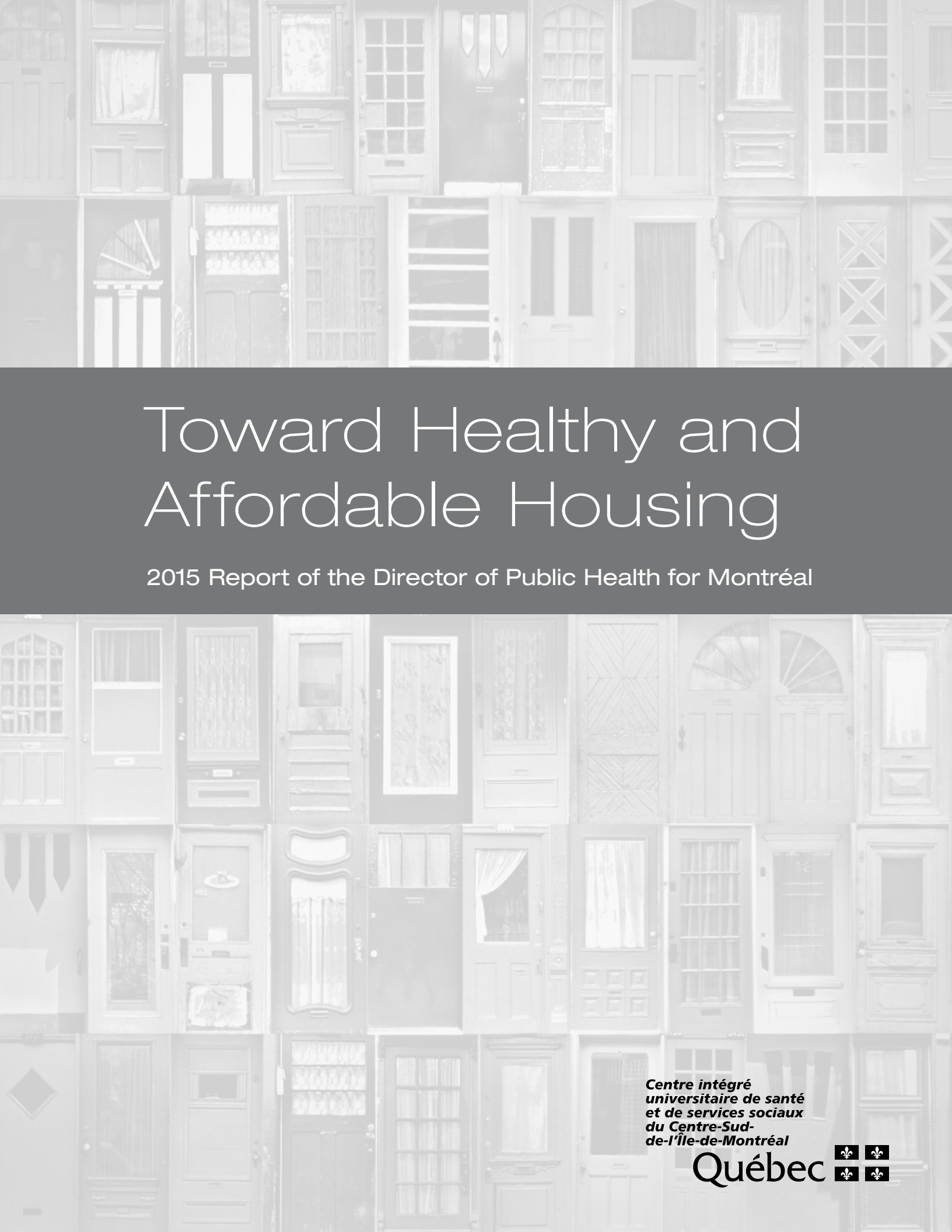




Toward Healthy and Affordable Housing

2015 Report of the Director of Public Health for Montréal





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**Centre intégré
universitaire de santé
et de services sociaux
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in September 2010.

For this report, a group of community organizations working on housing issues in Montréal was invited to participate in a discussion forum held on 18 June 2014. A series of meetings was also held with other key actors in the field. We wish to thank participants for their insights on priority areas for housing in Montréal.

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A message from the Director

Housing-related health problems have been apparent since the nineteenth century. Public health authorities have been involved with this issue since the era when people were leaving the countryside and moving to cities in large numbers.

Almost two centuries later, public health departments are still concerned about housing. Although the situation has evolved, housing remains one of the main determinants of health. There are many ongoing challenges regarding the population's access to healthy and affordable housing, especially for the most vulnerable groups.

Montréal's public health department has been tracking the issue for many years and has broached the subject in various research reports. Public health supports municipal authorities and the health network by offering

medical and environmental expertise when complex unsanitary conditions present health risks.

In 2011, Montréal's public health department identified the reduction of social inequalities in health as a priority issue following publication of its report on that topic, which included a section on housing. The current report provides an update on housing in Montréal, expounds on the harmful health effects of substandard housing, and addresses problems that households face when they have no other choice but to devote a disproportionate share of their income to housing. The report was the subject of many consultations with the main stakeholders in order to propose realistic solutions to improve access to healthy, affordable housing that promotes Montrealers' health and well-being.

Director of Public Health for Montréal

A handwritten signature in black ink, appearing to read 'Richard Massé', with a stylized, flowing script.

Richard Massé, M.D.

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List of Acronyms and Abbreviations

CMA	Census metropolitan area
CMHC	Canadian Mortgage and Housing Corporation
CSSS	Centre de santé et de services sociaux (health and social services centre)
DSP	Direction de santé publique (public health department)
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HLM	Habitation à loyer modique (low-rent housing)
IDU	Injecting drug user
ISQ	Institut de la statistique du Québec (Québec statistics institute)
LICO	Low income cutoff
LIM	Low income measure
MMC	Montréal Metropolitan Community
NHS	National Household Survey
NPO	Non-profit organization
OMHM	Office municipal d'habitation de Montréal (Montréal municipal housing office)
SALAM	Enquête sur la salubrité et l'abordabilité du logement à Montréal (survey on healthy and affordable housing in Montréal)
SHDM	Société d'habitation et de développement de Montréal (Montréal housing management and development corporation)
SHQ	Société d'habitation du Québec (Québec housing corporation)
TFSA	Tax-free savings account

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Introduction





Photo: iStock

Introduction

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**At its best, appropriate housing promotes physical and mental health.
It provides people with psychological security, physical ties with
their community and culture, and a means of expressing their individuality.**

World Health Organization, 1989¹

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The mission of Montréal's director of public health is to improve the health and well-being of Montrealers^A by reducing health inequalities, particularly between the most affluent and the poorest individuals, and among the various districts on the island of Montréal.^{2,3}

Under section 373 of the *Act respecting health services and social services*,⁴ the director of public health is also responsible, in his region, for "informing the population on its general state of health and of the major health problems, the groups most at risk, the principal risk factors, the interventions he considers the most effective." Given this, in 2011 he published a

report on social inequalities in health that identified key interventions in this area.⁵ One of his recommendations was to implement initiatives aimed at increasing access to adequate and affordable housing for everyone.^{6,7} The current report is part of this ongoing work. It takes an in-depth look at the links between housing conditions and health, draws attention to the effects of those conditions on vulnerable or marginalized populations, and puts forward a series of recommendations.

The Léa Roback Research Centre provided scientific supervision for the report, in collaboration with various sectors at Montréal's

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A "Montrealers" refers to anyone living on the island of Montréal, regardless of sex or status.

public health department (DSP). The report was preceded by a survey on healthy and affordable housing in Montréal (SALAM) conducted in June 2014 with 1600 households. The survey looked at the physical conditions of dwellings as well as impacts of the cost of housing on food security and residents' anxiety.

The findings were supplemented with data from other studies conducted by the DSP, such as a survey on the respiratory health of Montréal children and one on the preschool education of children attending kindergarten, and surveillance data on blood borne infections among injecting drug users. Data from the National Household Survey (NHS 2011) and from the most recent census, as well as compilations of statistics from Société d'habitation du Québec (SHQ) and Canada Mortgage and Housing Corporation (CMHC) were used to construct a portrait of housing-related issues in Montréal.

A review of the scientific literature and grey literature provided an overview of the links between housing and health and allowed for exploration of solutions that have been used in other developed countries. It also offered an opportunity to put together a corpus of references included at the end of each section, as well as appendices describing the legal and institutional frameworks in Québec and Canada.

Housing issues are complex and involve countless actors from different levels of government, from private and community sectors, and from associations. Early on in the process, community groups were met, as were professionals from health and social service centres (CSSS) in Montréal. In spring and summer 2015, policy makers and administrators from the City of Montréal and the caucuses of Québec and Canadian political parties were invited to discuss proposed solutions. Representatives from an association of private home owners and managers of social housing units also participated in the discussion.

The director aims to define the issues and establish a consensus that will ensure that housing conditions are conducive to healthy lives and to reducing social inequalities in health.

With this report, the director's goal is to contribute to finding solutions likely to mobilize all actors concerned with housing problems in Montréal. The devastating health effects of poverty have been clearly demonstrated.⁹ Thus, intervention in public housing is a necessity that must be considered alongside efforts to fight poverty, as advocated in the 2004–2010 Government Action Plan to Combat Poverty and Social Exclusion.⁸

Main Data Sources

Data used in this report were obtained from a variety of sources. Appendix I presents methodological notes that should be considered when interpreting the data, in particular regarding the 2011 NHS, which replaced the long-form census, and definitions used by Canada Mortgage and Housing Corporation.

- 1) Household survey on healthy and affordable housing in Montréal (SALAM), conducted by the Léa Roback Research Centre in June 2014 (n = 1 600)
- 2) Review of the scientific literature and of the grey literature
- 3) Montréal public health department surveys
 - a) Survey on the respiratory health of Montréal children aged 6 months to 12 years (2011) (n = 8 000)
 - b) Survey on the preschool education of children attending kindergarten (2013) (n = 1 200).
- 4) Data from the census and from the National Household Survey (NHS 2011)
- 5) Société d'habitation du Québec program data
- 6) CHMS housing statistics

After providing the background to public health intervention in housing and describing the links between poor housing conditions and health (Part 1), the report gives an overview of the state of housing in Montréal (Part 2). It then focuses on leading housing issues: housing sanitation (Part 3); affordability (Part 4); impacts on families (Part 5), older adults (Part 6); marginalized populations (Part 7); and affordable social housing (Part 8). The report ends with a series of proposals likely to improve Montrealers' access to healthy and affordable housing.

Montréal – An Overview

.....

There are 3.8 million people living in the Montréal census metropolitan area (CMA), which includes cities on the north and south shores of the island.¹⁰ Half (49%) of the population in the CMA lives on the island of Montréal. With its 1.9 million inhabitants, Montréal* is Québec's biggest city and represents almost a quarter (24%) of the province's population.¹¹ It encompasses 16 neighbouring municipalities including the City of Montréal, which accounts for 87% of the population.¹²

According to 2011 census data, there are 850 000 households** in Montréal including 480 000 families. Over 60% of families have children and about 200 000 of them have at least one child aged 0 to 17. One family in four is a single-parent family.¹³

Almost half of Montrealers have French as a mother tongue, 17% have English and 34% another language.¹⁴ The coexistence of several languages reflects a wide cultural diversity¹⁵ that can be explained by the fact that nearly one in three Montrealers was born outside the country.¹⁶ In addition, 2.1% of the population self-identify as Aboriginal.¹⁷

With its cultural, academic, economic and financial centres and head offices of several governmental and international institutions, Montréal accounts for roughly a third of Québec's GDP—\$117.5 billion in 2013.¹⁸ However, this wealth is very unevenly distributed across the population. At the top of the economic pyramid, 11% of households have annual incomes over \$100 000; at the bottom, 23% of households live on less than \$20 000 a year. In Montréal, over 220 000 households (26%) live under the low income cutoff.

In February 2015, the social assistance rate in Montréal was 9%, much higher than the provincial average (6.6%). This represents more than 150 000 people, including nearly 40 000 children.¹⁹ In Montréal, the social assistance rate for children (0 to 17 years) is far greater than for the province as a whole (11% versus 6.4%).²⁰ This is particularly problematic because between 1989 and 2010, social assistance income never rose above 55% of the low income cutoff.²¹

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* In this report, "Montréal" refers to the "Greater Montréal area", which comprises the island of Montréal.

** Statistics Canada defines "household" as a person or group of persons who occupy the same dwelling and do not have a usual place of residence elsewhere in Canada or abroad. The dwelling may be either a collective dwelling or a private dwelling. The household may consist of a family group such as a census family, of two or more families sharing a dwelling, of a group of unrelated persons or of a person living alone.

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Housing: Of Paramount Concern to Public Health





Housing: Of Paramount Concern to Public Health

Photo: STM archives

A Long History in Montréal

Housing has long been a core area of intervention for public health. In the wake of the massive urbanization that marked the industrial revolution, housing sanitation found a prominent place on the agenda of Western public health authorities beginning in the middle of the nineteenth century.¹ Crowding in small substandard dwellings and related infectious disease outbreaks have led health authorities to address issues such as hygiene, overcrowding, inadequate ventilation and fire hazards.² In a report written in 1842 entitled *The sanitary conditions of the labouring population*,³ Chadwick describes the poor housing conditions in

nineteenth-century Great Britain. Persuaded by the Sanitary Reform Movement, the British parliament adopted the first public health act and created a central health agency that was given the responsibility to oversee street cleaning, garbage pickup, the water supply and housing sanitation, to name a few.⁴ During that century, in the United States, workers' extremely poor housing conditions acted as a catalyst for public health and housing reform measures, as well as the emergence of social housing.⁵

In Québec during the same period, public health authorities were already concerned with housing sanitation. Alerted by a cholera epidemic that was sweeping Europe, they

made sure that the city of Montréal establish a permanent board of health in 1865.^A In 1876, regulation identified the board's fields of activities, which covered issues linked to housing and sewage systems, including cesspools.^B At the turn of the twentieth century, under Québec's 1901 *Public Hygiene Act* authorizing municipalities to ban windowless bedrooms, the sanitation bureau set out to eradicate substandard housing.⁶ Starting in 1916, the city's health authorities focused more on housing hygiene.⁷ To combat tuberculosis and infant mortality, Montréal then created a housing registry designed to eliminate dark rooms and close down basements used for housing.⁸ In 1929, 81% of dwellings were inspected and most homes that were unfit for habitation were repaired or condemned.^C The City of Montréal's health service continued their housing-related interventions until the 1970s, when the service was dismantled. Today, the City of Montréal and the boroughs are responsible for housing sanitation, and regional and local public health authorities for health issues related to unsanitary conditions.

Despite the health interventions carried out since the second half of the nineteenth century, housing remains a global public health concern. Nowadays, in Great Britain and the United States for instance, health authorities are implementing many environmental interventions to confront substandard housing.⁹

A Major Determinant of Health

The housing issue encompasses much more than homelessness and includes graduated forms of precarious housing.¹⁰ As illustrated in the Wellesley Institute's report on

housing in Canada, precarious housing can be compared to an iceberg whose visible part represents homelessness (Fig. 1). Aside from the extreme form of precarious housing that is homelessness, other, much less visible housing problems must be included: hidden homelessness (people staying temporarily with friends or family), overcrowding, core housing needs,^D substandard housing, and unaffordable housing.

The evolving concept of health and its determinants has led to a comprehensive understanding of the links between housing and health. Published in 1974, a federal government report entitled *A New Perspective on the Health of Canadians* (also called the "Lalonde report") already posited that housing conditions are a determinant of health.¹¹ In 1986, the Ottawa Charter stipulated that housing is a fundamental prerequisite for improvement in health.¹² WHO's Commission on Social Determinants of Health noted in 2008 that access to quality housing is a necessary precondition of health.¹³

Different models define the links between housing and health.¹⁴⁻¹⁸ They address various aspects of housing that influence health, more specifically, quality of housing, neighbourhood characteristics; type of occupation (property status); economic factors (cost, availability, subsidies); and social conditions of occupants (socioeconomic status, residential stability).

Dunn et al.'s model is an interesting one. It includes seven dimensions of housing that have the potential to influence health: physical hazards (linked to sanitation), financial dimensions (affordability and reduced inequalities), physical design, psychological benefits (feeling

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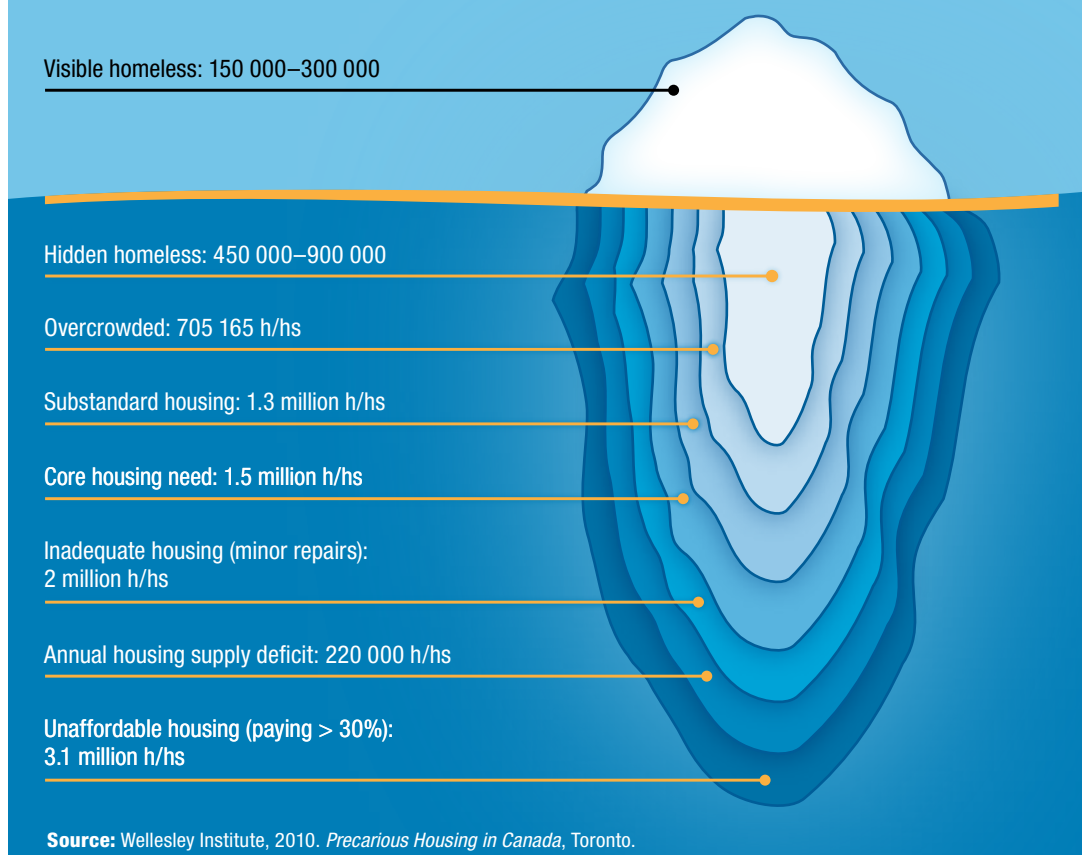
A Gaumer et al.—referring to Farley et al.—underline that 1865 should be considered the first year of the beginnings of a permanent public health administration that ranged from 1865 to 1885. See Gaumer B., Desrosiers G. and Keel O. 2002. *Histoire du service de santé de la ville de Montréal 1865-1975*, Sainte-Foy, Presses de l'Université Laval, p. 30, note 31.

B There were several thousand cesspools in 1891; by 1914 there were only about a hundred left in Montréal. See Gaumer B., Desrosiers G. and Keel O. 2002. *Histoire du service de santé de la ville de Montréal 1865-1975*, Sainte-Foy, Presses de l'Université Laval, p. 142-143.

C That is, 141 877 of the 174 499 units. During those inspections, 829 dark rooms and 620 basements and substandard housing units were identified. See Gaumer B., Desrosiers G. and Keel O. 2002. *Histoire du service de santé de la ville de Montréal 1865-1975*, Sainte-Foy, Presses de l'Université Laval, p. 145.

D The indicator "core housing need" used by CMHC is based on three standards: Adequacy (not requiring any major repairs); Suitability (enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard requirements); Affordability (dwellings costing less than 30% of total before-tax household income). A household is said to be in core housing need if its home falls below at least one of the three standards AND it would have to spend 30% or more of its total before-tax income to pay for local housing that is acceptable or large enough. See Dutil, D. 2009. "Les besoins impérieux en matière de logement : Un regard sur la situation dans les RMR du Québec," *Bulletin d'information de la Société d'habitation du Québec*, Vol. 3, No.3, p. 1.

FIGURE 1 – Precarious Housing Iceberg (Canada)



safe), social benefits (social connections, neighbourhood), political dimensions (public policies and affordability), and location (especially access to services).¹⁹

To fully understand the links between housing conditions and health, these dimensions must be perceived as interrelated and dynamic.

Although those elements all have an impact on health, this first report on housing focuses on two dimensions of particular concern to public health authorities: sanitation and affordability.

The Public Health Department and Housing

In terms of housing sanitation, the public health department intervenes within its legal mandates of monitoring, health protection and

promotion.²⁵ There are several components involved in those interventions: investigations after receiving a report^E to determine if there is a potential health threat linked to housing sanitation; environmental health expertise in housing and health; training activities on housing sanitation; and medical services specializing in environment-related health problems, including housing conditions.^F In 2011, as part of its monitoring mandate, the DSP published a study demonstrating the major impacts of substandard housing conditions on the respiratory health of Montréal children.²⁶ Various dimensions of housing were also taken into account in its studies on school readiness, living conditions of injecting drug users (IDU) and street youth, and are now taken into account in new monitoring surveys.

E Provisions for reporting to public health authorities any threats to the health of the population are outlined in the *Public Health Act* in the chapter "Reporting to Public Health Authorities" (L.R.Q. – Ch. X).

F This refers to the Clinique de médecine du travail et de l'environnement at Centre hospitalier de l'Université de Montréal (CMTE – CHUM) and the Interuniversity Clinic in Occupational and Environmental Health at McGill University Health Centre (ICOEH – MUHC).

Housing and Social Inequalities in Health

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Social inequalities in health are defined as systematic differences in health among socioeconomic groups.²⁰ Despite major improvements in the health of Montrealers that have occurred over more than 15 years, inequalities persist and influence the health of individuals.²¹

Social inequalities among socioeconomic groups are reflected in unequal living conditions that affect the health of the poorest populations. Low-income households are more often forced to live in inadequate housing likely to harm their health.²² Housing conditions are not only an area where social and health inequalities are experienced, but also a factor that drives wealth inequalities between individuals who can afford to buy homes and those who cannot.²³ Rauh et al. summarize this as follows: “Housing conditions, shaped by social forces, affect exposure to physical and chemical ‘toxics’, thereby translating social adversities into individual illness and population health disparities.”²⁴

The DSP conducts joint interventions with local health authorities, the City of Montréal, the boroughs and community organizations in an attempt to eliminate sanitation problems.²⁷ It sits on the Plan d'action de lutte à l'insalubrité 2014-2017 committee set up by the City of Montréal and on the DSP-CSSS committee on housing sanitation. The DSP supports preventive measures that foster smoke-free homes and reduced exposure of young people to tobacco smoke at home.^{28,29} The public health department has also worked with the City of Montréal on a bed bug control plan.³⁰

Sanitation and Affordability: Two Inseparable Issues

Although the Montréal DSP has long centred its actions on sanitation problems, experiences of housing interventions show that the issue of affordability cannot be ignored when focusing on sanitation. The high cost of housing forces some people to stay in substandard housing because they cannot find adequate housing at an affordable price. According to clinicians at the DSP, it is very difficult to relocate people into healthy and affordable accommodations once they have fallen ill because of unsanitary housing conditions. Not to mention that the renovations needed to improve sanitation are likely to lead to higher rental costs. The field experience of local public health authorities also shows that substandard housing units are often demolished or renovated so they can be transformed into condos, which then reduces the number of affordable units available.

Having to budget too large a proportion of income to housing restricts the ability of households to meet other basic needs, including food and medications. Therefore the action spectrum must be broadened if it is to influence other housing dimensions that affect population health, especially housing affordability.

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Update on Housing in Montréal





Update on Housing in Montréal

Photo: Jonathan Clark

Before delving deeper into the links between housing and health, it is important to outline the housing situation in Montréal as well as some observable trends. Readers should take into account the limits of the statistical data presented in Appendix I.

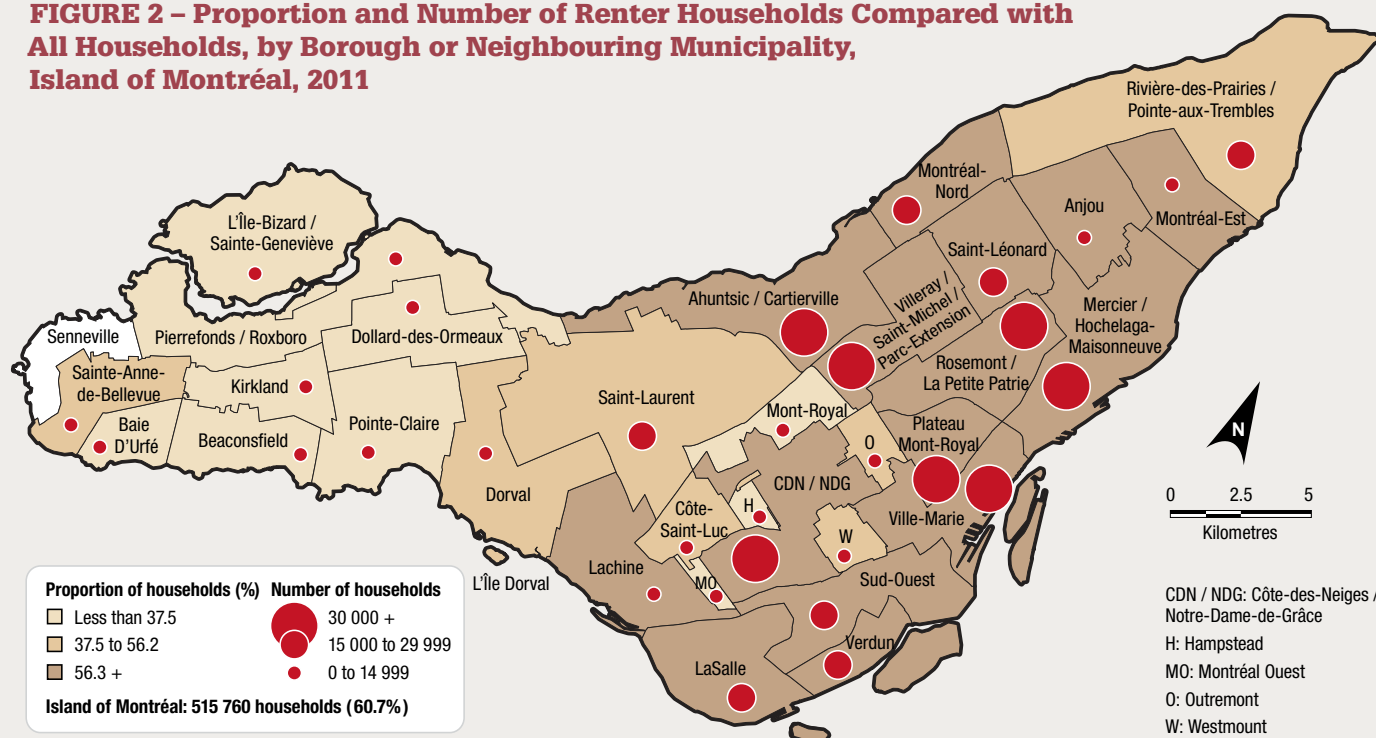
Key Issues

Preponderance of Renter Households

About 40% of renter households in the province are in Montréal, even though only 25% of all Québec households live in this city.¹ In 2011, there were 850 000 private households in Montréal, including 515 000 renter households.²

Unlike the rest of Québec, where most households are owners (61%), a majority of Montrealers rent their dwellings (61%).³ The proportion of renters varies greatly among the city's districts and is much higher in central neighbourhoods than in peripheral ones (Fig. 2). While some boroughs or neighbouring municipalities have lower proportions of renters—sometimes under one in five (Baie-D'Urfé, Beaconsfield and Kirkland)—almost three-quarters of households in Côte-des-Neiges–Notre-Dame-de-Grâce, Plateau-Mont-Royal, Montréal-Nord, Rosemont–Petite-Patrie, Ville-Marie and Villeray–Saint-Michel–Parc-Extension are renters⁴ (Fig. 2 and Appendix I).

FIGURE 2 – Proportion and Number of Renter Households Compared with All Households, by Borough or Neighbouring Municipality, Island of Montréal, 2011



Source: Statistics Canada, NHS 2011.

Many Low-Income Households

Like in Canada, home ownership in Montréal is closely linked to household wealth, and the gap between owners and renters has been growing since the mid-1980s.⁵ A quarter (26%) of Montréal households live below the low income cutoff (LICO).^A While this figure is 37% among renter households, it is 9% among home owners. It is also higher in central neighbourhoods (Fig. 3).

The proportion of low-income individuals is under 10% in the neighbouring municipalities of Beaconsfield (6.1%) and Kirkland (5.6%), but above 30% in several central boroughs, including Ville-Marie (38%), Côte-des-Neiges–Notre-Dame-de-Grâce (34%), Villeray–Saint-Michel–Parc-Extension (34%), Montréal-Nord (33%), Sud-Ouest (33%) and Plateau-Mont-Royal (32%).⁶

Increase in Cost of Rental Units

In Montréal between 2001 and 2014, the average monthly rent rose 31% for apartments with two bedrooms, and 38% for those with three or more bedrooms.^{7,8} Rent hikes during this period were higher than inflation, which stood at 28%.⁹

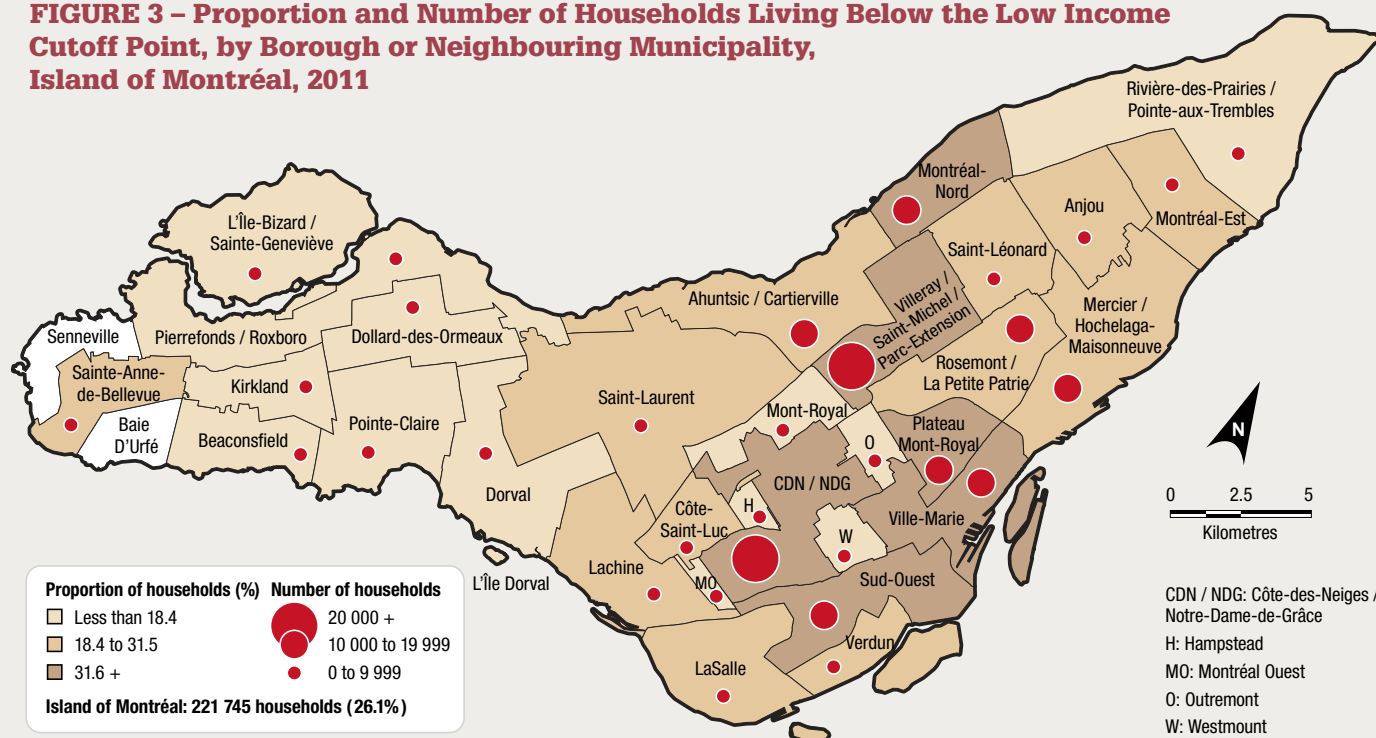
Lack of Rental Units

An SHQ study carried out in 2003 in the main rental markets of Québec, including Montréal, indicated that lower vacancy rates recorded between 1993 and 2001 resulted in average rents rising more quickly.¹¹

CMHC considers that when the vacancy rate for rental units falls below 3%, there is a housing shortage.¹² Since 2001, in the Montréal census metropolitan area (CMA), the vacancy rate has

A LICO is calculated by adding 20 percentage points to the percentage of income spent by an average equivalent household on food, clothing and shelter. LICOs are calculated for different-sized families and communities, and re-based periodically to take into account changes in household spending patterns. In many international comparisons, another poverty measure is often used: the low-income measure (LIM). LIM is a purely relative poverty measure. It explicitly defines low income as being much worse off than average, and it is drawn at one-half the median income of an equivalent household. Bouchard, C., M.-F. Raynault and R. Choinière. *Avis sur le rapport du chantier interministériel sur les mesures de pauvreté et les indicateurs de résultats*, Observatoire montréalais des inégalités sociales de santé (OMISS), December 2001/January 2002.

FIGURE 3 – Proportion and Number of Households Living Below the Low Income Cutoff Point, by Borough or Neighbouring Municipality, Island of Montréal, 2011



Source: Statistics Canada, NHS 2011.

Affordability and Social Assistance

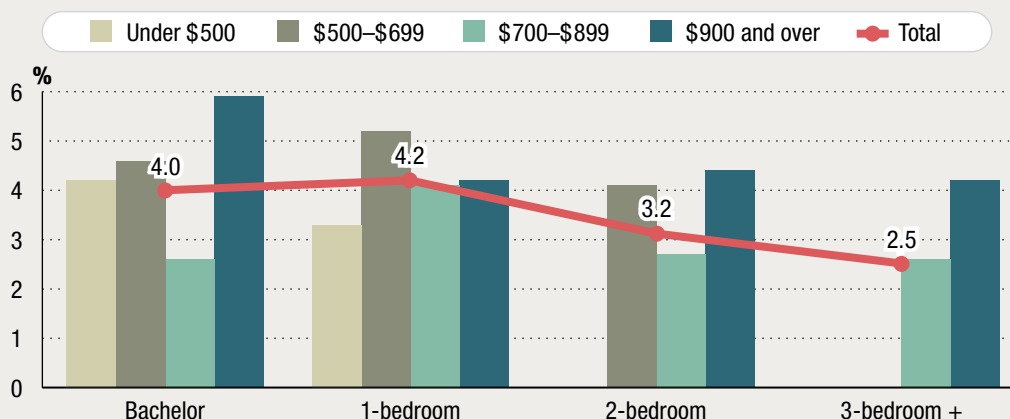
Recipients of last-resort assistance have enormous difficulties finding adequate housing without having to give up satisfying their other basic needs. For instance, in 2015, a person who is single and receives benefits from the Social Assistance Program gets \$7 392 a year.* If this person manages to find an apartment at the lowest available cost on the market, \$574 a month for a studio apartment,¹⁰ all he or she has left for food and clothing is \$504 for the year, or \$10 a week.

New changes made to the Social Assistance Program and the Social Solidarity Program concerning exclusion of equity in homes mean that the residential situation of hundreds of households throughout the province is now more precarious. The Ministère du Travail, de l'Emploi et de la Solidarité sociale estimates that 432 households will have to sell their homes to be eligible for benefits.** The situation of households targeted by this measure is of concern in Montréal, where property values are much higher than the provincial average.

* Emploi Québec. 2015. New Benefit Amounts. Social Assistance Program and Social Solidarity Program. In effect as of January 1, 2015, p. 4.

** The value of a home has risen from \$90 000 to \$142 100 for the Social Assistance Program and from \$130 000 to \$203 000 for the Social Solidarity Program.

FIGURE 4 – Vacancy Rates by Price and Number of Bedrooms, Montréal, 2014



Source: CMHC, 2014 *Rental Market Report – Montréal CMA*.

held steady at around 3%.¹³ In October 2014, the rate for rental units in Montréal was 3.5%, but for apartments with three bedrooms or more it was 2.5% (Fig. 4).¹⁴ A shortage of larger apartments means that one in ten (9.2%) households lives in a unit that is too small to meet its needs.^B In addition, the vacancy rate for rental units under \$900 is clearly lower than for those costing \$900 or over, which creates unfavourable situations for low-income renters, especially large families.¹⁵

The low number of rental constructions adds to the shortage in rental units. Between 2002 and 2011, annual rental starts in the Montréal CMA decreased substantially, from 3 150 to 2 300 units, whereas condominium starts doubled, from 5 700 to 12 700 units.¹⁶

It is important to note that CMHC has been monitoring foreign investment in the Canadian condo market since October 2014. On the island of Montréal, 2.3% of condominiums are owned by investors whose permanent residences are outside Canada. This figure rises to 6.9% downtown Montréal and on Île-des-Sœurs.¹⁷

Drummond et al. attribute the shrinking supply of affordable rental housing to a lack of new construction and to the erosion of existing stock due to demolitions and/or conversions of rental stock into condominiums.¹⁸ CHMC data

indicate that in October 2014, rental condominiums in the Montréal CMA represented 13.3% of all rental apartments and were much less affordable than other apartments. The average rent for a two-bedroom rental condominium was \$1 144 versus \$739 for other types of private rental apartments.¹⁹

Although it is impossible to obtain reliable statistics on the topic, several community groups and an owners' association emphasize that the erosion of the rental stock for rooming houses, often the last choice before homelessness, is particularly alarming.²⁰ According to the most recent estimates, fewer than 3 000 rooms are available.²¹

The low number of new rental constructions has also tended to exacerbate real house prices.²² According to Cooper, new rental construction in Canada has targeted upper-income households rather than lower-income families.²³ Predictably, new units are much more expensive than older ones (Table 1). In October 2014, the average rent for apartments built before 1960 was \$668; for those built after 2004, it was \$968.²⁴

The rental stock in Montréal is aging. In 2011, 42% of private apartments had been built before 1961 (357 630 units), while for the province as a whole, it was 28%.²⁵ Today, the aging housing stock requires maintenance, and 8.6%

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B Data from the 2011 NHS, based on the National Occupation Standard.

TABLE 1 – Private Apartment Average Rents (\$), by Year of Construction and Bedroom Type, Montréal, 2014

Year of construction	Bachelor	1 bedroom	2 bedroom	3 bedroom +	Total
Unknown	536	605	686	876	685
Pre 1940	576	637	748	978	749
1940–1959	511	599	707	899	668
1960–1974	578	692	775	901	727
1975–1989	674	736	760	943	766
1990–2004	674	739	833	1053	837
2005+	778	901	1016	**	968

** Data suppressed to protect confidentiality or data not statistically reliable.

Source: CMHC, 2014 *Rental Market Report – Montréal CMA*.

of units are in need of major repairs^C compared with 7.2% for the province.²⁶ It should be noted that around two-thirds of newer apartments (built after 2001) are occupied by owner households (condos).²⁷

Social and Affordable Dwellings in Montréal

Government provides housing assistance in the form of subsidies for individuals or buildings. Housing construction—low-rent apartments (HLM), for example—is funded totally or partly, directly or indirectly, by the State. For individuals, subsidies cover part of the rental costs, and are intended for low- or moderate-income individuals.²⁸

Since 2006, the increase in available social and affordable housing has been mostly due to housing programs such as Supplément au loyer, AccèsLogis and Logement abordable Québec. Appendix II describes the roles of the main government bodies involved in funding for social and affordable housing.

Supplément au loyer, a rent-subsidy program, enables vulnerable individuals or people in emergency situations to receive financial assistance so they can live in private apartments, cooperatives or units belonging to non-profit organizations (NPO). SHQ oversees

this program to ensure that rent does not exceed 25% of a household's income; HLM is a case in point.²⁹

The AccèsLogis program, managed by SHQ and intended for families, people living alone and independent older adults,³⁰ subsidizes low-rent housing. The program is also for collectively-owned community housing such as co-ops or non-profit housing organizations. Community housing is designed for low- or moderate-income households.³¹ In 2010 in Montréal, 7 766 apartments were linked to the AccèsLogis program.

The social and community component of Logement abordable Québec has the same objective as AccèsLogis. In 2012, a total of 3 321 apartments were built in Montréal thanks to this program.³²

The City of Montréal adopted an Affordable Housing Strategy in 2005 that also includes such units in new residential projects.³³ It is an incentive strategy that carries no obligation. In fact, the *Act Respecting Land use Planning and Development* (L.R.Q., c. A-19.1) does not allow municipalities to oblige real estate developers to include affordable housing units in residential construction projects.³⁴ The Strategy applies to residential projects of 200 units or more and aims to ensure that projects include social and community housing (15%), and private affordable units or units

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C Statistics Canada defines dwellings that need major repairs as follows: dwellings with defective plumbing or electrical wiring and dwellings needing structural repairs to walls, floors or ceilings. The need for major repairs relies on the judgement of the owner. See the definition in Statistics Canada. 2011. *National Household Survey Dictionary*, p. 157.

Some Definitions

Social housing

A subset of affordable housing for which rent is generally set based on household income⁴¹

Community housing

Collective property ownership for low-or moderate-income households consisting of housing co-ops or non-profit organizations (NPO)⁴²

Low-rent housing (HLM)

Public housing managed by a municipal housing office (OMH) and for which rent is set at 25% of household income⁴³

Public Non-HLM housing

Rental housing owned by a municipal housing body—Office municipal d'habitation de Montréal (OMHM) or Société d'habitation et de développement de Montréal (SHDM)—intended for households who have difficulties finding adequate housing (e.g. older people, low-income households, marginalized youth, victims of violence)

Housing cooperative

Enterprise providing housing to its members, who manage it collectively

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Source: City of Montréal. 2014. *Répartition des logements sociaux et communautaires sur l'île de Montréal*, Direction de l'urbanisme et du développement économique, p. 8.

large enough for families (15%). Since 2012, a funding agreement has allowed some real estate developers to make financial contributions instead of including social or affordable housing units in their projects.³⁵

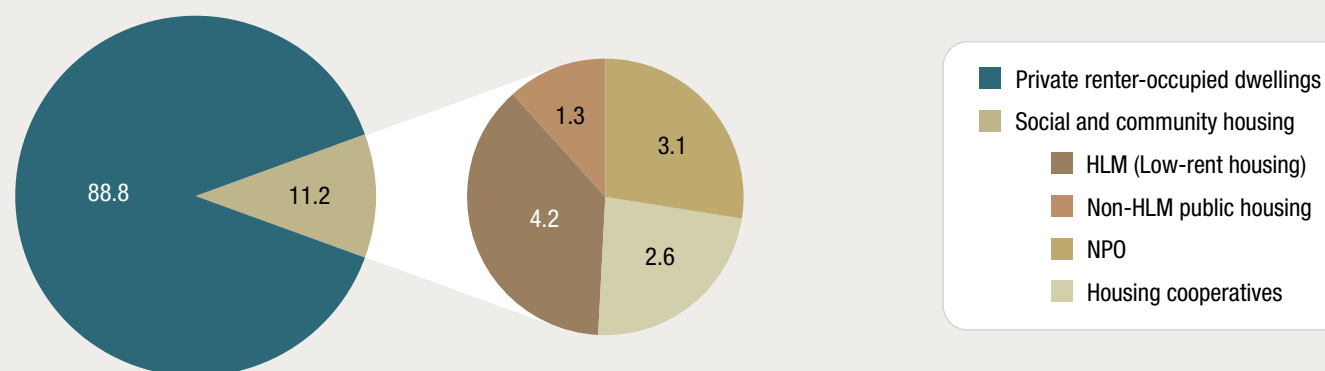
However, a report on the implementation of the Strategy published in 2007 condemned the small sizes of affordable units (less than 74 m²). These units were privately-built and non-subsidized and met the quantitative objectives set in the Affordable Housing Strategy, but did not meet families' needs.³⁶ In fact, a large part of 'affordable' housing (whether for rent or for sale) is really only so for a minority of the targeted clientele.^D

In Montréal, social and community housing represents only 11% of rental units (Fig. 5).³⁷ In 2013, of the 515 000 rental units on the island of Montréal, 58 059 were social and community housing, 56 148 of which were in the City of Montréal and concentrated in the central boroughs (Fig. 6).^{38,39}

There are different types of social and community housing units (see "Some Definitions"):

- HLM or low-rent housing: 37% (21 555 units), 56% of which are reserved for seniors and 43% for families
- NPO: 28% (16 105 units)
- Housing cooperatives: 24% (13 640 units)
- Non-HLM public housing: 12% (6 759 units)⁴⁰

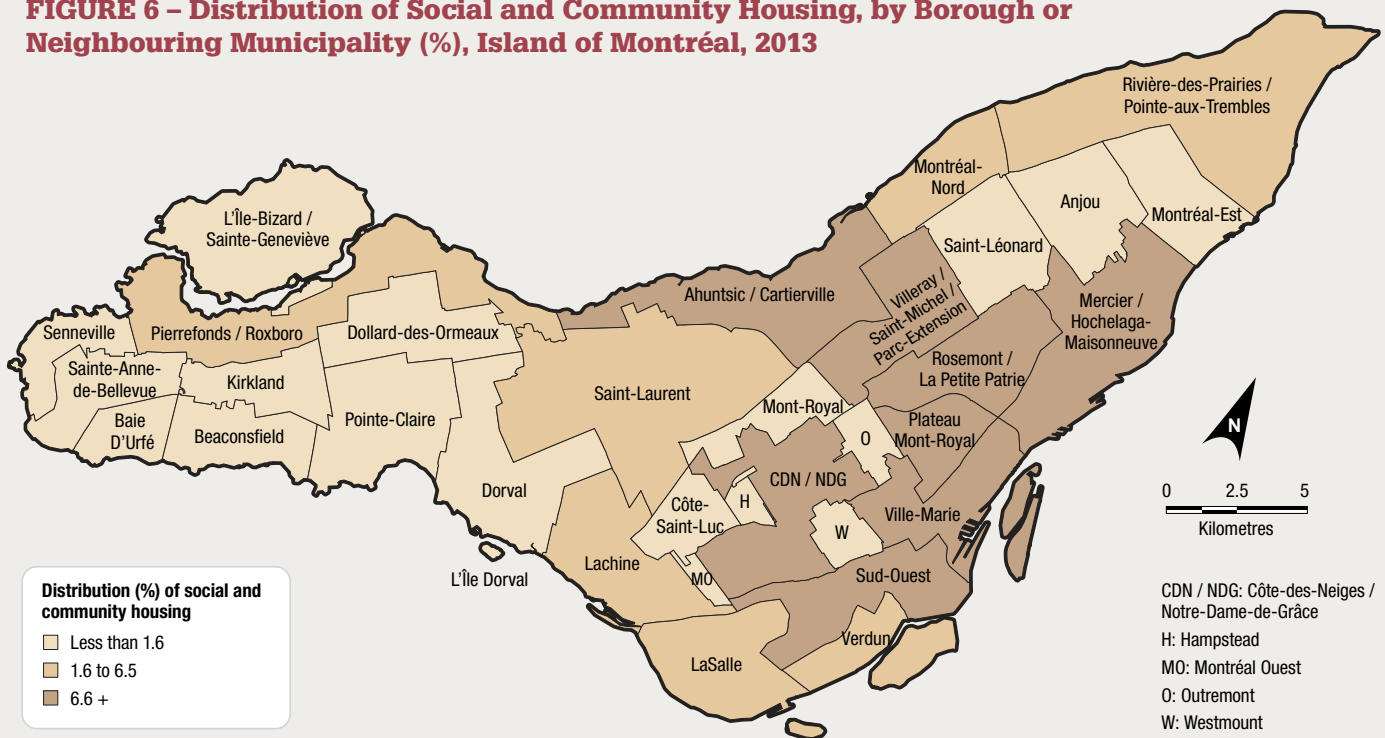
FIGURE 5 – Supply of Social and Community Housing in Montréal (%), 2013



Source: City of Montréal. 2014. *Répartition des logements sociaux et communautaires sur l'île de Montréal, Faits saillants et tableaux* (data as of 31 December 2013).

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 D In 2007, according to the progress report on the inclusion strategy, only 7% of "affordable" condominiums measured more than 93 m² and could be suitable for families with children, if housing affordability for this type of dwelling was set at \$170 000.

FIGURE 6 – Distribution of Social and Community Housing, by Borough or Neighbouring Municipality (%), Island of Montréal, 2013



Source: City of Montréal. 2014. *Répartition des logements sociaux et communautaires sur l'île de Montréal, Faits saillants et tableaux* (data as of 31 December 2013).

In the light of rising costs, the availability of social housing is insufficient to meet the housing needs of low-income families. The latter make up over a quarter of all Montréal households, and are mostly workers at the bottom of the social ladder or people on social assistance.

In 2013, there were over 22 700 households on the waiting list for low-rent housing. This is huge, if we consider that, on average, only 2 000 apartments become vacant each year. The website of Office municipal d'habitation de Montréal (OMHM) states that, "since over 22 000 households are already on these waiting

lists, the wait for a new home can range from a few months to several years."⁴⁴ In fact, the list has gotten longer, rising from 21 091 households in 2010 to 22 739 in 2013.⁴⁵

The waiting list for low-rent housing reveals the vital need for social housing. Data from the housing survey conducted last year (SALAM 2014) indicate that 5.8% of renter households are on the list, but that 18% of renter households who are not registered would like to have access to social housing. This means that almost a quarter of renter households consider having such needs.⁴⁶

Socially Mixed Housing Project: Angus Shops, Phase 1

Phase 1 (1983-1994) of the Angus Shops redevelopment project, a 30-hectare site east of St-Michel boulevard, is emblematic of socially-mixed residential development. In terms of housing, social mix refers to different socioeconomic groups sharing space on different levels (building, neighbourhood). Desirable in many regards for the quality of available services in a neighbourhood as well as its effects on social cohesion, social mix is based on diversity of tenure and rental costs.⁴⁷

This large residential project encompasses 2 594 housing units. There are 1 544 private residences including 1 006 condominiums, 185 single-detached houses and 353 rental units. The other 1 050 units are social/community housing units: 300 HLM, 552 cooperative units and 200 units managed by a non-profit organization.⁴⁸ Two-thirds of low-rent units are allocated to seniors and a third to families.⁴⁹ The project includes 40% subsidized units that low- or moderate-income households can afford.

The site also boasts a variety of architectural styles and types of housing, as well as several small parks and footpaths. The built environment is pleasant, the site is well-served by public transportation and motor vehicle traffic is limited.

Unfortunately, neighbourhood businesses were not included in the first phase of the project, an oversight that was partially corrected in subsequent phases.

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3

Housing Sanitation





Housing Sanitation

Photo: Maxime Juneau

In North America, people spend almost 90% of their time indoors, and up to 15 to 16 hours just at home.¹ This is why the issue of housing sanitation is extremely important for population health.

Generally speaking, housing sanitation refers to all the conditions that make a dwelling fit to live in.² For example, a by-law states that a building or dwelling must not endanger the health or safety of occupants or the general public because of how it is used or the state it is in.³ Several factors affect housing sanitation, especially the following:

- Building structure or lack of maintenance (e.g. sanitary facilities, plumbing, ventilation, insulation, covering)
- Indoor chemical contaminants (e.g. lead, radon, asbestos)

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A Compulsive hoarding is a major sanitation issue sometimes associated with Diogenes syndrome. It involves excessive accumulation of objects in the home that leads to unsanitary conditions. See Roy, R. and P. Auger. 2005. *Insalubrité morbide, syndrome de Diogène et santé publique*, Agence de développement des réseaux locaux de services de santé et de services sociaux de la Capitale Nationale, Direction de santé publique, Québec.

- Air quality (e.g. moulds, excess humidity)
- Undesirable animals or insects (e.g. rodents, cockroaches, bed bugs)
- Occupants' habits (e.g. environmental tobacco smoke, compulsive hoarding,^A poor pest management)^{4,5}

Other factors can also be associated with those listed above and interact with them. They include, among others, overcrowding, indoor and outdoor noise, feeling unsafe, improper use of insecticides inside the dwelling, and outdoor pollution.⁶

Because of their recurring nature and obvious health effects, the public health department focuses primarily on two of those factors: 1. excess humidity and contamination from moulds and associated microorganisms; and 2. insect and rodent infestations.⁷

Health effects

Poor sanitary conditions in dwellings have enormous effects on the health of their occupants. The health effects of physical (e.g. heat and cold), chemical and biological exposures in the house have been widely documented.^{8,9} Those harmful effects are many.^{10,11}

Individuals suffering from allergies, asthma or chronic respiratory diseases, young children, older people and those with weak immune systems are more likely than other people to contract housing-related illnesses.^{12,13} A longitudinal study of the health of vulnerably housed adults^B in Toronto, Ottawa and Vancouver demonstrated that people who do not have healthy places to live are at high risk of serious physical and mental health problems, problems accessing health care, food insecurity and numerous hospitalizations.¹⁴ Some authors underscore various mental health problems associated with substandard housing, especially social isolation, poorer self-esteem and decreased life satisfaction.¹⁵ Several factors determine the development of health problems induced by substandard housing conditions: age, health status and time spent at home. “Type” of factor, duration and mode of exposure also play important roles.¹⁶

Mould and Excess Humidity

Water infiltration and moisture problems contribute to the proliferation of moulds, mites and bacteria. Irritants, spores, allergens and other airborne biological particles can provoke many health problems for occupants of substandard housing. For instance, exposure to moulds and mites is associated with upper and lower respiratory infections, allergic rhinitis and asthma,¹⁷⁻¹⁹ as well as poorly-controlled, severe and persistent asthma that can lead to hospitalization.²⁰⁻²⁶ Fungal contamination can also aggravate chronic obstructive pulmonary diseases (COPD). Moreover, mycotoxins and other fungal particles are associated with inflammatory and toxic occurrences and can affect several systems in the body. They are the cause of many symptoms, including fatigue and chronic pain.²⁷ It should be noted that hidden moulds—those that spread behind

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B Precarious housing situation is defined as having moved more than twice or been homeless during the past year.



Photo: Maxime Juneau

structures as a result of water infiltrations and dampness—are just as harmful as visible moulds.^{28,29}

In addition, poor-quality housing has an impact on people’s mental health.³⁰ For example, individuals living in dwellings where humidity problems have been reported are much more likely to experience anxiety or depression.³¹ A survey of 1 376 mothers interviewed when their infants were six weeks old demonstrated a significant association between humid and cold housing and maternal depression.³²

Vermin and Insects

Bed bug infestations also affect physical and mental health.³³ Bed bugs do not transmit specific diseases but their bites can be very irritating and, in some cases, cause a number of skin disorders such as bullous dermatitis and hives.^{34,35} Itching leads to lesions that can cause skin infections (cellulitis).³⁶ Inappropriate use of insecticides to control bed bugs can present a risk because of the toxicity of the products used.³⁷ Moreover, several studies describe an increase in anxiety symptoms, social isolation, severe sleep deprivation^{38,39} or aggravation of preexisting mental health disorders.⁴⁰

Cockroaches produce allergens that can be airborne, cause or aggravate rhinitis and asthma, and lead to secondary infections.⁴¹ According to an American study, children with asthma and an allergy to cockroaches who are exposed to those insects at home are hospitalized 3.4 times more often than other asthmatic children.⁴²

For their part, rats can bite and transmit infections to very young children and people with very severe disabilities.⁴³ When in large numbers, mice and rats trigger health problems similar to those caused by cockroaches and mites: the air becomes contaminated by allergens.⁴⁴

The Situation in Montréal

In Québec, a survey of 1 400 renter households and 1 000 owners carried out in 2013 by SHQ revealed that 28% reported having at least one sanitation problem (defective plumbing, visible moulds, water infiltrations, cockroaches, bed bugs or rodents).⁴⁵ Among respondents, renter families with children were the most affected: 38% of single-parent families and 40% of couples with children reported a sanitation problem, compared with 18% of people living alone.⁴⁶

In Montréal since 2000, the scarcity of rental units and high rent prices have meant that many dwellings, even substandard and unhealthy ones are rented. Our own survey of 1 000 renter households and 600 owner households (SALAM 2014) traces an overall portrait of the unhealthy and substandard conditions of housing in Montréal. Data reveal the following: almost a third of Montréal households have sanitation problems (pest infestations, rodents, indoor pesticide use, moulds or excess humidity); a larger proportion of renters than owners is affected, except when it comes to presence of rodents (Table 2); almost one in ten households has a rodent, bed bug or cockroach infestation; significant differences exist depending on household income and affordability ratio (percentage of income required for housing), with renters having an affordability ratio above 30% being most affected.

Indoor temperature problems in dwellings were assessed for the first time in a DSP survey. Again, renters reported a higher percentage of problems (Table 2).

In 2014, 3.4% of households had bed bug problems. While 1 in 20 renter households was affected by such an infestation, only 1 owner in 125 had a similar problem during that period.

TABLE 2 – Households Reporting Certain Indicators of Substandard Housing or Inadequate Living Conditions (%), Island of Montréal, June 2014

	OWNERS		RENTERS		TOTAL	
	%	95% CI	%	95% CI	%	95% CI
Cockroaches	0.0	(0.0-0.3)	5.5	(3.9-7.7)	3.3	(2.3-4.6)
Bed bugs	0.8	(0.3-2.0)	5.2	(3.7-7.4)	3.4	(2.4-4.8)
Rodents	8.5	(6.2-11.5)	9.5	(7.4-12.2)	9.1	(7.5-11.1)
Visible moulds	3.9	(2.3-6.5)	15.2	(12.5-18.3)	10.6	(8.8-12.7)
Signs of water infiltration	7.8	(5.7-10.5)	20.2	(17.0-23.5)	15.2	(13.2-17.5)
Visible moulds or signs of water infiltration	10.9	(7.9-13.8)	28.2	(24.6-31.7)	21.2	(18.7-23.7)
Vermin or excess humidity	17.7	(14.1-21.3)	37.8	(34.0-41.7)	29.7	(26.8-32.5)
Too hot	9.1	(6.3-11.9)	28.3	(24.5-32.0)	20.5	(17.9-23.1)
Too cold	6.5	(3.2-9.7)	19.2	(16.2-22.2)	14.0	(11.8-16.2)

Source: Léa Roback Research Centre, SALAM 2014.

Insect infestations are concentrated in renter households who report having to spend more than 30% of their income on rent. The latter are affected two to three times more than people who allot less than 30% of their income to housing.

Households who live in apartment buildings of four units or more are clearly more affected by insect infestations than people in other types of buildings (duplex, triplex, detached house).

Our data show that no district in Montréal is completely spared. The boroughs of Ville-Marie, Plateau-Mont-Royal, Ahuntsic–Cartierville and Villeray–St-Michel–Parc-Extension are the ones most affected by bed bug infestations (Fig. 7). Given their large populations the boroughs of Côte-des-Neiges–Notre-Dame-de-Grâce and Saint-Laurent top the list for cockroach infestations (Fig. 8); conversely, the east and west extremities of the island are mostly spared. As for rodents, they are equally found in the west, east and central parts of the island.

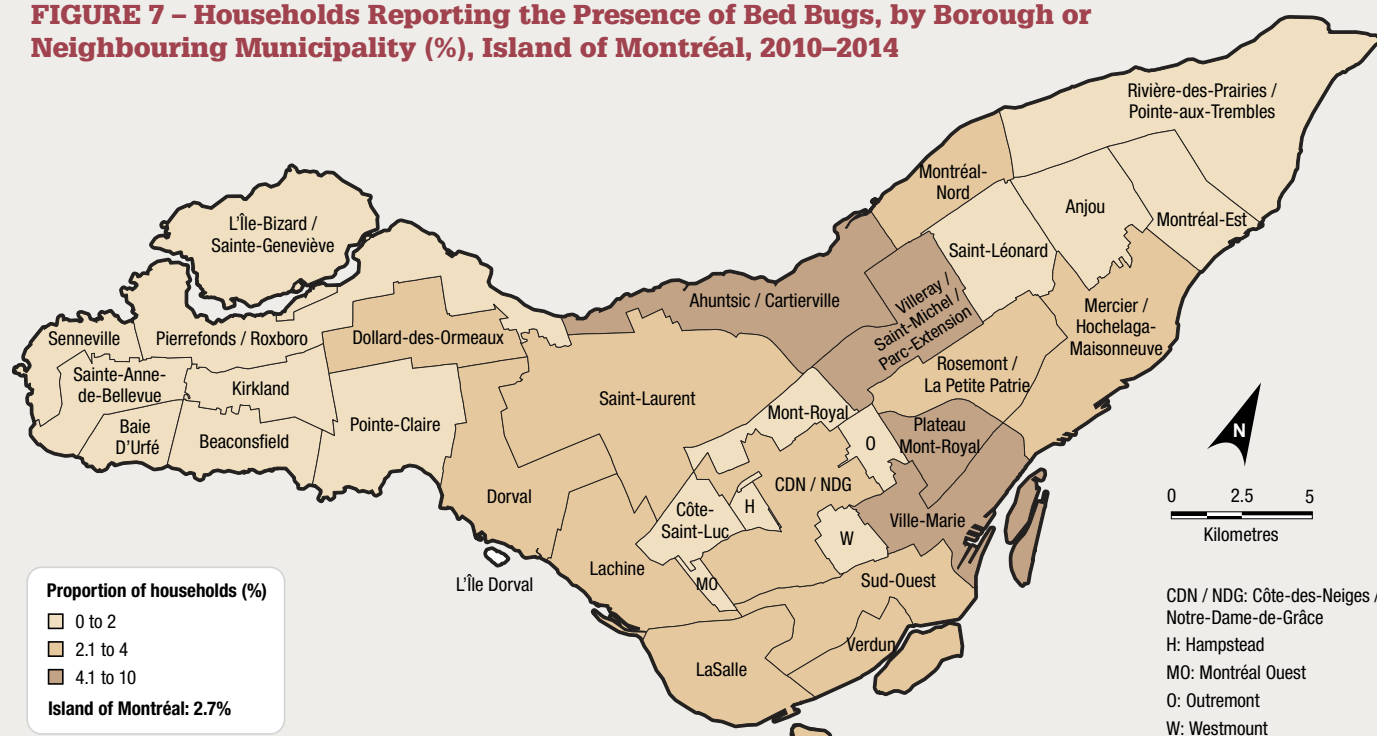
Over the last year, pesticides were used indoors in more than one in five homes (21%); the figure rises to 25% for renters. This could

create problems, given the risks associated with non-professional use of those products or when an insecticide has not been developed or approved for indoor use.⁴⁷ Unfortunately, little information is available on this topic. To measure more accurately the health risks associated with use of those products, there is a need to document type of product used, method of application, and degree and duration of exposure.

The SALAM survey (2014) revealed that more than one in five dwellings show visible signs of water infiltration, visible moulds or mould odours. It should be noted that those data likely underestimate the scope of humidity problems since they do not take into account non-visible moulds and humidity. Using broader criteria, 38% of Montréal households are dealing with excess humidity problems.⁴⁸

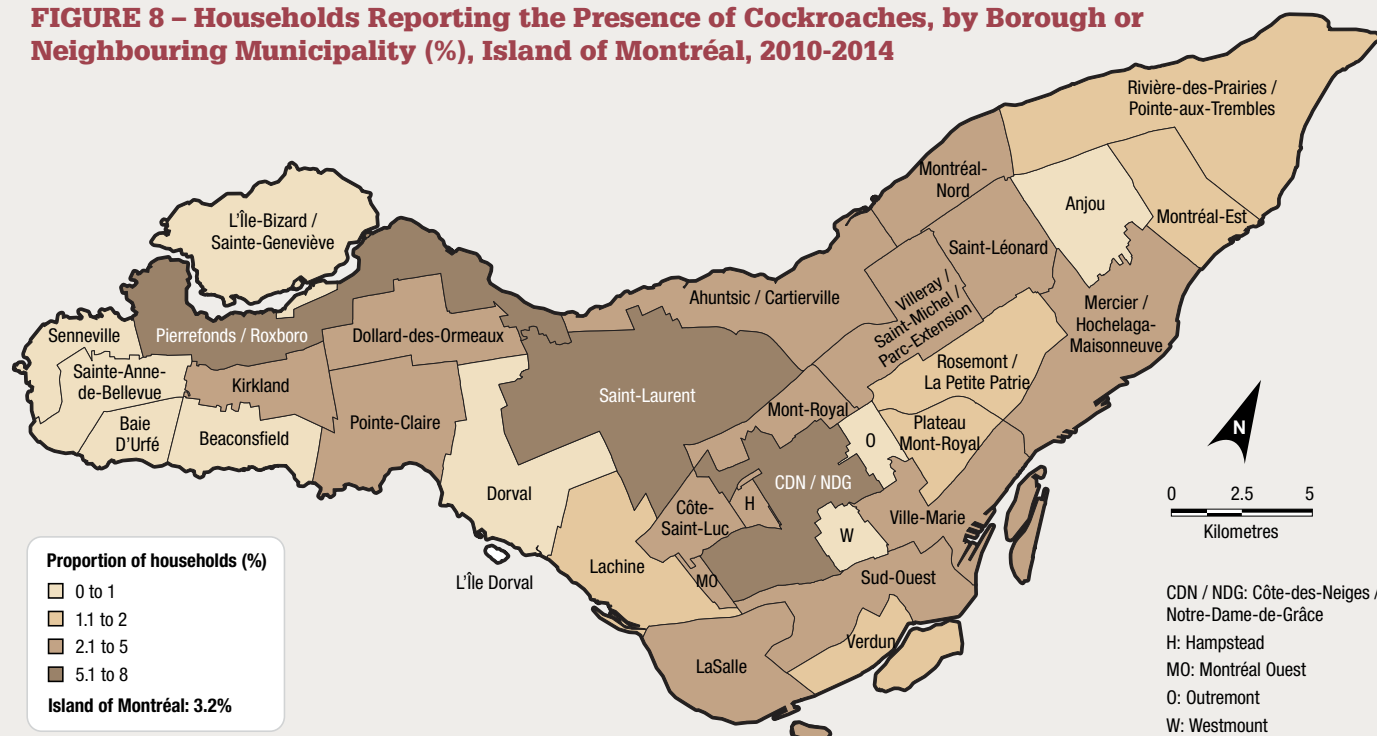
Renter households report the presence of visible signs of excess humidity inside their homes three times more often than owner households, regardless of family income category. More renter households who spend over 30% of their income on housing live in dwellings where there are water infiltration and mould problems (Fig. 9).

FIGURE 7 – Households Reporting the Presence of Bed Bugs, by Borough or Neighbouring Municipality (%), Island of Montréal, 2010–2014



Source: DSP de Montréal, Sondages Omnibus 2010, 2011, 2012; Léa Roback Research Centre, SALAM 2014.

FIGURE 8 – Households Reporting the Presence of Cockroaches, by Borough or Neighbouring Municipality (%), Island of Montréal, 2010-2014



Source: DSP de Montréal, Sondages Omnibus 2010, 2011, 2012; Léa Roback Research Centre, SALAM 2014.

According to results of surveys conducted between 2010 and 2014 by the DSP (Omnibus surveys) and the Léa Roback Research Centre (SALAM 2014), the highest proportions of households reporting visible moulds are in the boroughs of Montréal-Nord, Villeray–St-Michel–Parc-Extension and St-Léonard (Fig. 10). However, no area on the island totally escapes this problem.

FIGURE 9 – Renter Households Reporting the Presence of Mould or Water Infiltration in their Homes, by Affordability Ratio, Island of Montréal, June 2014

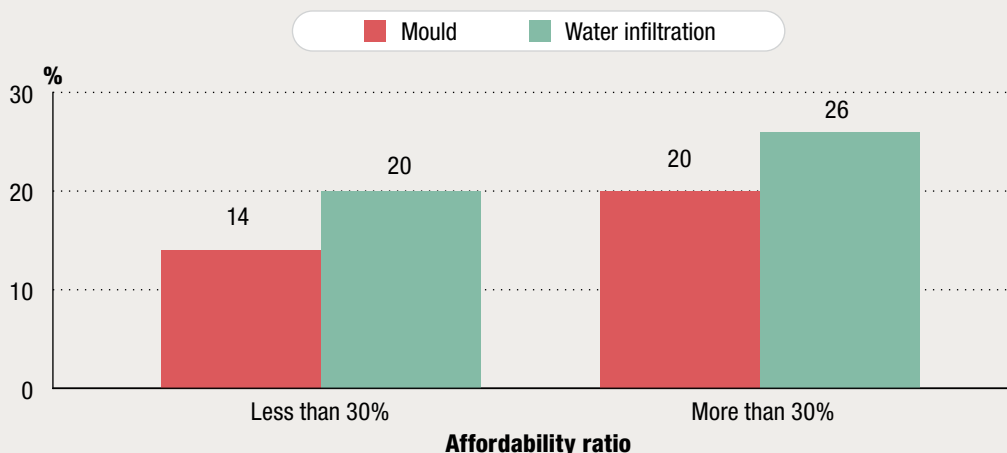
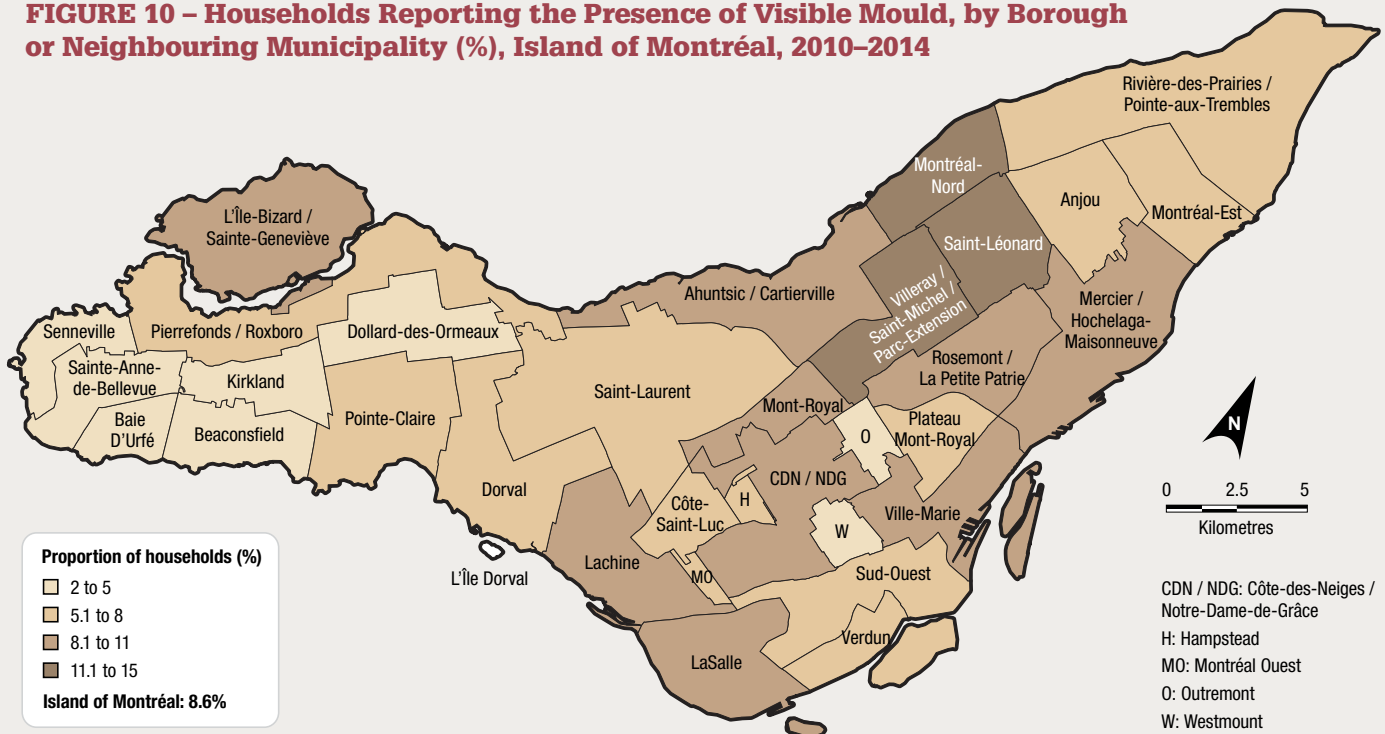


FIGURE 10 – Households Reporting the Presence of Visible Mould, by Borough or Neighbouring Municipality (%), Island of Montréal, 2010–2014



Source: DSP de Montréal, Sondages Omnibus 2010, 2011, 2012; Léa Roback Research Centre, SALAM 2014.

Managing Substandard Housing: Examples from Other Big Cities

In cities all over the world, renters have to deal with sanitation and safety issues: outdated plumbing or electrical systems; neglected preventive maintenance; poor insulation; moulds, insects and vermin. Yet, the actions undertaken by municipal authorities vary greatly from city to city.

In Paris, the Unité de lutte à l'habitat indigne (ULHI) is in charge of monitoring private buildings erected before 1949 and establishing an annual list of the most at-risk buildings. ULHI receives reports from Service technique de l'habitat or Agence régionale de santé de l'Île-de-France.⁴⁹

In terms of housing sanitation, the City of Los Angeles stands out with its proactive approach. The Housing and Community Investment Department's mission is to identify and facilitate abatement of unsanitary and substandard conditions in residential rental units. Every four years, inspectors visit properties that have two or more residential units to verify compliance with building codes and standards. If the municipal code has been violated, a notice is sent to the owner, who generally has 30 days to rectify the situation and the case may be referred to the City Attorney's Office.⁵⁰

In New York City, the Rent Guidelines Board recommends that tenants who notice maintenance problems first notify the building superintendent and then the owner. If nothing is done, tenants can make the repairs themselves and deduct the cost from the next rents. Tenants can also ask that Housing Preservation and Development proceed with an inspection or contact the building administration to have the problems corrected.⁵¹

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Affordability





Photo: iStock

Affordability

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“Affordable housing has been a policy orphan.”¹

Judith Maxwell

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As explained in the previous section, the harmful effects of sanitation-related problems on health are significant, and such problems occur more frequently in rental units. However, it is important to remember that access to affordable housing is also a public health issue. This issue is particularly important for one in five low-income Montrealers since devoting too large a share of income to housing greatly affects a household's capacity to eat properly and meet other health needs (medications, for example).

Access

In Canada, access to housing is concentrated mostly in the private housing market. According to Francine Dansereau, specialist in urban studies, government action is based on the idea that market forces can meet the population's housing needs and that the State intervenes only to offset market failures regarding the needs of the most vulnerable individuals.² She considers that since the end of the Second World War, the federal government's housing activities have rested on three principles:

1. The market must meet the housing needs of the majority of the population.
2. Government assistance must offset the market's failure to accommodate the needs of the poorest individuals.
3. Housing quality must meet current technical standards to ensure the comfort of occupants.³

Judith Maxwell, former chair of the Economic Council of Canada and founder of Canadian Policy Research Networks, observes that there are gaps between housing affordability and social housing in Canada. Those gaps are due in part to over-reliance on the real estate industry. She wrote that “affordable housing has been a policy orphan.”⁴

David Hulchanski considers that the shortage of affordable housing for city-dwelling low-income households is a result of Canadian housing policy's focus on ownership.⁵ In his opinion, since the end of the 1940s, there have been three major trends in the housing sector: 1) a growing income gap between owners and renters; 2) a process of urban gentrification removing lower-cost ownership housing and rental units from the market; and 3) the development of condominiums since the late 1960s, along with a dramatic increase in prices that targets a rather wealthy clientele, to the detriment of renters.⁶ He puts forward that markets respond to market demands rather than to social housing needs; therefore, households living in extreme poverty are unable to find housing.⁷ Hulchanski's view is that the dominance of the private market has health effects.⁸

For several years, tenants' organizations have gotten together to denounce the effects of increases in housing costs and to demand that low-income families have better access to affordable housing. Stakeholders in the business community have also been concerned about the effects of unaffordable housing on economic activity and on health and social

services costs. In 2004, the Board of Trade of Metropolitan Montréal was already concerned about declining access to housing: “... the rapid rise in the price of real estate in Montréal over the past few years has caused the housing affordability index to slip, meaning that the relatively affordable cost of living we enjoy today may not continue in the near future.”⁹ In its 2010 report on enhancing affordable housing in Canada, the Conference Board of Canada stated that, “Housing unaffordability negatively affects Canadians' health, which reduces their productivity, limits national competitiveness, and indirectly drives up the cost of health care and welfare.”¹⁰ In a special report on the growing concerns about rising income inequalities in Canada, the TD Bank's chief economist concluded that access to affordable housing was needed to enable, among other things, vulnerable populations to reengage in the labour market.¹¹ He explained that “more investment in affordable housing could help provide shelter and improve health outcomes for poor members of society, which is essential to allow them to reengage in the labour market. When low-income individuals attempt to improve their fortunes, the resulting increase in employment income can often result in a step loss of government support programs, creating a major disincentive.”

In Canada, the federal government has been involved in housing ever since the first *Housing Act*^A was adopted in 1935,¹² which preceded the creation of CMHC by several years (see Appendix III for additional information on the legal context). Although the legislation that was drafted subsequently set forth principles in favour of development of public housing and assistance to the poorest individuals, it is clear that programs and investment are lacking. This prompted the UN Special Rapporteur to state that Canada is one of the few countries that does not have a national housing strategy to respond to various housing needs.

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A “The purpose of this Act, in relation to financing for housing, is to promote housing affordability and choice, to facilitate access to, and competition and efficiency in the provision of, housing finance, to protect the availability of adequate funding for housing at low cost, and generally to contribute to the well-being of the housing sector in the national economy.” Excerpt from the *National Housing Act* (R.S.C., 1985, c. N-11, s. 3.).

Canada is one of the few countries in the world without a national housing strategy. The federal, provincial, territorial and municipal governments, along with civil society organizations (including the charitable sector) have introduced a series of one-time, short-term funding initiatives that have been described by housing experts in Canada as a ‘fraying patchwork’.¹³

For its part, in 2013, the government of Québec initiated work to develop a provincial housing policy¹⁴ that many stakeholders would like to see adopted.

Health Effects

Determining housing affordability is complex.¹⁵ Generally, the threshold of housing affordability is based on housing costs not exceeding a certain percentage of total household income before taxes.^{16,17} In Canada—like in a number of other countries—unaffordable housing is commonly defined as spending more than 30% of household income on housing.¹⁸ Although the threshold of housing affordability is generally measured based on an affordability ratio of 30%, this measure has limitations. Hulchanski points out, as do others, that the 30% criteria does not allow for the complex nature of different households’ situations. He considers that a more refined measure is needed that would take into account various factors such as the number of people, their income, ages, employment stability, and access to other resources.¹⁹

Several studies have shown that in Canada, renters—whose incomes are much lower than owners—are more likely to spend more than 30% of their income on housing than owners.²⁰

In Montréal, and in several regions of Québec, the shortage of affordable housing means that some households have no option but to live in substandard dwellings, for lack of finding

Affordability, a Long-Standing Concern

For Professor P.E. Nobbs, dean of architecture at McGill University, the issue of housing accessibility was very present in the courses he taught, as evidenced in his words:

There is a distinct housing shortage in Montreal which will become increasingly manifest in the near future.

(*The Montreal Gazette*, 17 January 1936)

Professor Nobbs was critical of the 1935 *Dominion Housing Act* that, in his opinion, favoured financing for housing for the middle class, which was already adequately housed, rather than for low-rent housing for the unemployed and very low-wage earners. He felt that, “these householders are paying far more rent than they can afford, hence they are underfed, underclothed, unhappy and are, more or less, on the road to destruction as human beings.” He conceded that state intervention in housing incurs costs, but given the harmful impacts of poor living conditions on the community, “...to the extent that the savings due to social amelioration effect balance losses incurred on the housing account, we shall be none the poorer and much the better.”

anything better. In those cases, low-income individuals are obviously at greater risk than other people.²¹ Moreover, unaffordable housing affects population health. For example, in the United States, it was demonstrated that people who live in unaffordable housing are more likely to perceive themselves to be in poor health, more so among renters than homeowners.²² People living in unaffordable housing reported more hypertension, arthritis and cost-related prescription nonadherence.²³

Food Insecurity and Basic Needs

Low-income households, especially social assistance recipients, spend a significant proportion of their income on housing. This reduces their capacity to meet other essential needs such as food, transportation, use of public utilities (particularly to heat the dwelling) and medical care.²⁴ The SALAM survey (2014) enabled us to identify the relationship between

TABLE 3 – Problems Reported by Households, by Condition of the Property and Affordability Ratio, Montréal, June 2014

	OWNERS	RENTERS			TOTAL
		Income spent on housing <30%	Income spent on housing >30%	Total renters	
Overcrowding	2.3*	7.0	10.7	7.7	5.3
Difficulty making ends meet every month	11.3	19.2	44.6	26.7	20.5
Food insecurity					
Afraid of running out of food	2.8	9.6	27.7	14.4	9.6
Not enough food	1.8*	7.0	24.6	11.1	7.7
Inadequate quality of food	4.1	13.5	32.5	18.1	12.4
Use of food bank	0.1*	1.6*	19.8*	7.5	4.2

* 95% confidence interval

Source: Léa Roback Research Centre, SALAM 2014.

property status and affordability ratio, and a few problems Montréal households have experienced (Table 3). We note that more than 25% of renters reported having difficulty making ends meet each month, and 5% having a lot of difficulty doing so; among renters who spend more than 30% of their income on housing, the figures rise to 31% and 13% respectively. The numbers are clearly lower for owners: 10% and 0.9% respectively.

Housing costs have a direct impact on household food security, especially for low-income families.²⁵ In Toronto, researchers identified an association between food insecurity and proportion of income spent on housing among low-income households in market rental housing.²⁶ According to the UN, “food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.”^B In 2008, an update of the Ministère de la Santé et des Services sociaux’s terms of reference for food security underscored that, because of their influence on purchasing power, income and housing policies are directly connected with the risk of food insecurity.²⁷ It has been established that an inability to obtain

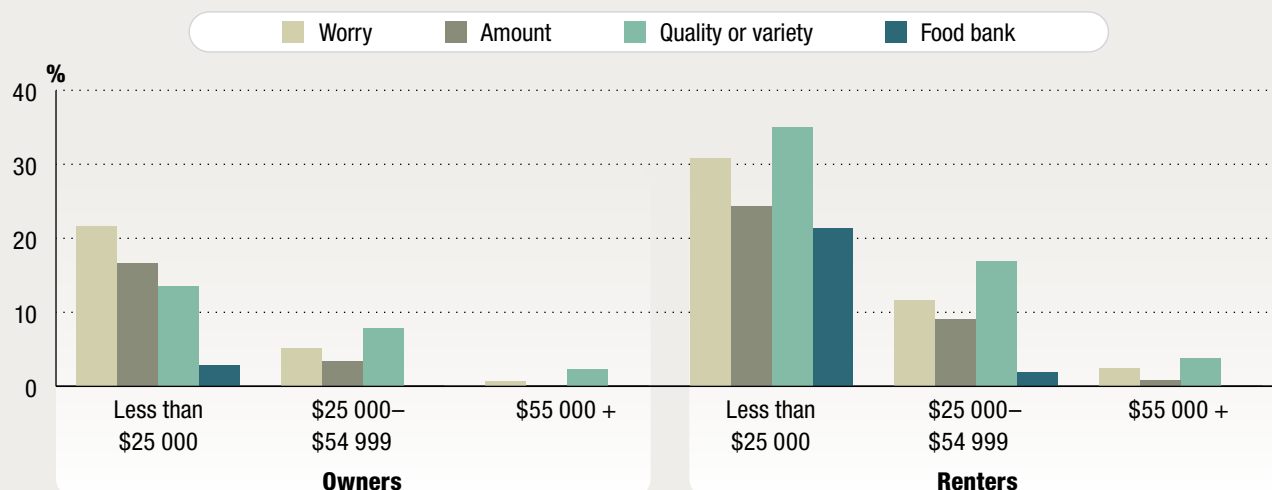
sufficient food is associated with dietary deficiencies²⁸ as well as poor mental and physical health.²⁹

Data from a 2010 survey carried out in the public health department’s district indicated that one in six people (17%) suffers from food insecurity.³⁰ Each month, close to 70 600 people use food banks, and 42% of them—about 30 000 users—are children under 18.³¹ Of the 25 000 households who use emergency food banks each month, most are families with children (56%), or about 5 500 single-parent families and 8 300 two-parent families.³²

Food insecurity affects some property owners in Montréal (Fig. 11). However the SALAM survey (2014) revealed that the proportion of owners who use food banks is almost nil, whereas 5.1% of renters use them occasionally and 2.4% regularly.³³ Among households whose affordability ratios were over 30%, close to one in five went to food banks. In addition, due to a lack of money, 14% of renters were afraid they would not have enough food, 11% actually did not have enough and 18% were unable to purchase quality food items. Among renter households with total incomes below \$15 000, 38% were afraid they would not have enough food, 37% actually did not have enough and 50% were unable to purchase quality food items.

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 B This definition was adopted by participants at the World Food Summit in 1996, and is still widely used and quoted today. See Food and Agriculture Organization of the United Nations 2012. *Coming to terms with terminology*, Committee on World Food Security, 39th Session of the Committee, p. 7.

FIGURE 11 – Households Reporting Food Insecurity Indicators, by Condition of the Property and Income (%), Island of Montréal, June 2014



Source: Léa Roback Research Centre, SALAM 2014.

The situation was even more dramatic for renter households whose affordability ratios were above 30%. Indeed, 45% of them reported at least one indicator of food insecurity, compared with 18% of renter households whose affordability ratios were lower.³⁴

Anxiety and Depression

Lack of access to affordable housing is also associated with poorer overall mental health.³⁵ In a longitudinal survey of over 15 000 people, Bentley et al. linked housing affordability stress with negative consequences on individuals' mental health, such as depression and anxiety.³⁶ Taylor et al. state that, "housing payment problems have significant detrimental effects on mental well-being. The sizes of these effects are in addition to, and larger in magnitude than, those associated with financial hardship more generally."³⁷ In the Philadelphia region, over a third (37%) of owners undergoing foreclosures presented symptoms of major depression.³⁸ Private renters in the bottom two income quintiles are more vulnerable than owners to the mental health effects of unaffordability.^{39,40} It is interesting to note that in another study, homeowners who were behind on their monthly mortgage payments were more likely to report poor health than others, and renters behind on their rent were more likely to meet criteria for depression.⁴¹ The study also reveals that respondents who

had to move for financial reasons over the past three years were more likely to report recent anxiety attacks.⁴²

The Situation in Montréal

According to the Wellesley Institute, one quarter of Canadian households are having difficulty maintaining affordable housing in private markets.⁴³ Although the average cost of housing in Montréal is lower than in other big Canadian cities, it is important to remember that median household income is also noticeably lower.⁴⁴

Renters' Fear of Eviction and Moving

Data from the SALAM survey (2014) indicate that one in ten renter households had feared being evicted over the past 10 years, mostly due to repossession of a dwelling by the owner (27%), a change in owner (13%), a disagreement with the owner (24%) or being unable to pay the rent (10%).

The survey also reveals that 21% of renters had moved three times or more over the past 10 years. Among reasons given for moving were owners repossessing the dwelling (7.3%), poor quality of the dwelling (11%), sanitation-related problems (4.2%), cost of rent or rent increase (8.3%).

The cost of housing in Montréal is considerably higher than the provincial average.⁴⁵ Not only is the city's rental housing supply limited, but the cost has shot up since 2001 and is much higher than the rate of inflation, especially for units with three or more bedrooms.⁴⁶ Pursuant to its legal mandates, the Régie du logement du Québec determines an index of annual increases permitted. However, the Régie does not control rent increases but only acts when a complaint is filed. It determines rent prices for less than 1% of dwellings in Québec (50 135 cases in 2013–2014).⁴⁷

As a result of those increases, a substantial number of households end up in difficult situations. In 2011, 40% of renter households spent more than 30% of their income on housing, whereas the figure was 23% for owner households.⁵² In addition, 81% of households living below the low income cutoff point allotted more than 30% of their income on housing (Fig. 12).

In some districts, the situation is even more alarming. In boroughs where there is a concentration of poverty, the proportion of renters who devote more than 30% of their income on housing is much higher, especially in the boroughs of Ville-Marie (51%), Côte-des-Neiges–Notre-Dame-de-Grâce (45%) and Plateau-Mont-Royal (44%) (Fig. 13).

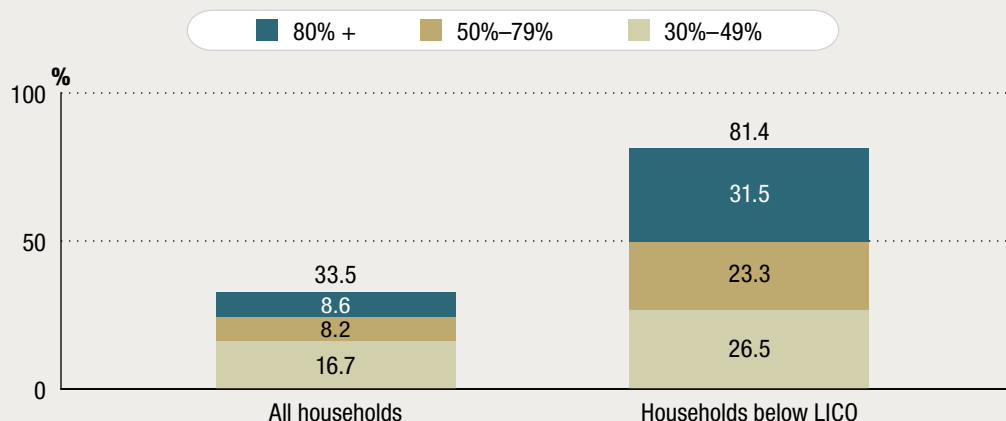
Student Housing: Underestimated in Montréal

Over 248 500 students are registered in Montréal's postsecondary institutions, including about 191 450 in universities.^{48,49} A survey of 6 400 Montréal university students conducted in 2014 for UTILE* showed that 80% of the city's student population live on the island, and that half rent apartments (bachelor or larger).⁵⁰ However, since there are fewer than about 5 200 rooms in university residences in the city, students mostly live in private rental units costing an average of \$620 a month. This is particularly high when we consider that the average income of Québec students was \$14 238 for recipients of government loans and bursaries, and \$13 989 for the others.** **To reduce housing costs, the study revealed that students share large apartments (five or more rooms). This situation has led to greater demand for large apartments in the central boroughs, where families have difficulty accessing housing.**⁵¹

* UTILE (Unité de travail pour l'implantation du logement étudiant) is a non-profit organization that promotes cooperative student housing and supports its development.

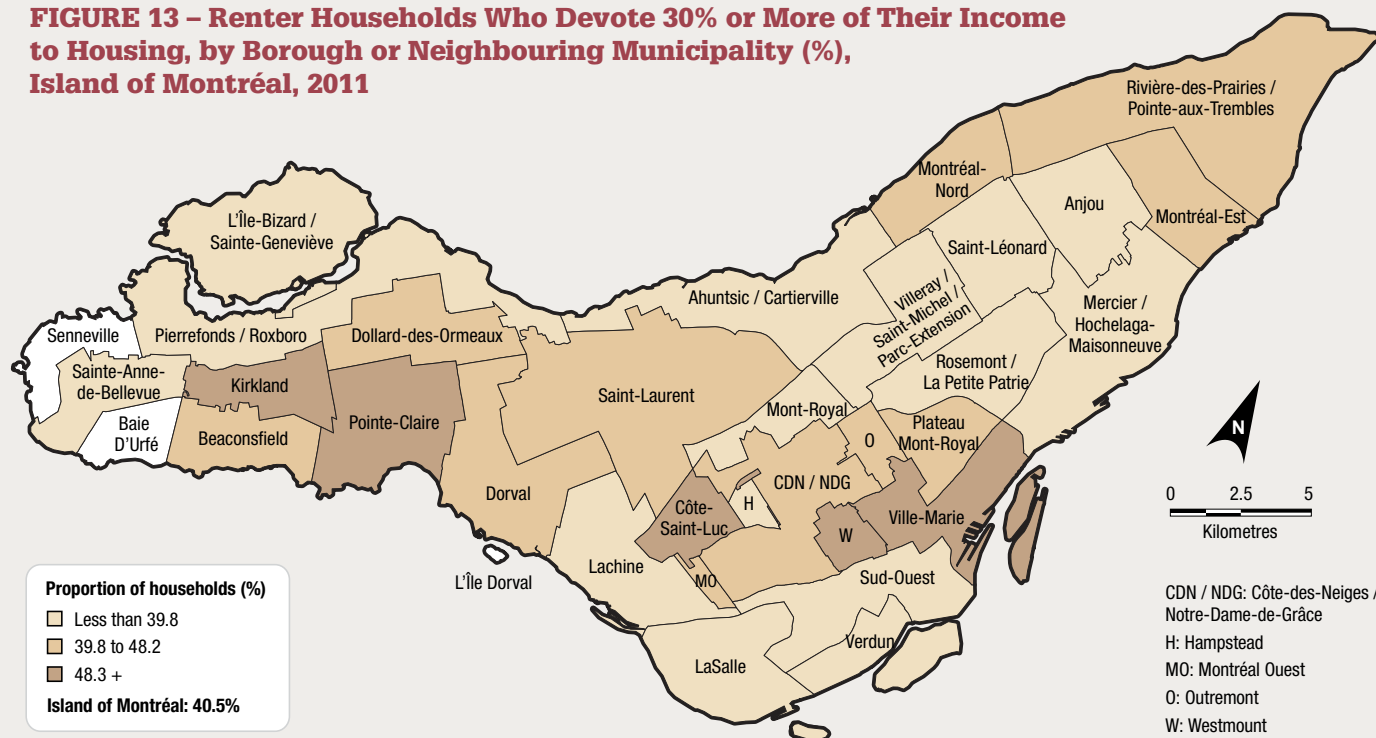
** Income is based on the province of Québec as a whole and includes high school vocational training students. Data from Ministère de l'Enseignement supérieur, de la Recherche et de la Science. 2015. *Enquête sur les conditions de vie des étudiantes et étudiants de la formation professionnelle au secondaire, du collégial et de l'université 2013*, Québec, Gouvernement du Québec, p. 44.

FIGURE 12 – Proportion of Households Who Devote More Than 30% of Their Income to Housing, Montréal, 2011



Source: Statistics Canada, NHS 2011.

FIGURE 13 – Renter Households Who Devote 30% or More of Their Income to Housing, by Borough or Neighbouring Municipality (%), Island of Montréal, 2011



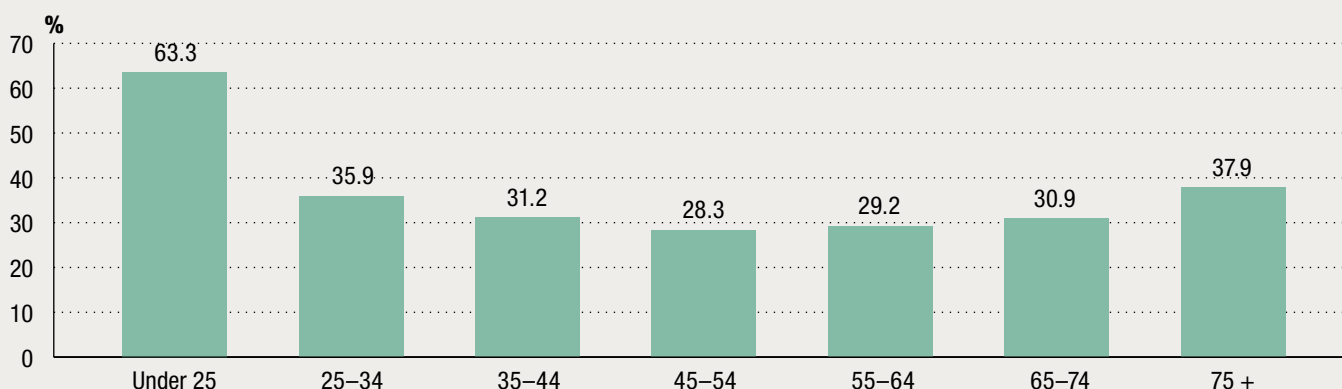
Source: Statistics Canada, NHS 2011.

Affordability is an issue that particularly affects the lower and higher ends of the age demographic—young people under 25 and older adults 75 and over (Fig. 14). In Montréal in 2011, close to two thirds (63%) of households with a primary maintainer aged under 25 paid more than 30% of their income toward housing; the figure was 38% for people aged 75 and over.⁵³

Household Perceptions of Housing Conditions

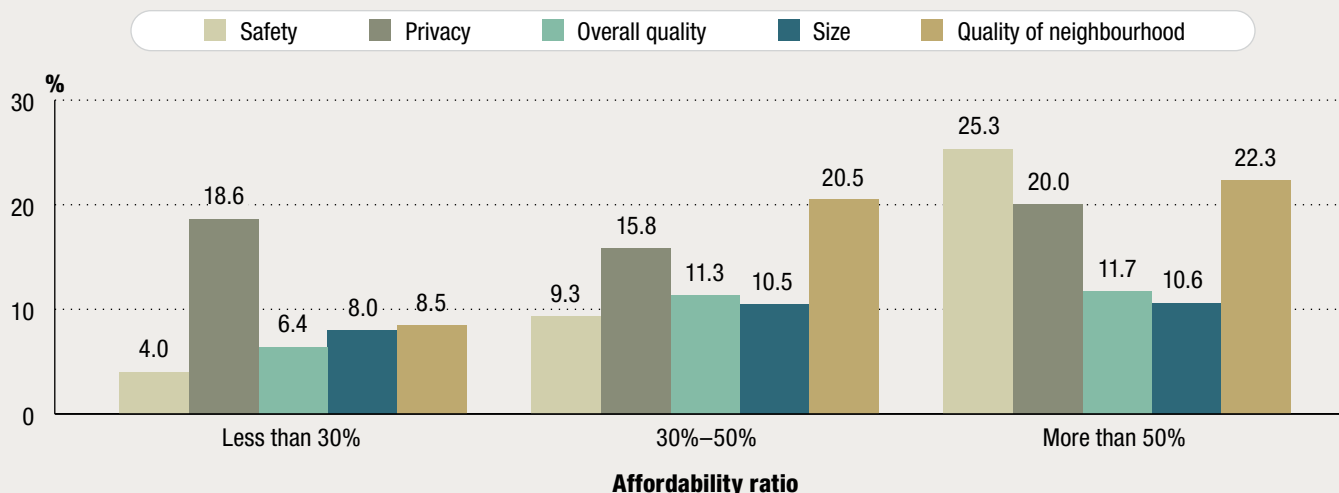
Overall, many more renter households than owner households have poor perceptions of their housing conditions in terms of safety, size, privacy, quality of the neighbourhood and overall quality (SALAM 2014). For some indicators, particularly dwelling safety and neighbourhood quality, the difference between those two groups is enormous (Fig. 15).

FIGURE 14 – Proportion of Private Households Who Devote More Than 30% of Their Income to Housing, by Age of Primary Household Maintainer, Montréal, 2011



Source: Statistics Canada, NHS 2011.

FIGURE 15 – Renter Households With Poor or Very Poor Perceptions of Their Housing Conditions, by Affordability Ratio (%), Island of Montréal, June 2014



Source: Léa Roback Research Centre, SALAM 2014.

Examples of Local Initiatives

Together with their community and institutional partners, local public health authorities are involved in several aspects of housing. In the downtown area, the CIUSSS Centre-Sud-de-l'Île-de-Montréal participates in implementing measures to increase access to housing and improve urban planning. Some goals of those actions are to sustain local populations—especially low- or moderate-income households—attract and retain families, fight poverty and social exclusion, and prevent homelessness. Here are a few examples:

- CSSS Jeanne-Mance's* board of directors taking a public stance on issues linked to housing and poverty: since 2004 the board of directors has supported requests that 30% of social housing be included in new development projects (including the Radio-Canada site), and that surplus buildings from the health network be used for community projects.
- Support for Projets autochtones du Québec (PAQ) to set up Maison autochtone de Montréal: the community services team and PAQ work together to support development of housing for First Nations, Inuit and Métis men and women who are homeless or at risk of becoming homeless; the project includes an emergency shelter and transition housing units.

* In April 2015, CSSS Jeanne-Mance was one of the facilities that was integrated into CIUSSS Centre-Sud-de-l'Île-de-Montréal.

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5

Housing, Health and Families





Housing, Health and Families

Photo: Maxime Juneau

The cost of housing is of particular importance for parents because safe, stable and secure housing is vital to all aspects of children's health and development.¹ Housing conditions and children's health and well-being are linked in multiple ways.² For families, housing is a health determinant that should be evaluated from various perspectives:

- 1) physical characteristics
- 2) availability
- 3) affordability
- 4) residential stability
- 5) neighbourhood characteristics (safety, access to employment, education and services such as daycare and neighbourhood businesses)³

A 2003 CMHC study conducted in Québec City and Victoria established a correlation between child behaviour problems and housing and neighbourhood quality.⁴ Aside from sanitation and affordability issues discussed in previous chapters and which affect many families with children, especially low-income families, some questions warrant further attention.

Health effects

Unaffordability

Housing conditions are largely responsible for the negative consequences of income inequality on children's health.⁵ It has been established that for poor children aged 6 to 17, living in affordable housing fosters better

health and reduces behavioural problems.^A Conversely, unaffordable housing influences parents' capacity to meet their children's other basic needs (food, clothing, medical care).⁶ Unaffordable housing can hurt poor children's health by restricting access to other basic necessities or stressing parents' emotional reserves.⁷ Concerns linked to not having enough money for housing and other necessities affect parents' behaviours.⁸

As seen previously, lack of money for food leads to food insecurity in families experiencing housing unaffordability, especially poor families. For children, not having enough food to eat causes dietary deficiencies that affect their physical and mental health, and has long-term consequences on their physical development.^{9,10} Data from the Québec Longitudinal Study of Child Development show an association between food insecurity at a young age and overweight¹¹ and poorer mental health during childhood.¹² A major study carried out in 26 European countries reveals that poor housing conditions could explain social inequalities in health in children.¹³

Housing support could offset these problems. Researchers have highlighted the association between living in social or subsidized housing and appropriate development of young children. In the United States, children of low-income families who lack housing subsidies are more likely to suffer from malnutrition and underdevelopment, which is not the case for children of families that receive assistance.¹⁴ One in five children whose families were on the waiting list for housing assistance had low growth indicators compared with one in thirty whose families received subsidies.¹⁵ Moreover, children of food-insecure families who received housing subsidies were more likely to show better physical health development than those of comparable families not receiving subsidies.¹⁶

An American survey of 12 000 children of low-income renter families revealed that 24% were food insecure. Again, children of food-insecure families who received housing

subsidies were more likely to show better development of physical health than those of comparable families not receiving subsidies.¹⁷

Residential Instability

The US General Accounting Office has observed that children's mobility is often linked to lack of affordable housing.¹⁸ Low-income families searching for more affordable housing and better housing conditions tend to move more frequently than others.¹⁹ Poor American families move 50% to 100% more often than wealthier families.²⁰ Housing instability, defined as moving two or more times in the previous year,²¹ is associated with health problems in children.^{22,23} Precarious housing can be harmful for the physical, intellectual and emotional health of children.²⁴ Frequent moves can also exacerbate problematic family situations, especially when poor parenting is involved.²⁵ Cutts, among others, has demonstrated that in children under three, housing instability is associated with poor health indicators, food insecurity, and poor growth and psychological development.²⁶

In older children and adolescents, multiple moves has been associated with mental health concerns, substance abuse, increased behavioural problems and greater risk of teen pregnancy.²⁷

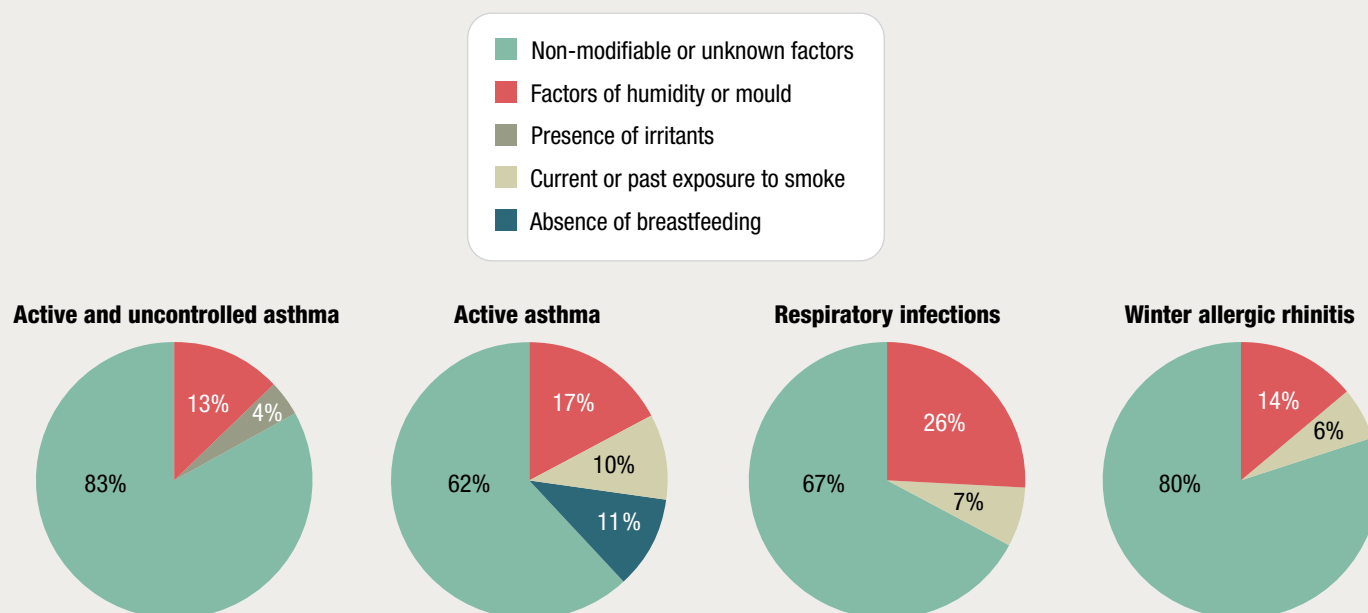
Poor living conditions during childhood have lifelong effects.²⁸ Several studies emphasize that housing instability during childhood leads to mental health problems in adulthood (alcoholism, depression, suicide attempts).²⁹ Researchers have also demonstrated an association between poor childhood living conditions and subsequent mortality due to various chronic diseases.³⁰

In terms of services, it should be noted that frequent moves can result in social service providers having more difficulty identifying children's needs.³¹ Conversely, frequent moves is potentially a useful marker of clinical risk for behavioural and emotional problems in children.³² Frequent moves are also associated

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A Data from the *National Survey of America's Families*—44 000 families, including 19 000 whose incomes are 200% below the poverty line. See Harkness and Newman. 2005. "Housing affordability and children's well-being: evidence from the National Survey of America's Families," *Journal of Housing Policy Debate*, Vol. 16, No. 16, p. 223-255.

FIGURE 16 – Risk-Attributable Fractions for Various Children's Respiratory Diseases, Montréal, 2006



Source: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal. 2011. *Étude sur la santé respiratoire des enfants montréalais de 6 mois à 12 ans.*

with children's receiving insufficient preventive health services,^{33,34} in particular difficulties keeping to vaccination schedules.³⁵

Residential instability also has an impact on children's school performance.³⁶⁻³⁸ That is the case when moving does not improve living conditions.³⁹ Mueller and Tighe refer to an American study showing that 41% of third graders who had attended more than three schools demonstrated below-average scores, and that children who changed schools four or more times by eighth grade were at least four times more likely to drop out than those who remained in the same school.⁴⁰ In Canada, the National Longitudinal Survey of Children and Youth also showed that children living in inadequate housing did less well at school⁴¹ and, conversely, that residential stability enhanced their chances of school success.⁴²

It should be noted that health risks associated with residential insecurity can be reduced by improving availability of affordable housing and providing housing subsidy programs.⁴³

Domestic Violence

The shortage of affordable housing is critical for thousands of women and children who are victims of domestic violence each year.^B Access to safe and affordable housing is a determining factor for women leaving abusive partners.⁴⁴ Yet, women who leave violent spouses have difficulty finding affordable housing⁴⁵ and are four times more likely to experience housing instability.⁴⁶ In addition, they have to deal with discrimination as they search for housing.⁴⁷ A Canadian study carried out in a women's shelter indicates that almost one in three women (31%) ended up going back to her abusive spouse because of lack of housing.⁴⁸

Young People and Youth Protection

A study in Great Britain found that families in overcrowded housing are more likely to experience child welfare system involvement at some point.⁴⁹ In the United States, families receiving services from child welfare agencies either voluntarily or by court-order often have housing difficulties.^{50,51}

B In 2012, based on official crime statistics reported and recorded by police services, 19 781 people aged 12 and over were victims of conjugal crimes in Québec, 5 278 of which were committed in Montréal. See Ministère de la Sécurité publique. 2013. *Criminalité dans un contexte conjugal au Québec; Faits saillants 2012.*

Adequate housing is a significant success factor for child welfare services.^{52,53} A child placed in a reception centre or foster family and then returned home is at greater risk of being placed again if the family is inadequately housed.⁵⁴ Indeed, the scientific literature calls into question the effectiveness of family reunification services that are not designed to assist families in finding and maintaining stable adequate housing.⁵⁵

The problem is particularly acute for youth who have reached the age of majority, since they are no longer eligible for foster care and have major difficulties finding affordable housing.⁵⁶ Left to themselves to find a place to live, they are at risk of becoming homeless and developing many associated health problems.⁵⁷

The Situation in Montréal

Over 202 000^C Montréal families have at least one child aged 0 to 17, and 53 850 (25%) are single-parent families.⁵⁸ Their situations raise issues specifically linked to housing.

Sanitation in Homes with Young Children

Sanitation-related problems have major effects on children's health, especially young children. A study on respiratory health published by the DSP in 2011 established that 36% of households with young children presented risk factors associated with excess humidity or moulds,^D 6% had mouse or rat problems and 4.5% cockroach problems.⁵⁹

The survey also showed that moulds and excess humidity are the main modifiable risk factors associated with asthma prevalence—especially active asthma, respiratory infections and winter allergic rhinitis—in Montréal children aged 6 months to 12 years. Thus, 13% to 17% of active asthma cases, 26% of respiratory infections and 14% of winter

Tobacco Smoke in Homes and Effects on Children's Health

The survey on children's respiratory health also shows that exposure to tobacco smoke is responsible for 13% of lifetime asthma prevalence, 10% of active asthma prevalence, 7% of respiratory infection prevalence and 6% of winter allergic rhinitis.⁶³ This is worrisome because data from the SALAM survey (2014) reveal that 14% of households with children under 18 are exposed to tobacco smoke at home, and for renters the figure reaches 17%.⁶⁴

rhinitis are due to those factors (Fig. 16). More than 10 000 children in Montréal have one of the three problems associated with excess humidity, with over 5 000 of them suffering from asthma.⁶⁰ These figures are similar to those in the United States.^{61,62}

The Montréal DSP survey on the preschool education of children attending kindergarten conducted in 2012 with 1 200 children indicates that children from low-income families live in less healthy homes than those from wealthier families. This means that 34% of low-income children live in housing with sanitation problems, compared with 18% of those of wealthier families. Low-income children are also more numerous to live in overcrowded housing (61% versus 18%) and to have moved three times over the past five years (16% versus 6.8%).⁶⁵

Availability of Affordable Housing for Families with Young Children

As noted in Chapter 2, rental housing large enough and affordable enough for families with children is increasingly rare in Montréal. In 2011, 29% of families with children^E spent over 30% of their income on housing, whereas the

C In Montréal, there are more families (202 000) than households (183 580) with children under 18 living at home, since some households include more than one family. As seen above, a household is defined as follows: "A person or a group of persons (other than foreign residents) who occupy the same dwelling and do not have a usual place of residence elsewhere in Canada." A family is composed of a married couple with or without children, or a couple living common-law with or without children, or a lone parent living with one or more children. Source: NHS 2011.

D The indicator is composed of the following factors: mould stains, mould odours, signs of water infiltration, past water damage or flooding, room in the basement, basement apartment and basement with earth floor.

E For methodological reasons, only couples with children and single-parent families are included in the calculations. Multiple-family households and one-family households with other persons are excluded.

figure for the province as a whole was 17%. More renter households with children allot over 30% of their income to housing (33%, compared with 24% of owners). Among families with children, 6.9% devoted between 50% and 79% of household income to housing, and for 5.2%, it was over 80%.⁶⁶

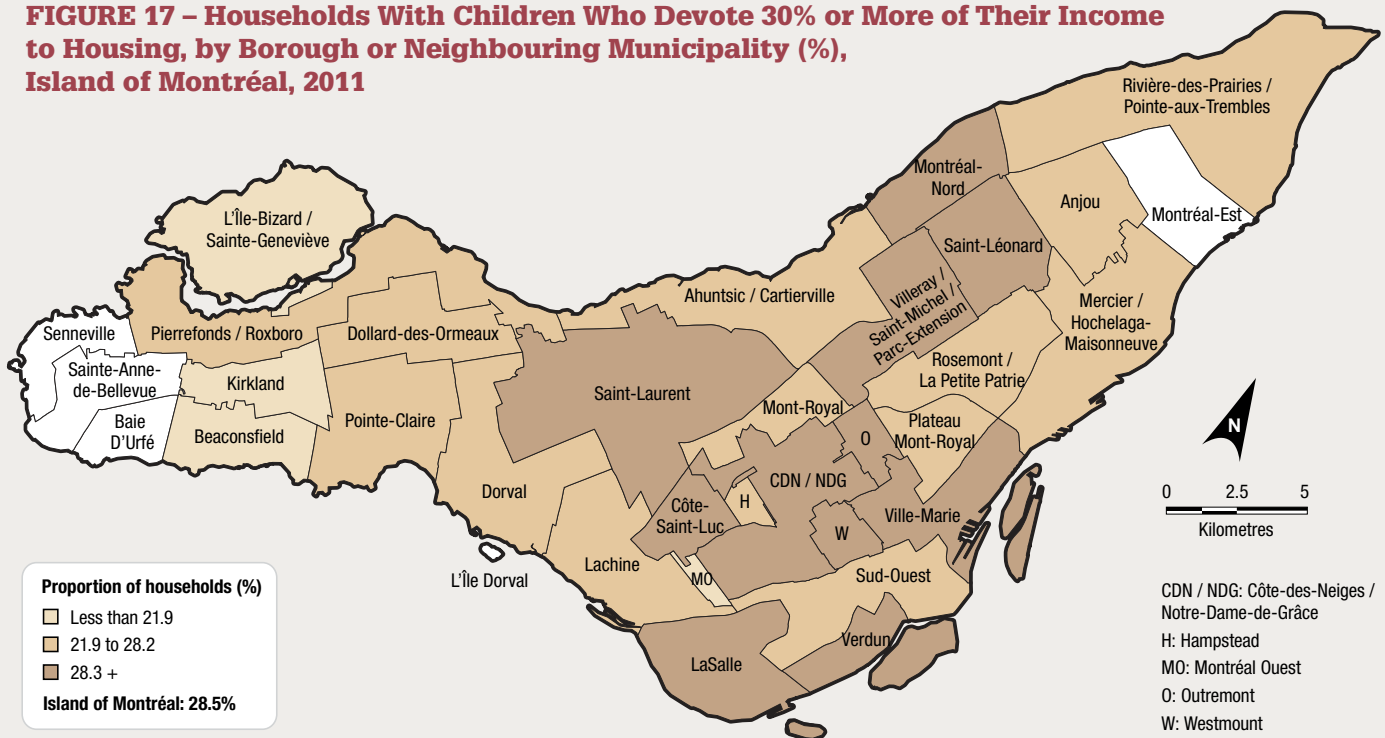
The situation is even tougher for single-parent families. Indeed, 45% of them allocate more than 30% of their income to housing, compared with 12% for households with children; 14% spend 50% to 79% and 8.5% devote 80% of their income or more.⁶⁷ It should be noted that almost half of those families (42%) live below the after-tax low income cutoff.^F

The proportion of households with children who spend more than 30% of their income on housing is much higher in some boroughs: Montréal-Nord (39%), Saint-Léonard (37%),

Lasalle (35%), Outremont (33%), Saint-Laurent (33%), Ville-Marie (32%), Côte-des-Neiges–Notre-Dame-de-Grâce (33%), Villeray–Saint-Michel–Parc-Extension (34%) and Côte-Saint-Luc (36%) (Fig. 17).

A consequence of these high affordability ratios is that more than one in five households with children under 18 (39 300) live in units that are too small, compared with 9% of all households. The figure rises to 25% for single-parent families with children.⁶⁸ It has long been known that overcrowded housing favours tuberculosis transmission. Overcrowding is also associated with enhanced risk of many infectious diseases: gastroenteritis, pneumonia, bronchiolitis, some forms of hepatitis and meningococcal meningitis.⁶⁹ Moreover, overcrowding is associated with food insecurity and lower weight among children younger than 3.⁷⁰

FIGURE 17 – Households With Children Who Devote 30% or More of Their Income to Housing, by Borough or Neighbouring Municipality (%), Island of Montréal, 2011



Source: Statistics Canada, NHS 2011.

F Source: Statistics Canada, NHS 2011.

Montréal Initiative Supporting Affordable Housing for Families

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Municipal authorities in Montréal have paid particular attention to housing affordability for families. In its real estate strategy for the Montréal metropolitan area, the Montréal Urban Community's planning commission reiterates the importance of making affordable housing available, especially for families.⁷¹

In addition, the city's Plan de fidélisation des familles 2014-2017 (plan to keep families in Montréal) puts forward measures to retain families who would otherwise leave for the suburbs because they cannot find housing units adapted to their needs and financial capacity.⁷² Aside from neighbourhood design and financial incentives to purchase property for families who can afford to buy homes, the Plan also aims to stimulate construction, by private and community contractors, of dwellings that meet the needs of renter families, especially large units.* The Plan's goal is the construction of 1 750 rental units of three or more bedrooms between 2014 and 2017.⁷³

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* According to the city's urban housing for families program, a housing unit intended for a family must have at least 96 m² of indoor living space with a minimum of five rooms, including at least three closed bedrooms with windows. The price for a family unit must not exceed \$400 000, including taxes. See Ville de Montréal. 2014. "Programme municipal habitations urbaines pour familles; Formulaire de demande d'aide financière," Direction de l'habitation [online, in French only] [ville.montreal.qc.ca/pls/portal/docs/page/habitation_fr/media/documents/programme_municipal_habitations_urbaines_pour_familles.pdf]

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Housing and Older Adults





Housing and Older Adults

Photo: Nicole Lessard

In *Global Age-friendly Cities: A Guide*, the World Health Organization stresses that appropriate housing is essential to the health and well-being of older people.^A The Guide lists key principles: housing affordability; access to quality housing adapted to the particular needs of seniors; located near home support services; and housing design that fosters active ageing and social integration.¹ A European study conducted in five countries determined that appropriate and affordable housing is associated with older people having a better sense of well-being and being more independent in daily activities.²

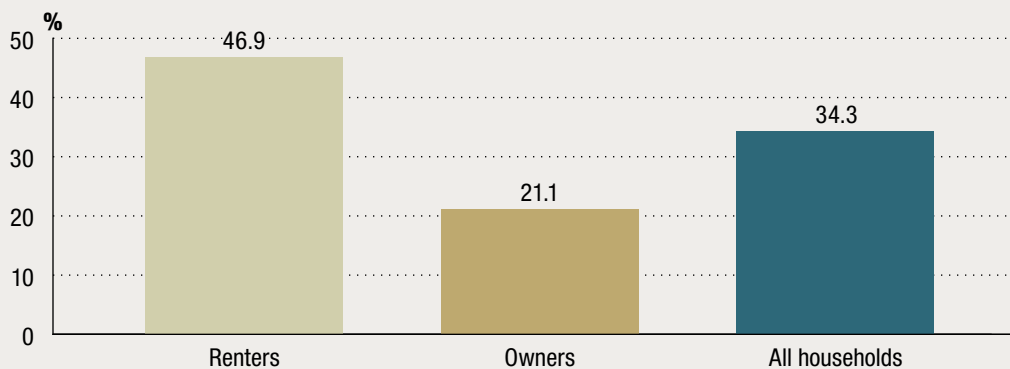
When it comes to older people's living conditions, affordability and healthy housing are critical. Seniors, especially those living alone, renters, new immigrants and people living in big cities are more likely than others to have to live in unaffordable housing.³ This situation can be harmful for health since it is likely to change subjective well-being and threaten independence.⁴ It is important to remember that in Montréal, despite improvements in older people's living conditions over the past decades, the proportion of seniors^B living in poverty is higher than for the general population. Census data indicate that in 2006,^C

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A Funding for publication of the guide was provided by the Public Health Agency of Canada, and various Canadian cities participated in the project.

B Proportion of households whose principal maintainer is someone aged 65 or over.

C These are the most recently available valid data.

FIGURE 18 – Proportion of Private Households Whose Primary Household Maintainer is 65 Years Old or Over Who Devote More Than 30% of Their Income to Housing, Montréal, 2011



Source: Statistics Canada, NHS 2011.

while 19% of the population lived below the low income cutoff point, the figure for people aged 65 and over was 50%, and 60% for those 75 and over.⁵

Because of the time they spend in their homes, older people are also more sensitive to the health effects of unhealthy housing.⁶ Given the mobility issues that a significant number of seniors have, access to safe adapted housing is an ever-growing problem.^D

In 2011, there were 295 300 people aged 65 and over in Montréal.⁷ Close to 90% of them lived in private households or dwellings (in a couple, alone or with others); the other 10% lived in facilities (e.g. seniors' residence, health care facility). Of the 264 740 older adults who lived in private households, 36% lived alone (94 725). In over 22% of all households, the primary household maintainer was aged 65 or older.⁸ In Montréal, 51% of them were renter households, whereas in the province as a whole, it was 38%.

A third of senior households (34%) spend more than 30% of their income on housing (Fig. 18). This proportion increases with age, attaining 38% for households whose principal maintainer is 75 or older. If we consider only renter households, the proportion of households whose principal maintainer is

65 or older and who spend more than 30% of their income on housing climbs to 47%.

Based on demographic trends, the SHQ has concluded that an aging population is a factor that will determine housing issues over the next decades.⁹ The Institut de la statistique du Québec (ISQ) projects that 26% of Quebecers will be 65 or over in 2036; in 2011, that figure

Barrier to Housing and Accommodations for Older Adults with Impairments

Over the past 20 years, innovative “hybrid” housing formulas have been proposed in Québec. These initiatives resemble both social housing (which implies renter status) and housing facilities (which supposes care recipient). Older people with disabilities are especially targeted by those initiatives.¹¹ The new residential models combine housing market and health services approaches. Although this type of hybrid housing can foster seniors' social involvement, research points to a double risk: 1) a danger that facilities be favoured over social housing,² given that safety and care have priority over independence; and 2) a risk that public housing be used to address gaps in the health system.

D It should be noted that older adults are the main segment of the population targeted by SHQ initiatives, which enable over 130 000 Québec senior households to live in affordable housing that meet their needs, or to adapt their dwellings so they can continue living at home. See Ministère de la Famille et des Aînés. 2012. *Aging and Living Together: At Home, in One's Community, in Québec*, p. 62.

was 16%.¹⁰ In Montréal, seniors will make up 21% of the population in 2036; in 2011, it was only 15%. An aging population poses significant challenges in terms of increased demand for adapted housing as well as home support services.

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Housing and Marginalized Populations





Housing and Marginalized Populations

Photo: Duncan Lang

Low-income seniors and families are not the only ones who are having difficulty finding housing. Many people living alone face the same challenge. This is particularly worrisome for Aboriginal people, new immigrants, and people with schizophrenia, disabilities or sexually transmitted infections (HIV or hepatitis C). For these people, the most extreme form of precarious housing is homelessness.

Housing discrimination is still common despite existing tenant rights. For instance, since 2001, the Commission des droits de la personne et de la jeunesse du Québec has investigated 1 220 cases of housing discrimination, that is, 12% of all complaints received.¹ The main grounds for discrimination reported were ethnic origin, social condition, age and disability.²

Homeless People

Because it is complex and multifactorial, homelessness is difficult to define.³ A working group developed terms of reference for a homelessness plan and defined a homeless person as someone with no fixed address, no stable, safe and healthy housing, an extremely low income, adversely discriminated against in access to services, with physical or mental health problems, issues of alcohol and drug abuse, domestic violence or social disorganization, and who is not a member of any stable group.⁴ Homelessness can be chronic, episodic or transitional.⁵

In Montréal, a homeless census conducted in 1989 counted 8 000 people, which included people with mental health problems and

substance abuse problems, Aboriginal people, underaged youth and seniors.⁶ A more recent survey that used a different methodology estimated that more than 3 000 people were homeless on a specific night in March 2015. Among them were many Aboriginal people as well as veterans of Canada's most recent wars.⁷ Hidden homelessness must also be included; this refers to people staying temporarily with friends or family. In Québec, like in Canada, there is very little data on this issue.⁸ However, in Vancouver, one study demonstrated a ratio of 3.5 people considered to be hidden homeless for every "visible" homeless person.⁹

Homeless people often suffer from mental and physical health problems,¹⁰ and are very often food insecure.¹¹ They frequently struggle with illnesses such as schizophrenia, major affective disorders, personality disorders, or alcohol and drug addiction.^{12,13} A study carried out in a Montréal hospital found that being homeless is associated with an 11.2 times greater risk of organic psychosis, 6.1 times of functional psychosis and 3.8 times of neurosis, personality disorders and drug addiction.¹⁴ As a result, homeless people have a shorter average life span than the rest of the population.¹⁵

These complex social and health issues occasion greater use of health services, including frequent visits to emergency rooms.¹⁶ In 2007, homelessness cost the Canadian economy \$7 billion, including the cost of emergency shelters, and social, health care and correctional services.¹⁷ Based on data from the Ontario Ministry of the Solicitor General, the Wellesley Institute evaluated the monthly costs of homelessness as follows: shelter bed, \$1 932, provincial jail, \$4 333 and hospital bed \$10 900, compared with \$200 for social housing in Toronto.¹⁸ In Calgary, *A Plan for Alberta* assessed that housing combined with community support for 11 000 homeless people would cost \$3.3 billion over 10 years, or half as much as the costs incurred by the health system or correctional system to manage homelessness.¹⁹

In addition, housing support has been strongly associated with better mental and physical health for homeless people.²⁰⁻²² A pilot study

of intensive users of hospital services has also demonstrated that housing support decreased use of those services.²³

At Home/Chez Soi Project

For people with mental illness who have experienced homelessness, housing support in the community along with personal support have resulted in improved mental health.²⁴ In Montréal, the At Home/Chez Soi research project—a housing support and clinical follow-up intervention—demonstrated positive effects on the health of homeless people with mental health problems.²⁵ Increased housing stability provided by the project had positive effects on participants' social integration and quality of life.²⁶ Participation in the project also reduced justice service use and incarceration, emergency medical visits and number of out-patient consultations.²⁷ Findings of this randomized trial involving 1 200 homeless adults with severe mental illness were published in the *Journal of the American Medical Association*. The study determined that the costs linked to this intervention were very low. For participants with moderate support needs, each \$100 invested in the project resulted in almost \$72 saved in fees of all sorts (hospitalization, use of shelters and other services); for those in the high-needs group, savings totalled about \$83.²⁸

Aboriginal Population

Housing problems in Québec and Canada's Aboriginal communities are well-known: housing shortages, overcrowding, dwellings needing major repairs, no running water, etc.^{29,30} These conditions cause many serious health problems for their occupants: increased risk of infectious diseases, especially tuberculosis, mental health problems and risks of developmental problems in children.³¹⁻³⁵ To these we can add a number of social problems exacerbated by housing conditions, including substance abuse, domestic violence, child abuse and neglect, and psychological distress and suicide.³⁷

When confronted with those problems, some Aboriginal people are forced to leave their communities for urban centres where, for many of them, the situation is no better.^{38,39} For example, in Montréal, the Aboriginal population

doubled from 5 130 in 1996 to 10 505 in 2011,^A and this does not take into account the shadow population or those who were not counted, such as people who live in the streets.

A study of 2 614 Aboriginal people^B living in 11 major Canadian cities (including Montréal) revealed that they experienced discrimination, had integration difficulties, and issues with isolation, poverty and substance abuse.⁴⁰ In addition, they had problems accessing health services, employment resources and educational institutions.⁴¹

In Canada, Aboriginal peoples are overrepresented among the urban homeless.⁴² For several of the reasons listed above, many experience homelessness, most often hidden homelessness, and temporarily stay with friends or family.⁴³ This seems to be the case for many Inuit women.^C Although poorly documented, Aboriginal homelessness is an emerging concern that is well described in Montréal's homelessness plan.⁴⁴

In a brief presented in 2008 at public hearings held by the Commission des affaires sociales sur le phénomène de l'itinérance, the Native Friendship Centre of Montréal highlighted the housing needs of Aboriginal people in the city.⁴⁵ The Regroupement des centres d'amitié autochtones du Québec also underscored this need, and demanded short-term housing resources and the creation of an emergency shelter in Montréal.⁴⁶ Municipal authorities are currently building new social housing units for this population, in response to those demands.

Street Youth

A prospective study of 860 street youth conducted by the public health department between 2001 and 2004 found that they experienced their first episode of homelessness at an average age of 15.6 years.⁴⁷ A young person is

considered to be homeless if he or she has been forced to sleep in the streets, in a shelter, or at a friend's or family's home because of not having anywhere to spend the night.⁴⁸ In the study, 47% of those youth had been homeless for over a year. Sixty per cent of participants had slept in the streets or a shelter in the six months preceding participation in the study, and the large majority had had several housing insecurity experiences. On average, they had lived in more than five different types of places: with friends (83%), with a friend's family (30%), with their own extended family (26%), at a police station (34%), at a hospital (22%), in a detention centre (2%) or in a detox facility (10%).

The DSP has drawn attention to the following: living in the streets triples the risk of initiating injection drug use,⁴⁹ is associated with severe psychological distress⁵⁰ and increases the risk of premature death.⁵¹

People with HIV and Hepatitis C Virus

A number of studies have demonstrated the importance of housing determinants for people with HIV or hepatitis C (HCV). Having stable living conditions in adequate affordable housing leads to healthier lifestyles, which are reflected in better health results.⁵² Stability is associated with better use of medical services by infected individuals and greater treatment compliance,⁵³ yielding more positive therapeutic outcomes.⁵⁴ Moreover, residential stability also fosters a reduction in sexual behaviours at risk for transmission of bloodborne infections.⁵⁵ Conversely, residential instability increases HIV-positive individuals' use of emergency services.⁵⁶ It is interesting to note that the U.S. Department of Housing and Urban Development funds a program that provides access to stable and affordable housing for persons living with HIV and their families.^D

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A Data from *Portrait de la population autochtone à Montréal* published in 2010 by the City of Montréal's Division des Affaires économiques et institutionnelles. However the number of Aboriginal people is underreported since the survey does not include homeless individuals. See note in Statistics Canada "How Statistics Canada Identifies Aboriginal Peoples", [online] [<http://www.statcan.gc.ca/pub/12-592-x/12-592-x2007001-eng.htm>].

B First Nations, Métis and Inuit.

C An intervention with homeless Aboriginal people, especially Inuit women, is included in Montréal's homelessness plan. See Ville de Montréal. 2010. *Agir résolument pour contrer l'itinérance; Plan d'action ciblé en itinérance de Montréal*, p. 10.

D *Housing Opportunities for Persons With AIDS (HOPWA)*, [online] [portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/aidshousing].

Injecting Drug Users

The Montréal public health department's SurvUDI study of 2 297 injecting drug users (IDU)^E conducted from 2003 to 2011 showed that prevalence rates for HIV and for HCV antibodies among participants were 18% and 68%, respectively.⁵⁷ Although housing stability is especially important for IDU, data revealed that almost half of participants had lived in the streets, a shelter or a squat in the six months preceding the study.⁵⁸

Residential instability is associated with increased risk behaviours for HIV infection.^{59,60} A longitudinal study of IDU conducted in Montréal over a 16-year period (1992 to 2008) demonstrated an association between living in precarious housing conditions and HIV infection.⁶¹ It revealed that among men, unstable housing is associated with HIV seroconversion, as are risky behaviours such as intravenous cocaine injection and sexual relations with infected partners.⁶² Residential instability is associated with higher HCV infection rates among injecting drug users.⁶³

People with Mental Health Disorders

People with mental illnesses often have difficulty finding adequate housing. A study conducted in Australia and New Zealand revealed that those individuals often live in unaffordable, unsafe poor-quality housing.⁶⁴

During heat waves, temperatures can rise to dangerous levels in Montréal dwellings that are poorly insulated or not air conditioned. Some people are then at greater risk than others, especially individuals suffering from schizophrenia.⁶⁵ Because of their conditions or medications, they may have trouble reacting appropriately to heat or taking the measures needed to prevent dehydration. The consequences can be extremely serious. An example is the heat wave that hit Montréal in July 2010: it caused the death of 106 people, more than a third of whom had mental health problems (psychosis, alcoholism).⁶⁶

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E Cocaine, heroin, opioids and others.

Immigrants

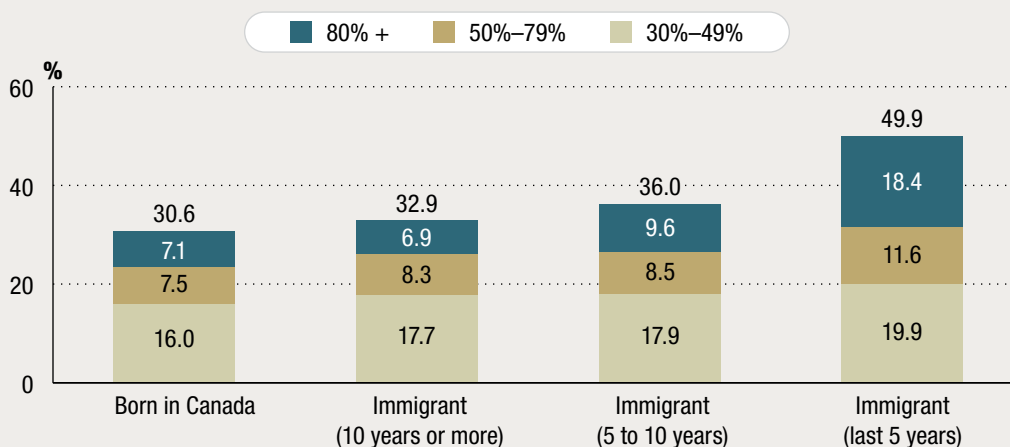
Since the early 2000s, higher immigration levels have meant that the number of immigrants to Québec has risen significantly, reaching 52 000 in 2013. Most of them have settled in Montréal,⁶⁷ where in 2011 it was assessed that the primary maintainer in more than a third of households (36%)⁶⁸ was an immigrant.

Many Canadian researchers are interested in housing as it relates to the situation of recent immigrants and refugees. A Toronto study revealed that refugees experience significant difficulties as they search for housing;⁶⁹ in Winnipeg, refugees tend to settle in declining neighbourhoods, where housing is less expensive.⁷⁰ Moreover, immigrants who have been in Canada less than 10 years spend a greater proportion of their income on housing than Canadian-born individuals, although the figure declines as years since immigration increase.⁷¹

The situation is similar in Montréal, where most recent immigrants live in poverty (58%). Their average income is almost twice lower than that of non-immigrants—\$18 103 compared with \$29 173.⁷² Low income restricts access to adequate housing for many immigrants. In 2011, 17% of immigrant households (51 615 households) lived in dwellings that were too small, compared with 4% of non-immigrants. This figure rose to 28% among households whose primary maintainer was a recent immigrant.⁷³

In addition many more households whose primary maintainer is a recent immigrant (5 years or less) allot over 30% of their income to housing (Fig. 19). Likewise, this is the case for half of immigrant households who arrived in Canada after 2006; the figure for non-immigrant households is 31%. Recent immigrants are also at greater risk of living in housing that is substandard or above their means. Admitting larger cohorts of immigrants heightens the housing problem and requires public authorities to make efforts to solve this issue.

FIGURE 19 – Proportion of Households Who Devote 30%, 50% and 80% or Over to Housing, by Immigration Status, Montréal, 2011



Source: Statistics Canada, NHS 2011.

People with Disabilities or Reduced Mobility

For people with limited mobility, access to adapted housing is a real challenge.⁷⁴ Yet, this issue is very poorly documented.^{75,76} Home adaptations are not only necessary for people with disabilities who want to keep living in their homes, it is also indispensable to prevent injuries caused by inadequate housing conditions.^F In 2011, almost 263 000 (15%) Montrealers had a physical disability (Table 4). For people living below the low income cutoff, the figure was 19%.⁷⁷ The proportion of people with disabilities is clearly greater among older adults: 41% among people 65 and over, and 54% in those aged 75 or more.⁷⁸ Figures are even higher among older adults living in poverty: 50% among those 65 and over, and 60% in people aged 75 or older⁷⁹ (Table 4).

Although this issue is not well documented, data from the SALAM survey (2014) indicate that among people who have difficulty getting around, only half live in dwellings adapted to their physical conditions (49%).

Table 4 – Montrealers Aged 65 and Over With a Physical Disability, 2006

	Number	%
Entire population	262 970	15
Aged 65 +	108 595	41
Aged 75 +	67,050	54
Population below LICO	79 220	19
Aged 65 +	22 255	50
Aged 75 +	13 240	60

Source: Statistics Canada, 2006 Census

^F In its 2014–2017 action plan for disabled persons, the SHQ describes the various measures to support home adaptations for this group. See SHQ. 2015. *Plan d'action 2014-2017 à l'égard des personnes handicapées*.

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Social Housing at Home and Elsewhere





Social Housing at Home and Elsewhere

Photo: Claude Cormier

The notion of social housing intersects with various realities and interventions that have at least one thing in common: government housing support that enables households to have partial or total access to non-market housing. Because some assistance programs are designed for moderate-income rather than low-income households, the term “social housing” (as opposed to “affordable housing”, for moderate-income households) should be used to refer only to assistance for households who are least able to access adequate housing without allotting a disproportionate amount of their income to this expense.

As seen earlier, there is support for housing construction as well as for individuals. In the former, housing is funded completely or partly,

directly or indirectly by the State. Low-rent apartments (HLM) are the best example of this type of support. Public HLM are built and managed by municipal housing offices (OMH); private HLM are built with public funds but managed by NPOs or cooperatives. Rents are based on renters’ income (for example, 25% of gross household income), which means that year after year, public funds are used to cover operating deficits. Other housing construction support programs rely on partial government involvement in residential projects that supply rental housing below market prices. Support is in the form of low-interest loans or subsidies. Logement abordable Québec and AccèsLogis are examples of housing construction support programs that require a minimal 15% involvement from the community.¹

Support for individuals also takes several forms. In Québec, the Supplément au loyer program enables households who rent units in the private market or in AccèsLogis projects to pay 25% of their income, the same as if they lived in an HLM. Another housing subsidy program in the province—less generous but more widely used—is Allocation-logement. In 2013–2014, the program provided maximum subsidies of \$80 a month to 103 885 recipients.² Rent supplements lighten the burden of many low-income households. When they are not linked to predetermined units, subsidies allow households to be independent and mobile.³

Some countries have implemented programs that involve allotting significant funding to households to help them pay their rents and, in some cases, their mortgages. Here are a few examples: in the United States, renters can rely on Section 8 Housing Choice Vouchers, a program created in 1974 and funded by the federal government, but administered by local agencies. In New York City in 2012, the 93 000 people who benefited from this program received on average \$853 a month.⁴ Again in 2012, in the United Kingdom, the Housing Benefit represented just over 1% of GDP (data from Office for National Statistics) and comprised the largest part of social spending after pensions, £17.7 billion.⁵ In Sweden, from 1991 to 2002, the housing allowance varied between 0.6% and 1.1% of GDP.⁶

Evolution of Social Housing in Canada

In Canada, the government first became involved in funding for housing in 1935 with the adoption of the *Dominion Housing Act*. The main goal of the *Act* was to reduce the risk to lenders during the Great Depression. During the Second World War, a parliamentary working committee looking at post-war reconstruction proposed building low-cost rental dwellings. That initiative targeted a third of Canadian households for whom it was thought impossible to purchase decent, safe and healthy housing on the market. In 1946, the Central Mortgage and Housing Corporation was created (changed to Canada Mortgage and Housing Corporation in 1979); housing support was one of its principal mandates. The first low-

cost housing project was launched in Toronto in 1947: Regent Park eventually included over 2 000 units. The first low-cost housing project in Montréal (796 units) was initiated in 1959: Habitations Jeanne-Mance (commonly called “plan Dozois”, after the Minister of Municipal Affairs responsible for the project).

The *National Housing Act* was amended in 1949 to create joint federal-provincial-territorial programs. Provinces and territories could now act on behalf of the federal government to manage most social housing programs in their respective territories. Over the following decades, provinces and territories progressively took on more responsibilities, not only in managing programs but also in developing and funding programs. In 1993, the federal government phased out long-term funding for new low-cost housing projects. However, it continued directing about \$2 billion a year to the provinces and territories, in accordance with past but still valid commitments or with more recent ones such as the 2011–2014 Social Housing Agreement, which was recently renewed through 2019. This explains that in Québec, since 1993, there has been very little growth in public and private HLM stock. For instance, there were 69 109 recipients in 1996, and only 73 789 at the end of 2013.^{7,8} From 2006 to 2012, the social housing stock in Montréal grew 9.7%, or by 5 250 units. Of these, only 377 were HLM; most units were “affordable” housing, that is, they were not intended for the most disadvantaged individuals.

Financial data point to two significant trends. First, the role of Québec in social housing funding has expanded. In 1996, 41.9% of the SHQ’s budget came from CMHC; in 2013–2014, the federal contribution fell to 37%. Second, housing support is increasingly provided for individuals rather than for construction. In Québec in 1996, support for individuals (Allocation-logement and Supplément au loyer) totalled \$77.1 million dollars, or about 10% of the overall cost of social programs (\$766 million excluding the Inuit component); in 2013–2014, the figure was 23.6%.^{9,10} If both types of housing support are considered, about 10% of Québec households were living in “supported” housing¹¹ in 2010–2012. On the island of Montréal, this represents 7.1% of all households, or 11.5% of renter households.¹²

Social Housing in OECD Countries

Despite the distinctiveness of each jurisdiction, two social housing models emerge across OECD countries: one broad-based, where social housing is widely accessible, and the other more targeted.¹³ In the first model, social housing is open to all without necessarily applying any priority criterion, and attributed in order of registration on a waiting list. Denmark, Sweden and the Netherlands have universal access systems. In the second model, social housing is allocated based on income thresholds. A queueing system is set up, with consideration given to the priority rating of tenants or on the needs of the most vulnerable households. Targeted systems are found in the United States, Norway, Spain and Austria.

Possible Solutions

A number of avenues to explore in response to housing problems can be found in the scientific literature. Some are more promising than others and should be investigated more closely, within a Montréal context.

Support for Affordable Housing Stock on the Market

In Montréal, a large majority of households meet (or try to meet) their housing needs in the market. In 2010–2012, 90% of renter households succeeded in doing so.^A Left to itself, the market does not react to the needs of less well-off households. Over the past few decades, availability of low-cost rental units has declined. Demolitions, a huge rise in the number of newly-built condominiums, and the conversion of apartments into condominiums are all parts of the puzzle. However, there are ways the State can intervene without pushing the market aside to address the affordable housing shortage.

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A Excluding households who get rent subsidies but do not live in AccèsLogis units. See Communauté métropolitaine de Montréal. 2013. *Perspective Grand Montréal*.

B According to the Régie du logement, 2 264 decisions were made concerning the fixing of rent during the period. See Régie du logement. 2014. *Rapport annuel de gestion 2013-2014*, p. 73. According to ISQ, in 2012, there were 1 425 030 renter households in Québec. See Institut de la statistique du Québec. March 2012. Coup d'œil sociodémographique no 4, *Le logement et l'équipement ménager des ménages québécois en 2009*, p. 7, [online] [www.stat.gouv.qc.ca/statistiques/population-demographie/bulletins/coupdœil-no14.pdf].

C In 2012, rental units made up 11% of annual housing starts; in comparison, the figures for single-family homes and condominiums were 28.8% and 60.2%, respectively. See Communauté métropolitaine de Montréal. 2013. *Perspective Grand Montréal*, June.

Rental Market Regulations

Regulations of lessor-renter transactions vary enormously from country to country, and from one jurisdiction to another within a country. There are considerable differences in the scope and strictness of those regulations.¹⁴

Rental market regulations can touch on two aspects that can affect the well-being of renter households: control over the rate of rental increases and a legal framework for owner-renter relationships (e.g. reasons for eviction, security of tenure). The need for regulation obviously results from a power imbalance (which favours owners), especially when demand is high. Regulation, especially regarding price, must prevent abuses; but ideally, it should also create a balance between both sides' interests to ensure it does not kill the market. However, controlling the market does not necessarily always produce the desired effects. Data in the OECD study on the housing market could not establish an inverse relationship between rental costs and severity of controls.¹⁵

In Québec, there is no mandatory control over rents. Owners and renters freely negotiate, and mediation requiring the Régie du logement to fix the rent occurs in less than 1% of cases.^B Each year, the Régie suggests a reasonable rent adjustment based on standards set out in the *Regulation respecting the criteria for the fixing of rent*. However, the Régie does not have the power to impose it on the market, unless a tenant contests an increase and proves that it is excessive. Rent increases are usually higher than the percentage suggested by the Régie du logement. As a result, it is difficult to attribute the main responsibility to the regulation in force for the little interest real estate developers have in rental units.^C

Introduction of Inclusionary Zoning

Inclusionary zoning supposes that governments offer incentives to private developers working on large-scale projects to provide a

certain number of units to be rented at affordable rates and for a predetermined number of years to low- or moderate-income households. When this occurs, variables such as percentage of affordable units anticipated and eligible income threshold must then be decided at a political level. How this strategy is implemented can vary greatly: mandatory or voluntary; possibility of constructing affordable units on a project site or construction on another site; payment of fees-in-lieu (equivalent to the cost of supporting construction of an affordable unit) to a fund that can be used to provide social housing. Strategies can also vary according to types of incentives proposed. Because the goal is to motivate the market to build affordable units—and so by definition, less profitable—developers can be compensated with density bonuses and fee rebates, or with lower prices when they purchase municipal land, for instance.

The inclusionary zoning strategy was first introduced in 1974. At that time, Montgomery County in Maryland was fighting against segregationist exclusionary zoning practices (prohibition of multifamily housing).¹⁶ Aside from providing affordable housing, inclusionary zoning aims to create mixed-income neighbourhoods, which is highly desirable and prevents negative effects generally associated with areas with large concentrations of poverty.

Montréal designed an inclusionary strategy for affordable housing in 2005. But it is only an incentive since Québec law does not currently allow for mandatory inclusion of affordable housing.¹⁷ In April 2014, however, the municipal council unanimously adopted a resolution asking the Québec government to amend the City's charter to enable it to regulate inclusion of social and affordable housing.¹⁸

Tax Credit for Affordable Housing Production Initiatives

In the United States, the Low Income Housing Tax Credit (LIHTC) is a tax measure introduced in 1986. The goal was to persuade developers to include in their projects affordable housing units for low-income households.¹⁹ Just like for inclusionary zoning, there are various ways to apply the strategy and those can be adapted to local needs and priorities. The tax

expenditures are determined by the federal government and allocated to the states according to population. When a residential project that includes affordable units—which must be kept in low-income use for 30 years—is selected, the LIHTC provides tax credits to investors for 10 years. Currently, the value of the credit is 91 per cent of construction costs of those units (in high-density sectors). Project profitability is then higher, and can be even more so when other types of public subsidies are available. Tenants of affordable units may also be eligible for Section 8 Vouchers, a housing assistance program. According to an editorial in the *New York Times* (20 December 2012), the LIHTC had enabled construction of about 2.5 million affordable units since 1986.

This kind of measure does not exist in Canada. Steele and Desrosiers, specialists in housing economy, proposed introducing a similar program progressively, offering additional credits of the same amount every year that would reach a plateau of \$474 million after 10 years.²⁰ This amount would be offset by declining budgetary expenditures for programs still on the CMHC's books, as long-term commitments run down. The authors considered that

A Solution for Funding for Affordable Housing: TFSA for Sustainable Housing

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Researchers at Institut de recherche en économie contemporaine (IRÉC) recommend a new way to fund sustainable housing: a tax-free savings account for sustainable housing (TFSA SH). In their opinion, this innovative idea would fund a province-wide housing policy through people's savings.²² The researchers consider that, in 2012, tax expenditures for TFSAs represented a \$61 million loss for the Québec government, and could reach \$600 million by 2029. Given the size of that sum, IRÉC researchers propose adapting Québec's participation in Canada's TFSA by allocating Quebecers' savings to a provincial sustainable housing policy. Self-financed, the TFSA SH would enable the government to build 120 000 housing units over a 20-year period and to support energy-efficiency improvements for about a million existing units.

a tax expenditure for affordable rental housing would be dwarfed by annual tax expenditures in the order of \$6 billion for owner-occupied housing. Therefore it would be worthwhile for the Canadian government to assess closely the benefit of introducing such a measure as part of a housing strategy for Canada.²¹

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Conclusions and Possible Solutions



Conclusions and Possible Solutions

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**“I see one-third of a nation ill-housed, ill-clad, ill-nourished...
The test of our progress is not whether we add more
to the abundance of those who have much;
it is whether we provide enough for those who have too little.”**

**Franklin D. Roosevelt,
Second Inaugural Address, 20 January 1937^A**

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In releasing this report, Montréal’s director of public health is building on past interventions pertaining to housing carried out by health authorities. He has three objectives: 1) provide an update on the housing situation in Montréal; 2) reiterate his commitment; and 3) formulate recommendations to protect the health of Montrealers.

The director can put forth commitments and recommendations that take into account the situation in the city, thanks to the following: a review of the scientific literature; data banks available in Québec and Canada; a new survey of 1 600 households on the island of Montréal; and consultations with numerous groups and individuals—owners’ and renters’ associations, experts from universities or in the field, municipal bodies and elected officials from Montréal at all levels of government.

As seen previously, housing related issues such as sanitation are many and tremendously important. It is clear that the cost of housing greatly affects a household’s capacity to eat well and meet other basic needs. Food

insecurity has major health impacts, given the significant role that poor nutrition plays in many problems—obesity, diabetes, high blood pressure, cardiovascular diseases and several cancers, to name a few.

The report highlights serious issues, such as impacts of household insecurity on children’s growth and development, and on their educational success. It presents specific challenges faced by new immigrants, Aboriginal peoples, people with mental health problems and injecting drug users. The report also points out the effects of unstable housing on the risks of HIV and HCV infection transmission, and on therapeutic outcomes of people with those infections. Finally, it sheds light on the fact that an ageing population and the arrival of immigrants require appropriate social responses to housing, especially in Montréal.

The recommendations presented here, which arise from public health department commitments, were discussed during meetings between the director and key contact persons.

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A On 1 September 1937, the President signed the *US Housing Act* that created the US Housing Authority, responsible for public housing in the United States.

Commitments of the DSP

1. Prioritize action focused on housing conditions.

The director of public health intends to maintain a regional public health team specializing in this field and shore up expertise in this area.

2. Support the City of Montréal as it carries out its 2014–2017 action plan to combat unsanitary housing.

The director of public health totally endorses the plan's objectives and the DSP offers its collaboration to

- finalize development of a tool to screen for moulds (Part I of the action plan);
- establish a method to develop an inventory of buildings at risk of sanitation problems to foster preventive interventions (Part II);
- create a list of follow-up indicators and pertinent accountability information (Part IV).

3. Support implementation of housing interventions proposed in the framework document entitled *Schéma d'aménagement et de développement de l'agglomération de l'île de Montréal*.

The director of public health shares the vision presented in the framework document and will refer to it in his public interventions addressing links between land use planning and the health of the city's population.

4. Encourage the health and social services network to prioritize housing issues in its interventions with vulnerable populations.

The DSP will develop and offer a training program to bring change to practices, create tools adapted to primary care professionals, and maintain local public health teams' community actions.

Recommendations of the DSP

The health network does not have the levers of power to reduce health problems associated with housing sanitation and access. This is why the director of public health is issuing four priority recommendations directed at the federal, provincial and municipal governments.

1. Adopt a Canadian housing strategy that respects provincial areas of jurisdictions and models.

The director endorses the UN Special Rapporteur's recommendation on housing that followed his 2007 visit to Canada:

The Special Rapporteur calls on Canada to adopt a comprehensive and coordinated national housing policy based on indivisibility of human rights and the protection of the most vulnerable. This national strategy should include measurable goals and timetables, consultation and collaboration with affected communities, complaints procedures, and transparent accountability mechanisms.¹

The Wellesley Institute has outlined the main points of a strategy that would guarantee to all Canadians the right to adequate housing, as described in paragraph 25(1) of the United Nations Universal Declaration of Human Rights. In its report *Precarious Housing in Canada* (2010),² the Institute called for a 10-year housing plan—*Vision 2020*—that takes into account repairs to existing homes as well as affordable housing needs of a growing population. The Institute estimated that, in Canada, there is a need for 600 000 new affordable homes for low- or moderate-income households; major repairs for 200 000 older homes; and affordable housing allowances for 1.5 million low- and moderate-income households who are involuntarily paying 30% or more of their income on shelter.

There is no doubt that to succeed, a Canadian housing policy requires the involvement of all levels of government, as well as a set of fiscal and other measures that encourage participation of the private sector. As stated in

the Wellesley Institute's proposal, additional public funding is critical to the success of such a policy. Given that housing is a leading need, it should be prioritized.

2. Reinvest in programs for construction, renovation, adaptation and maintenance of social and community housing.

In 1993, the Canadian government withdrew its support for social housing development. Nonetheless, it spends some \$2 billion each year to honour prior long-term commitments and occasional initiatives.

The gradual decrease in federal government housing subsidies and its recent disengagement jeopardize what had been achieved. Given the low percentage of public^B or community housing among rental dwellings (under 10%, according to OECD³) when compared with many OECD countries and delays in renovating existing units, it is imperative that the government reinvest to meet a range of needs: the enduring needs of very poor individuals; the special needs of people in emergency situations (victims of domestic violence, for instance); and the adapted housing needs of people with health problems or disabilities.

3. Continue the process of developing a provincial housing policy in partnership with cities.

An initial consultation has already determined the main elements of the policy. It is important to follow-up and implement mechanisms that would result in reinvestment in two types of programs:

- **Renovation programs for private dwellings to make them sanitary while limiting increases in rental costs**
- **Social and community housing programs especially for families**

Montréal differs from the rest of Québec because, among other things, it is a city of renters rather than homeowners. Furthermore, its buildings are older and renovation needs considerable. Regular maintenance is crucial to housing sanitation. This is why there must

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B This refers to publicly owned units, as is the case for most social housing.

be incentives (a tax credit, for example) for owners of multiple rental properties that would lessen renovation costs while effectively limiting rent hikes.

Montréal also stands out by the size of families living on the island, especially immigrant families. They make up a significant percentage of HLM dwellers for whom building larger social housing units is essential.

4. Encourage municipalities on the island of Montréal to adopt healthy housing regulations if they do not have such regulations, and to improve their practices. Ensure that Montréal boroughs have the resources to apply the City's housing sanitation regulations.

For more effective housing sanitation interventions, cities must emulate Montréal and draw up regulations that explicitly define roles and responsibilities pertaining to healthy homes. Such regulations involve hiring inspectors trained to detect sanitation problems. Human and material resources must be available and permanent.

Furthermore, although not included in the recommendations, other solutions should be explored more attentively. For example,

- implement, as was done in Los Angeles, a process based on public health standards and where properties are inspected before they are put on the rental market;
- introduce municipal reserve funds dedicated to the construction of public housing units;
- consider relaxing current standards for SHQ housing programs so that the needs and constraints of Montréal's central boroughs can be taken into consideration;
- look at fiscal tools such as TFSA for sustainable housing that would expand funding sources for healthy and affordable housing.

To conclude, the director reiterates his concerns about poverty and social inequalities afflicting Montrealers. The housing market is clearly part of the problem, but there is no doubt that

various government interventions are part of the solution. Such actions can greatly improve the situation for the poorest citizens, for a congenial social mix and for population health.

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Appendices



Methodological Notes

Data presented in the report are taken from several surveys that used different methodologies and sample sizes. Readers interested in methodological issues should consider the following when interpreting the statistics.

CMHC Surveys

The methodology used by CMHC to calculate vacancy rates and rents in Montréal has some limitations because calculations are based on buildings containing three or more rental units, of which at least one unit does not have a private entrance. Owner-occupied units are not included in the rental building unit count.¹ However in Montréal, especially in central neighbourhoods, the rental housing supply includes mostly units with private entrances located in two- or three-unit buildings. This divergence shows up in the difference between number of existing units in the Montréal CMA identified in the 2011 National Household Survey (NHS) and the number of units included in CMHC's 2014 Rental Market Survey.²

SALAM Survey

The SALAM survey involved a representative sample that included 1 600 households on the island of Montréal. Due to the sample size, confidence intervals were large for some questions, in particular those for owner households; this is indicated in the text by an asterisk.

National Household Survey

Statistics Canada, which is in charge of the survey, shared the following considerations with us:

1. NHS results for areas with populations of less than 5 000 and equal to or more than 2 000 should be considered with caution.
2. NHS results for indicators for which the numerator is estimated to be below 100 units are not released.
3. NHS results for areas with populations below 2 000 are not released.

Results from the 2011 NHS on housing and income used for geomapping in this report may be consulted on page 85.

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2011 National Household Survey
Data on Housing and Income Used for Geomapping

		Global non-response rate (%)	Population	Number of households	Number of renter households	Rate (%) of renter households	Rate (%) of social and community housing	Number of households below the low income cutoff ²	Rate (%) of households below the low income cutoff	Number of households spending 30% or more of income on housing	Rate (%) of households spending 30% or more of income on housing	Number of households with children ³ spending 30% or more of income on housing	Rate (%) of households with children ³ spending 30% or more of income on housing
Province of Quebec		22.4	7 903 000	3 395 215	1 311 200	38.6		517 580	15.3	479 770	36.8	140 605	17.1
Island of Montréal		20.7	1 886 480	849 445	515 760	60.7	100	221 745	26.1	207 695	40.5	51 920	28.3
City of Montréal Boroughs	Ahuntsic-Cartierville	19.2	126 890	56 930	34 760	61.1	7.1	14 390	25.3	12 760	37.0	3 380	26.8
	Anjou	15.9	41 925	19 110	10 755	56.3	0.7	3 635	19.0	3 880	36.2	1 080	25.8
	Côte-des-Neiges–Notre-Dame-de-Grâce	23.3	165 025	74 280	54 715	73.7	8.7	25 105	33.8	24 425	45.1	5 690	33.1
	Lachine	21.5	41 620	18 515	11 005	59.4	2.7	4 365	23.5	3 700	33.7	990	22.4
	LaSalle	20.6	74 280	32 545	19 630	60.3	2.1	7 670	23.6	7 445	38.2	2 595	34.5
	Plateau-Mont-Royal	23.8	100 385	56 580	41 225	72.9	6.6	17 855	31.6	18 120	44.3	1 770	24.2
	Sud-Ouest	22.6	71 540	35 830	24 520	68.4	14.3	11 675	32.6	8 620	35.3	1 505	23.4
	Île-Bizard–Sainte-Geneviève	20.6	18 100	6 690	1 695	25.3	0.0	800	12.0	655	38.6	385	18.4
	Mercier–Hochelaga-Maisonneuve	20.2	131 480	65 665	43 990	67.0	10.9	18 395	28.0	16 305	37.2	2 910	26.4
	Montréal-Nord	20.7	83 870	34 995	25 010	71.5	3.1	11 470	32.8	10 590	42.5	3 375	38.5
	Outremont	24.5	23 565	9 405	4 385	46.6	0.2	1 305	13.9	1 800	41.0	910	32.9
	Pierrefonds-Roxboro	19.2	68 410	24 895	7 250	29.1	2.6	3 805	15.3	2 755	38.2	1 775	22.7
	Rivière-des-Prairies–Pointe-aux-Trembles	16.9	106 445	42 195	15 805	37.5	3.9	7 110	16.9	6 310	40.0	2 280	21.9
	Rosemont–La Petite-Patrie	19.2	134 040	71 195	51 185	71.9	9.0	19 480	27.4	19 280	37.8	2 910	24.5
	Saint-Laurent	19.0	93 840	35 990	18 730	52.0	1.6	8 205	22.8	7 730	41.8	3 390	32.3
	Saint-Léonard	17.5	75 710	30 645	19 465	63.5	0.7	7 105	23.2	7 135	36.9	3 115	36.8
	Verdun	22.6	66 155	32 645	20 760	63.6	2.3	8 065	24.7	7 440	36.0	1 685	28.3
	Ville-Marie	27.2	84 015	48 315	35 900	74.3	13.6	18 390	38.1	18 105	50.9	1 305	31.6
	Villeray–Saint-Michel–Parc-Extension	21.4	142 220	63 530	46 965	73.9	6.6	21 450	33.8	18 125	38.7	4 885	33.5
Neighbouring Cities	Baie-D'Urfé ¹	24.4	3 850	1 385	135*	9.7*	0.0	**	**	**	**	**	**
	Beaconsfield	17.8	19 505	6 685	650	9.7	0.2	410	6.1	275	42.3	330	13.6
	Côte-Saint-Luc	24.2	32 325	13 570	6 750	49.7	1.0	2 495	18.4	3 300	49.3	1 080	35.6
	Dollard-Des Ormeaux	19.2	49 635	16 955	3 705	21.9	0.4	1 990	11.7	1 520	40.9	1 235	23.2
	Dorval	18.3	18 210	7 995	3 275	41.0	0.2	1 180	14.8	1 300	39.9	385	23.0
	Hampstead	28.5	7 155	2 510	765	30.5	0.0	365	14.5	295	37.0	185*	22.4*
	Kirkland	19.2	21 250	6 830	385	5.6	0.0	385	5.6	205	51.3	405	16.3
	Montréal-Est ¹	28.2	3 730	1 650	1 040	63.0	0.4	415	24.8	385	37.7	**	**
	Montréal-Ouest	18.1	5 085	1 845	440	23.8	0.0	195*	10.3*	175*	39.8*	120*	18.9*
	Mont-Royal	20.7	19 500	7 050	2 300	32.6	0.2	795	11.3	845	36.4	565	23.6
	Pointe-Claire	16.0	30 790	12 065	3 425	28.4	0.7	1 415	11.7	1 785	52.3	765	23.0
	Sainte-Anne-de-Bellevue	28.6	5 075	1 965	805	41.0	0.1	405	20.6	285	36.0	**	**
	Senneville ¹	27.4	920	***	***	***	0.0	***	***	***	***	***	***
	Westmount	22.4	19 930	8 640	4 280	49.5	0.2	1 325	15.3	2 060	48.3	595	29.7

1 NHS results for areas with populations of less than 5 000 and equal to or more than 2 000 should be considered with caution.

2 Low-income cutoff after taxes

3 For methodological reasons, only couples with children and single-parent families are included in the calculations.
Multiple-family households and one-family households with other persons are excluded.

* NHS results for indicators for which estimation of the numerator is below 200 units and equal to or above 100 units should be considered with caution.

** NHS results for indicators for which estimation of the numerator is below 100 units are not released.

*** NHS results for areas with populations below 2 000 are not released.

Government Authorities Involved in Housing

The Canadian government's involvement in housing is mostly through the Canada Mortgage and Housing Corporation (CMHC).^A As its name indicates, CMHC is a federal Crown corporation involved in mortgages and housing in accordance with the powers conferred principally^B under the Canada Mortgage and Housing Corporation Act.¹ CMHC's mandate is to track the housing market, promote housing development and maintenance, facilitate access to mortgage financing (through mortgage loan insurance, for instance) and provide access to a wide choice of affordable housing.² Despite having gradually phased out funding since 1994, CMHC continues to finance social housing support programs and to participate in the development of new projects.^C CMHC's Investment in Affordable Housing program also provides funding through bilateral agreements between CMHC and the provinces and territories.³

In Canada, federal government investments in affordable housing went from \$1.6 billion a year in 1989 to \$2.2 billion in 2008. In 1989 dollars, this represents a decrease of \$620 million. As a percentage of GDP, federal spending dropped from 0.24% to 0.15% during the same period (with an exceptional peak of 0.23% in 2007).⁴ Since then, budgets allotted by the federal government have continued to decrease.

In Québec, the Société d'habitation du Québec (SHQ) is the government's lead agency.^D The SHQ supports various assistance programs for social and community housing, home improvement and the construction industry.^{5,6} It works with CMHC for the Investment in Affordable Housing program, which supports initiatives whose objectives include increasing the number of affordable housing units, improving housing affordability, and providing support for housing renovation and repair. It also supports programs to foster safe independent living for dwelling occupants.⁷ In 2012-2013, the SHQ intervened with over 210 000 Québec households through different social and community housing support programs.^E

In Montréal, as in a number of big Canadian cities, different municipal bodies are involved in managing housing issues. They include Direction de l'habitation, Service de la diversité sociale et des sports, Société d'habitation de Montréal (SHDM, a paramunicipal corporation) and Office municipal d'habitation de Montréal (OMHM). Aside from private stakeholders and owner associations, other non-profit authorities are active in social and community housing, including housing cooperatives, tenants' rights groups, and technical resources groups. These local and regional stakeholders are involved in a series of projects, in collaboration with federal and provincial authorities.

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A In 2015, CMHC reports to the Minister of Employment and Social Development.

B Also through the *National Housing Act* (R.S.C. c. N-11) and the *Financial Administration Act* (R.S.C., 1985, c. F-11).

C The programs are the following: Public Housing Program, Non-Profit Housing Program, Co-operative Housing Program, Rural and Native Housing Program, Urban Native Housing Program and Rent Supplement Program.

D The SHQ reports to the Minister of Municipal Affairs and Land Occupancy.

E The programs are Habitations à loyer modique, Allocation-logement, Supplément au loyer, AccèsLogis Québec and Logement abordable Québec. See SHQ. 2012. *Rapport annuel de gestion 2012-2013*.

Social and Affordable Housing: Many Income Thresholds

The categories “social housing” and “affordable housing” are not mutually exclusive.⁸ Housing subsidy programs designed to improve availability of affordable housing are intended not only for very low-income households but also for households with moderate incomes. Different programs do not have the same definition of moderate income, as seen in the following examples:

- Programme Logement abordable Québec: income falls between “core need income thresholds” (slightly different from the Statistics Canada low income cutoff point, set at \$27 500 for a couple in Montréal) and median provincial income adjusted according to household size.
- City of Montréal's 2005 Strategy for the inclusion of affordable housing: moderate income is between 80% and 120% of median income.
- AccèsLogis Québec and Logement abordable Québec: unlike for HLM where rent is determined according to income, housing provided under these programs is set according to median price in the local market and must be between 75% and 95% of median rent.

Some AccèsLogis recipients are also eligible for the Supplément au loyer program: in 2010, that was the case for 39% of recipients, who were then in the same situations as households living in HLM.⁹ However, the rent supplement program is not for recipients of Logement abordable subsidies whose affordability ratios are over 40% (and a rate over 30% for 63% of them), according to an evaluation report produced for SHQ.¹⁰

The strategy for the inclusion of affordable housing in new residential projects, adopted in 2005 by Montréal's municipal council, aimed to ensure that affordable rental units are constructed, and that some of those units be available for purchase. The Strategy provided incentives to persuade developers to ensure that 15% of new housing units built in Montréal be designated social and community housing, and that 15% of new dwellings include private affordable apartments (affordable properties or rental units).

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Housing and Rights

Housing is much more than simply having a roof over one's head. It is a person's anchoring in family, community and society. But in Québec, the current housing situation (housing shortage, lack of public policy, discrimination against renters) confirm that increasingly more poor households are in alarming situations.¹

Commission des droits de
la personne et des droits
de la jeunesse, 2003

The right to housing is recognized in WHO's International Covenant on Economic, Social and Cultural Rights (ICESCR)^A [Article 11, Paragraph 1]² adopted in 1966 and ratified by Canada and Québec in 1976.³ The ICESCR recognizes not only the right to housing, but specifies that State Parties to the Covenant must take steps to ensure the realization of this right:

The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. **The States Parties will take appropriate steps to ensure the realization of this right**, recognizing to this effect the essential importance of international co-operation based on free consent.^B

However, as stated in 2009 by the UN Special Rapporteur, no Canadian or Québec law guarantees the right to housing:

Canadian domestic law does not include any explicit recognition of the right to adequate housing – as an enforceable right or as a policy commitment. No such recognition is found in the *Constitution Act of 1982* or in the *Canadian Charter of Rights and Freedoms*, or in provincial or federal human rights legislation, in national, provincial or territorial housing legislation or in federal-provincial agreements. The rights contained in international human rights treaties ratified by Canada are not directly enforceable by domestic courts unless they have been incorporated into Canadian law by parliament or provincial legislatures.⁴

In Québec, the *Act to combat poverty and social exclusion* (Ch. L-7, s. 9) states the following: “Action to strengthen the social and economic safety net must be aimed at, in particular, [...] (5) facilitating the availability of decent and affordable housing through housing assistance measures or the development of social housing for the socially disadvantaged, including the homeless, and strengthening community support for those persons.”⁵ The *Act* is not binding. The obligations and rights of tenants and landlords are defined in the Civil Code of Québec.⁶ The main obligations of the lessor are to deliver the leased property in a good state of repair, maintain the dwelling in good condition and provide peaceable enjoyment of the property.⁷ The lessee is bound to pay the agreed rent and to use the property with prudence and diligence.⁸ The Régie du logement is the administrative body in charge of resolving disputes between tenants and landlords.⁹

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A The ICESCR complements the *Universal Declaration of Human Rights*, and the UN's International Covenant on Economic, Social and Cultural Rights.

B Bold characters were added by the report authors.

Québec authorities also acknowledge that the reach of the law is limited. In June 2015, on the occasion of the 40th anniversary of adoption of the Charter of Human Rights and Freedoms, the Commission des droits de la personne et des droits de la jeunesse reiterated the recommendation it formulated in 2003¹⁰ to bolster the legal scope of the economic and social rights outlined in the Charter, and to include rights that are not explicitly recognized or to broaden their scope, especially those pertaining to the right to adequate housing, right to health and right to work.^C

In this regard, the South African Constitution (Sections 26 and 28 1c.) explicitly affirms that everyone has the right to have access to adequate housing. The Constitutional Court of South Africa confirmed this right in an audacious order requiring the government to take specific measures:

- (a) Section 26(2) of the Constitution requires the state to devise and implement within its available resources a comprehensive and coordinated programme progressively to realise the right of access to adequate housing.¹¹

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- 2 Human Rights Office of the High Commissioner of the United Nations. 1966. "International Covenant on Economic, Social and Cultural Rights," Article 11.1, [online] [www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx].
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