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THE ORPHANED CHILD: HOMELESSNESS AS SOCIAL POLICY IN ONTARIO

Greg Mann

ABSTRACT

Identified as a "national disaster" by Toronto City Council (1998), homelessness in Canada is one of our most visible social dilemmas, and yet at the same time is perhaps one of the least understood. This paper seeks to elucidate the scope of the problem in Ontario and particularly Toronto, examines the history of related governmental social policy to help illustrate how these policy decisions have contributed to our present situation, assesses some of the empirical data suggesting how the experience of homelessness can significantly compromise an individual's health and wellbeing, and examines some of the proposed strategies to ameliorate the plight of individual's experiencing homelessness in Canada.

Esurio: Journal of Hunger and Poverty, **1(1)**, March 2009
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"Every nation that permits people to remain under fetters of preventable disease and permits social conditions to exist that make it impossible for them to be properly fed, clothed and housed so as to maintain a high degree of resistance and physical fitness; and, who endorses a wage that does not afford sufficient revenue for the home, a revenue that will make possible development of a sound mind and body, is trampling on a primary principle of democracy." – Dr. Charles Hastings, Toronto's first Medical Officer of Health, 1918

Introduction

Mahatma Gandhi is said to have noted that "the greatness of a nation and its moral progress can be judged by the way its animals are treated." We live in a nation that some would argue treats many of its citizens as being less than animals, for at least with animals we ensure proper health, food and accommodation. The reality for Canada's homeless is somewhat akin to what Thomas Hobbes in *Leviathan* described as life in the state of nature, namely "solitary, poor, nasty, brutish, and short" (*Collins Gem Quotations*, 1997, p. 239-40). This paper will seek to briefly delineate the history of social policy in Canada related to homelessness, to assess the scale of the homelessness problem in Ontario and particularly Toronto, to note some of the related issues in the public sphere, and to report on various ameliorative social policy changes suggested by government and agency reports related to this issue.

Definition of the Problem and its Scale

We might begin by defining what is meant by "homelessness" as a term. Note that the term is not houselessness – we are not describing just a lack of physical accommodation. Rather, it is the lack of a home, a refuge, a place of our own. The ramifications go far beyond Maslow's hierarchy of needs, where having a home falls in the "safety" category just above the physiological but before the categories of love/belonging, esteem, and self-actualization. Indeed, there are detractors from Maslow's hierarchy, like the Chilean economist and philosopher Manfred Max Neef who has argued that it is a mistake to characterize basic human needs as hierarchical in nature. He argues rather that they are essentially ontological, encompassing every aspect of our being, universal and invariant. If then all of the needs in Maslow's hierarchy manifest fundamental rights of the human condition, true poverty is not economical in nature, but results from any of those needs being denied or unfulfilled.

At the Conference of Municipal-Federal-Provincial Relations in Canada at Queen's University in 2003, David Hulchanski presented a paper entitled "What Facts Shape Canadian Housing Policy? The Intergovernmental Rule in Canada's Housing System." In the paper, he describes something of the ontological nature of homelessness and the social isolation that it can inculcate. He notes that not having a living space of one's own "means being excluded from all that is associated with having a home, a neighbourhood, and a set of established community networks. It means being exiled from the mainstream patterns of day-to-day life" (Hulchanski 2003, p. 6). He goes on to use even stronger terms, characterizing homelessness not just in terms of exile or social dislocation, but using language that may remind of us of the quote from *Leviathan* in the

Esurio: Journal of Hunger and Poverty, **1(1)**, March 2009
Printed in Canada

introduction: "Without a physical place to call "home" in the social, psychological and emotional sense, the hour-to-hour struggle for physical survival replaces all other possible activities" (Hulchanski 2003, p. 6). These terms are beyond stark, and so we will turn to some of the evidence to demonstrate the scale of human suffering, even here in our own prosperous city.

There are some recent and extremely useful tools for this purpose in the City's Street Needs Assessment (April 2006) and the just-published Street Health Report (September 2007) which seek to provide a snapshot analysis of both the scale of homelessness in Toronto, and the social and environmental factors that influence this "diaspora of the excluded"(Hulchanski 2003, p. 6). The Street Needs Assessment was commissioned by city council in the winter of 2006 and secured funding through a federal grant to do a count of self-identified homeless individuals on a given night in Metropolitan Toronto. On the night of April 19, 2006, 750 trained volunteers and 336 team leaders joined City staff in dividing the city into sections and commencing to seek out and accurately count all of the homeless individuals they could find, with the further aim of conducting a brief needs survey with those individuals who were willing. The final results suggested that on that night, an estimated 5052 individuals were homeless in Toronto. The study found that 72% of the counted individuals were in shelters, 16% were outside, 5% were in health or treatment facilities, 3% were in Violence Against Women shelters, and 3% were in correctional facilities (i.e. they identified in court as being of no fixed address). The authors of the study were careful to note that it was designed as a "point in time" survey, meaning that it was not capable of counting the hidden homeless (e.g. "couch surfers"). 72.7% of the respondents were male, and 42% had been homeless for at least two years. One particularly stark number stood out – 16% of the respondents identified as Aboriginal, a grossly disproportionate number relative to their proportion of the national population (4.4% in the 2001 census). In addition to the numbers discrepancy, Aboriginal participants were homeless longer that the other participants – an average of 5.3 years, as opposed to 3.1 years for the rest of the respondents.

A more recent and comprehensive analysis of Toronto's homeless population has been provided by the Street Health Survey (September 2007). Street Health is a community-based health agency serving homeless people in downtown Toronto. In 1992, they decided to conduct a study to assess the health status and access to health services for Toronto's homeless community. The report was the first of its kind in North America and is still cited today. Fifteen years later, a similar study was commissioned to provide an updated picture of the same issues, and to provide a comparative analysis of the social, economic and health needs of the present homeless community in relation to the participants fifteen years ago and in relation to Toronto's general population today. The latest report noted that in the period of time between studies, besides the development of newly emerging health crises such as the prevalence of tuberculosis and bed bugs in shelters, homelessness and housing insecurity had increased, noting for instance that the nightly count of shelter users had more than tripled, with an average of 1900 nightly users in 1990, as compared to approximately 6500 in 2006. They suggested that the fact that conditions for Toronto's homeless had almost invariably worsened across the board

Esurio: Journal of Hunger and Poverty, **1(1)**, March 2009
Printed in Canada

was reflective of funding and program cuts at the federal and provincial level, coupled with the downloading of responsibility for social programs to provincial and municipal levels of government. They cited just some of the major social policy changes that had taken effect in that time, including much lower social assistance rates, higher rents, and less social housing being built.

Between November 2006 and February 2007, a team of researchers from Street Health and the Wellesley Institute visited shelters and meal programs in the city, conducting comprehensive surveys with voluntary participants. A total of 368 representative adults were surveyed, with the questions ranging from issues of health, housing, income, identified needs, and social supports. The results, needless to say, are disturbing. The authors noted that homelessness was not a short-term crisis, citing the fact that one third of survey participants had been homeless for over five years, while only 20% had been homeless for less than a year.

They found that poverty was the primary determinant as both a catalyst leading to homelessness and in keeping people homeless, noting that over one third of the survey participants had a monthly income of $200 or less, and over three quarters named their economic circumstances as one of the two main determinants of their current situation. Lack of affordable and supportive housing was unsurprisingly a frequently cited issue, with one third of the interviewees suggesting that they became homeless simply because they could not afford to pay rent, while another third said that their physical or mental health issues were preventing them from finding and maintaining housing. The sheer desperation and isolation of their daily lives was suggested by the fact that more than half of the respondents reported experiencing a serious depression in the past year, one in ten had attempted suicide in the past year, and one third said they had no one to turn to when they were experiencing emotional crisis. In the past year, one third of the respondents reported being physically assaulted, one in eight reported being assaulted by the police, and one in five women reported having been sexually assaulted or raped. Health is a dominant concern – one third of the respondents reported at least one chronic or ongoing physical health condition, more than half report chronic fatigue, and one in seven note that they are often in severe pain. Certain diseases are reported at a far higher proportion than the general population, sometimes by an order of magnitude: survey respondents were 29 times more likely to have Hepatitis C, 20 times as likely to have epilepsy, 5 times as likely to have heart disease, 4 times as likely to have cancer, and twice as likely to have diabetes. Despite these serious and chronic health conditions, often exacerbated by itinerancy, poor nutrition, and increased stress, more than half of the respondents did not have a family doctor, and more than a quarter had been refused health care in the past year because they did not have a health card. We are perhaps reminded once again of Hulchanski's observation that "without a physical place to call "home" in the social, psychological and emotional sense, the hour-to-hour struggle for physical survival replaces all other possible activities"(2003, p. 6).

Background of Homelessness as Social Policy

In a paper for the Canadian Policy Research Networks titled „Housing is Good Social Policy", Tom Carter and Chesya Polevychok discuss the origin of housing policy in

Esurio: Journal of Hunger and Poverty, **1(1)**, March 2009
Printed in Canada

Canada. They note that a government role in housing policy first manifested during the depression of the 1930s with the passing of the *Dominion Housing Act* in 1935. However, the government did not clearly define national housing goals or strategy until amendments to the *National Housing Act* were passed in 1964, providing the catalyst for an expansive public housing program with the stated goal of producing one million housing units for low-income Canadians over a five year span. Further amendments introduced in 1973 included government initiatives to assist in home ownership and to support Aboriginal, non-profit, and co-operative housing initiatives. "From then until the mid-1980s Canada had one of the more comprehensive social housing programs in the world, addressing a range of housing needs and accommodating many types of low and moderate-income households"(2004, p. 3). The provinces began to play a more prominent role in social housing in the 1980s, both in managing housing stock but increasingly also in policy development. "By the 1980s, social housing policy could be characterized as a joint policy/delivery initiative of the two senior levels of government with the not-for-profit sector playing an increasingly important role in development and management of projects"(2004, p. 3).

The Street Health Report (2007) provides a synopsis of how this beneficent government synergy began to unravel. The report notes that the first sign of federal retrenchment on social housing policy manifested in 1993 when the federal government cancelled all funding for new affordable housing. In 1995 (not coincidentally the same year that Mike Harris came to power), the Ontario provincial government did the same, and also cancelled 17,000 homes already approved for development. In 1996 the federal government formally downloaded responsibility for affordable housing to the provinces and territories, and began a steady and inexorable decline in federal housing spending. In 1998, the Ontario government downloaded responsibility for affordable housing to municipalities. This arrangement was put formally into law with the passing of the *Social Housing Reform Act* of 2000, making the transfer to municipalities legally binding without providing added revenue sources for the increased cost burden. In a report for the Canadian Policy Research Networks titled 'Fostering Better Integration and Partnerships for Housing in Canada: Lessons for Creating a Stronger Policy Model of Governmental and Community Collaboration," Michel Sereacki comments on this provincial down-loading of responsibility to the municipal government level: "the heavy dependence that this places on municipal property taxes as a source of funding is not conducive to creating truly sustainable housing; these taxes are not sufficiently elastic to weather the ups and downs of the economy, and place the municipalities at a greater financial risk"(2007, p. 2). The last statement almost seems prescient, knowing what we do about Toronto's current fiscal crisis, and perhaps all the more galling in light of the federal Conservative's history of reporting significantly higher revenues than their projected budgets would suggest (recognizing that the current economic environment has at least temporarily put this habit to rest). In addition to inefficient and inadequate means of collecting revenue, Hulchanski notes that the downloaded costs of affordable housing are not restricted to direct housing costs alone: "Dismantling the social housing supply program meant that provinces and municipalities had to bear the indirect costs of inadequate housing and homelessness. These include the costs of physical and mental health care, emergency shelters and services, and policing"(2003, p.

Esurio: Journal of Hunger and Poverty, **1(1)**, March 2009
Printed in Canada

11). The Street Health Report attributes these factors as the prime determinants in the City of Toronto's "poor record" of developing and maintaining its affordable housing stock. They note that "in the past decade, Toronto has completed only about 1500 new affordable homes. In 23 of the city's 44 municipal wards, not a single new affordable home has been completed" (2007, p. 44). This last fact perhaps shows the pernicious NIMBY (not in my backyard) effect of local attitudes towards Toronto's poor, perhaps combined with a lack of leadership related to poverty and housing issues at the city councilor level.

With the downloading and cost-cutting of affordable housing at all levels of government in the last few decades has a come a concurrent decline in social assistance rates in Ontario. The Street Health Report (2007) notes that in 1995 (again, during the Harris years), welfare rates were cut by 22% and have not been restored. While there have been marginal increases in recent years, a current social assistance recipient still receives approximately 46% less in real monetary terms than a recipient in 2002. The report also notes that 70% of welfare recipients pay over the maximum shelter portion for rent. Most homeless people by definition would not qualify for the shelter portion of social assistance, and therefore would receive much less than the basic social assistance rate (2007, p. 13). The City of Toronto Report Card on Housing and Homelessness (2003) notes that between 1995 and 2000, median income for tenant households decreased by 10% while rents went up 24%. It noted that on average, people on social assistance spend $173 of their living expenses covering rent. For food bank users, the report noted that in 2003, after-rent income for food bank users allowed for an average of just $3.95 per day for all other expense, a decline from $7.40 per day in 1995. The frequency of food bank use also attests to the diminished capacity for social assistance rates to meet daily personal needs – in 1995, clients used food banks an average of six times a year; in 2003, the average was seventeen times a year. The Toronto Report Card (2003) goes on to note that in addition to the significant decline in affordable housing and social assistance rates, the net effect of other government policy decisions have to be considered as well. "For people with mental health or addictions issues, this stress has been compounded by provincial decisions to reduce psychiatric beds without adding enough community-based supports such as supportive housing. *The housing and homelessness crisis in Toronto is largely the cumulative result of public policy decisions such as these*" (2003, p. 3, emphasis added). This is a significant statement, as it implicitly suggests that if the problem can directly trace its roots to social policy decisions, effective ameliorative action may be possible through the same route.

As a former case manager in a men's shelter setting, I have seen empirical evidence of this last claim on many occasions, namely the suggestion that a significant number of mentally ill patients have been released into the community without adequate supports. Many of my clients (perhaps a quarter) showed signs of mental health issues, or readily admitted to having received a mental health diagnosis. While some were on medication or regularly seeing a family physician, the majority were not, and the barriers that this presented to normal socialization or independent living were formidable.

Current Issues and Controversies

Esurio: Journal of Hunger and Poverty, **1(1)**, March 2009
Printed in Canada

We might think of the current debates around homelessness as an issue in Ontario in terms of both a macro and mezzo level – the macro includes issues that are of an overarching economic, political or social nature, such as entitlements to social assistance, or issues related to health or education. Mezzo issues would be those related to sphere of a community or neighbourhood. The macro issues have largely been touched on in terms of inter-governmental downloading of responsibility for affordable housing, and the retrenchment of social assistance rates. Several other relevant issues will be briefly touched on, for instance the role of governments vs. non-profits in the provision of social services in the province. The Salvation Army, for example, provides a significant portion of the city's funded shelter beds. Their funding allocation is allotted on the basis of a per diem, or a fixed amount on the basis of how many beds they fill on a given night. Besides the fact that their per diem is significantly smaller than a city-run shelter like Seaton House (rationalized by the fact that a facility like the Seaton House has in-house services such as an infirmary that other shelters do not have the space or professional capacity to offer), the Salvation Army and other non-profits have made the argument to the city that a per diem funding model is inherently counterproductive in that it essentially punishes shelters with comprehensive case management and housing help services who are good at what they do. In other words, the more people they house and stabilize in the community, the less potential funding is available to them as their residency rates go down.

Success is effectively financially punished, and thus the non-profit sector is pushing for a block funding model from the city to replace what is seen as a counterproductive model. Another macro debate is related to treatment models for services to individuals with addictions. The harm reduction model is advocated by the city but some agencies in the non-profit sector, particularly agencies that are faith-based in orientation and history, claim that there should still be a space for abstinence-based models, suggesting that for those individuals who are wanting to break from active substance abuse, having a safe and clean post-detox option for Toronto's homeless is imperative. The abstinence-oriented agencies are not suggesting the dissolution of the harm reduction model, but rather are suggesting that both paradigms can operate in city-funded programs and complement each other in their provision of choice for individuals involved in substance abuse. While this dialogue is ongoing, it can result in policy clashes. For instance, the city now subsidizes "safer crack kits" and hands them out through certain drop-ins and street outreach workers. Some abstinence-based shelters see these kits as drug tools (albeit officially sanctioned ones) and therefore contraband, resulting in individuals being barred from their facilities if caught with these kits. Clearly the city will have to continue to have dialogue with all of its partners related to this and any other issues that might arise in relation to divergent treatment models.

Carter and Polevychok (2004) note another macro issue, namely the fact that while most cohorts of Canada's indigenous population are not growing, certain segments of the population are. Specifically, they note that approximately 250,000 new immigrants enter the country each year, and that both the Aboriginal and seniors communities are rapidly growing as proportions of the general population. Since all three of these groups tend to

Esurio: Journal of Hunger and Poverty, **1(1)**, March 2009
Printed in Canada

manifest significant social needs for many different reasons, these demographic changes will have to be monitored and appropriate social policy initiatives undertaken.

On a mezzo level, several issues manifest in Toronto. For instance, even the empirical evidence of significant gentrification trends in formerly poverty-identified neighbourhoods in Toronto is striking, e.g. Parkdale and close to Regent Park. Indeed, the shelter I was most recently employed at is situated at Richmond and Jarvis, the nexus of multiple new condo developments, with at least one developer offering the Salvation Army a very large amount of money to have us move (the Salvation Army declined). Carter and Polevychok (2004) note the trend of affordable housing stock being lost in Canada's cities as rental properties transition to condo development.

Another mezzo-level issue in Toronto is that of panhandling, with citizen complaints of aggressive panhandling leading to the passing of the *Safe Streets Act* in 2000. The Blueprint to End Homelessness in Toronto published by the Wellesley Institute in 2006 notes the hidden cost of criminalizing poverty: "In Toronto, the average cost to taxpayers for a month in jail is $4333. The average cost for a month in social housing is $199.92" (2006, p. 2). I have a friend who was a "squeegee kid" by the Gardiner for years who believes that he probably averaged two $55 tickets per week during that time of his life, and now estimates his total fines in the tens of thousands. He has since become housed, is drug-free, and is striving to get back on his feet, currently working part-time as a street outreach worker with the Salvation Army. His accumulated tickets and associated fines means that he will not be able to get a driver's license in Ontario until either the debt is paid off (unrealistic for all but the wealthiest of Ontarians) or his record and fines are expunged. While he was panhandling, the tickets had absolutely no deterrent effect as his prime motivation was to fund his drug habit, and that compulsion of course trumped any desire to obey a law that he saw as simply another manifestation of societal oppression.

Conclusions

We must ask then, so what do we need to do to end homelessness? We might look to the City of Toronto's Street Needs Assessment (2006) which asked individuals experiencing homelessness what they thought they needed to find adequate housing. The top five responses were: 1) help finding an affordable place; 2) more money; 3) transportation to see apartments; 4) help with housing applications (only 37% of respondents had active housing applications); and 5) help replacing lost or stolen identification. As a former case manager working with Toronto's homeless, I find it interesting that four of the five top responses are directly related to personal support – in effect people seem to be saying, if I had someone to offer advice and to help me manifest my own personal agency, I won't have to be homeless.

Other agencies (often with direct input from the homeless people they serve) offer their own ideas. The Street Health Report (2007) offers four "targeted, feasible solutions" that should be enacted by all levels of government: addressing the poverty and inequality that underlies homelessness, improving access to affordable and appropriate housing, improving immediate living conditions for homeless people, and improving access to

Esurio: Journal of Hunger and Poverty, **1(1)**, March 2009
Printed in Canada

health care and support for homeless people. The City of Toronto Report on Housing and Homelessness (2003) lays out 17 different suggestions for all three levels of government in its report. Carter and Polevychok suggest that "the social and economic benefits of providing improved housing options have to be detailed and compared with the cost of providing the housing"(2004, p. viii). The Wellesley Institute's Blueprint to End Homelessness in Toronto (2006) suggests a two-pronged approach based on this very principle of elucidating the problems related to the issue of homelessness and enumerating the costs of appropriate ameliorative action. Their approach encompasses a plan to replace shelter beds with rent supplements, and to enact a comprehensive ten-year plan to drastically improve the amount of and access to affordable housing in Ontario, demonstrating in the plan how its implementation would (at least in theory) more than pay for itself.

Prescriptive analyses are out there, what is lacking of course is the will. Hulchanski ends his paper with this challenge: "In the end, the debate over whether and how to address housing needs and homelessness… comes down to a set of ethical questions. This is a political problem. There is no scientific or objective way to arrive at an answer to a political problem" (2003, p. 27). Hulchanski notes John Bacher's suggestion that housing policy be the litmus test by which we assess our politicians. He quotes Bacher as saying that "often this test measures simply the warmth or coldness of heart of the more affluent and secure towards families of a lower socio-economic status" (2003, p. 1).

In the end, I agree that we must think of homelessness in fundamentally ethical terms, and we must hold our politicians to a higher standard, but we must also hold this standard to ourselves. Oscar Wilde wrote in *The Soul of Man under Socialism* that "we are often told that the poor are grateful for charity. Some of them are, no doubt, but the best amongst the poor are never grateful. They are ungrateful, discontented, disobedient, and rebellious. They are quite right to be so" (*Collins Gem Quotations*, 1997, p. 317). In 1998 Toronto City Council endorsed a motion to identify homelessness as a national disaster. If we can recognize the fundamental truth of that claim, and the inordinate human cost it represents, how much more so should we be "discontented, disobedient, and rebellious" as well.

Esurio: Journal of Hunger and Poverty, **1(1)**, March 2009
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