

**An Examination of Rental and Social Housing  
in Winnipeg, Manitoba**

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## **Introduction**

The World Health Organization identifies shelter as a basic determinant of health. Housing represents a place for individuals and families to actively participate in their communities. Adequate housing is a basic need and leads to the development of a broader range of fulfilling social interactions. These social interactions often result in a greater quality of life.

In Winnipeg, there are large wait lists for social housing, with some agencies reporting well over 2,000 persons on their wait lists. A review of the private rental market indicates that there are low vacancy rates while the housing stock is declining and the rental rates are rising. While the three levels of governments are working in partnership to create and maintain affordable and adequate housing, leading agencies concerned with housing in Winnipeg have claimed that there is nothing short of a housing crisis.

This brief report examines the adequacy and provision of rental housing in Winnipeg, including both public and private market housing. This research focuses on housing options and provision for persons with limited incomes and pays special attention to those who experience mental illness and/or substance use. This document concludes by stating that there is urgency in seeking solutions to the current housing shortage, the time has come to care for those persons who need it the most. This “care” begins with housing first.

## **Background to Social Housing in Canada**

In order to provide context to the rental housing market in Winnipeg it is important to review social housing in Canada. Social housing in Canada refers to government owned (or financed) housing projects and non-profit units developed by charitable agencies such as community organizations, cooperatives and faith-based organizations. There are many challenges that are associated with providing social housing. These include, but are not limited to, tenants who face addictions, mental health and behavioral issues, low-income, unemployment and job insecurity. Overall, housing providers want to ensure that the tenants will not be a burden on the organization's resources and both the existing and potential tenants will feel safe and comfortable in their environment.

Social housing programs have been traditionally managed by the Canada Housing and Mortgage Corporation (CMHC, 2003), created in 1945. CMHC is a federal corporation with powers in the areas of finance, social housing, housing research and development and acts as the advisor to the government in the area of housing. Between 1945 and 1993, close to 661,000 units of affordable housing was built under the National Housing Act.

Community-based housing development organizations have provided limited income housing since the 1970s, but by the 1980s the not-for-profit sector began to play an expanding role in the development and management of social housing projects (Skelton, 2006). Non-profit housing organizations generally enter into binding agreements tied to their mortgage financing or operating agreements that guarantee the not-for-profit character of the housing. A formula is used to determine what the tenant pays and then the difference is paid directly to a non-profit corporation through a federal subsidy; this is known as rent-geared-to-income. The programs are designed so that residents pay about 25 to 30 per cent of their income to rent.

In 1996, social housing policy was radically transformed by the announcement of the Canada Health and Social Transfer (CHST). The CHST transferred the responsibility of federally funded social housing programs, social assistance and social services to the provinces and territories in Canada. Under the new agreement, CMHC transferred its responsibilities for the management of non-profit, cooperative and public housing programs to the relevant provincial and territorial housing corporations. The CHST affected both housing and social security policy in terms of program targeting and expenditure restraint (Prince, 1998). The National Council of Welfare reported in 2006 that:

*Most welfare rates in the country have declined over the last twenty years in terms of real purchasing power. Welfare is also becoming more difficult to access. There has been a decided lack of investment in affordable housing in Canada over past years. Waiting lists for housing are long and many families struggle to find housing that they can afford.*

Recipients of Employment Income Assistance (EIA) who live in private sector housing often use funds allocated for food, clothing and other costs of daily living to pay rent. The following tables (Tables One and Two) provide further insight into the decreases and adequacy of Welfare incomes in Manitoba and Canada.

<b>Table One</b>		
<b>Number of Persons Receiving Welfare in March from 1995-2005 in Manitoba and Canada</b>		
<b>Year</b>	<b>Number of Persons In Manitoba</b>	<b>Number of Persons in Canada</b>
1995	85,200	3,070,900
1996	85,800	2,937,100
1997	71,100	2,774,900
1998	72,700	2,577,500
1999	68,700	2,279,100
2000	63,300	2,085,100
2001	60,500	1,910,900
2002	60,100	1,842,600
2003	59,000	1,745,800
2004	60,800	1,713,900
2005	60,900	1,679,800

Source: National Council of Welfare-August 2006, Fact Sheet # 6.

<b>Table Two</b>				
<b>Adequacy of 2005 Welfare Incomes in Manitoba</b>				
	<b>Total Welfare Income</b>	<b>Poverty Line</b>	<b>Poverty Gap</b>	<b>Total Welfare Income as % of Poverty Line</b>
<b>Single Employable</b>	\$5,818	\$20,778	-\$14,960	28%
<b>Person with a Disability</b>	\$8,601	\$20,778	-\$12,177	41%
<b>Lone Parent, One Child</b>	\$13,282	\$ 25,867	-\$ 12,585	51%
<b>Couple, Two children</b>	\$29,357	\$38,610	-\$18, 253	53%

Source: National Council of Welfare-August 2006, Fact Sheet # 6.

In Canada, rental accommodations are becoming harder to afford and to secure. Moreover, the total rental stock has declined significantly, for example, from 1991 to 2001, close to 8,300 units have been demolished in Canada. This has led to a steady decline in vacancy rates throughout the 1990s (CHRA, 2002). In addition, one in ten rental units is below adequacy standards, which means that close to 300,000 renter households are either unsafe, lack basic plumbing or are in a serious state of disrepair (CHRA, 2002). Core housing needs tend to be higher for those who rent their dwellings in Canada's largest urban centres. In Canada, a household is said to be in core need if they are paying 30 per cent more of their before-tax income on housing (includes mortgage payment, taxes, utilities and rent). A household is also considered to be in core housing need if the dwelling is in need of major repairs or if the household is considered to be crowded. CHRA estimated that 1.7 million (15.8%) Canadian households are in core housing need (2002).

### **The Provincial Role of Social Housing in Manitoba**

This section highlights the provincial, municipal role in delivering housing, particularly for limited income dwellers. The underlying goal of public housing is to provide quality housing at an affordable rent to low income seniors, families and others with an identified need. The Manitoba Housing and Renewal Corporation (MHRC) was created in 1967 and operates as the delivery arm for federal/provincial cost-shared social housing programs and other capital programming provided by the province. The MHRC provides subsidies for approximately 35,500 housing units developed under various federal/provincial housing programs (Manitoba Family Services and Housing Annual Report, 2005-06). The MHRC's objectives are the following:

- Enhance the affordability of, and accessibility to, adequate housing for Manitobans, particularly those of low to moderate incomes or those with specialized needs;
- Maintain and improve the condition of existing stock; and
- Stimulate and influence the activities of the housing market to the benefit of Manitobans as a whole.

In 1992, the Manitoba Housing Authority (MHA) was created and functions as a property management arm of the MHRC. The objective of the MHA is "to maintain and improve the quality of its existing housing stock and to provide an effective housing service to Manitobans of low and moderate income and to those with specialized needs" (Manitoba Family Services and

Housing Annual Report, 2005-06). The MHA administers and manages approximately 13,100 housing units, and the remaining units (22,400) are managed by sponsor and non-profit groups. The housing is targeted to households whose income is too low to obtain affordable, suitable and adequate accommodation in the private market without spending more than 30 per cent of household income on housing costs. Priority for entry into public housing is determined on an assessed need basis called core need.<sup>i</sup>

An evaluation of the provision of the social housing provision in Manitoba may result in mixed views. For example, an extensive operational review of Manitoba Housing (KPMG, October, 2007) has indicated that there are serious issues that need to be addressed in the delivery of public housing in Manitoba. The following list highlights some, but not all of the concerns as put forth by the independent consulting firm, KPMG:

- A perceived lack of adequate funding for Manitoba's social housing program;
- Tenant intake process was deemed long and labour intensive;
- Issues relating to the tenant appeal processes;
- The housing stock is relatively old and its condition has been deteriorating for some time without significant action; and
- Maintenance issues.

KPMG summed up their review by assigning a score of 45% and suggested that a score closer to the 75% range would fulfill "a well functioning organization, one that is capable of meeting its legislated mandates, vision, and mission."<sup>ii</sup>

As an ongoing response to the various housing issues, the new commitment to build new social housing, under the framework of the Affordable Housing Initiative (AHI), was confirmed in 2002 with goals that are to be reached through local priorities and national objectives (Manitoba Family Services and Housing, 2005-06). Ongoing partnerships between three levels of government and community-based groups are noted for "positive results" in Manitoba. In 2002, the Canadian Housing and Renewal Association (CHRA) reported that:

*The Province of Manitoba has been pro-active in funding projects related to the rehabilitation of rental properties and in strengthening of the housing market of Winnipeg and the inner city neighbourhoods.*

The Winnipeg Housing and Homelessness Initiative (WHHI), a tri-level agreement has over \$1.5 million in funding supported by the AHI. In the spring of 2007, the Province of Manitoba announced \$188 million in funding for a multi-year strategy that includes *HomeWorks*, a \$104.5 million and three-year fund targeting affordable homes for limited income Manitobans (Province of Manitoba News Release, April, 2007).

### **The Municipality of Winnipeg and Housing**

Municipalities are responsible for the regulatory environment and their involvement in the areas of housing relate to control of zoning, land use regulations, property taxation, land development and sub-division design, occupancy by-laws and standards of maintenance. The City of Winnipeg does not have an official housing plan; however, they are involved in tripartite agreements, such as Neighbourhoods Alive!. The Neighbourhood Housing Assistance program is delivered through Neighbourhoods Alive! and is considered essential in strengthening and maintaining the current housing stock in Winnipeg. In late 2007, The Winnipeg Housing and Homelessness Initiative (WHHI) released a call for proposals that include projects that support transitional and supportive housing. The WHHI collaborates with neighbourhood groups, organizations and developers to provide resources for Housing and Homelessness Initiatives within Winnipeg.<sup>iii</sup>

### **Private Rental Market in Winnipeg**

Winnipeg's housing rental stock is declining, the rents are continuing to increase and affordability has declined. This section will highlight some of the reasons for this characterization and statistical evidence will be provided based on recent CMHC annual rental market reports. First, it is important to define particular housing units, commonly found in Winnipeg.

- **Bachelor Apartment** is a self contained unit, typically with a small kitchenette for cooking and a private washroom.

- **Rooming House Unit** is a typical space of 10' by 10' and has few amenities, such as laundry, individual washrooms or food preparation areas. Residents are supplied with a simple bureau, bed and bedding.
- **Residential Hotel** is typically the same as a rooming house but is housed within a hotel and has common washrooms on each floor (some are equipped with in-suite washrooms, but very few have these facilities in the downtown area of Winnipeg), a beverage room and a restaurant with limited operating hours.

Both rooming houses and residential hotels are considered to be part of the private market in Winnipeg. Tenants of rooming houses are protected under *The Residential Tenancy Act* whereas the tenants of residential hotels are not. This means that a resident of a residential hotel may be evicted at any time, under the discretion of the hotel owner. The Province of Manitoba provides shelter allowance to approximately 90 per cent of the residents.

<b>Table Three</b>		
<b>Maximum Rent Rates Employment and Income Assistance: Manitoba</b>		
<b>Family Size</b>	<b>Basic Rent</b>	<b>Rent with Heat, Lights and Water</b>
<b>Person *</b>	\$243	\$271
<b>1 Person– Disability</b>	\$243	\$285
<b>2 Persons</b>	\$285	\$387
<b>3 Persons</b>	\$310	\$430
<b>4 Persons</b>	\$351	\$471

Source: Manitoba Family Services and Housing. Further information see: <http://www.gov.mb.ca/fs/eiafacts/rental.html>

\*A single person in this category who rents a suite with a shared kitchen or bathroom will receive a maximum of \$236.00 per month for rent.

The total private rental housing stock for Winnipeg is 52,430 units, with 775 vacant and/or available for rent. Approximately, 40 per cent of the rental housing stock is located within the inner city where the housing is relatively older than the other areas of the city.<sup>iv</sup> In 1992, the total rental housing stock in Winnipeg was 57,279 and since that year, 4,800 units have been lost (CMHC, 2007). Condominium conversions were one factor relating to the declining housing stock. For example, in 1995, 900 units were converted into condominiums. In 2007, 200 units were not in the CMHC rental market survey because they were either demolished or condemned since the previous year's survey (CMHC, 2007). The following table illustrates the number of rental units in Winnipeg and the associated vacancy rates.

<b>Table Four</b>				
<b>Private Apartment Units by Bedroom Type, Winnipeg CMA: 2007</b>				
	<b>Bachelor</b>	<b>I Bedroom</b>	<b>2 Bedroom</b>	<b>3 Bedroom+</b>
<b>Total Units</b>	3,826	26,967	20,475	1,163
<b>Total Vacancy</b>	70	382	305	18

Source: Canada Mortgage and Housing Corporation (2007) Rental Market Report, Manitoba Highlights. Ottawa, Ontario. P. 4

Since 1991, there has been an overall steady decline of vacancy rates for rental property in Winnipeg. The vacancy rate in 1991 was approximately 6.5 per cent falling to 1.5 as of October 2007. Table Five shows the decline of the vacancy rates from 2005 to 2007. Reasons for the declining vacancy rates are attributed to the arrival of new Canadians seeking shelter, who typically rent their shelter in the first year of arrival. Also, 29 per cent of Winnipeg's population is between the ages of 15 and 34 and this demographic group is also known for renting their shelter versus homeownership (CMHC, 2007). In addition, there has been little affordable rental housing constructed in Winnipeg in the past ten years.

<b>Table Five</b>				
<b>Private Apartment Vacancy Rates (%) by Bedroom Type, Winnipeg CMA</b>				
<b>Year of Survey</b>	<b>Bachelor</b>	<b>I Bedroom</b>	<b>2 Bedroom</b>	<b>3 Bedroom+</b>
<b>2005</b>	3.1	1.8	1.4	1.1
<b>2006</b>	2.2	1.4	1.1	0.7
<b>2007</b>	1.8	1.4	1.5	1.6

Source: Data for 2005-2006 see Canada Mortgage and Housing Corporation (2006) Rental Market Report, Manitoba Highlights. Ottawa, Ontario. P. 2. Data for 2007 see Canada Mortgage and Housing Corporation (2007) Rental Market Report, Manitoba Highlights. Ottawa, Ontario. P. 4.

Table Six highlights the fact that rental rates have steadily increased over the past few years. The average rent for an apartment increased by 4.4 per cent in 2007 while the median income of the renter households grew at 4.3 percent (CMHC, 2007).

<b>Table Six</b>				
<b>Private Apartment Average Rents (\$) by Bedroom Type, Winnipeg CMA</b>				
<b>Year of Survey</b>	<b>Bachelor</b>	<b>I Bedroom</b>	<b>2 Bedroom</b>	<b>3 Bedroom+</b>
<b>2005</b>	405	539	683	795
<b>2006</b>	420	557	709	839
<b>2007</b>	451	578	740	874

Source: Data for 2005-2006 see Canada Mortgage and Housing Corporation (2006) Rental Market Report, Manitoba Highlights. Ottawa, Ontario. P. 2. Data for 2007 see Canada Mortgage and Housing Corporation (2007) Rental Market Report, Manitoba Highlights. Ottawa, Ontario. P. 4.

Low vacancy rates in Winnipeg, in both the public and private housing market, contribute to long waiting lists for those seeking affordable shelter. Prospective landowners and managers in the public market have the power to be particular in tenant selection. Some property owners and managers avoid renting to tenants who are considered marginalized due to perceived drug and alcohol use and misuse, mental health issues and matters relating to affordability and institutional discrimination. The 2001 Census revealed that the core housing need for Winnipeg renters is at 33.7 per cent, meaning that the rental accommodation may be in need of repair, the household pays more than 30 per cent for shelter or the household is considered to be crowded (CMHC, 2007).

In the past few years, The Institute of Urban Studies, at the University of Winnipeg released two reports on the conditions of rooming houses and residential hotels within Winnipeg. It was estimated that there are approximately 1,000 rooming houses in Winnipeg, (5,000 tenants) with Employment Assistance Income paying approximately \$825,000 in monthly rents (Distasio *et al*, 2002). In addition, there are approximately 1,000 persons living in residential hotels along the Main Street area of downtown Winnipeg (Distasio *et al*, 2005). In the past five years, three residential hotels have closed, displacing 150 persons, without sound residential replacement programs in place. Both studies highlighted the fact that many residents within these studies live in shelter conditions that are inadequate and unsafe. The study also confirmed that these tenants have minimal other housing options primarily due to limited incomes.

The Institute of Urban Studies also released a study on hidden homelessness of Aboriginal persons in prairie cities. Hidden homelessness may be defined as persons who stay temporarily with friends or family, also known as “couch surfers.” In a media release (2006), the research team highlighted the fact that there are approximately 10,000 persons who they consider to be hidden homeless in Winnipeg.

In the 2007 rental market report, CMHC forecasts that in 2008, there will be a further downward trend for vacancy rates and this is attributed to the expected 3,500 new migrants who will arrive in Winnipeg seeking shelter.

### **Housing Affordability in Winnipeg: A Housing Crisis?**

In 2001, the Social Planning Council of Winnipeg (SPCW) conducted a Community Plan on Homelessness and Housing. The Social Planning Council of Winnipeg reported the following:

*The decreased availability of safe, appropriate and affordable housing, combined with the increasing numbers of families and children living below the poverty line in Winnipeg, has led many to believe there is a **housing crisis in Winnipeg**.*

A single person on EIA with a shelter allowance of \$271 per month (for a single person, with heat, lights and water) would have difficulty in obtaining shelter in Winnipeg. As previously stated, the average rent for a bachelor apartment in Winnipeg (2006) is \$451 per month. This represents a shortfall of \$180 per month for shelter costs. The wait lists for subsidized housing is also a key issue. The Manitoba Urban Native Housing Association reports that there is an overwhelming shortage of housing, with 2,300 persons on their wait lists (MUNHA, 2007) while the Manitoba Housing Authority had 3,037 households on their wait lists in 2003 (Campaign 2000).

The Community Plan on Homelessness and Housing (SPCW 2001) reflects a grassroots response to the issues of homelessness in Winnipeg. While they found that Winnipeg's housing is among the most affordable in Canada, they also reported that many limited income households pay excessive amounts of their income on housing. The following list highlights their concerns:

- Over 50 per cent of all households in the inner city pay in excess of 25 per cent of their income on housing;
- 70 per cent of households in the inner city, occupied with persons of Aboriginal descent pay in excess of 25 per cent of their income on housing;
- 80 per cent of households in the inner city, occupied with persons of Aboriginal descent, and are single parent households, pay in excess of 25 per cent of their income on housing;
- The majority of individuals seeking general emergency shelter and accessing addiction services were adults males;
- Of the persons accessing "soup kitchens" the majority were males; and
- The majority of persons accessing housing resources were unemployed and receiving social assistance.

In addition, the SPCW (2004) reported that a disproportionately high number of individuals accessing housing and outreach services have substance abuse/addiction problems and mental health issues (when these two conditions are experienced together, it is referred to as a Co-occurring Disorder). Participants in the consultation process also expressed an urgent need for supportive and supported housing for persons with disabilities. Based on interviews with 21 social service agencies in Winnipeg, SPCW noted that:

*It became apparent in the interviews that specific groups, such as persons with Fetal Alcohol Syndrome, are growing in number, and that in the very near future, housing programs will be required to meet the distinct needs of these groups.*

### **Housing for Persons with Distinct Needs in Winnipeg**

This section highlights issues related to mental health, housing and homelessness in Winnipeg. Housing is an essential factor in the stability of individuals who have mental illness and/or substance use issues, known as co-occurring disorders.

The Canadian Housing and Mortgage Corporation released a study on housing issues for persons with distinct needs in 2005. The following quote sums up the issues for persons experiencing substance use issues.

*The literature is clear that effective treatment for homeless people with substance use issues requires “comprehensive, highly integrated, and client-centered services, as well as stable housing.” Housing is essential both during and following treatment. The literature review also found growing evidence that supported housing is essential regardless of treatment. In the programs profiled in this report, safe and secure housing was identified as a key factor that makes it possible for residents/program participants to address their substance use issues and to become abstinent, reduce their substance use, or reduce the negative impacts of their use.*

Alarming, Canada has no national mental health strategy, despite statistics indicating that one in five persons are affected with mental illness during their lifetime (Anderson, 2006) and more than one in three Canadians treated in hospital for some form of mental illness return within one year of their discharge (Ubelacker, 2006).

Out of the Shadows at Last: Transforming Mental Health, Mental Addiction Services in Canada (2006) is a powerful comprehensive report (with 118 recommendations) that depicts the status of mental health and service delivery in Canada. Chairman of the Senate Committee, Senator Michael Kirby, told members of the Canadian Medical Association that:

*We managed to ignore the issue of mental health for a very long time. If you look at the services on ground, they are hugely fragmented. There is no cohesive, patient-oriented system. Mental health has not been at the top of the political agenda. The overwhelming reason for that is the stigma of mental health, which is the reason it has never had the public support that other health issues, such as cancer, have had. The second reason is that services for the mentally ill do not fall under a single department – some aspects address health, others relate to housing or training (Anderson, 2006:139).*

In the report, housing was addressed as a key determinant of health. The authors estimate that as a result of the deinstitutionalization of patients suffering from mental illness, approximately 140,000 Canadians do not have adequate housing (Anderson, 2006:140).

The community consultations for the Community Plan on Homelessness indicated that individuals experiencing mental illness were identified as the most under-served in the area of housing resources. The final report offered the following recommended actions relating to those who are experiencing mental health issues:

- Mental health services should be incorporated into existing emergency housing services;
- People with mental health issues are in need of transitional housing when they leave hospital or emergency housing; and
- People with mental health issues need permanent supportive housing.(SPCW 2001)

In Winnipeg, a major support system in place is the Co-occurring Mental Health and Substance Use Disorder Initiative (CODI) aimed at the coordination of mental health and addiction service delivery system. The initiative was undertaken in the spring of 2001, and expanded across Manitoba by 2003. A newsletter (2004:1) by this organization describes the reasoning behind adopting a systems change model:

*These individuals with co-occurring mental health and substance use were recognized as a population with unacceptable outcomes and higher costs in multiple clinical domains. They are often poorly served in both mental health and substance abuse settings, with*

*resulting over-utilization of resources in criminal justice, primary health care, child protection, and women's and homeless shelter systems.*

The Winnipeg Regional Housing Authority (WRHA) released a Mental Health Housing Strategy in 2003. The report concluded that “the present mental health residential care services system is not consistent with models proposed in the Best Practice Guidelines of Health Canada (1997), nor does it align with the contemporary models examined in the literature review.” In addition the report noted the following:

- The existing model does not currently meet the residential requirements of mental health consumers, and has not kept pace financially to ensure quality services;
- The present model has become dated and needs to be significantly and substantially reorganized;
- To affect the progressive change, the WRHA must proactively and deliberately assume a forward thinking leadership role in shifting the present paradigm, to a predominately supportive housing model; and
- For profit systems are often aimed at extracting profit and secondarily interested in consumer needs.

The WRHA defines “consumers” as people with mental health issues/concerns and who have one or the following characteristics; a history of mental illness, difficulties in functioning in the community, use of hospital/crisis service and other complex needs related to addiction, homelessness and criminal activity.

The WRHA supports action that develop “intentional, proactive relationships with current and potential landlords to facilitate working relationships.” The housing strategy stated that:

*The WRHA recognizes that mental health consumers do and seek to live in a variety of housing arrangements including individual settings...however, current vacancy rates are 1% or less in the City of Winnipeg illustrating a deficiency of affordable housing options.*

## **Homelessness and Housing**

In the United States, the link between homelessness and low rent housing vacancy rates is well documented by O’Flaherty (1995) and more recently by Park (2000). O’Flaherty asserted that homelessness is primarily attributable to a decline in the stock of limited income housing. Park’s recent work addresses the issue between housing market conditions and homelessness. Park’s study also concluded that higher rates of homelessness are definitely related to tighter low-market conditions (2000:76).

It is difficult to count the number of absolute homeless persons. Furthermore, the term homelessness is not easily defined. Contemporary definitions correspond with a direct link to residential instability, the inadequacy of shelter provision and the lack of access to or inability to access social services. The definition ranges from the absolute or chronically homeless, to those who are hidden in temporary accommodations and those who are at risk of becoming homeless (Distasio *et al.*, 2005).

Siloam Mission estimates that the number of homeless persons in Winnipeg is 2,000 and reports serving close to 400-500 persons per day through their food bank and other services.<sup>v</sup> The Main Street Project reported seeing a high level of access to their shelter services in 2006-2007. They supply overnight shelter services to 55 individuals on a nightly basis and they provided almost 19,000 shelter stays to almost 1,100 individuals in the past year.<sup>vi</sup>

## **Housing Discrimination**

The impacts of discrimination against persons with mental illness and/or addictions are serious. Discrimination against people with a mental illness and/or addictions means that they may have more difficulty finding housing and employment. Kaur who works as a volunteer at the Canadian Mental Health Association BC’s Division asserts that:

*People with these conditions are often treated with fear, anger, and resentment rather than community support and compassion. They are often treated badly by institutions like the legal system, the police and the health care system, they are at higher risk of having their human rights violated (Kaur, 2004).*

Many housing providers require abstinence, however, Russell points out that the co-occurrence of mental illness and substance misuse is the norm, not the exception. He adds that evictions only expose the individual to greater risks and housing programs need to have the capacity to provide a more effective response to someone who is using drugs and alcohol. A Vancouver study found that homeless persons were more likely to address their addictions if they were adequately housed (Russell, 2004).

### **Supportive Housing**

There are many examples of supportive housing units/corporations in the United States that have proven effective in providing *permanent* housing for persons experiencing mental illness and substance use. Supportive housing refers to permanent, independent and affordable housing for people who are at risk of becoming homeless due to lack of affordable, available and adequate housing (Proscio, 2000). As previously stated, persons with substance use and mental health disorders are at greater risk of homelessness. This population institutes a highly vulnerable sub-population among the homeless. Treatment for their overall well-being cannot be significantly addressed without appropriate housing and supportive services.

Appropriate services are provided as part of the normal operations of a supportive housing model as a means of assisting the residents to maintain a maximum possible level of independence, stability and participation in the general community. While it is important to note that supportive housing models vary, application of models must be adapted to the local jurisdiction, just as respect must be given to the differences in legislative and regulatory environments.

There are different types of supportive housing models that vary in terms of the character of residential settings, the services delivered and the extent to which government and agencies become involved. One common thread of successful supportive housing models is that agencies provide services and activities to promote the quality of life for residents and encourage them to live both independently and interdependently.

The services provided in “special needs housing” target the requirements of residents, including those with mental, developmental or physical disabilities or those requiring ongoing medical treatment such as persons with HIV/AIDS, people with psychiatric disabilities or people recovering from addictions. Services in this form of housing generally focus on health in addition

to life skills and stabilization services, crisis intervention and case management (Cohen *et al.*, 2004).

Supported housing focuses less on professional services but rather more on person-centered support, self-help and natural support. Supportive housing is based on principles of consumer choice, flexibility, and ongoing supports tailored to each resident. This form of housing helps chronically mentally ill people, disabled people or people in recovery from addictions and some agencies have also developed this model to include families (Cohen *et al.*, 2004). The following chart highlights the typical models of supportive housing.

<b>Table Seven</b>		
<b>Typical Models of Supportive Housing</b>		
<b>Classification</b>	<b>Target group</b>	<b>Services delivered</b>
<b>Special Needs Housing</b>	Residents with special needs, including those with mental, developmental or physical disabilities or those requiring ongoing medical treatment such as HIV/AIDS, people with psychiatric disabilities or people recovering from addictions.	Services generally focus on health in addition to life skills and stabilization services, crisis intervention and case management.
<b>Service Enriched Housing</b>	Two-parent and single-parent families with children, individuals, disabled people, extended families, couples, the elderly, and people with special needs.	The major goal of service enriched housing is to promote the quality of life and improve the economic well-being of the residents. The residents are not necessarily at risk but an option for crisis intervention and service coordination is usually an available option.
<b>Housing for Older Adults</b>	Seniors	Traditionally, seniors housing has included service coordination to prevent institutionalization and to promote older adults to live in a semi-independently environment while having their basic needs cared for. Services provided are usually by an out-side service agency or program.
<b>Government Assisted Housing</b>	Low-income populations, including, but not limited to, two-parent and single-parent families with children, individuals, disable people, people with special needs, extended families, and elderly people.	This form of housing refers to publicly funded housing through subsidies. The major goal of this housing is to provide affordable housing for Most of the programs provided are outside the housing facility and are geared towards self-sufficiency programs to help guide the transition from welfare to work.
<b>Supportive Housing</b>	People who are at risk of homelessness.	Refers to permanent, independent and affordable housing. Appropriate services are provided as part of the normal operations of the housing as a means of assisting the residents maintain a maximum possible level of independence, stability and participation in the general community.

Source: Cohen *et al.*, 2004

The Lewin Group in the United States conducted a comparison of the cost per day per person in nine cites and found similarities in each locale. The following chart highlights the costs per day, per person, in three cities as examples from the Lewin Group study:

<b>Table Eight</b>						
<b>Cost per Day per Person Comparison in Three Selected Cities</b>						
<b>City</b>	<b>Supportive Housing</b>	<b>Jail</b>	<b>Prison</b>	<b>Shelter</b>	<b>Psychiatric Hospital</b>	<b>Hospital</b>
<b>Boston</b>	\$33.45	\$91.78	\$117.08	\$40.28	\$541	\$1,770
<b>Chicago</b>	\$20.55	\$60.00	\$61.99	\$20.00	\$437	\$1,201
<b>Los Angeles</b>	\$30.10	\$63.69	\$87.74	\$37.50	\$607	\$1,474.05

Source: The Lewin Group. (2004) Costs of Serving Homeless Individuals in Nine Cities.

Supportive housing has proven to be effective in reducing financial burdens to society due to the decreases in hospital stays, justice system (prisons and jails), emergency shelters and such. One of the successes of supportive housing is that it reduces costs while increasing consumer (tenants) empowerment.

### **Conclusion**

This brief report examines the adequacy and provision of rental housing in Winnipeg, including both public and private market housing. This report focuses on housing options and provision for persons with limited incomes and pays special attention to those who experience mental illness and/or substance use.

Evidence has shown that there is indeed a housing crisis in Winnipeg for those who are on limited incomes, especially for those who are experiencing mental illness and substance misuse. The private rental market analysis shows that rents are higher while vacancy rates have decreased. The evidence also shows that many persons with limited incomes are resorting to inadequate housing, such as rooming houses and residential hotels. Research on supportive housing indicates that there are cost effective models that provide permanent assistance to those most vulnerable.

This paper has also highlighted the valued efforts by the Province of Manitoba, in partnership with the City of Winnipeg and non-profit organizations, to provide housing and services, however, this paper must conclude by stating that there is urgency in seeking solutions to the

housing shortage, the time has come to care for those persons who need it the most. This “care” begins with housing first.

<sup>i</sup> The Manitoba Housing Authority bases the rental rates as “on a rent-geared-to-income ratio of 27% of the household income for one to five bedroom apartments. Rental rates for studio apartments are based on a rent-geared-to-income ratio of 25% of the household income (MHA, <http://www.gov.mb.ca/fs/housing/mha.html#rates>).

<sup>ii</sup>

<sup>iii</sup> For more on the WHHI see: <http://www.whhi.ca/about.htm>

<sup>iv</sup> The inner city zone areas as defined by CMHC are:

Zone 1 **Fort Rouge** - North: Assiniboine River; East: Red River; South: Jubilee Avenue, Parker Avenue; West: Waverley St.

Zone 2 **Centennial** - North: C.P. Rail Winnipeg Yards; East: Red River; South: Assiniboine River to Osborne Street, north on Osborne to Portage Avenue, Portage to Sherbrook St., Sherbrook to Notre Dame Ave.; West: Keewatin St.

Zone 3 **Midland** - North: Notre Dame Avenue; East: Sherbrook Street to Portage Ave., Portage to Osborne St., to Assiniboine River; South: Assiniboine River; West: St. James Street.

Zone 4 **Lord Selkirk** - North : City limits to Ritchie St., south to Ritchie/Templeton intersection, West in a straight line to CPR Arborg, South along Keewatin Street to the north limit of the Inkster Industrial Park, the north limit of Inkster Industrial Park to Carruthers Avenue, Carruthers Avenue to McGregor, North along McGregor to Smithfield, Smithfield to the Red River; East: Red River; South: CPR Molson/Carberry; West: Brookside Blvd (city limits).

<sup>v</sup> Siloam Mission. For further information see: <http://www.siloam.ca/general.htm>

<sup>vi</sup> Main Street Project, Inc. Annual Report 2006-1007.

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