



"The London Homeless Coalition exists to advise, shape, and coordinate the community's responses to homelessness and related needs for the London area."

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REDUCING ALL COSTS OF HOMELESSNESS: A POSITION AND RECOMMENDATION PAPER

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1 - Summary of this Position Paper

1. London has a homelessness problem, and it is worsening.
2. Homelessness is currently addressed primarily through what can be called a “damage control downstream” model.
3. The damage control downstream model may not be financially sustainable in the long run.
4. Homelessness can only be solved or ameliorated by moving to a “prevention & assistance upstream” model.
5. The “prevention & assistance upstream” model is not only superior in its personal and societal results, it is more cost effective.
6. The earlier the intervention and expenditure, the more effective and inexpensive the intervention. This effectiveness is both fiscal and social.
7. Intervention must not be obstructed by quasi-moral standards or terminology, but must be effectiveness-driven.
8. The matter is a responsibility of all three levels of government.

This paper represents an attempt to find a balance between brevity on the one hand and the provision of context, elaboration and supporting data on the other. It does so by making short statements of fact in the main body, providing elaboration on some key issues in appendices, and full supporting referencing of sources in the endnotes.

2 - What can we do TODAY? Recommendations of the London Homeless Coalition

Recommendations regarding approaches to the problem

- R-1. That the problems of homelessness and housing be handled by means of transferring efforts from a “damage control downstream” model to a “prevention & assistance upstream” model.
- R-2. Interventions and expenditures must be made as early as possible. Upstream and downstream responses should mainly be done through coordinated and integrated (both vertically and horizontally) efforts of governments, social service agencies and actions, and the private sector. The objective is to have the homeless and at-risk citizen have specific access to specific services to serve specific needs, and to have these services integrated without “siloeing” and to ensure that the services / programs / interventions are provided at the earliest and most effective stage.
- R-3. Any and all programs, housing and services should be aimed at supporting people’s efforts to exit (or avoid) the shelter system and enter into (or stay in) long term housing.
- R-4. Efforts to solve homelessness must be across the entire continuum of housing, integrated into every part of it, and cannot be disproportionately applied to any one component of it.
- R-5. Efforts to prevent or end the homelessness of those who have special needs (developmental problems, addiction challenges, *etc.*), must be across the entire continuum

of supports, integrated into every part of it, and cannot be disproportionately applied to any one component of it.

Recommendations regarding governmental responsibility and service delivery

- R-6. The LHC recommends that all three governments concede that housing and homelessness are areas of shared jurisdiction.
- R-7. The LHC recommends that the national government set standards and provide funding for housing and ending homelessness.
- R-8. The LHC recommends that the province and the municipalities be the primary delivery levels for such services.
- R-9. The LHC recommends that the municipalities be given direct authority and a guaranteed income stream to tailor their responses because the municipalities are that level of government best able to craft and implement responses that best address “the reality on the ground”.
- R-10. The LHC supports efforts to reduce administrative, policy, and legal complexity and delay in the provision of services.
- R-11. Any and all responses must be coordinated between political and economic/geographic jurisdictions, lest the problem merely be solved at one point; this would cause people to flow to the “solved” area and thus recreate the problem there. The temptation of some governments to let neighbouring jurisdictions solve their homelessness problem must be vigorously resisted.
- R-12. Any and all responses must consider and avoid the temptation to view problems in isolation, ignoring or neglecting one while addressing another.
- R-13. Any and all responses must consider and avoid the possibility of creating a new set of problems.
- R-14. Funding for housing and homelessness initiatives should be long-term, both in focus and in contract length.
- R-15. Funding should be allocated for research, analysis, coordination, collaboration and integration.
- R-16. The government should be unafraid in treating the secondary (social housing *etc.*) part of the housing market as fairly as it does the primary (homeowner, *etc.*) part.

Proving the Case: The data behind the recommendations

3 - HOMELESSNESS IN LONDON

3.A What is “homeless”?

The London Homeless Coalition submits that a person is “homeless” if they are absolutely, periodically, or temporarily without their own shelter.ⁱ

3.B Does London have a homelessness problem? Yes.

There are no exact numbers on homelessness in Londonⁱ given that so much of the problem is hiddenⁱⁱ. There, however, *many* indicators that show homelessness is a substantial problem in our community³: shelter and drop-in centre usage, food bank and community services, for example, are all under great and increasing strain.ⁱⁱ

3.C Is homelessness permanent?

No. It is usually a once in a lifetime experience due to job loss or illness; *with timely help*, people can often get quickly back on track, but lack of help can lengthen the duration of homelessness. Longer periods of homelessness may be caused by aggravating factors: disabilities, mental illness, substance use problems, or lack of life skills. There is no single guaranteed way to assist every person who is homeless to find stable housing: individual circumstances require that assistance be targeted to individual needs with the emphasis on prevention and the provision of supports.⁴ A central problem, though, is that whether or not a person requires supports, there is often nowhere for people to go after the shelters.⁵ Cost-effective, multi-step service integration is thus crucial.

ⁱ For a more detailed consideration of how we define “homelessness”, and those who are “at risk”, please see Appendix B – “Defining Homelessness”.

ⁱⁱ (Full details and supporting references are found in the endnotes and Appendix C - “Homelessness in London”, C.1 “Indicia of the Problem”.) It is emphasized that low-income earners and families with children are becoming increasingly vulnerable.

4 - What is the Financial Cost of Homelessness?

4.A *The bottom line*

There are terrible financial and human costs arising from homelessness, but we can greatly lower them. If we reduce homelessness through sound, integrated and cooperative income, housing and other support programs, we will not only increase well-being, but will achieve a net financial gain for society. Put simply, it's cheaper to do it right and it's cheaper to do it early.

4.B *Defining "downstream" and "upstream"*⁶

- **Downstream** can be defined as those systems (and the funds to pay for them) arising directly and indirectly from the existence of homelessness: police, prisons, hospital care relating to homelessness, the drop-in and support centres and the shelter system, to name a few. The downstream institutions are not only more expensive than "upstream" ones, but also poorly equipped to deal with the underlying social problems which cause or maintain homelessness. Another way of characterizing the Downstream Model is thinking of it as *damage control*. No matter how well such work is done it cannot solve or reduce the problem.
- **Upstream problems** are such things as lack of housing, education, health insurance, substance-abuse prevention and lack of employment or mental health supports which can *lead* to or prolong homelessness. Increased upstream problems -- or reduction of resources to resolve them -- lead to added costs for resources downstream. Pre-emptively attacking the problems upstream is both more efficient and more cost-effective than paying more downstream, "but the pattern [of concentrating on and directing funding towards downstream structures still] stubbornly persists".⁷

It is important to note that in discussing an "upstream model" we are not limiting it to matters which arise before a person or family becomes homeless. "Upstream" simply means the earliest possible rapid, effective and cost-efficient means of problem-solving, integrated effectively with downstream "damage control". Thus, moving a family rapidly into housing and minimizing time in the shelter system is an upstream response. Canadian responses -- including those here in London -- are significantly weighted towards the downstream damage control model. However, there have been some dynamic and innovative programs both in Canada⁸, in the United States⁹ and here in London¹⁰ which have broken the mold.

It is crucial to note that cost-efficient is not the same as cost-cutting,¹¹ which is a false economy that costs the taxpayers more in the medium and long terms. This is especially so in how money is allocated for research, integration and coalition work. Coppus-IBI makes special note of the crucial importance of these tasks: if funding is limited to direct service providers then analyzing, understanding and solving the problem becomes impossible.¹²

4.C The downstream costs in general

Using the Coppus-IBI model¹³ the current national urban cost of homelessness is estimated at \$1,483,496,732¹⁴; London's share of this cost (for all three levels of government) would thus be at least \$16,644,833¹⁵ and possibly as high as \$27M¹⁶. These estimates of cost are *understated* in general,¹⁷ and are also considered likely to significantly understate actual total societal costs. Further, they do not consider intangible costs, nor the economic value of the "lost" contribution from the homeless.¹⁸

The Coppus-IBI study summarized the problem best: "[M]ost of the services provided to the homeless ...are reactive, and focused on providing an emergency or maintenance response to the symptoms of the problem. This service approach – while desperately needed – does not address the fundamental causes of homelessness. As quantified by this analysis, these types of services are currently very costly, but projected local [*ie*: Calgary, commencing 2001] growth in demand (13% annually for shelter spaces, with status quo assumptions) suggests that the current model will not be financially sustainable in the longer term. Clearly, financial reasons alone are sufficient to necessitate transition to a homelessness prevention model of service delivery. This transition will require increased total spending in the near-term, but will ultimately result in a reduction in the level of homelessness. In the longer term, through better understanding and management of the causal factors, and a shift to prevention from a reactive response model, it is expected that the net societal cost of homelessness could actually be reduced."¹⁹

4.D The downstream health costs

There are large areas where not solving the homelessness problem increases our societal costs for health and hospitalization: the health conditions of homeless people are much worse than those of the general population: homeless people tend to await treatment until matters reach a critical stage²⁰, thus requiring more acute, complex and expensive treatments²¹, use hospital more frequently and stay longer per visit²², and generally use hospitals as their main point of contact with the health care system²³, which is very expensive. Given that the average daily cost of hospitalization per patient is about \$360 compared with \$43 for supportive housing and \$36 for shelters²⁴ this adds to large amounts in a short period of time.

(Health and related issues are discussed in greater depth in *Appendix E – The Downstream Health Costs*. Please also see 5.A "What they face", below.)

4.E The downstream justice costs

Homeless people are most often arrested for relatively trivial and victimless crimes, or minor property offences arising more from the homeless condition rather than deliberate criminal intent. Most of the crimes relate to alcohol and drug abuse, psychological or psychiatric problems, and social behaviour (begging, *etc.*).²⁵ "The cost associated to these crimes is huge. Prison and detention centres cost a lot more than shelter. In addition, the indirect cost of crime—

including loss of productivity, insurance claims, and human suffering—is even greater”²⁶. In London the police deal with four mentally ill people every 24 hours, and each encounter takes an average of 254 minutes per person²⁷; that is 16.93 hours per day, or 6,180 hours in a year. Moreover, what we can call “survival crime” needlessly adds to the staffing, administrative and fiscal burdens of the law enforcement and adjudication systems.

It is very clear that the justice system spends a very considerable amount of money (on police, courts, lawyers and jails) addressing matters arising out of homelessness, expenditure that could be reduced by the application of an upstream approach. Please see Appendix F – “Downstream Justice Costs” for details.

4.F The cost to frontline service agencies

Vast amounts of administrative and frontline worker time are wasted in applications, contracts, renewals and approvals processes from funders. Moreover, the over-emphasis on project-based funding and the excessively short contract periods hamper intelligent planning and impair effective client service. Fiscal effectiveness and accountability can be produced outside of short-term contracts and project-based funding, *and is in other areas of expenditure*. Coppus puts it most effectively: “A sustainable approach with longer-term funding commitments is needed. There may be merit in allocating funding for specific projects with a five-year or longer duration. Funding in this way has the potential to significantly reduce the effort required to secure smaller dollar amounts provided for shorter time periods, and hereby allow funds to be redirected to improve administration and enhance service provision. Longer term funding commitments acknowledge the severity of the problem and dedication to providing an effective solution. Funding is generally available only for a short-term period, typically a one year term, or occasionally for a period of up to three years. This short-term approach creates uncertainty regarding the ongoing viability of many programs. Considerable time and effort is expended by agencies in pursuing many sources of funding on an annual basis.”²⁸

Two things are important to note, however: First, that however, that moving to an upstream model may not reduce administrative costs and may actually increase them – in the short-to-medium terms – as new programs are brought online; any savings would be realized as homelessness is reduced. Second, and more importantly, the changes detailed in the paragraph above are badly needed to reduce unnecessary administrative cost *whichever* model is used.

4.G Why pay more money? Move upstream.

A landmark BC government study showed that it cost 33% more to provide health care, criminal justice and social services to a homeless person than to a socially housed unemployed individual (\$24,000 a year, compared to \$18,000 a year)²⁹, and that this reality stretches across interrelated fields such as health and criminal justice, and have short and long-term effects³⁰. “Consider these amounts that it costs to *keep* people homeless[by setting] people up to failure and chronic poverty. Does our society *really* want to pay for guaranteed failure?”³¹ And does it want to pay

for that now, and “more later”³²?

4.H Why does the downstream damage control model persist?

There are a number of reasons:

- Societal, policy and bureaucratic inertia: things have simply become this way and are maintaining their momentum along a roughly straight line, and will continue to do so until is not acted upon by a distinct, conscious and sustained change in attitudes, policy and structure.
- A lack of public of understanding of the potential financial gains, and thus a lack of public will to make changes.
- Force of habit in society’s mindset and mental imagery: “helping the homeless” conjures up visions of soup kitchens and shelters, not integrated, proactive planning and programs.
- There is a visceral public reaction against people getting what is perceived to be an unfair advantage. It is comparatively easy to get a voter to pay for a soup kitchen or shelter, based on their natural compassion. However, if one were to put a newly homeless person directly into a wholly- or partly-paid-for apartment it could get a negative initial reaction because it is direct provision of something that the voter has to pay for *for themselves*. It would be foolish to discount the natural resentment that this would cause.
- In trying to solve the problem, service providers, analysts and policy makers must also struggle uphill against a more generalized notion that the programs themselves do not work, and that the taxes spent on them are in fact depriving other sectors of society of the funds where they could be more useful. This is simply not so³³, especially in light of the fact that those same service providers and analysts cited herein are urging models which cost less to provide more.
- One barrier that other places may face, but is mercifully absent in London, are downstream providers protecting what is sometimes sarcastically called “their iron rice bowl”. London’s “damage control” agencies are amongst the most vigorous proponents of prevention / upstream plans and actions.

5 - What are the Social and Human Costs of Homelessness?

5.A What they face

In addition to financial costs, we must look to the effects of homelessness in the social environments, in our community itself. These people are a part of our “public household”³⁴. We cannot avoid the fact that homelessness brings with it human costs to the people trapped in it. Some of these are universal to this unhappy experience, and others specifically and disproportionately in their effect: “For people living on the street, so much time is devoted to survival issues: eat, sleep, shelter, *etc.* How can you contribute to society living like that?”³⁵

Add to this the weight of societal perceptions, and those vulnerable people are left drained, deprived of pride and the ability to get back up.

The experience of homelessness holds large risks for basic health: the homeless are prey to higher HIV/AIDS³⁶ and TB³⁷ infection rates, malnourishment (which also increases the risk of other health problems)³⁸, terrible dental health,³⁹ anxiety and sleep deprivation⁴⁰, “[a]cute physical disorders, trauma injuries and violent crime victimization/injuries (esp. rape), and hygiene-related illnesses; and chronic problems”⁴¹.

5.B The specific cost to families and children

- Each year over 200 families in London are becoming homeless and need to access emergency shelter; approximately 96 to 160 children are homeless in London⁴². This upheaval and crisis has a huge impact on the future of the children⁴³ as they suffer the loss of a stable home along with setbacks in their education as they shuffle to different schools.⁴⁴ “The literature reports that homelessness is associated with a variety of social problems, most notably family breakdown and abuse, adverse childhood experiences, foster care, youth pregnancy and inadequate parenting skills, and child development problems. In some cases, the social problem is a cause of homelessness. Other times, homelessness creates the problem”⁴⁵.
- “Homeless children face particular health risks compared with children who have permanent homes”⁴⁶, including sleep deprivation⁴⁷, and other problems even to the extent of there being a “homeless child syndrome”⁴⁸ with resultant identifiable physical, behavioural and psychological damage. Such damage includes but is not limited to developmental lags, learning difficulties, mental health problems, aggression, eating problems and other short and long-term damage to themselves and others.⁴⁹ In addition to other health problems of homelessness⁵⁰, homeless children have a rate of poor dentition “more than 10 times” that of other children⁵¹. And not only the children suffer: homelessness can damage a parent’s ability to look after their child.⁵²
- There is a vicious circle involved in foster care: homelessness is more likely to lead to foster care for children, and foster care children are more likely to later become homeless.⁵³ Homelessness also contributes to the separation of families, especially where child welfare agencies are involved.⁵⁴

5.C The specific cost to women

Homeless women are at increased risk of sexual assault: every year, one in five are attacked.⁵⁵ Furthermore, “[t]here is a strong [and negative] relationship between pregnancy and homelessness”:

- [H]omeless women have high rates of pregnancy... [A] whole new generation of children will start their lives as part of the homeless population.”⁵⁶
- In addition, early childbearing increases risks of homelessness and the heightened stress of caring for a newborn while living in an overcrowded or shared living situation

forces women on to the streets.⁵⁷

- Homelessness for women is so dangerous that many will move directly into sex-for-shelter arrangements, or, worse, into the sex trades, rather than risk it.⁵⁸
- “[P]regnancy [for homeless women] is associated with several risk factors, such as inadequate nutrition, excessive stress, inadequate housing and sanitation, and many medical diseases [and addictions].”⁵⁹

5.D The cost to youth

“[Youth] are more vulnerable to ... deprivations and to the violence, drugs, alcohol, sexually transmitted diseases and mental-health problems that ‘pervade their world’ ... because they are younger and still growing”⁶⁰. They are more likely to die prematurely.⁶¹ “[F]or almost every health problem identified, the proportion of street youth with the problem was significantly higher than the proportion of youth attending school.”⁶² Moreover, they face an erroneous societal belief that they do not *wish* to work⁶³, which may cause problems in obtaining employment which pays well enough to get out of homelessness.

5.E The cost to Aboriginal people

Proportionally more Aboriginals are homeless than the rest of the population⁶⁴. More Aboriginals are: at risk of being homeless⁶⁵; have double-the-normal rates of unemployment⁶⁶; have a poverty rate more than double that of the rest of the population⁶⁷; and are in low-income housing⁶⁸. Further, they suffer disproportionately from inadequate housing⁶⁹. It is a disquieting reality that Canada’s longest-settled peoples are in the same troubling situation as the newest immigrants, so far as housing risk and expenses are concerned.⁷⁰ Aboriginal peoples still face prejudice and discrimination⁷¹ which place barriers in the way of their right to move forward and upward, especially in matters of education⁷².

5.F The cost of living in substandard housing.

Even those who are not technically homeless -- but are “at risk” -- pay costs. What type of housing is available for those on social assistance? “Drug-infested, soul-robbing places with mould on the walls, bugs in the carpet and needles on the floor ... Low social assistance rates are a slumlord subsidy”⁷³. “Decent amounts mean decent housing which means sweeping away the dives, which is a net societal gain”⁷⁴. This is fully backed by the research, which shows that having a cleaner and more stable environment, “significantly increases the likelihood of social and economic re-integration”⁷⁵, enabling people to be more able to get/keep employment and reinvent their lives. Effective housing interventions have also been shown to create “large improvements in societal service utilization and cost savings”⁷⁶.

5.G The key question

Do we want to pay more for Less and Worse, or less for Better? If we do this right, we create not just gains for those most vulnerable but for the whole society: Directing new investment to the lower cost (and arguably more effective) supportive option is likely to be more cost efficient than investing in new prisons, psychiatric hospitals and emergency shelters⁷⁷. If we restore higher, more effective social assistance rates, provide more adequate, affordable housing and support programs we will not only reduce the shame and lack of self esteem felt by these vulnerable citizens but also empower them to attain employment and increase their contribution to society.

6 – Government: Jurisdiction v. Responsibility

The issue of who has jurisdiction over and/or responsibility for homelessness and/or housing, especially as it relates to payment and control, is a long-established and ongoing debate in Canada. The LHC rejects the validity of this debate: there can be no question that housing and homelessness fall within the ambit of all three levels of government and they have all acted in the field in some form or another for some considerable time. While there can be debate between the levels of government as to the form and extent of their respective involvements they must discontinue the sterile debate over responsibility: they are *all* responsible. The LHC details its reasoning for this position in “Appendix H - Jurisdiction v. Responsibility for Housing”.

Conclusion

There can be no question that upstream methods are better for both our at-risk citizens and the taxpayer. All that remains is for that reality to be incorporated into public understanding, governmental planning and policy, and into budgets, for this gain to be achieved.

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APPENDICES

Appendix A - The London Homeless Coalition

A.1 What is the London Homeless Coalition?

The London Homeless Coalition, ["LHC"] is a diverse and voluntary coalition of service providers, individuals, business, community organizations, faith groups, elected representatives and their staff, federal government staff and City of London staff; it is a widely varied and highly representative selection of groups and individuals interested in eliminating the issue of homelessness. It was created in the fall of 2000 when London was designated as one of the communities to receive Supporting Community Partnership Initiatives ["SCPI"] funding from Human Resources Development Canada.. As a result of this decision, many of London's social and community agencies came together to form the LHC as the best way to ensure that our community's needs were addressed. The Coalition has greatly increased its membership over the years as more and more social services agencies, governmental departments, businesspeople and private individuals see -- and wish to contribute to -- its work.

A.2 Mission Statement and Primary Goals

The London Homeless Coalition exists to advise, shape, and coordinate the community's responses to homelessness and related needs, for the London area. The aim of the Coalition is to increase communication between funders, service providers and the public, and to encourage open and transparent decision-making. Through the LHC, the community can work together to identify priorities for services and resources, and develop implementation strategies.

A.3 The Community Plan

In October of 2001, the Community Plan for Homelessness in London was released. The community, service providers, and other interested parties came together to identify the issues surrounding homelessness in our city. The report was designed as a blueprint for action on homelessness, and as a 'living document', which recognizes the changing needs in the community. The Community Plan also sets-out long-term strategies, including increasing the supply of affordable permanent and transitional housing. The Community Plan was updated and improved through community consultation in 2003-2004, and will have its next update in 2007.

A.4 Achievements:

The LHC has created a greater awareness and understanding of the issues of homelessness through the use of community awareness events community forums, ongoing coordination, public education and expansion of partnerships.

Appendix B – Defining Homelessness

The main portion of the definition (given in 3.A, above) is from Report of the [Toronto] Mayor’s Homelessness Action Task Force, *Taking Responsibility for Homelessness, An Action Plan for Toronto*, at 203, (citing Daly, Gerald. *Homeless*, Routledge, 1996). By “without shelter” we mean those who are living on the street, sleeping rough, who are staying overnight in temporary shelter, staying in places not intended or fit for human habitation, or moving continuously among temporary housing arrangements provided by strangers, friends or family. The words “their own” have been added by the author of this paper because it brings in those who are temporarily sheltered by service providers (homeless or drop-in shelters, missions, *etc.*) or by independent persons such as friends, families, acquaintances. The key for that addition is *the transient and conditional nature of the shelter*: there are no property rights as arise with ownership nor occupancy rights which arise from statute or common law. *Shelter is not true shelter if one occupies it on sufferance.* It is within these categories that we find those called “couch surfers” and “the hidden homeless”. An analysis for the Edmonton Joint Planning Committee on Housing and the Calgary Homeless Foundation notes that this definition “was expressed in another way in a follow-up report titled the Toronto Report Card on Homelessness 2001 (pg.2) as follows: “... homelessness is defined as a condition of people who: 1. live outside (for example, on the street, or in ravines and parks); 2. stay in emergency shelters; 3. spend most of their income on rent, or 4. live in overcrowded, substandard conditions and are therefore at serious risk of becoming homeless” ...

We must also recognize that “homelessness” as a term “is a fluid and confusing label for a set of social problems. It involves socio-economic arrangements that exist quite apart from those troubled by them. It is a confusing term due to conceptual imprecision, fuzzy boundaries, the influence of political agendas, the heterogeneity of the homeless population, and the assumptions and attitudes of the housed population.”⁷⁸

A good framework for analysis is the categorization of homeless individuals into three clearly identified stages: *Stage 1: “Early or Transitional Homelessness”*; *Stage 2: “Homeless individuals in transition”*; *Stage 3 “Chronic Homelessness”*.⁷⁹

Stage 1 Homelessness – Early or Transitory Homelessness – This category can be very roughly defined as those who are able to identify a single proximate cause of their homelessness, know how to end it and have the resources to end their homelessness in place. It includes those who are only temporarily homeless (for example, loss of an insured home to fire), and constitutes roughly 70% of the men in the shelter system. Three things are brought into Stage 1: (1) the motivation to *not* be homeless; (2) staff effort required to remove a person from homelessness; (3) resources to connect to the outside of homelessness. General length of time of Stage 1 Homelessness: approximately 6 weeks. Most of this group are able to get out of homelessness themselves; they get the most help to cease to be homeless.

Stage 2 Homelessness: “Homeless individuals in transition” – This group is in transition from Stage 1 Homelessness towards Stage 3 (Chronic), and represents approximately 24% of the homeless population. It is in this stage that the “event horizon”ⁱⁱⁱ lies: social decompensation^{iv} begins to occur when homeless individuals face a choice between going mad or adjusting to their current situation being “normal” and living within that rather than actively seeking to end it. No data is available as which percentages will go which way. Two things are of note in Stage 2: (1) the motivation to *not* be homeless is still high; (2) resources to connect to the outside of homelessness are much lower. General length of time of Stage 2 Homelessness: longer than 6 weeks but less than a year.

Stage 3 Homelessness “Chronic Homelessness - Approximately 6% of the homeless population. If you are within this group then homelessness will likely last the rest of your life. Even perception of time alters as external guideposts (days of the week, birthdays, holidays) cease to have any relevance or use. **This 6% of the homeless population is 54% of shelter expense**; a vivid demonstration of the Pareto Principle^v. Large amounts of money are thus invested in emergency responses that are effective in Stages 1 or 2, but no longer effective for the chronically homeless. Here, social decompensation “kicks in”: (1) the motivation to *not* be homeless is still high; but (2) staff effort required to remove a person from homelessness becomes *huge* and the clients more problematic; and (3) resources to connect to the outside of homelessness are gone. Length of time: One year or more. Those 365^{vi} days mark the onset of social decompensation. “Once in the 6%, nobody [gets out] on their own.” (Art Manuel)

One should also note the comparatively recent and now confirmed discovery of the applicability of power law principles^{vii} to homelessness, where they illustrate a potential policy and services error: “if one makes the mistake of assuming that the troubles fell into a normal distribution one would respond with solutions that would raise the performance of the middle; the error comes in that the middle doesn’t need help (or at least as much help)”. “The real problem is for the extremely troubled few at the end of the scale, for whom those solutions which would help the

ⁱⁱⁱ While originally a term in physics, it has started to be used colloquially to describe a boundary line beyond which is an area from which nothing can escape.

^{iv} A process experienced by chronic homeless people “that results from extreme situationally derived sources of stress. As social decompensation continues, individuals develop severe symptoms of depression, anxiety, and paranoid and socially pathological behaviour” The term was created by Belcher, J.R., Scholler-Jaquis, A., & Drummond, M. in “Three stages of homelessness: A conceptual model for social workers in health care.” *Health and Social Work*, 16(2), 87-93. The quote given above is from page 90.

^v The **Pareto principle** (also known as the **80-20 rule**, the **law of the vital few** and the **principle of factor sparsity**) states that for many phenomena, 80% of the consequences stem from 20% of the causes. The idea has rule-of-thumb application in many places, but it is commonly misused. E.g., it is a misuse to state that a solution to a problem “fits the 80-20 rule” just because it fits 80% of the cases; it must be implied that this solution requires only 20% of the resources needed to solve all cases.” (Sources: <http://www.4hb.com/08jcparetoprinciple.html>; <http://management.about.com/cs/generalmanagement/a/Pareto081202.htm>; <http://www.gassner.co.il/pareto/>)

^{vi} This one-year marker point has been recognized for centuries in other contexts, such as prisons or involuntary military service.

^{vii} Power Law Distribution - A method of statistical analysis and demonstration where all the activity is not in the middle but at one extreme.

middle wouldn't be nearly strong enough. Homelessness doesn't have a normal distribution: it has a power-law distribution."⁸⁰

Appendix C – Homelessness In London

C.1 Indicia of the seriousness of problem.

- The emergency shelter system in London is under tremendous pressure and has been frequently running at or above capacity, despite hundreds of new shelter beds.⁸¹
- Even the hard numbers of greatly increased usage produced by shelter providers underestimates the number of homeless in London, because those who sleep outside or in abandoned buildings are not included in this count, nor are they counted in the census.⁸²
- There has been a dramatic increase of single and two-parent families that are being forced into emergency shelter.⁸³
- The statistics do not reflect “couch surfers”, or other members of “at-risk” categories: people who are not homeless *today* but who have little or nothing preventing them from becoming homeless *tomorrow*.⁸⁴
- The average number of people spending the night in shelter has risen from 166 people in 2001 to 516 in 2005.⁸⁵
- Other indicators of homelessness are found in the vastly increased use of drop-in shelters, both official and unofficial.⁸⁶
- “The role previously played by the social safety net - including social assistance, and social housing - was increasingly being played by emergency shelters and food banks, or not at all”.⁸⁷
- According to local churches who provide meals for the needy, an average of more than 1600 meals are served weekly. Once the numbers of meals the shelters and drop-in centres are serving are included, the number of meals served per week in London greatly exceeds 10,000.⁸⁸

C.2 Why is there homelessness in London?

The problem has three main streams which reinforce each other: (1) the lack of affordable housing; (2) rising rents and (3) decreasing real incomes. Finding safe, affordable and suitable housing in London is thus very -- and increasingly -- difficult for low-income earners, those on financial assistance programs and homeless individuals. It must be remembered, too, that higher vacancy rates do not mean lower -- or even affordable -- rents.⁸⁹

*C.3 What is “affordable housing”? Why is housing not affordable for so many?*⁹⁰

In 2000, The Affordable Housing Task Force in London defined **affordable housing** as: “housing that is suitable to basic household needs and which would have a market price or rent

... [where] the household would not be required to pay more than 30% of its gross income on rent". LHC defines **suitable housing** as being: large enough for the household size (meets the need for privacy); affordable in relation to the income of the individual or family; accessible for those with a disability; safe and adequate in terms of the quality of the unit; and secure from the risk of loss of housing; safe from the threat of violence or other behaviours (such as drug abuse) that would endanger the inhabitants. The quality and safety issues are especially important, especially in light of the concern about "slumlord subsidies", as characterized by Henry Eastabrook (LIHC-HOHP), elsewhere in this paper.

The "housing gap" is wide and getting wider.⁹¹ The rental rates for affordable accommodation have increased, almost half of Londoners must spend more than the accepted 30% for accommodation (and 22% must spend more than half).⁹² A full time minimum wage worker can barely afford a cheap bachelor apartment⁹³, and the situation is worse for those on social assistance. Ontario Works (OW) rates have decreased by over 30% since 1992. For a lone parent with one child, this means a loss of almost \$6,600 per year *before inflation*⁹⁴.

C.4 What about subsidized housing?

There are 7,576 subsidized housing units in London⁹⁵; many of those units, built decades ago, are facing greatly increased maintenance costs as the premises age.⁹⁶ There are approximately 4,000 households on the subsidized housing waiting list.⁹⁷ Ontario's provincial government stopped funding affordable housing units in 1995: between 1991 and 1995 almost 800 affordable housing units were built, while zero assisted units were constructed between 1996 and 2004.⁹⁸

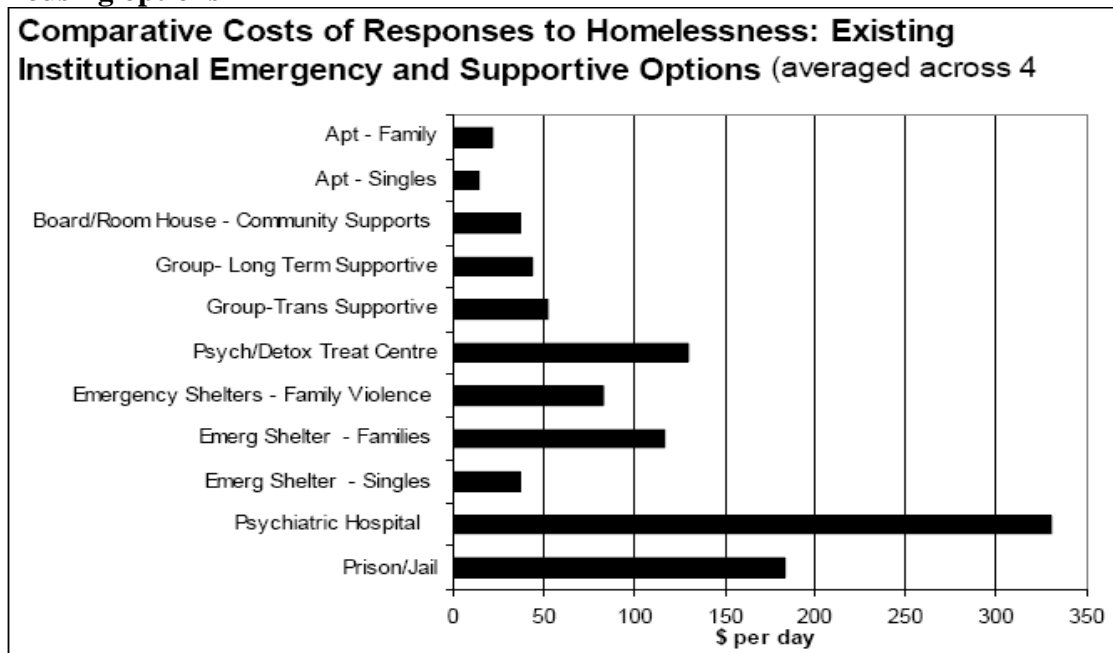
C.5 Who are the homeless? Who may become homeless?

Families and individuals can lose their housing for any number of reasons: losing their job; critical illness; fleeing abuse or having an income too low to keep suitable housing; discrimination or serious difficulties by landlords or neighbours; not knowing or understand their housing rights; experience of abuse or violence; physical or mental health conditions; substance use problems; conditions such as a physical or developmental disability or Fetal Alcohol Spectrum Disorder; difficulty managing money; language barriers or literacy problems⁹⁹; addictions, and/or some combination of all of the foregoing. Even those who own houses are not safe because many of the households who made the leap to ownership in the 1990s are put at risk by ever increasing property taxes, skyrocketing energy costs and the possibility of higher interest rates. Renters are not immune, either: they put at risk by increasing energy costs, property taxes and interest rates, as these costs are transferred to them from landlords through rental increases. There are specific subpopulations identified by the Federation of Canadian Municipalities (FCM) as having the greatest risk of homelessness: recent immigrants, aboriginals and youth.¹⁰⁰ What is not widely understood about homelessness is the number of people who are teetering on the edge, one personal or financial crisis away from becoming homeless.¹⁰¹

People with low incomes have no cushion. When an unexpected expense arises they cannot resort to credit or other assistance. Programs which help prevent low-income Londoners from eviction by assisting them with other essential needs have seen increased demands¹⁰², but they can't help all those who need them. London's eviction numbers have reached disturbing proportions.¹⁰³ With reduced real incomes, more and more people are forced to make the decision of paying the rent or feeding their family.¹⁰⁴

Appendix D – Details Of Downstream Costs

Cost overviews and comparisons for a variety of institutional, supportive and residential housing options¹⁰⁵



London's local Costs related to various forms of shelter:¹⁰⁶

- Shelter per diem: \$42.95
- Elgin-Middlesex Detention Centre: \$150 per 24/hrs
- hospital: \$323 per ER visit, \$1,451 in-patient per Diem
- Psychiatric ward: \$241 per ER visit, \$901 in-patient per diem
- Average bachelor rent per night: \$16.30.

<i>Relative Cost of Institutional / Emergency Response and Comparable Supportive Options (average across cities)¹⁰⁷</i>		
Option A (Institution/Emergency)	Option B (Supported) *	Cost Comparison Supported vs. Institution
A-1 Psychiatric Hospital or Treatment Centre	B-1 Shared Dwelling/High Support (A)	B-1 costs 70% of A-1
A-2 Detention Centre/Lock-up	B-2 Shared Dwelling/Low Support (A)	B-2 costs 6% of A-2
A-3 Singles Emergency Shelters	B-3 SRO Unit/Low Support (A)	B-3 costs 73% of A-3
A-4 Family Emergency Shelters	B-4 Family 3 Bed T/H - Light Support (A)	B-4 costs 30% of A-4
* [Support levels Light, Moderate, High defined in section 3 of cited document]		

Appendix E – The Downstream Health Costs

The extensive BC review of the literature has related some of the telling evidence regarding the health nightmares (both human and fiscal) faced by the homeless and the society that must pay for the damage done to them.

- "The literature demonstrates that there is a strong relationship between homelessness and the health care, social services and criminal justice systems. People who do not have safe, secure, affordable shelter have more health problems than the general population"¹⁰⁸, "cause higher costs to the health care system [and] use the most costly elements of the health care system more than housed people do"¹⁰⁹, "experience social problems that may be exacerbated by their lack of shelter, and are more likely to become involved in criminal activity than the general public. This tends to result in greater use of some services by the homeless, particularly hospital emergency services, shelters and correctional institutions, in terms of frequency and length of use. Some specific sub-groups of the homeless, such as those with mental illness, are even more likely to be involved with the health care, social services and criminal justice systems".¹¹⁰
- In American data, longer hospital stays "were often not treatment related — they were primarily due to lack of housing, particularly placement problems among homeless and psychiatric patients. [...] Physicians also reported delaying the discharge of homeless patients who required follow-up care knowing that their access to ambulatory care and clean environments or their compliance with treatment might be limited." "Those physicians also indicated that they lowered the threshold for admission for homeless patients whose medical conditions are likely to worsen if they remain in shelters or on the streets."¹¹¹ This American data is consistent across other studies, where, for example, it was shown that

“health service use and costs for ... homeless veterans was 13 per cent higher than for domiciled veterans”¹¹².

- “Homeless people are less likely than the general population to have a regular family doctor ... [and more] had gone to an emergency room in the past year, and for 20 per cent, the emergency room was used more than any other place for health care. Emergency rooms are accessible since they are generally open 24 hours a day, seven days a week, and no appointment is required (Golden 1999). Even though drop-in medical clinics are available in Toronto, most of the homeless use hospital emergency rooms for routine care (Lowry 1996). Homeless children appear to over-use emergency room services, under-use preventive health services, and have fewer dental visits compared to the general pediatric population (Weinreb 1998 and Wright et al. 1998).”¹¹³ (For further details, please see “5B. The specific cost to families and children”.)
- ***And what about those diagnosed with a mental illness?*** Those with mental illness especially fall victim to the perils of homelessness. Gordon Russell, Director of London’s Men’s Mission, indicated, “at least half of the people at the Mission have mental health issues”.¹¹⁴ This situation is exacerbated by the fact that local mental health institutions discharge approximately 800 people every year¹¹⁵, of which an estimated 10% are discharged to “no fixed address”. This continues to occur despite research indicating that “housing and appropriate supports for individuals with mental illness has been documented to contribute to reduced readmissions to tertiary hospitals or emergency services”.¹¹⁶

The BC materials point to better ways of doing things.

- “...Studies note that when homeless mentally ill adults are provided with permanent housing and accessible mental health treatment services, they are likely to avoid unstable housing patterns associated with higher use of in-patient services (Dickey et al. 1996). Providing support for clients that increases housing stability reduces their need for treatment, and housing stability is associated with lower treatment costs (Dickey et al. 1997). ‘Research on supportive housing for people who have been hospitalized in psychiatric facilities has repeatedly found that such programs are successful in reducing rates of rehospitalization and in increasing rates of employment.’ (Novac and Quance 1998, p 14). This is important when we consider an estimate from British Columbia that the direct costs to government of injection drug use are \$6,382 per person per year for health care and law enforcement (Millar 1998).”¹¹⁷
- “Research undertaken for the Strutton Housing Association, a provider of housing services for people with HIV in the UK, showed that well-designed housing and a supported housing management services could reduce the need for acute and domiciliary care services and achieve an average of 40 per cent savings in the cost of care for tenants. When compared with the capital investment and housing management services, this became cost effective over five years.”¹¹⁸

Appendix F – Downstream Justice Costs

The survival needs of being homeless play a key role in the creation of youth crime: “The more difficult it was for them to find food and shelter, the more likely it was that they would turn to crime.”¹¹⁹ “The longer these youth are on the street, the more exposure they have to criminal activity and encounters with the police. Theft of food and clothing, (what might be called survival crime) escalates into more serious crime. Another significant finding was that law and order responses tended to create the exact reverse of their intended effect. Police responses may further stigmatize victims of abuse, encouraging defiant and persistent involvement in street crime. [para] Hagan and McCarthy also report that street youth are more likely to engage in criminal activity than their housed counterparts. In addition, although they are a relatively small proportion of all adolescents, street youth are involved in a substantial and disproportionate amount of all crime. Street youth are also disproportionately repeat offenders.” “There is evidence that many street youth are headed toward street crime before they leave home.”¹²⁰

“The research literature contained no analyses that relate specifically to the financial impact of homelessness on the criminal justice system. [!]”¹²¹ There was some data available that compares the costs per person per day of various housing solutions to homelessness in Toronto (Pomeroy and Dunning 1998). It found that use of prison or detention centres as a form of accommodation ranked high in the cost framework, at \$124 per day compared to a hostel at \$30 to \$43 per day and a Habitat contracted boarding house with mental health support at \$43 per day. ... The only published information on the costs of incarceration is for federal institutions, while homeless offenders may be more likely to be incarcerated in provincial institutions due to the relatively minor nature of their crimes.”¹²²

The literature points to a need for alternatives to prevent crimes through social development initiatives, to prevent homeless people from returning to the streets upon their release from jail, and to reduce the incarceration rate among homeless people.¹²³

Upstream savings are to be found here as well

“Evidence about street youth found that a ‘social welfare model’ which is more focused on providing youth with access to shelters and other support services provides reduced opportunities to become involved in crime. Another important finding is that the most effective way for youth to ‘beat the street’ is through employment. Those youth who managed to find a job were better housed and fed, and more able to distance themselves from the criminogenic environment of the street.”¹²⁴

Studies have shown that housing programs for those leaving correctional facilities, in addition to the benefits, have been shown to reduce the opportunities for re-offending¹²⁵, resulting in safer

communities. For example: remove the accommodation problems for offenders subject to community sentences and you will have consistently lower reconviction rates.¹²⁶

Appendix G – Jurisdiction v. Responsibility For Housing.

Housing and homelessness are not enumerated powers under Canada's constitution.¹²⁷ What is clear is that while the municipalities carry a very large part of the burden, they do not have an independent constitutional existence under Canadian law.¹²⁸ This has not stopped them from seeking constitutional recognition, but that has been "largely motivated by their search for practical ways and means to meet the increasing demands upon their fiscal resources. They are not inherently interested in constitutional recognition...[and have]... given clear signals that they would be just as happy to deal with their fiscal situation outside the constitutional debate".¹²⁹ However, the fact remains that the upper levels of government have both downloaded considerable amounts of fiscal responsibility onto the municipalities¹³⁰ and this has grossly impaired their ability to handle, let alone resolve, housing issues. Oft-stated notions that housing and/or homelessness are or are not exclusively within federal or provincial jurisdictions are simply not correct, and are used as rationalizations for political and fiscal decisions by the governments in question.¹³¹

All levels of government have taken responsibility for housing at one time or another: "In Canada it is the federal and municipal levels of government that have played the more important roles in shaping how Canadians are housed. Over the decades, no matter how the constitutional jurisdiction issue was defined or what any particular province thought about federal involvement in housing, it was the federal government that played the major role in shaping how Canada's housing stock was financed and allocated."¹³² "[A]ll levels of government have responsibility. They are all continually making decisions to take, or not to take, certain actions. There has never been any dispute over this fact. The dispute has been over jurisdictional issues."¹³³

Appendix H - The Dual Nature Of Canada's Housing System

J. David Hulchanski^{viii} of the University of Toronto posits (and LHC accepts) that Canada's housing system is best conceptualized as having two separate parts: **primary** and **secondary**, "each with its own distinct and unequal range of government activities and subsidies – and each, therefore, with separate policy trajectories. These two mirror the dualism in Canada's welfare state. The primary part of the housing system is a component of the social security welfare state, whereas the secondary part is a component of the social assistance welfare state."¹³⁴ "Thus, Canada's housing system, for purposes of analysing government activities, consists of two

^{viii} LHC and specifically the author of this paper again thank Prof. Hulchanski for his generosity with his time, discussions and assistance.

substantially separate and distinct housing subsystems. Each has its own distinct form of government involvement. Government reacts differently to housing problems based on which subsystem the problem is in.”¹³⁵

- “The **primary part [of the housing market]** consists of about 80 percent of households, including most owners and those tenants who live in the higher end of the private rental market. It also includes households that live in the co-operative housing sector and some but not all of those who live in non-profit and public housing. These households have secure tenure in good-quality housing appropriate to their needs and at a price they can afford. [...] The primary part of the housing system receives benefits mainly in the form of entitlements (universal rather than selective) as "natural" parts of the way the housing system operates. These include the government-created and managed mortgage lending system, the government mortgage insurance program, the special tax treatment of capital gains on owner-occupied housing, the occasional programs to assist with the initial down payment, and the generally superior community services and amenities in districts with higher-cost owner and tenant-occupied housing.”¹³⁶ “For the primary part of the housing system, the federal and provincial governments will continue to play an interventionist role during difficult economic times, whether or not exclusive jurisdiction is given, taken, or claimed by either level. The house-building sector is a key part of the economy and, with the support of middle-class owners, is able to mount an effective lobby. Federal government housing activity relating to the primary sector, whether direct (budgetary spending programs) or indirect (tax expenditures), is rarely considered to be a subsidy or a drain on the economy or on the federal budget. Rather, these actions are viewed as the proper responsibility of government in difficult times, and the subsidies are considered incentives and entitlements –as rights associated with investing in and owning housing.”¹³⁷
- “The **secondary part [of the housing market]** consists of everyone else, including tenants in the lower half of the rental market (where housing quality is low), residents of poor-quality and poorly managed subsidized housing, and rural and impoverished owners. The division is in large part, though not totally, based on housing tenure (owning and renting). All three levels of government behave in a similar fashion. They privilege the ownership sector and provide good-quality social housing to a minority of those in need of adequate and affordable housing. They tend to ignore the needs of most low-income renter households. [...] Low-income households, if they happen to receive any benefits, generally do so on a selective means-tested basis aimed at meeting minimum needs. Households in the secondary part of the housing system have little political clout, and in the new economic realities that have emerged since the early 1990s ("globalization," more "flexible" labour markets, and the like) they may have even less.”¹³⁸

One of the most telling arguments -- at least to some -- against the notion of flowing public expenditure through to provide housing is that it represents an unfair and/or distorting subsidy to one sector of the housing market. This is not true; in fact, current government policies (especially at a federal level) already favour the private, ownership-based housing

market. LHC is not opposed to the notion of government easing the fiscal burden on homeowners, nor to governmental efforts to make home ownership possible and easier. LHC only wishes to point out that no charges of “subsidy”, “favouritism” or “market distortion” can be aimed at pro-secondary recommendations because whatever favouritism that exists is already disproportionately balanced *against* the public / secondary element of the housing market. One can see the problem in advocating more governmental assistance to the secondary part of the market. Such help for one-quarter of Canadians is seen through a philosophical lens which views it as a “subsidy” whereas help for homeowners is not. Help for Canadians in housing must not be subject to two different quasi-moral standards of measurement if a truly dispassionate, neutral analysis and effective governmental responses are to take place.

ENDNOTES

Most commonly cited sources and their abbreviations:

Coppus-IBI - Coppus, George & The IBI Group. *Societal Cost of Homelessness*. May 23, 2003. An analysis for the Edmonton Joint Planning Committee on Housing and the Calgary Homeless Foundation.

Eberle, BC v.1 - Eberle, Margaret P. (Team Head); British Columbia. Ministry of Social Development and Economic Security. *Homelessness : Causes & Effects. Volume 1. The Relationship Between Homelessness and the health, social services and criminal justice systems: A Review of the Literature*. February, 2001.

Eberle, BC v.3 - Eberle, Margaret P. (Team Head); British Columbia. Ministry of Social Development and Economic Security. *Homelessness : Causes & Effects. Volume 3. The Costs of Homelessness in British Columbia*. February, 2001, at 35.

FCM QoL2 - Federation of Canadian Municipalities *Quality of Life Fact Sheet #2 for the City of London*, 2004.

Four Cities - Pomeroy Consulting, “The Cost of Homelessness: Analysis of Alternative Responses in Four Canadian Cities”, 2005.

FS1 - Curry, Chris & The London Homeless Coalition. *Fact Sheet 1 – The STATE of Homelessness in London*.

FS2 - Curry, Chris & The London Homeless Coalition. *Fact Sheet 2 – The FACE of Homelessness in London*.

FS3 - Curry, Chris & The London Homeless Coalition. *Fact Sheet 3 – The FINANCIAL COST of Homelessness in London*.

FS4 - Curry, Chris & The London Homeless Coalition. *Fact Sheet 4 – The SOCIAL AND HUMAN COST of Homelessness in London*.

Hulchanski - Hulchanski, J. David. “What Factors Shape Canadian Housing Policy? The Intergovernmental Role in Canada’s Housing System”. [Chapter 10 of] *Municipal-Federal-Provincial Relations in Canada*. (R. Young and C. Leuprecht, eds.) Montreal and Kingston: McGill-Queens University Press, 2006

Ivey, Economic Impact - Richard Ivey School of Business, UWO. (E.Zhao; M. Ma; R. Chen; S. Zhou; W. Xu). “Economic Impact of Homelessness in London.” ICFP Report, March 16, 2003.

Welch Report - Welch, Tim. “An Affordable Housing Strategy for the City of London”. Tim Welch Consulting; Connelly Consulting Services; Action Consulting: September 16, 2005

¹ London has not attempted a homelessness count in the manner of Calgary or, more recently, Toronto. A useful *and wholly theoretical* estimate (and a certain underestimate) is a *bare minimum of 841*, based on the sources and calculations shown below. (One should note, though, that the presentation of this number to the most experienced members of London’s service provision agencies found unanimous agreement that the number is far too low an estimate. The

reader should bear in mind that it represents only a mathematical starting point onto which further supplemental counts and other data need be added for true accuracy.)

- If London's proportion of homeless people is estimated as a percentage of total population as calculated in the Coppus-IBI study then there are 841 homeless people in London. (The Coppus-IBI standard is that homeless people represent approximately $\frac{1}{4}$ of 1% (0.0025) of a city's population.) Using this number and the 2001 census figures, London has 841 homeless people: $336,539 \times 0.0025$.
- If London's homelessness is calculated based on a straight count plus a "gross-up" estimate (as per Coppus-IBI) is the same as Calgary's in 2001, then there are 831 homeless people in London. The validity of such an assessment (as a starting point) is reinforced by shelter figures showing that capacity and overload problems exist for London's 598 shelter beds and with the fact that such shelter figures are not complete measurements of the numbers of homeless, failing to account for those "sleeping rough", "couch surfing" and so forth.
- The April, 2006 homelessness count in Toronto (City of Toronto Support and Housing Administration. *2006 Street Needs Assessment: Results and Key Findings*. June 20, 2006) produced a proportion of 72% percent of those counted as being housed in homeless shelters, and the remainder. 16% on the street, 5% in health care or treatment facilities, 3% in Violence Against Women facilities and 3% in correctional facilities. Such a proportion (72:28) in London would give a homelessness count of 831. Again, however, that is most probably an underestimate: there were serious concerns about the methodology of the Toronto count in that it seems to have undercounted the street homeless and the "hidden homeless". (For further details, please see Shapcott, Michael. *Counting Toronto's Homeless People: Backgrounder [on the City of Toronto's Street Needs Assessment of April 19, 2006]*. Wellesley Institute, June 13, 2006.) This concern is backed by the assessment of London service providers.

² For example, how would one find and count a woman who has lost her home and has moved, with her children, into inadequate accommodation with friends or family?

³ FS1

⁴ Ottawa 2005 Report Card on Homelessness, [*ibid.*], pg. 2.

⁵ *Minimum Housing Wage - A New Way to Think About Rental Housing Affordability*, Focus Consulting, 2005. Many transition supports or street outreach workers have emphasized this "nowhere to go after shelter" problem. For example, if a person requires ordinary housing, (s)he may not be able to afford it: an individual would have to earn \$9.40 per hour to afford the average rent for a bachelor apartment, and \$11.92 per hour for a one-bedroom apartment (not including utilities). If a person requires transition or supportive housing, there are few units available outside of emergency shelters. London is in desperate need of supportive housing.

⁶ The terms "downstream" and "upstream" in this context are taken from Dr. Paul Starr's article "The Homeless and the Public Household" (*The New England Journal of Medicine* -- June 11, 1998 -- Vol. 338, No. 24), as are the general definitions of each and the direct quote.

⁷ Starr, *ibid.*

⁸ See for example the CMHC's best practices awards:
<http://www.cmhc.ca/en/inpr/prfias/graw/hoawpr/index.cfm>.

⁹ The U.S. Government's Interagency Council on Homelessness has a whole range of "Innovation Initiatives" highlighted: <http://www.ich.gov/innovations/index.html>. Indeed, many of the most interesting "housing first" initiatives are coming from this source.

¹⁰ The "Hostels to Homes" pilot project by the City of London is currently measuring cost-effectiveness and social effectiveness in such a context.

¹¹ The service providers with whom LHC staff have worked in the past year and a half are in universal agreement that Ontario's cost-cutting during the years of the Harris government has caused disproportionately increased and excessive costs today as the social damage of the cuts multiplies. In many ways those cuts serve as a classic example of a false economy. Leaving aside the human element, such cost-cutting approaches should be rejected on the basis of fiscal conservatism alone: they cost more money and result in less service. False economies should be avoided, prevention, innovation, efficiency and coordination embraced.

¹² Coppus-IBI at 15-18. The reader is strongly recommended to review the detailed Coppus recommendations regarding this, and the unanswerable rationales behind them.

¹³ Coppus-IBI. The three components included in the total societal cost estimate are service provision costs; cost avoidance; and emergency shelter capital costs. (p.III and 13) "The two major components of the study are to quantify the cost of services provided to the homeless, and similarly, to estimate costs avoided by society as a result of homelessness." "A methodology was also developed to estimate an order of magnitude value for cost avoidance, which is a societal cost 'saving' resulting from the under consumption of some social services by the homeless. The cost avoidance estimate can be netted out of the service cost total to arrive at an estimate of the annual societal cost of homelessness." (p.1) "No attempt is made to quantify other intangible costs to society resulting from homelessness, nor is any attempt made to quantify the 'lost' contribution to economic activity or tax revenue associated with homelessness. The total societal cost estimate in this analysis includes service costs, cost avoidance, and capital infrastructure costs." (p.1) The reader will of course realize that moving homeless people from shelters to a home and employment is a double win: the cost to the public of housing is reduced, and the tax revenue from now fiscally-productive members of society is increased.

¹⁴ The figure of \$1,483,496,7321 is obtained by taking the 2002 national urban cost of homelessness from Coppus-IBI and adjusting for inflation based on the Bank of Canada's inflation calculator for the period 2001 to 2006.

¹⁵ Canada's 2001 census population was 30,007,094; London's 2001 census population was 336,539. Thus, London represents 1.122% of Canada's population, so all Canadian overall figures are multiplied by 0.01122. Calgary's 2001 census population was 878,866. Thus, London represents a population 38.292% the size of Calgary's; all Calgary figures are thus multiplied by 0.38292 to produce an these approximations. [Source of population figures: Statistics Canada 2001 Census.] Please note that the \$16,644,833 figure is in and of itself an underestimate because Coppus-IBI uses *urban* population as a source of its figures, whereas LHC is using a straight population proportion.

¹⁶ If the Coppus-IBI Calgary-only calculations are adjusted to London levels, the resulting cost estimate for homeless service provision is \$27,723,408, and the total, net societal cost of homelessness using the three categories identified is \$25,847,100 for London.

¹⁷ Why understated? “The total expenditure on provision of services to the homeless is likely to be significantly understated. Data was lacking in two areas where expenditures and the proportion relating to the homeless are significant: • Very little data was available specific to expenditures for aboriginals relating to homelessness, but it appears total expenditures and therefore the allocation to homeless are likely to be in the millions, and possibly tens of millions of dollars. • Similarly, data was available for only one local component of the overall health care budget. ...millions or tens of millions being [could thus have been] added to the homeless service provision budget. However, in the absence of data on health care system utilization by the homeless, no attempt was made to estimate this cost.” Coppus-IBI at 8. The cost estimates for Calgary and Edmonton were “considered likely to understate the actual gross cost by tens of millions of dollars. Coppus-IBI at 9. The notion that such most of such high cost estimates are *underestimates* is confirmed by the extensive review of the literature done for the BC government: Eberle, BC v.1, at 2.

¹⁸ Coppus-IBI, at III: “This assumption is based on projected local [Calgary-Edmonton] growth in demand (13% annually for shelter spaces, with status quo assumptions) suggests that the current model will not be financially sustainable in the longer term.” The LHC notes that while London’s demand for shelter spaces *may* not hit 13% does not negate the validity of an analysis which concludes that escalating costs and demand are not sustainable in the long run.

¹⁹ Coppus-IBI at pp. VII and 18.

²⁰ Dautovich, Nancy. 1998. *Housing and Health: The Community and the Government (Draft)*. Prepared for the Main and Hastings Community Development Society, Vancouver. Cited in Eberle, v.1, *Review* [below] at 19 and Ivey, *Economic Impact* [below] at 40.

²¹ Eberle, BC v.1 at 19: “Other studies suggest the reason homeless persons are more likely than the general population to be hospitalized following a visit to a clinic is that they seek medical attention only when their symptoms can no longer be ignored. By that time, they are likely to require more acute and complex treatments[Raynault, Marie-France, Renaldo N. Battista, Lawrence Joseph et Louise Fournier. 1994. Motifs d’hospitalisation et durees de séjour d’une population d’itinérants de Montréal *Revue Canadienne de Santé Publique* Vol. 85, No. 4.]” “Findings that homeless people use hospitals more than other people are consistent with other studies regarding low-income households.. The patients of lower socio-economic status tended to be more severely ill, and probably required more resources than other patients” Eberle, BC v.1 at 19, with supporting citations.

²² Eberle, BC v.1 at 18: Please see chart incorporating multiple Canadian and American study results, and other cites. Please also note that this also applies to psychiatric patients: “homeless psychiatric patients had hospital stays that ran more than a month longer than the two weeks generally required to stabilize an acutely psychotic patient.... [and] ... homeless patients stayed 4.1 days or 36 per cent longer per admission on average than the other patients. The differences were greatest for mental illness, AIDS and surgery.” Eberle, BC v.1 at 19.

²³ Eberle, BC v.1 at 17.

²⁴ Ivey, *Economic Impact* at 6-7. Pomeroy, Steve and Will Dunning. 1998. *Housing Solutions to Homelessness Cost-Benefit Analysis of Different Types of Shelter. Preliminary Assessment*. Final Report. Mayor's Homelessness Action Task Force, City of Toronto. Report Card figures.

²⁵ Eberle, BC v.1 at 40: "For example, complaints may be lodged with the police for behaviour that is perceived as unacceptable, such as begging, sleeping on benches, rummaging in garbage, and loitering [Laberge, Danielle et Daphne Morin. 1997. *L'Incarceration Comme Mode de Gestion de L'Itinerance. Revue Internationale de Criminologie et de Police Technique* 50(1) Janvier–Mars]. In addition, their crimes may be more visible than the domiciled population since they have very limited access to private places for criminal activity (Hewitt, Ann J. 1994. *Homelessness and the Criminal Justice System in Canada: A Literature Review*. Ottawa: Department of Justice Canada; Situation et Pistes d'Action. *Direction des Politiques Correctionnelles et du Développement Communautaire*, Saint-Foy, Quebec.). Studies in Quebec have found that homeless people are more likely to be involved with the correctional system for crimes against property (e.g. theft, breaking and entry, and fraud) and minor infractions (e.g. misdemeanours, noise, loitering, and drunkenness). Other infractions include drug possession, trafficking, prostitution and non-payment of fines. One study in Montreal from 1980–1983 found that 572 homeless women were involved in the judicial system. Sixty-four per cent of these cases were as a result of infractions of municipal regulations (noise, loitering, public drunkenness), and 36 per cent were for infractions of the criminal code (e.g. theft, soliciting) [Vallieres, Sylvie et Helene Simon. 1998. *Quand la Prison Devient Abri: Une Analyse Des Femmes Admises a L'Infirmierie de la Prison Tanguay en 1987*. Montreal: Societe Elizabeth Fry de Montreal])."

²⁶ Ivey, *Economic Impact*, p.6.

²⁷ Ian Peer, London Police Service Deputy Chief (Operations), testimony to London City Council's Community and Protective Services Committee, Monday, February 12, 2007, 1726h. It should be noted that this figure is for all mentally ill citizens, not merely those who are homeless. Put another way, London has to have – based on an eight-hour work day - two police officers on duty every day just to deal with the mentally ill, 365 days per year.

²⁸ Coppus-IBI at VI and 17.

²⁹ Eberle, v.3, *Costs*, at 2-3.

³⁰ For example, there is a strong connection between homelessness and criminal justice, and the need to support and strengthen families is key in both cases. For many, homelessness is a process that begins during childhood. Youth may be headed toward street crime before they leave home, as criminal activity may be a sign of serious family trouble (e.g. abuse). Efforts to address social problems and social stresses in the family can produce long term benefits, both in terms of crime prevention and reduced homelessness.

The need for decent quality, affordable housing is also critical. Studies indicate that better access to supportive housing is cost-effective and far less expensive than other alternatives such as hospital beds, shelters and jails.... Access to safe and affordable housing could also achieve savings in the child welfare system by helping reduce the number of admissions of children into care and reduce housing-related delays in the return of children to their homes. Measures that can help households maintain their housing would also be beneficial." Eberle, BC v.1 at 43.

³¹ Henry Eastabrook, outreach worker with London Intercommunity Health Centre.

³² Eberle, BC v.1 at 1 and 43: “Research confirms (though the number of studies is limited) that preventive measures are more cost-effective than the status quo. Issues arising from homelessness are more costly to deal with after the fact than if homelessness were prevented in the first place. It is essentially a problem of ‘pay now or pay **more** later.’ Studies indicate that better access to supportive housing is cost effective and far less expensive than other alternatives such as hospital beds, shelters and jails.”

³³ “The programs taxes finance are ineffective in achieving their objectives, and that taxes have huge economic costs. This comparison between high- and low-tax countries would suggest the opposite. Not only do government social programs appear effective in achieving their objectives but also taxes appear to have little, if any, economic costs.” Brooks, Neil & Hwong, Thaddeus. *The Social Benefits and Economic Costs of Taxation: A Comparison of High- and Low-Tax Countries*. Canadian Centre for Policy Alternatives, December 6, 2006, at 35. Brooks and Hwong (on the same page) draw our attention to the pithy and accurate reality stated by the American jurist Oliver Wendell Holmes: “Taxes are what we pay for civilized society.”

³⁴ The term is used by Starr (*ibid.*, Endnote 6), who notes that he did not originate the phrase.

³⁵ Dick Rastin, Executive Director, Street Connection.

³⁶ “HIV and AIDS [infection] among homeless persons is higher than the general population ...and the spread of this disease among homeless people has some health professionals concerned about the possibility of an epidemic.” Eberle BC v.1, at 11, citing *HIV/AIDS and Injection Drug Use in the DTES*.

³⁷ “[T]here is evidence that the incidence of TB is increasing.” TB infection is highly transmissible, and this is compounded by the spread of HIV, which makes infected individuals even more susceptible to TB infection. Homelessness is also being seen as a contributor to the development of treatment resistant tuberculosis. Studies show that as many as a third of patients with TB do not complete their treatment: Eberle BC v.1, at 12 with multiple citations.

³⁸ “Malnourishment is a fact of life for the homeless, which places them at risk of intestinal disorders and infectious diseases ...resulting in weakness, fatigue, depression and other emotional problems...” Eberle BC v.1, at 12, citing Daly, Gerald. 1990. Health Implications of Homelessness: Reports from Three Countries. *Journal of Sociology & Social Welfare* 17(1): 111–125.

³⁹ “Homeless people cannot easily get basic dental care. ...Research shows that homeless adults have a higher degree of dental disease and more need for treatment due to infection, pain, and decayed teeth than the general population ...Poor dentition is more than 10 times as common among homeless children compared with other children.” Eberle BC v.1, at 12, citing Wright, James D., Beth A. Rubin and Joel A. Devine. 1998. *Beside the Golden Door, Policy, Politics and the Homeless*. New York: Aldine De Gruyter.

⁴⁰ “Life in shelters and many insecure accommodations is noisy, chaotic, anxiety producing, and often violent. Residents are usually required to leave the premises each morning. Many homeless people suffer from sleep disorders that result in apathy or behavioural impairment.” Eberle BC v.1, at 1, citing Daly 1990.

⁴¹ Eberle BC v.1, at 10, citing Wright [*op. cit.*, endnote 39].

⁴² “[T]he Canadian Council on Social Development in 1987 estimated that 11.5 per cent of the homeless population were children aged 15 and under (Begin 1996). In 1996, it was found that children represented 19 per cent of the total number of people using shelters in Toronto.” Eberle BC v.1, at 13: regarding Canada, citing Begin, Patricia. 1996. *Homelessness in Canada*. Ottawa: Library of Parliament Research Branch; regarding Toronto, citing Kushner, Carol. 1998. *Better Access, Better Care: A Research Paper on Health Services and Homelessness in Toronto*. Mayor’s Homelessness Action Task Force, City of Toronto. If London has 841 homeless people (as calculated elsewhere in this Position Paper), then 96 of those are children (if we use the Begin / CCSD numbers), or 160 (if we use the Kushner numbers).

⁴³ The materials cited in this LHC position paper present only a tiny fraction of the problems faced by homeless children. The reader is strongly recommended to read Eberle, BC v.1 pp.13-14, which provides an excellent and disturbing summary, with extensive citations of source material.

⁴⁴ Leaurie Noordermeer, Rotholme Women’s and Family Shelter, Mission Services of London. It is hoped that Bill 153 (a private member’s bill put forward by Deb Matthews, MPP (L – London North Centre) will end the legal obligation to bounce children around to different schools.

⁴⁵ Eberle, BC v.1, at 21

⁴⁶ “These include immunization delays, asthma, ear infections, diarrhea, anemia and overall poor health.” Canadian Public Health Association. *Position Paper on Homelessness and Health*. Ottawa: 1997. [and] Wright, James D., Beth A. Rubin and Joel A. Devine. 1998. *Beside the Golden Door, Policy, Politics and the Homeless*. New York: Aldine De Gruyter. (Both cited in Eberle, v.1, *Review*, at 13). “[H]omeless children [in a Massachusetts study] were reported to have more fevers, ear infections, diarrhea, and bronchitis or asthma compared to other low income children...” Eberle BC v.1, at 13, citing Weinreb, Linda, Robert Goldberg, Ellen Bassuk and Jennifer Perloff. 1998a. Determinants of Health and Service Use Patterns in Homeless and Low-income Housed Children. *Pediatrics* Vol. 102 No. 3: 554–562. “Some of the reasons cited for the poor health status of the homeless children include their exposure to specific conditions in shelters (e.g. overcrowding, shared food preparation and increased risk of transmitting contagious illnesses). Another factor is the instability and distress they have experienced in the period before moving to the shelter.” Eberle, BC v.1 at 14.

⁴⁷ “Life in shelters and many insecure accommodations is noisy, chaotic, anxiety producing, and often violent. Residents are usually required to leave the premises each morning. Many homeless people suffer from sleep disorders that result in apathy or behavioural impairment. Children, in particular, are likely to experience emotional difficulty and inability to function effectively in school.” Eberle BC v.1, at 12, citing Daly, Gerald. 1990. Health Implications of Homelessness: Reports from Three Countries. *Journal of Sociology & Social Welfare* 17(1): 111–125.

⁴⁸ Eberle, BC v.1 at 14: “Pediatricians affiliated with the New York City Children’s Health Project have identified a “homeless child syndrome,” which includes poverty-related health problems, immunization delays, untreated or under-treated acute and chronic illnesses, unrecognized disorders, school, behavioural and psychological problems, child abuse and neglect.” (citing Wright, James D., Beth A. Rubin and Joel A. Devine. 1998. *Beside the Golden*

Door, Policy, Politics and the Homeless. New York: Aldine De Gruyter, at 158). “Not all homeless children exhibit all aspects of this syndrome. However, most homeless children exhibit one or more of these problems and, they are more common among homeless children than among children in the general population or even poverty-level children.”

⁴⁹ Eberle, BC v.1 at 27-29:

- “Studies have shown that homeless children suffer from developmental lags compared to other children in terms of language development, fine motor coordination, gross motor skills, and personal/social development [Bassuk, Ellen L. and Ellen M. Gallagher. 1990. The Impact of Homelessness on Children. *Child and Youth Services* 14(1): 19–33].”
- “They are also more likely than the general population to experience learning difficulties and higher rates of mental health problems (e.g. behavioural problems such as sleep disturbance, eating problems, aggression and overactivity); and emotional problems such as depression, anxiety and self-harm [Vostanis, Panos, Eleanor Grattan and Stuart Cumella. 1998. Mental Health Problems of Homeless Children and Families: Longitudinal Study. *BMJ* 316: 899–902.]”
- “[T]he school-aged children were severely anxious and depressed. About one third required psychiatric referral and evaluation. School attendance tended to be irregular. Forty-three per cent of children had already repeated a grade, 25 per cent were in special classes, and almost 50 per cent were currently failing or doing below average work in school. It was noted that many of the children were experiencing difficulties when they arrived at the shelters, but living in the shelter made matters worse (Bassuk and Gallagher [*op. cit.*]).”
- Children arriving in shelter are “at risk for behavioural difficulties. Both boys and girls scored high on the impulsive categories, which is typified by behaviour that is defiant, impulsive, detached, demanding, uncooperative, withdrawn, aggressive, and prone to fighting. Such children are likely to experience frequent temper outbursts, will pick on other children, and show little interest in schoolwork. Two-thirds of children scored in the clinical range and another 30 per cent scored in the borderline range. The study also showed that homeless children are involved in significantly fewer social activities and organizations, have fewer friends, and perform below average in school [Davey, Tim L. 1998. Homeless Children and Stress: An Empirical Study. *Journal of Social Distress and the Homeless*. 7(1): 29–41].”
- The consequences are significant as children who chronically experience frustration and conflict in meeting their basic needs are at a high risk for psychopathology. Children with low self-esteem are vulnerable to developing stress disorders (Davey, [*op.cit.*]).
- “[However] these problems ... occur in other families living in difficult conditions ... Findings imply that although homelessness is a stressful event in children’s lives, long-term poverty may be a more appropriate marker of risk in children [Zeisemer, Carol, Louise Marcoux, and Barbara E. Marwell. 1994. Homeless Children: Are they Different from Other Low-Income Children. *Social Work* 39(6): 658–668]....”

⁵⁰ Eberle BC v.1, at 10 , citing Wright, James D., Beth A. Rubin and Joel A. Devine. 1998. *Beside the Golden Door, Policy, Politics and the Homeless*. New York: Aldine De Gruyter.

⁵¹ Eberle BC v.1, at 12, citing Wright, James D., Beth A. Rubin and Joel A. Devine. 1998. *Beside the Golden Door, Policy, Politics and the Homeless*. New York: Aldine De Gruyter.

⁵² “Many of the factors that contribute to family homelessness may impair parental functioning. The experience of homelessness may erode the ability of parents to provide protection and support and to respond to their children’s needs. These struggles may have immediate and long-term consequences for homeless children’s development and affect their future capacity to function effectively as parents and productively as members of society.” Eberle, BC v.1 at 27, citing Hausman, Bonnie and Constance Hammen. 1993. *Parenting in Homeless Families. The Double Crisis. American Journal of Orthopsychiatry* 63(3): 358–367.

⁵³ Eberle, BC v.1 at 26: “Studies show that there is an over-representation of people with a foster care history among the homeless population ...In addition, childhood placement in foster care correlates with a substantial increase in the length of a person’s homeless experience, increased tendency for homeless people to have their own children in foster care, and a likelihood that they will become homeless at an earlier age than people who have not been in foster care.” “Children’s Aid Societies in Toronto have reported that parents who cannot find housing are increasingly asking that their children be placed in foster care [Begin, Patricia. 1996. *Homelessness in Canada*. Ottawa: Library of Parliament Research Branch; Cohen-Schlanger, Miriam, Ann Fitzpatrick, J. David Hulchanski, and Dennis Raphael. 1995. *Housing as a Factor in Admissions of Children to Temporary Care: A Survey. Child Welfare* LXXIV (3) 547–562]. A survey of family services workers at the Children’s Aid Society of Metropolitan Toronto (CAS) found that in 18.4 per cent of the cases the family’s housing situation was one of the factors that resulted in temporary placement of a child into care. Another Toronto study found that of the homeless women who had a live birth, only 31 per cent still had custody of the child at the time of the study [Kushner, Carol. 1998. *Better Access, Better Care: A Research Paper on Health Services and Homelessness in Toronto*. Mayor’s Homelessness Action Task Force, City of Toronto].”

⁵⁴ Eberle, BC v.1 at 27: “A lack of accessible or affordable permanent housing is also a factor in delaying the return of children to their families [Child Welfare League of America. 1990. *Homelessness, The Impact on Child Welfare in the ‘90s. Recommendations from a Colloquium*. Washington, D.C.: Child Welfare League of America, Inc.; Nelson, Krista. 1992. *Fostering Homeless Children and Their Parents Too: The Emergence of Whole-Family Foster Care. Child Welfare* 71(6) 575–584; Cohen-Schlanger et al., *op. cit.*]. The Toronto study found that in 8.6 per cent of the cases, the return home of a child was delayed due to a housing-related problem. Family service workers must satisfy the CAS and the courts that the family has appropriate accommodation for the child when they are developing plans to return a child to the family. The CAS rarely returns a child to a family that is homeless, living in a temporary hostel or without permanent accommodation. Therefore, although housing is not one of the criteria for a legal assessment of a child’s need of protection precipitating admission into care, it becomes a necessary requirement for families when the CAS is working toward returning children from care (Cohen-Schlanger [*op. cit.*]).”

⁵⁵ “Among homeless women, the annual risk of sexual assault is approximately 20 per cent”. Eberle, BC v.1, citing Canadian Public Health Association. *Position Paper on Homelessness and Health*. Ottawa: 1997.

⁵⁶ Eberle, BC v.1 at 27, citing Golden 1999. Further evidence that pregnancy is disproportionately higher is found at Eberle BC v.1, at 11, citing Wright, James D., Beth A. Rubin and Joel A. Devine. 1998. *Beside the Golden Door, Policy, Politics and the Homeless*. New York: Aldine De Gruyter.

⁵⁷ Regarding early childbearing: Eberle, BC v.1 at 27, citing Hausman and Hammen [*op. cit.*]. Regarding stress, Eberle, BC v.1 at 27 citing Weinreb, Linda, Robert Goldberg, Ellen Bassuk and Jennifer Perloff. 1998a. Determinants of Health and Service Use Patterns in Homeless and Low-income Housed Children. *Pediatrics* Vol. 102 No. 3: 554–562.

⁵⁸ Laurie Noordermeer, Rotholme (London); Shelley Yeo, Women’s Community House (London).

⁵⁹ Eberle BC v.1, at 11, citing Wright, James D., Beth A. Rubin and Joel A. Devine. 1998. *Beside the Golden Door, Policy, Politics and the Homeless*. New York: Aldine De Gruyter.

⁶⁰ Eberle, BC v.1 at 14, citing Lowry 1996.

⁶¹ Regie regional de la santé et de services sociaux de Montreal Centre 1998 and Canadian Press 1999, cited in both Eberle, BC v.1 and Ivey, Economic Impact.

⁶² Eberle, BC v.1, citing McCreary Centre Society. 1994. *Adolescent Health Survey: Street Youth in Vancouver*. Burnaby: McCreary Centre Society..

⁶³ One of the most common criticisms of those homeless, especially street youth is the comment “why don’t you get a job”. According to a CBC survey for the *Fifth Estate* program “No Way Home”, 83.4% of males and 87.8% of females said “yes”, when asked if they would like to find paid employment. “This indicates that street youth are unhappy about making money the way they do and would like paid employment instead.” (Source: CBC (Canadian Broadcasting Corporation). “No Way Home”. A “Fifth Estate” program on homelessness, broadcast March, 2004. Online version at http://www.cbc.ca/fifth/main_nowayhome_printer.html.)

⁶⁴ Eberle, BC v.1 at 16, citing Kushner, *op. cit.*

⁶⁵ FCM QoL2, at 2, 8 and 9.

⁶⁶ At 16.5% in 2004, for example, more than double the general unemployment rate of approximately 7.0%. (Citation for general unemployment rate: Statistics Canada Labour Force Survey for December, 2004 found at <http://www.statcan.ca/Daily/English/050107/d050107a.htm>.)

⁶⁷ FCM QoL2, at 4.

⁶⁸ FCM QoL2, at 8: Almost half of London’s aboriginals are in this situation, more than two and half times the rate of non-aboriginals.

⁶⁹ “In addition to the Aboriginal people who are absolutely homeless, relative homelessness also causes health problems for Aboriginal people living in inadequate housing on reserve. It has been found that the incidence of TB, ear infections, upper and lower respiratory tract infections, pneumonia, gastrointestinal diseases, skin infection, cancer due to second-hand smoking and deaths due to fire is two to seven times greater in Aboriginal populations than in the rest of the

Canadian population.” Eberle, BC v.1 at 16, citing Canadian Public Health Association. 1997. *Position Paper on Homelessness and Health*. Ottawa: Canadian Public Health Association.

⁷⁰ FCM QoL2, at 8.

⁷¹ Indian and Northern Affairs, Canada. *Report of the Royal Commission On Aboriginal Peoples*. November, 1996. Website, “Overcoming Prejudice”, http://www.ainc-inac.gc.ca/qc/pr/pjd_e.html.

⁷² St. Denis, Dr. Verna and Hampton, Dr. Eber. “Literature Review on Racism and the Effects on Aboriginal Education”. November 15, 2002. Indian and Northern Affairs, Canada. *Report of the Royal Commission On Aboriginal Peoples*. November, 1996.

⁷³ Henry Eastabrook, LIHC, interviewed by the author, 2006. Cited in FS4.

⁷⁴ Henry Eastabrook, LIHC, interviewed by the author, 2006. Cited in FS4.

⁷⁵ Pomeroy, 2005

⁷⁶ Svoboda, Tomislav Josip, M.D. “Measuring the ‘Reduction’ in a Harm Reduction Program for Homeless Men with Problems Related to Alcohol and Severe Mental Illness”. [Unpublished thesis, Graduate Department of Public Health Sciences, University of Toronto] 2005, at 151

⁷⁷ Asfour, Lina. “The Cost of Homelessness.” Ottawa: National Homelessness Initiative. April 11, 2004. [Note: this article is a summary of Pomeroy’s *Four Cities*.]

⁷⁸ The BC government noted that the studies which it reviewed “employed their own definitions of homelessness, but for the most part, the focus is typically people who are sleeping rough, in abandoned buildings, or in emergency shelters.” Eberle, BC v.1” at 4. Please also see Coppus, George & The IBI Group. *Societal Cost of Homelessness*. May 23, 2003

⁷⁹ Druce, Toby (City of Toronto). “Pulling the Plug on Homelessness” [including “The Black Hole of Homelessness”]. Powerpoint presentation given the London Homeless Coalition, March 3, 2006. The details of each stage provided in Appendix B are from Mr. Druce’s presentation and from the author’s notes therefrom, and are properly cited as Mr. Druce’s work, not the author’s. Please note, however, that the author has changed the title of Stage 1 to “Early or Transitory Homelessness” to avoid confusion with the “at risk” subgroup of people who are not yet homeless.

⁸⁰ Source: Dennis Culhane, Professor, University of Pennsylvania, cited in “Million Dollar Murray: Why problems like homelessness may be easier to solve than to manage.” Malcolm Gladwell, *The New Yorker*, Issue of 2006-02-13 and 20, http://www.newyorker.com/printables/fact/060213fa_fact).

⁸¹ FS1, data from shelter providers in London: January 2004 - August 2005. Both the Unity Project and Rotholme family shelter operate, on average, at over 120% capacity. Source: Unity Project Shelter Statistics: January, 2004-August, 2005; Rotholme citing Rotholme, Mission Services Statistics: January 2004 – August 2005. Despite a recent increase of 188 beds, the Centre of Hope (with a new building) and Men’s Mission (with a recent expansion) are operating at near capacity : Centre of Hope Shelter Statistics: January 2004 – August 2005. Men’s Mission, Mission Services Statistics: January – August 2005. Women’s Community House, offering shelter to abused women and their children, increased the number of beds by 25 this year and had a waiting list within one month. Women’s Community House Statement, September 2005. There are a total of 598 shelter beds in London, with additional overflow

shelter spaces made available as needed. Despite the increase in the number of shelter beds, capacity continues to be an issue. In 2005, an average of 526 people per night needed to use an emergency shelter in London. In recent months emergency shelters have experienced increasing occupancy challenges and many are operating at levels beyond capacity. [Source: direct provision of data to Chris Curry, LHC, by London shelter providers (2005), cited in FS1.]

⁸² FS1.

⁸³ Rotholme shelter, run by Mission Services of London, has watched the number of families that walk through its doors increase by more than 20% in the past year Rotholme, Mission Services Statistics: January 2004 – August 2005. The ability to assist the increased number of families is in part, due to more single women being diverted to the new women's beds at the Salvation Army's new Centre of Hope shelter. (FS1)

⁸⁴ "Couch surfers" are best defined as those people without a stable home; they stay with friends and family or others. Often, such people move continuously from one such temporary arrangement to another but are not counted in the shelter statistics.

⁸⁵ 2001 Shelter Data Set provided by City of London, 2005 Statistics provided by shelter operators in London. (FS1)

⁸⁶ Whether you are in need of a meal, a connection to job skills workshops or a caring person to talk with, drop-in centres offer a safe place to get in out of the elements. While there are several official "drop in" facilities, other unofficial locations such as the library or the London Intercommunity Health Centre foyer are utilized as they are accessible, safe and unobtrusive places. The London Coffee House operates a daily drop-in centre geared to low, no income or homeless people with mental health issues: on an average day 90 people will come through their doors; on Wednesdays, Saturdays and Sundays, the number increases to 200 people. (Statistics provided by London Coffee House, 2006.) My Sister's Place, a transitional support centre for women who are homeless or at risk has seen the daily number of women who utilize the various programs increase over the past year from fifteen to forty women per day. (Statistics Provided by My Sisters' Place, 2005.). At^Lohsa is a downtown drop-in centre that focuses on urban aboriginal people who are homeless or at risk. They provide a hot meal, computers for job searches and resumes as well as assistance in finding housing. In the 7 months since its inception, there have been 6,432 individual visits to the centre. (At^Lohsa, Monthly Report: February, 2006.) Drop-in locations specifically for street youth include Street Connection and the Youth Action Centre. Both facilities offer a safe space and many programs including life skills workshops.

⁸⁷ FCM QoL2.

⁸⁸ Hunger Relief Action Coalition, October 2005. HRAC Shelter Operators. (FS1)

⁸⁹ Even though the vacancy rates have risen to 4.2% in October 2005 from 2% in 2000, the cost of renting in London has continued to increase over the past five years, according to Canada Mortgage & Housing Corporation. [Source: CMHC Rental Market Report, 2005.] Over the past five years, average rents have increased between 6.1% and 13.5%. These increases are higher than the increase in the Consumer Price Index (CPI) over the same period of time, 12.1% (with three or more bedroom units being the exception). [Source: Statistics Canada: CPI Daily,

February 22, 2006: CPI: 128.8 (Jan 2006) CPI: 114.9 (Jan 2005) 12.1% increase (CPI Daily, February 22, 2006).]

Vacancy vs Rent in the London Area

Unit Size	Vacancy Rates 2001	Average Monthly Rent 2001	Vacancy Rates 2005	Average Monthly Rent 2005	Increase in Average Rents 2001-2005 (%)
Bachelor	3.1	433	4.5	489	12.9
1 Bedroom	1.3	547	2.9	620	13.3
2 Bedroom	1.8	683	5.2	775	13.5
3 Bedroom	1.2	852	4.5	904	6.1

[Table: CMHC rental market reports: 2001, 2005.]

⁹⁰ These facts represent only a small portion of the housing affordability problems for Londoners: further and more detailed information can be found in the LHC's *FS3* and its *Report Card on Homelessness* (May, 2006).

⁹¹ The Housing Gap:

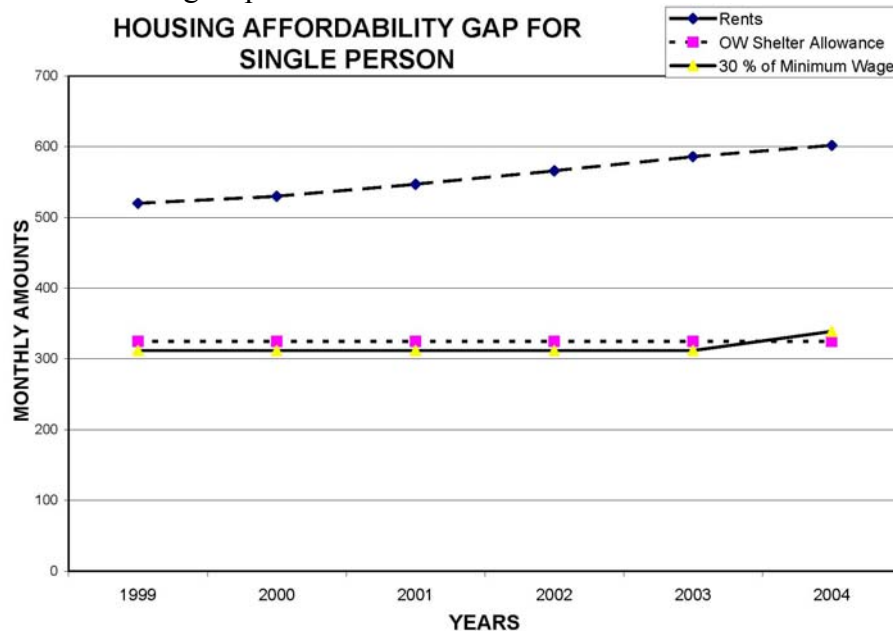


Table: CMHC Rental Housing Market Report, October 2004 and financial assistance rates provided by the City of London, October 2005. Minimum wage income @ 35 hours/week

⁹² Between 1991 and 2001, rental rates of the most affordable units in London experienced an increase of 22%. Close to half of London renters (45%) spent more than 30% or more on their shelter in 2001 – up from 36% in 1991. In London, 22.7% of all renter households spent more than 50% of their income on rent in 2001. (FCM QoL2.)

⁹³ Pomeroy, Steve. “Minimum Housing Wage - A New Way to Think About Rental Housing Affordability”. CMHC, January, 2005.

⁹⁴ National Council of Welfare: “[Welfare Incomes by Province and Territory, Peak Year and 2005](#)”, August 2006. Furthermore, the average increases in rents are especially significant when compared to the 0% increase in social assistance rates – including both Ontario Works and the Ontario Disability Support Plan – over the same period. (*Social assistance rates in Ontario, after being reduced by 22% in 1995, did not increase at all between 1995 and 2004. The first recent increase was 3% in 2005*)⁹⁴. For example, a single person receiving Ontario Works is given a maximum of \$335 per month to pay for rent. When the average monthly rent for a one-bedroom apartment is \$620, the OW shelter allowance is barely half of that amount. The shelter allowance is even \$154 below the average rent for a bachelor apartment. When the rents are higher than \$335, the difference must come out of the personal needs amount of \$201. In this way, if an OW recipient were to afford the average bachelor apartment \$47 would be left over for food, transportation, clothing, etc. For those receiving ODSP, the situation is much the same. A single person receiving ODSP is only given a maximum of \$427 per month to pay for rent. If the rent paid is higher, he or she must set aside income designated for other basic needs such as food and clothing. [Source for OW and ODSP data: Ontario Ministry of Consumer and Social Services; CMHC Rental Market Report, 2005.] The “Social Assistance in the New Economy” project (University of Toronto, Faculty of Social Work) has characterized “welfare reform” as making assistance more difficult to get while leaving former recipients to struggle with marginal jobs that provide no benefits or security.

⁹⁵ Housing Access Centre, August 2005. They are private non-profits; co-op non-profits, and the London Middlesex Housing Corporation, which administers the majority of the units. The Housing Access Centre (HAC) manages waiting lists for all subsidized housing units in London as well as 493 rent supplement units. At this time, there are approximately 4000 households on this list (a breakdown is provided above). [Source: HAC.] Those who are on this list are generally low-income households, with 87% having an income below \$20,000 per year. [Source: Welch Report, pg 19.] “To meet the affordability criterion of spending no more than 30% of income on shelter, they should be paying rents of less than \$500 per month (in many cases, much less than \$500)”. [Source: Welch, Tim. “An Affordable Housing Strategy for the City of London”. Tim Welch Consulting; Connelly Consulting Services; Action Consulting: September 16, 2005, pg 19.]

⁹⁶ Source: LMHC representatives, at a housing roundtable at the offices Irene Mathysen, MP (NDP-London Fanshawe), June 10, 2006. A similar problem of aging buildings faces co-ops built with federal money and then no longer funded by the Canadian government: Fitzmaurice, Kevin, and Newhouse, David. “Native Inter-Tribal Housing Co-operative and First Nations Housing Co-operative”, from *Aboriginal Cooperatives in Canada: Case Studies*. Research and Analysis Directorate, Indian and Northern Affairs, Canada. June, 2001.

Article available online [HTML]: http://ainc-inac.gc.ca/pr/ra/coo/nati_e.html

⁹⁷ Housing Access Centre, August 2005.

⁹⁸ CMHC Rental Housing Market Report, October 2004

⁹⁹ Ottawa 2005 Report Card on Homelessness, [*ibid.*], pg. 2.

¹⁰⁰ London QoL Part 2, [*ibid.*], indicated (at pg.4) that:

- Recent immigrants, whose unemployment rate dropped from 19.1% in 1991 to 14.7% in 2000
- Aboriginals, whose unemployment rate held steady at 16.5% from 16% in 1991.
- Youth (15-24 years) unemployment held steady at 14.4% from 13.8% in 1991.

¹⁰¹ For example, low-income earners have seen their real incomes drop by 8% from 1990 to 2000. Children are especially vulnerable to this reduction in income; London's child poverty rate as of 2001 was 17%. (FCM QoL2)

¹⁰² There has been an 18% increase in the number of families using the London Food Bank from 1996 to 2005, an average of 2,500 families per month. (London Food Bank Annual Report 2004, updated: October 2005.) There has been a large increase in the use of the Rent Bank program (currently administered by the Salvation Army) which provides a loan to cover rental arrears for households facing eviction from their landlord. For the first six months of 2005, the monthly number of loans issued increased by 26% over the previous year. (London Housing Registry Fact Sheet, July 2005.) There has been a large increase in the use of the Heat and Warmth (THAW)¹⁰² program (begun in October 2003), which offers a one-time loan in the case where impending eviction is due to utility arrears. From its inception until June 2005, the Rent Bank program has: paid out \$151,990.98 in loans, with the demand for loans increasing by 28% in 2005; assisted 398 people, including 184 children (40% increase in 2005); screened 2356 inquiries regarding the program (64% increase in 2005). (London Housing Registry Fact Sheet, July 2005.) The Rent Bank is currently run by the Salvation Army. THAW raised \$429,996 to assist low-income families with hydro bills in 2004. (Source: United Way Financial Statements, Annual Report, 2005.) Churches, shelters and other community groups offer a meal program to Londoners in need. Each week well over 10,000 meals are served by these organizations, and the need continues to grow. (Source: Information supplied (2005) to Chris Curry by the Hunger Relief Action Committee for the *London Report Card on Homelessness*, May, 2006.) (General attribution, this paragraph: research of Chris Curry, LHC.)

¹⁰³ Disputes between tenants and landlords often end up before the Ontario Rental Housing Tribunal (ORHT). In Southwestern Ontario, in 2005: Landlords made 10,808 applications to the Tribunal, and 8,946 (82.77%) of these applications, were for nonpayment of rent. 5,816 of those 8,946 were not contested by tenants, resulting in the loss of their housing. [OHRT statistics, supplied to Chris Curry by ACTO, 2005.]

¹⁰⁴ With the cost of housing rising faster than income for those earning low incomes, more money needs to be set aside to cover the cost of shelter. When this occurs less money is available for other essentials such as food, clothing and transportation.

¹⁰⁵ *Four Cities*, p "v".

¹⁰⁶ Shelter cost: City of London: direct communication to LHC. (Note: These figures roughly match these from other parts of Canada: Eberle, BC v.3.) Elgin-Middlesex Detention Centre: direct communication to LHC. London Health Sciences Centre: direct communication to LHC. The figures for hospital as well as psychiatric ward per diems reflect the average cost. Rent: CMHC Market Rent Report 2005. All these first cited in Curry, FS3.

¹⁰⁷ FS3

¹⁰⁸ Eberle, BC v.1 at 43

¹⁰⁹ Eberle, BC v.1 at 1.

¹¹⁰ Eberle, BC v.1 at 43.

¹¹¹ All quotations in this bullet point to this point: Eberle, BC v.1 at 20. There is no comparable Canadian data available, but it is improbable that Canadian physicians are less worried about what happens to their homeless patients than their American colleagues.

¹¹² Eberle, BC v.1 at 21, citing Rosenheck, Robert and Catherine L. Seibyl. 1998. Homelessness, Health Service Use and Related Costs. *Medical Care* 36 (8): 1256–1264.

¹¹³ Eberle, BC v.1 at 16-17: Golden, Anne (Chair), William H. Currie, Elizabeth Greaves and John Latimer (Members). 1999. *Report of the Mayor's Homelessness Action Task Force: Taking Responsibility for Homelessness: An Action Plan for Toronto*. City of Toronto; Lowry, Fran. 1996. Impact on health care adds to the social cost of homelessness, MDs say. *Can Med Assoc J*. 155(12): 1737–1739. **Comment** from Bob Frankford, *Can Med Assoc J* Feb 15, 1997; 156(4) 481; Weinreb [*op. cit.*, Endnote 46]; Wright [*op. cit.*, endnote 39].

¹¹⁴ Personal interview with Chris Curry, LHC, Fall, 2006.

¹¹⁵ Welch Report, page 42. Please note that the originally published number 200 was incorrect: "Michele Van Beers [of the Canadian Mental Health Association] notes that the given psychiatric discharge figure is approximately ¼ of the actual number, around 800." LHC GM Minutes, November 7, 2005.

¹¹⁶ Pomeroy, *Four Cities*, p28, 2005.

¹¹⁷ Eberle, BC v.1 at 22: Dickey, Barbara, Olinda Gonzalez, Eric Latimer, Karen Powers, Russell Schutt and Stephen Goldfinger. 1996. Use of Mental Health Services by Formerly Homeless Adults Residing in Group and Independent Housing. *Psychiatric Services* Vol.47 No. 2, 152–158; Dickey, Barbara. Eric Latimer, Karen Powers, Olinda Gonzales and Stephen M. Goldfinger. 1997. Housing Costs for Adults Who Are Mentally Ill and Formerly Homeless. *Journal of Mental Health Administration*. 24(3): 291–305; Novac, Sylvia and Mary Anne Quance. 1998. *Back to the Community: An Assessment of Supportive Housing in Toronto*. Prepared for the Mayor's Homelessness Action Task Force, City of Toronto; Millar, Dr. John S. 1998. *HIV, Hepatitis and Injection Drug Use in B.C., Pay Now or Pay Later*. B.C. Ministry of Health, Office of the Provincial Health Officer.

¹¹⁸ Eberle, BC v.1 at 22, citing Molyneux, Peter and John Palmer. (N.D.). *Towards a strategy for health and housing: Cost drivers and blocks that impact on the public's health*.

¹¹⁹ Eberle, BC v.1 at 38, citing Hagan and McCarthy. 1997. *Mean Streets: Youth Crime and Homelessness*. New York: Cambridge University Press.

¹²⁰ Eberle, BC v.1 at 38 and 39 citing Hagan and McCarthy [*op. cit.*] and Downing-Orr, Kristina. 1996. *Alienation and Social Support, A Social Psychological Study of Homeless Young People in London and in Sydney*. Aldershot, England: Ashgate Publishing Limited..

¹²¹ Perhaps the most usable study thus far, although not restricted to criminal/judicial costs is Dr. Tomislav Svoboda's "Measuring the 'Reduction' in a Harm Reduction Program for Homeless Men with Problems Related to Alcohol and Severe Mental Illness", [*op. cit.*, Endnote 76]. It demonstrated that the dry shelter program run by the Annex Harm Reduction project, Seaton House (Toronto) was able to measurably reduce harm and increase effective service to the client

base and reduce police, hospital and related expenditures. There was no cost saving across the spectrum: savings in police, *etc.*, were offset by the cost increase of intensified service to the client community. Rather, it was a case of increasing the quality of service and reducing burdens on multiple police and health services by more sensible spending of funds within a harm reduction framework.

¹²² Eberle, BC v.1 at 41. One must remember that the Elgin-Middlesex Detention Centre costs \$150 per person per 24 hours (*op cit.*, at Endnote 106).

¹²³ Eberle, BC v.1 at 42, citing International Centre for the Prevention of Crime and National Crime Prevention Council 1996a.

¹²⁴ Eberle, BC v.1 at 40, citing O'Grady, Bill. 1998. Mean Streets: Youth Crime and Homelessness. *Canadian Public Policy* 24(3): 408–409.

¹²⁵ Vitelli, Romeo. "The Homeless Inmate in a Maximum-Security Prison Setting." *Canadian Journal of Criminology*, Vol. 35, 1993, cited in Eberle, BC v.1.

¹²⁶ Ivey, *Economic Impact*, p.18.

¹²⁷ *Constitution Act, 1867; Constitution Act, 1982.*

¹²⁸ "Municipalities are entirely the creatures of provincial statutes. Accordingly, they can exercise only those powers which are explicitly conferred upon them by a provincial statute." *R. v. Greenbaum* (1993), 100 D.L.R. (4th) 183 (S.C.C.),

<http://scc.lexum.umontreal.ca/en/1993/1993rcs1-674/1993rcs1-674.html>

¹²⁹ Tolley, Erin; Young, William R. "Municipalities, The Constitution, And The Canadian Federal System" Ottawa. Government of Canada: October 1991; Revised February, 2001.

<http://dsp-psd.communication.gc.ca/Collection-R/LoPBdP/BP/bp276-e.htm>

¹³⁰ Tolley, Erin; Young, William R. "Municipalities, The Constitution, And The Canadian Federal System" Ottawa. Government of Canada: October 1991; Revised February, 2001. at [http://dsp-psd.communication.gc.ca/Collection-R/LoPBdP/BP/bp276-](http://dsp-psd.communication.gc.ca/Collection-R/LoPBdP/BP/bp276-e.htm#C.%20Downloading%20and%20Tri-level%20Relations(txt))

[e.htm#C.%20Downloading%20and%20Tri-level%20Relations\(txt\)](http://dsp-psd.communication.gc.ca/Collection-R/LoPBdP/BP/bp276-e.htm#C.%20Downloading%20and%20Tri-level%20Relations(txt)). See also The federal government during the 1990s not only cut the transfer payments to provinces but also reduced its direct spending on housing, thereby saving the Treasury about \$1.5 billion a year. The approximately \$2 billion of federal money spent annually on housing (1 percent of total federal spending) pays for subsidies on about 550,000 social-housing units that were built before the 1993 termination of the federal role in subsidizing new social-housing units.

Dismantling the social-housing supply program meant that provinces and municipalities had to bear the indirect costs of inadequate housing and homelessness. These include the costs of physical and mental health care, emergency shelters and services, and policing. Hulchanski at 231, and further comments on downloading at 235.

¹³¹ "[P]olitics – policy decisions by the government of the day, under the specific realities of the times – and not any legal or constitutional constraints that define the federal role in housing, and the same is true of the provincial role. [...] There is no legal or constitutional impediment to federal or provincial governments engaging in any variety of housing policies and programs. The federal and provincial governments have historically engaged in many different programs, both unilateral and joint. The jurisdictional issue appears to be significant only because

politicians raise it when they do not want their level of government to be responsible for addressing a particular housing problem.” Hulchanski at 232

¹³² Hulchanski at 222.

¹³³ Hulchanski, at 229.

¹³⁴ Hulchanski at 238-239.

¹³⁵ Hulchanski at 240.

¹³⁶ Hulchanski at 240.

¹³⁷ Hulchanski at 241.

¹³⁸ Hulchanski at 240.