A Rights-Based, GBA+ Analysis of the National Housing Strategy

Prepared for the Canadian Human Rights Commission

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Introduction

In Canada and around the world, many women, girls, and gender diverse people continue to live in insecure or unsafe housing due to inequity and discrimination. In the Canadian context, these groups experience disproportionate levels of core housing need and poverty. There is a severe lack of affordable and appropriate housing that meets the needs of diverse women and women-led families, exacerbated by systemic issues that keep this group trapped in poverty and struggling to obtain housing assistance. In the midst of few housing options and overwhelmed emergency shelters, many women and gender diverse people rely on informal networks for housing or engage in dangerous survival strategies to access shelter and meet their basic needs. The need to remain in situations of hidden homelessness not only places this group at risk of exploitation and abuse, but also renders their needs invisible to mainstream supports, systems, and policy development.

The ratification of the National Housing Strategy Act (NHSA) in 2019 has the potential to transform our response to gender-based inequities within the Canadian housing system. The NHSA establishes housing as a human right in domestic legislation, recognizing “housing is essential to the inherent dignity and well-being of the person and to building sustainable and inclusive communities.” This legislation, with its explicit commitment to improving housing outcomes for persons in greatest need, represents a tremendous step towards addressing the disproportionate levels of housing need and unique housing rights violations experienced by women, girls, and gender diverse people.

Importantly, however, advocates and academics have identified significant gaps between NHS programs and policies and a rights-based approach to housing. The NHS itself acknowledges current gaps in knowledge necessary to assess the impact certain housing programs and initiatives may have on women, girls, and gender diverse people. In light of these gaps, this report employs a rights-based, GBA+ analysis of NHS programs, policies, and expenditures, exploring their relevance to the progressive realization of the right to housing for women, girls, and gender diverse people in Canada.

Given that the NHSA is grounded in acknowledgement of the right to housing as defined under international human rights law, we use international human rights standards to guide our analyses. We specifically rely upon guidance on progressive realization provided by the UN Special Rapporteur on the Right to Adequate Housing in her 2020 report, Guidelines for the Implementation of the Right to

1 A/HRC/43/43, No. 9, para 4.
**Housing.** These Guidelines provide authoritative human rights directives by which to assess progress towards realizing the right to housing for women, girls, and gender diverse peoples through the NHS.

While this review is not exhaustive, this report highlights several dimensions of the NHS that are inconsistent with the progressive realization of the right to housing for women, girls, and gender diverse people. Four NHS Programs are analyzed below in this regard: the Canada Housing Benefit, the Rental Construction Financing Initiative, Reaching Home, and the National Housing Co-Investment Fund. While significant progress has and will continue to be made by the NHS towards the realization of the right to housing for women, girls, and gender diverse people, is our hope that the concerns articulated below will assist in the expansion and transformation of elements of these NHS programs.

**Background – Gender Equity Commitments in the NHS and the NHSA**

In 2019, Canada ratified the right to housing in domestic legislation in the form of the **National Housing Strategy Act** (NHSA). The NHSA recognizes that “housing is essential to the inherent dignity and well-being of the person and to building sustainable and inclusive communities,” and implements right to housing monitoring mechanisms that seek to advance the realization of the right to housing in Canada. The NHSA was adopted 22 months after the announcement of the **Canada’s National Housing Strategy: A Place to Call Home** (NHS), which itself references a rights-based approach to housing and dedicated 25% of its investments to addressing the housing needs of women and girls. The NHSA and the NHS represent a critical shift in federal policy and legislation toward national recognition of the right to housing. As such, both the NHSA and the NHS have considerable potential to address the disproportionate levels of housing need and unique housing rights violations experienced by women, girls, and gender diverse people.

The NHSA places a statutory obligation on the federal government to develop and maintain a National Housing Strategy that improves housing affordability and accessibility, especially for Canada’s most vulnerable communities – including particular groups of women, girls, and gender diverse people. Since its announcement, CMHC has expanded its list of vulnerable groups prioritized under the NHS to now include:

- Women and children fleeing domestic violence
- Seniors
- Young adults
- Indigenous peoples

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People with disabilities
People dealing with mental health and addictions issues
Veterans
LGBTQ2+ persons
Racialized groups
Recent immigrants, especially refugees
People experiencing homelessness

The NHS also explicitly incorporates a “Gender-Based Analysis Plus lens (GBA+)” to guide its work, a framework provided by Women and Gender Equality Canada. This framework was adopted to ensure that the development of the NHS and its implementation is grounded in a GBA+ lens. This means the Government of Canada has committed to “taking a gender and diversity-sensitive approach to [their] work. Considering all intersecting identity factors as part of GBA+ [that ensures] the inclusion of women, men and gender-diverse people.”

Progressive Realization – What does it mean?

The Government of Canada has committed to the progressive realization of the right to housing, including for women, girls, and gender diverse peoples. This commitment is enshrined in the NHSA and is articulated in many bi-lateral agreements between the federal government and the provinces/territories negotiated as part of the National Housing Strategy. This commitment is based on the recognition that the most egregious violations of the right to housing are often the result of governments’ failures to take positive measures to address unacceptable housing conditions. In light of the commitment to the progressive realization, all governments in Canada must take progressive steps towards ensuring adequate housing for all.

The principle of progressive realization articulates that all levels of government have “an obligation to take steps to the maximum of their available resources with a view to achieving progressively the full realization of the right to adequate housing.” Progressive realization requires that measures taken to ensure the right to housing are reasonable and proportionate to the circumstances of rights holders, and that such measures are immediate and match the urgency and scale of rights violations experienced. Implementation of this principle means that governments must:

- Fulfil the right to housing for all as swiftly and efficiently as possible;
- Take measures that are deliberate, concrete, and targeted towards the fulfilment of the right to housing within a reasonable time frame;

14 Ibid, No. 2, para 17.
15 A/HRC/43/43, para 18.
16 A/HRC/43/43, para 19 (c, d).
Allocate sufficient resources;

Prioritize the needs of disadvantaged and marginalized individuals or groups living in precarious housing conditions;

Ensure transparent and participatory decision-making; and

Demonstrate that they have utilized the maximum of available resources and all appropriate means, including through legislative measures.  

There are several dimensions of the NHS that are inconsistent with the principle of progressive realization of the right to housing for women, girls, and gender diverse people, and thus create barriers to fulfilling the vision of the NHSA and living up to Canada’s international human rights obligations. The below analyzes four NHS programs against the standard of progressive realization, illuminating key concerns for each.

1. Canada Housing Benefit

The Canada Housing Benefit (CHB) is a new tool to address affordability challenges across Canada by providing “affordability support directly to families and individuals in housing need, including potentially those living in social housing, those on a social housing wait-list, or those housed in the private market but struggling to make ends meet.”  

The CHB aims to provide an average of $2,500 per year to eligible households, with the goal of supporting at least 300,000 households over the course of the program. The CHB will be cost-matched by provincial and territorial governments. Upon its announcement in 2017, the NHS committed $4 billion to the program.  

Key Concerns

Progressive realization requires the prioritization of those most in need, obligating governments to employ deliberate and targeted means to reach those who are most marginalized and disadvantaged. In the Canadian context, research has powerfully demonstrated that deep core housing need is disproportionately experienced by women and women-led families. Studies show 57% of renter households in core housing need are female-led families or singles, and that women-led, lone-parent family households are in core housing need at twice the rate of male-led, lone-parent households. Despite this, the Canada Housing Benefit does not provide...
specific targets aligned with this disproportionate need, nor does it require that provinces or territories allocate these funds proportionate to the housing need experiencing by women and women-led families.

The CHB does not provide a framework to enable transparent reporting and monitoring on who is receiving the benefit, making it difficult to ensure that CHB funds are actually being accessed by women and gender diverse people experiencing the most severe forms of housing marginalization, including those who are experiencing violence, trading sex for housing, or couchsurfing.

The level of support offered through the CHB ($2,500 per year, per household) is severely inadequate to meet the deep core housing need many women and women-led families find themselves in. Women disproportionately carry the burden and cost of caring for children, while also working on-average lower-paying jobs and receiving less money for the same job. The findings outlined in this report paint a dire picture of women and gender diverse people having to make ends meet through three or four additional subsistence methods on average each month, including through sex work and the accumulation of debt. Such findings suggest that the CHB does not align with human rights standards regarding the allocation of sufficient resources to meet the level of need experienced by those women and gender diverse people experiencing extreme socio-economic marginalization.

The CHB, like many NHS programs, is dependent upon bilateral agreements with provinces and territories, and a majority of the funds are allocated for delivery in the latter years of the program. Both of these characteristics significantly slow the delivery program funds to those experiencing housing need. For instance, Ontario is the first province to roll out the initiative. It is reported that since the Canada-Ontario Housing Benefit program launched on April 1, 2020, approximately 3,800 households have received CHB assistance - representing just 1.2% of the 300,000 households meant to benefit from the program. Given growing evidence that the pandemic has resulted in disproportionate job losses and evictions amongst low-income women, particularly Indigenous, Black, and racialized women, the slow roll out of this program is inconsistent with the standard that the right to housing be realized as swiftly and efficiently as possible.

2. The Rental Construction Financing Initiative

The Rental Construction Financing Initiative (RCFI) is the largest program in the NHS, represents 40% of NHS funding, and aims to produce 14,000 housing units over the life of the program. The RCFI provides low-interest cost loans for the construction of rental housing. Unlike many other NHS programs, the RCFI does not require financial contributions from other levels of government. The affordability guidelines for the program are also more relaxed than the National Co-Investment Fund, requiring that developers offer 20% of units at 30% of the median total income for families in the area for ten years. Spending on this program has increased since 2017, and the cost of the initiative is currently 25.7 billion.

Key Concerns

Given that the RCFI is understood to be the “centrepiece” of the NHS, representing approximately 40% of NHS funding, it would be natural that this program reflect the NHS’s commitment to ensuring that 25% of investments go to housing for women and girls. The RCFI, however, makes no such commitment. In fact, according to CMHC’s own reporting, the National Housing Co-Investment Fund and the Community Housing Transformation Centre and Community-Based Tenant Initiative are the only two programs that make explicit mention of prioritizing housing for vulnerable populations. The failure to meet this target within the RCFI has significant implications regarding whether the housing built through this program will actually meet the needs of women and women-led families, particularly given evidence that developers are less inclined to build housing units for larger families in core housing need (households often led by women). To be rights compliant, the RCFI must include targets, timelines, outcomes, and indicators that address systemic barriers to housing experienced by women, girls, and gender diverse people.

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29 A proposal may also be funded if it has been approved by a housing affordable housing initiative from another level of government. See Canada Mortgage Housing Corporation. (n.d.). Rental Construction Financing. https://assets.cmhc-schl.gc.ca/sites/cmhc/nhs/rental-construction-financing/nhs-rcfi-highlight-sheet-en.pdf?rev=e821c3c7-9591-42e2-947d-5f50e28e1126

30 The RCFI is a loan program intended to stimulate purpose-built market rental construction, and as such it is a non-budgetary expenditure (distinct from grants and contributions). As Pomeroy (2021) explains: “Design features include: a loan at a very favourable below market interest rate for a 10 year term, amortized over a 50 year duration only once the project achieves full stabilized rent up; a pre-approval for a private lender insured loan at the 10 year renewal with no insurance premium. In addition, depending on achieving a set of social outcomes relating to energy efficiency, accessible design and a very minimal affordability criteria it is potentially possible to secure financing for 100% of cost, although in practice a maximum of 90% is more likely” (p. 3). See Steve Pomeroy. (2021). Toward Evidence Based Policy: Assessing the CMHC Rental Housing Finance Initiative (RCFI). https://carleton.ca/cure/wp-content/uploads/CURE-Brief-12-RCFI-1.pdf


The affordability criteria employed in the RCIF is inconsistent with most definitions of affordable housing and housing need, including the one employed by CMHC itself: that housing is considered unaffordable when a household pays over 30% of their gross income for shelter (either in rent or mortgage). Studies have consistently shown that tying affordability criteria to median income or median rent in no way reflects the capacity of low-income renters or households to pay. For example, in Toronto, a unit offered at 80% of market rent would still be three times the housing benefit allocated under Ontario Disability Support ($375). This suggests that a vast majority of the ‘affordable’ housing produced under the RCIF will be inaccessible to women and gender diverse people living on social assistance, disability benefits, or minimum wage, including those who are caring for children or other dependents. Given that poverty is disproportionately experienced by Indigenous, Black, and racialized women, as well as women with disabilities, these criteria will have a particularly exclusionary impact on those groups.

The relaxed affordability criteria of the RCIF, combined with the requirement that developers only maintain the ‘affordability’ of 20% of units for ten years, belies a prioritization for the construction of rental housing that can turn a profit for housing developers and their investors. That 80% of the rental units constructed in this program have no affordability requirements, and only 20% have such a criteria for 10 years, reveals a structural bias towards the interests of housing developers and their investors rather than the housing needs of disadvantaged groups experiencing homelessness or housing need, including NHS priority groups such as women and children fleeing violence. This is inconsistent with the human rights obligation that governments ensure the right to housing as a priority in the allocation of resources.

The RCIF does not outline a strategy for ensuring that the ‘affordable’ units constructed through this program are not lost after ten years. In the absence of a targeted strategy, with appropriate regulation and monitoring, there is little reason to believe that the affordability of these units would not erode over time. Women, girls, and gender diverse people in core housing need may thus face the same inaccessible housing rental markets in ten years as they do now.

“States must prohibit all forms of discrimination in housing by public or private actors and guarantee not only formal but also substantive equality, which requires taking positive measures to address housing disadvantages and ensure equal enjoyment of the right to housing.”

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36 Pomeroy, 2021.
39 A/HRC/43/43, No. 8, para. 48 (a)
3. Reaching Home

Reaching Home (previously the Homelessness Partnering Strategy) is the primary federal program addressing homelessness in Canada, administered by Employment and Social Development Canada (ESDC). The announcement of the NHS was accompanied by significant increases in funding to Reaching Home, with an average spending of $224.8 million per year. Key program components include: “an outcomes-based approach; coordinated access system; data collection and case management through the Homeless Individuals and Families Information System (HIFIS); analyses of shelter capacity, use, and nationally coordinated Point-In-Time Counts; and increased funding to Indigenous homelessness; homelessness in the territories, homelessness in the territories, and in rural and remote areas.”

In the wake of the COVID-19 pandemic, the federal government committed an additional $300 million to Reaching Home in 2021-2022.

Key Concerns

Reaching Home has sought to prioritize addressing chronic homelessness in its programs, and the 2020 Throne’s Speech committed the federal government to ending chronic homelessness in Canada. However, the definition of chronic homelessness employed by Reaching Home has been critiqued for failing to account for the ways in which women experience homelessness. The Advisory Committee on Homelessness, for example, articulated:

“The prioritization of chronic homelessness inadvertently excludes many women for being eligible for Homelessness Partnering Strategy funding because chronic homelessness is interpreted as chronically homeless emergency shelter users (where women are often under-represented) and chronically homeless individuals (many women are accompanied by children in homelessness) and does not consider the high degrees of situational vulnerability and high acuity homeless women often experience.”

This failure to capture the experiences of women within federal definitions of chronic homelessness results in inequitable investments for women who are homelessness and contributes to severe gaps in supports, services, and emergency housing. As such, the effect of

40 Biss & Raza, 2021.
41 Biss & Raza, 2021.
43 Chronic homelessness refers to individuals who are currently experiencing homelessness and who meet at least 1 of the following criteria: they have experienced a total of at least 6 months (180 days) of homelessness over the past year; or they have had recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days) (Reaching Home, 2020).
44 For example, the Ontario Federation of Indigenous Friendship Centre states “...established targets may not adequately address the needs of youth, LGBTQQS persons, and women fleeing violence who are more likely to experience other intersectional barriers that prevent or preclude them from accessing mainstream shelters when trying to break out of cycles of poverty and homelessness. If the government is seeking to apply a Gender Based Analysis to the National Housing Strategy, rates of shelter use alone is not a suitable metric to measure progress.” See Response to the National Housing Strategy, 2018, p.17. https://ofifc.org/wp-content/uploads/2020/03/2018-policy-housing-strategyPRINT.pdf
45 Advisory Committee on Homelessness, 2018, p. 22.
the current definition of chronic homelessness contravenes the obligation that governments guarantee substantive equality and non-discrimination in the area of housing.\textsuperscript{46}

There continues to be a lack of equitable investment in emergency homeless shelters and shelter beds for women across the country, similarly contravening the human rights obligation of non-discrimination in funding allocation. The most recent pan-Canadian data indicates that 68\% of all shelter beds in Canada are designated for men or are co-ed (which many women and gender diverse people avoid due to experiences of violence within them), compared to 13\% dedicated specifically to women.\textsuperscript{47}

Homelessness is a prima facie violation of the right to housing.\textsuperscript{48} International human rights standards require that governments eliminate homelessness in the shortest possible time.\textsuperscript{49} Despite this, the vast majority of homelessness shelters and Violence Against Women shelters continue to operate at or over capacity each day – a pattern that has been evident for many years.\textsuperscript{50}

Research indicates there are significant gaps, silos, and particular policies or practices within the homelessness and Violence Against Women sectors that create harm for women, girls, and gender diverse people seeking help, including in programs funded through the NHS. Identified issues include eligibility criteria that exclude women experiencing particular forms of housing instability or violence, duty to report policies that deter women with children seeking help, sexual violence within co-ed homeless shelters, discrimination against Indigenous women and Two-Spirit people, and transphobia and other forms of discriminatory practices.\textsuperscript{51} Such harmful impacts suggest the GBA+ approach committed to through the NHS may not always be reaching practices at the service provider level, and that there are practices within other policy areas (e.g., the VAW sector) that may be deepening exclusion for some women and gender diverse peoples. This is contrary to governments’ human rights obligations with regards to non-discrimination and the expectation for “coordination in all relevant policy areas”\textsuperscript{52} to advance the right to housing.

\textsuperscript{46} A/HRC/43/43, No. 8, para 48.
\textsuperscript{48} A/HRC/31/54, para. 4.
\textsuperscript{49} A/HRC/43/43, No. 5.
\textsuperscript{50} Schwan et al., 2020.
\textsuperscript{51} Schwan et al., 2020.
\textsuperscript{52} A/HRC/43/43, No. 4, para 28 (b).
4. The National Housing Co-Investment Fund

This cost-sharing program, facilitated through low-interest loans and contributions, supports the repair and renewal of existing housing ("Revitalization"), as well as the construction of new housing ("New Construction") across Canada. Both construction loans\(^53\) and revitalization loans\(^54\) are offered as low-interest repayable loans or as forgivable loans. All projects funded through the program require support from another level of government. The program aims to create 60,000 new housing units. The guidelines for this program require that at least 30% of the housing units must be less 80% of the Median Market Rent, and that this rate be maintained for a minimum of 20 years.

**Key Concerns**

- Like many other NHS programs, the NHCF does not articulate clear targets, timelines, or indicators for its impact on women and gender diverse peoples, including groups that are experiencing intersectional discrimination and the most severe forms of housing instability in Canada (e.g., refugee women-led families fleeing violence). This prevents ongoing monitoring of progress on the realization of the right to housing for these groups and makes it difficult to assess whether NHS is reaching its overall goal of ensuring 25% of NHS resources are dedicated to women and girls.

- While the affordability criteria for the NHCF is more restrictive than the RCIF program (30% rather than 20% must be affordable, maintained over twenty years, rather than ten), the same critiques articulated above concerning the affordability guidelines of the RCIF apply to the NHCF. By linking affordability criteria to median rent, the NHCF is unlikely to meet deeply marginalized women and gender diverse people whose incomes are very low and for whom even very low rents are out of reach.

- Small women’s organizations, non-profits, service providers, and housing providers across Canada have articulated significant barriers to benefiting from NHS capital investment programs. These small grassroots organizations and providers are often ‘closest to the ground’ with respect to understanding the unique needs and experiences of women and gender diverse people, but often have limited capacity or support to expand housing delivery or management for the populations they serve. Emerging critiques from such organizations across Canada suggest that the NHCF, alongside other NHS capital programs, may be disproportionately investing in housing providers and developers that are not focused on women and may not understand the gender-based considerations that should inform revitalization and housing construction to meet their needs. This is of particular concern with regards to Indigenous women and Two-Spirit people, for whom there is a tremendous need for housing built by and for Indigenous women and Two-Spirit people.

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Recommendations

“The right to housing must be recognized as a central component of women’s right to substantive equality, which requires that laws, policies and practices be altered so that they do not maintain, but rather alleviate, the systemic disadvantages that women experience.”

The NHSA provides a critical opportunity to meaningfully advance the right to housing for women, girls, and gender diverse people in Canada. This undertaking is particularly urgent in the context of deepening gender-based inequities during the pandemic, including in the area of housing and income. Without significant rights-based oversight and action, these inequities threaten progress on women’s rights in Canada and represent retrogression on the right to housing. It is within this urgent context that we offer the following six recommendations to expand the National Housing Strategy in alignment with the NHSA.

1. Ensure gender-based equity in funding for NHS housing investments, prioritizing substantial investment in deeply affordable housing that genuinely meets the needs of diverse women, girls, and gender diverse people.

   - Support the establishment of an oversight mechanism to ensure NHS investments reflect the human rights principle of prioritizing those most in need, and that this prioritization employs a GBA+ lens to identify and allocate resources. Work with key stakeholders and scholars to review the eligibility and prioritization criteria of all programs under the NHS to ensure that those in deep core housing need (disproportionately women-led households) are prioritized, rather than the interests of market-based housing developers.

   - Redesign capital programs to substantially increase access to NHS programs for women-led and women-focused organizations, non-profits, and housing providers. Support the identification of mechanisms for capacity-building amongst small, grassroots women’s organizations and service providers in the building and management of housing.

   - Ensure all federally-funded housing and homelessness programs established through the National Housing Strategy are conditional upon recipient governments and organizations (including CABs and CEs) progressing a rights-based, GBA+ approach. This should be ensured through ongoing monitoring and reporting of gender-based impacts and outcomes at the local and regional level.

2. Redesign and further invest in the Canada Housing Benefit to maximize benefit for those in greatest need, ensuring swift access for women, girls, and gender diverse peoples experiencing deep core housing need, hidden homelessness, and violence of all kinds.

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55 A/HRC/43/43, No. 9, para 52.
57 CMHC, 2019.
58 Community Advisory Boards (CABs) and Community Entities (CEs) are local organizing committees responsible for setting direction for addressing homelessness in their community or region as part of the National Housing Strategy set up by the Government of Canada. See https://chra-achru.ca/community-advisory-boards-community-entities-cabs-ces/.
Provide the CHB as a direct entitlement to individuals and families, rather than through cost-sharing agreements with provinces and territories, in order to increase the access to the benefit and address the urgent eviction and arrears crisis in Canada.

Increase investment in the CHB in line with the level of housing need experienced across the country, taking into consideration the unique housing needs of women, girls, and gender diverse people.

Guide provincial/territorial governments to adopt rights-based decision-making regarding who receives the CHB, ensuring access for diverse and marginalized women, women-led families, and gender diverse people experiencing core housing need and homelessness. Barriers to accessing the CHB for persons experiencing hidden homelessness should be minimized or eliminated wherever possible.

3. Urgently prioritize all available means to realize the right to housing for Indigenous women, girls, and Two-Spirit people.

Indigenous women, girls, and Two-Spirit people experience the most egregious housing conditions in Canada and remain the most underserved in the homelessness and VAW sectors. These experiences are grounded in historical and ongoing colonial practices and cultural genocide.\(^59\) The progressive realization of the right to housing for Indigenous women, girls, and Two-Spirit people should be the measure by which we assess the impact of the *National Housing Strategy Act*. In order to urgently realize the right to housing for this group, the Federal Housing Advocate should:

- Allocate maximum available resources to immediately end homelessness and progressively realize the right to housing for Indigenous women, girls, and Two-Spirit people.

- Ensure the *UN Declaration of the Rights of Indigenous People* and the Calls to Justice outlined in *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*\(^60\) guide decision-making in the area of housing for Indigenous women, girls, and Two-Spirit people.

- Ensure meaningful participation of Indigenous women, girls, and Two-Spirit people in all decision-making processes that affect them with respect to housing, including through the principles of free, prior, and informed consent.

- Immediately adopt an Urban Indigenous Housing Strategy, developed by and for Indigenous persons, that meets the unique needs of urban Indigenous women, girls, and Two-Spirit people.\(^61\)

- Prioritize identifying and monitoring systemic housing rights violations experienced by Indigenous women, girls, and Two-Spirit people, including in the area of funding allocation at all levels of government.

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59 MMIWG, 2019.
60 MMIWG, 2019.
4. Ensure equitable investments in emergency homelessness supports and services funded by Reaching Home.

Research demonstrates a significant underinvestment in emergency shelter services and emergency beds for women and gender diverse people across Canada.\(^{62}\) The Government of Canada should conduct or commission a GBA+ audit of federal investments in the homelessness sector made through Reaching Home, seeking to identify and remedy gender-based inequities in funding. Particular efforts should be made to ensure equitable investments in emergency housing and homelessness supports for Indigenous women, girls, and gender diverse peoples, including in rural, remote, Northern, and urban spaces.

5. Ensure the affordability metrics employed in all NHS programs actually reflect the depth of poverty and core housing need that many women, girls, and gender diverse people experience in Canada.

There is a significant disconnect between the affordability metrics employed in many NHS programs (e.g., 30% of median income for the region) and what would make housing affordable and attainable for those most in need. In partnership with lived experts, scholars, and key stakeholders, the Government of Canada should revise the NHS affordability metrics in line with human right standards, seeking to ensure that investment and prioritization reflects the depth of poverty and core housing need that many women, girls, and gender diverse people experience.

6. Identify and mobilize rights-based indicators capable of tracking progress on the progressive realization of the right to housing for women, girls, and gender diverse people.

- Develop and/or adopt measurement tools and data collection methods capable of collecting meaningful, disaggregated data on the experiences of women, girls, and gender diverse people experiencing housing instability and homelessness.

- Ensure existing government data collection tools and measurements (e.g., byname lists, coordinated access) disaggregate data on the basis of gender and race in an effort to advance equitable access to supports, services, and housing.

- Play an active role in tracking the impact of financial investments in federal housing and homelessness programs on women, girls and gender diverse peoples, in partnership with lived experts, key stakeholders, and scholars.\(^{63}\) Establish mechanisms to assess whether substantive gender-based equity is being achieved in funding allocations and program outcomes.

- Work alongside Indigenous leaders and community members to track progress towards the realization of the right to housing for Indigenous women, girls, and Two-Spirit people on an urgent and priority basis. These efforts should be led and controlled by Indigenous Peoples themselves, with the Federal Housing Advocate providing human rights expertise as requested and desired.

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\(^{62}\) Schwan et al., 2020.

\(^{63}\) This is a requirement under international human rights law, as outlined in UN Human Rights Council. (2018, January 15). Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context. http://www.undocs.org/A/HRC/37/53