and mental health and addictions services designed in collaboration with people with lived experience.

We also heard that mental health and addiction care in correctional facilities is far below provincial standards and likely violates the Mandela Rules^{xx} and other human rights obligations.

5. Lack of sociodemographic data^{xxi} collection

Most written submissions and key informant interviews revealed concerns with the significant lack of sociodemographic data collection in housing, health and other services. We heard that this data collection is crucial to understanding, addressing and preventing inequities in human services.

Respondents told us that data collection of this kind can help institutions or systems to protect and promote human rights. Sociodemographic data can be used to prevent or address systemic barriers to access to services, or to improve equitable service delivery and program design.

The OHRC has long advocated for collecting data in all human services^{xxii} and will continue to do so going forward.

Conclusion

Over the next few months, the OHRC will continue a comprehensive analysis of survey responses and continue to hold key informant meetings and accept written submissions. Our final report will provide practical and concrete recommendations, and we plan to work with community partners to track progress and with duty-holders to help them adhere to their human rights obligations. Duty-holders have and use accessible, relevant and practical human rights tools.

Endnotes

- i. The OHRC has examined these issues over the last two decades. See the following reports; Human rights commissions and economic and social rights, Repeal of Safe Streets Act, 1999: OHRC letter to Attorney General Naqvi, Minds that Matter: Report on the consultation on human rights, mental health and addictions, Submission of the OHRC to the UN Special Rapporteur on adequate housing, Policy on human rights and rental housing, OHRC granted leave to intervene in Tanudjaja et al. v The Attorney General of Canada et al, In the Zone, housing, human rights and municipal planning, By the Numbers: A statistical profile of people with mental health and addiction disabilities in Ontario, Policy on preventing discrimination based on mental health disabilities and addictions, OHRC Policy statement on human rights in COVID-19 recovery planning and OHRC statement on human rights and encampments and shelter closings. See the OHRC website for more related reports/policies.
- ii. See the Canadian Alliance to End Homelessness' (CAEH) recent white paper on the significant rise in homelessness driven by the pandemic and cost of living crisis.
- iii. The OHRC takes the position that zoning and licensing restrictions that limit the availability of housing for *Code*-protected groups can result in discrimination in housing and services, and that land use planning must be consistent with human rights. Some of the OHRC's work in this area includes writing to several municipalities about concerns with zoning, inquiries into rental housing licensing in Waterloo and North Bay, submissions to the Ministry of Municipal Affairs and Housing and interventions at the Human Rights Tribunal of Ontario (HRTO) and Ontario Municipal Board (OMB). In one case, where the OHRC intervened as a party, *Dream Team v Toronto (City)*, 2012 HRTO 25 (CanLII), a coalition of people with disabilities launched an HRTO application alleging that the City of Toronto's imposition of minimum separation distances on group homes had an adverse effect on them in the social areas of services and (indirectly) in housing. The city requested early dismissal on several grounds. After the HRTO denied this request, the city filed an application for judicial review, seeking to have the HRTO's decision set aside. In *City of Toronto v The Dream Team*, 2012 ONSC 3904 (CanLII), the Ontario Superior Court of Justice (Divisional Court) refused to grant the city's application for judicial review. The court found the HRTO's decision was reasonable and noted that the HRTO has left open the question whether zoning bylaws are a service under the *Code* and can cause indirect discrimination in housing. The Dream Team application against the City of Toronto settled before the HRTO could issue a final decision. The Dream Team also filed human rights claims against several other municipalities, which the OHRC intervened in and which were also resolved without a hearing. The OHRC has also intervened before the OMB to successfully challenge zoning practices that may lead to housing discrimination.
- iv. Community housing includes social housing and affordable housing.
- v. Canadian Mental Health Association. "Housing and mental health fact sheet." 2021.
- vi. "Deeply affordable" housing describes housing that is truly affordable for people who are experiencing significant levels of poverty. The term "affordable housing" does not have a common and shared definition in Canada. More often than not, the term is used to describe housing that is listed at 80% of market value, which generally remains inaccessible to people with very low incomes, such as people who receive social assistance.
- vii. Canadian Mental Health Association. "Housing and mental health fact sheet." 2021.
- viii. Homeless Hub. "Mental health and addictions." 2020.
- ix. Ibid.
- x. SC 2019, c 29, s 313.

- xi. See the OFIFC's The Ganohonyohk/Prosperity Research Project (2019).
- xii. See the United Nations Human Rights Office of the High Commissioner's website for more on the indivisibility and interdependence of human rights. Also see the United Nations Declaration on the Rights of Indigenous People - <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>.
- xiii. The term "human services" is used to describe services that focus on education, income support, housing and health.
- xi. The Auditor General of Canada released a report in November 2022 indicating that there was minimal federal accountability for reaching the National Housing Strategy target to reduce chronic homelessness by 50% by the 2027-28 fiscal year.
- xv. See more from The Shift on the financialization of housing at <https://make-the-shift.org/financialization>.
- xvi. Lewis, Nemo. The Uneven Racialized Impacts of Financialization. A report commissioned by the Office of the Federal Housing Advocate. (2022)
- xvii. See Canadian Mortgage and Housing Corporation (CMHC) rental market survey data table - <https://www.cmhc-schl.gc.ca/en/professionals/housing-markets-data-and-research/housing-data/data-tables/rental-market/rental-market-report-data-tables>.
- xviii. Office of the Auditor General of Ontario, "Value for Money Audit: Homelessness" (2021)
- xix. Submission to the OHRC Consultation on Poverty and Systemic Discrimination in Housing and Mental Health and Addiction Disabilities. Income Security Advocacy Centre. (2022)
- xx. The Mandela Rules are the United Nations minimum standard rules for the treatment of prisoners.
- xxi. Sociodemographic data is data collected on variables such as, but not limited to, *Human Rights Code* protected grounds, income and education.
- xxii. Ontario Human Rights Commission, "Count Me In! Collecting human rights-based data" (2009).