National Housing Council | Conseil national du logement

The Honourable Gregor Robertson
Minister of Housing and Infrastructure
Minister responsible for Pacific Economic Development Canada
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Dear Minister Robertson,

The launch of the first National Housing Strategy (NHS) in 2017 was a watershed moment in Canadian housing policy, signalling the federal government's renewed leadership in this area and its commitment to the progressive realization of the human right to housing.

At its September 18–19, 2025 meeting, the National Housing Council (the Council) identified the need to examine what should follow the current National Housing Strategy as a key priority. **Under section 5 (2) of the *National Housing Strategy Act* (*NHS Act*), *"The Minister must develop and maintain a national housing strategy to further the housing policy, taking into account key principles of a human rights-based approach to housing."***

Today, Canada's housing challenges, ranging from homelessness, to affordability, to supply, are even more severe than in 2017. A renewed NHS, that learns the lessons of the past 10 years, is essential to strengthen the Government of Canada's housing policy and is an opportunity to build the housing ecosystem Canada needs to restore affordability and tirelessly pursue the progressive realization of the right to housing.

The Council has previously assessed the 2017 National Housing Strategy, publishing a mid-point review in 2023. In its report, *Renewing Canada's National Housing Strategy*, the Council issued five key recommendations to strengthen the NHS:

- Align the NHS more closely with the *NHS Act* and its commitment to realizing the right to housing.
- Establish new targets and redirect funding to increase the share of non-market housing stock in Canada.
- Enhance and scale-up Canada Housing Benefit for households in Core Housing Need or at risk of or experiencing homelessness.
- Establish a separate funding stream for by-Indigenous, for-Indigenous Urban, Rural and Northern housing programs.
- Improve accountability and coordination among and within all orders of government.

Building on these recommendations, we aim to explore how NHS 2.0 can respond to today's housing realities and provide the leadership needed to integrate different programs into a coherent, collaborative national housing policy.

NHS 2.0 Outline

In a shift from our previous approach of providing advice through comprehensive reports, we plan to deliver our recommendations for NHS 2.0 as a series of focused letters. Each letter will address a specific policy area relevant to the next phase of the NHS. Given the government's clear commitment to act swiftly

in addressing the housing crisis, our goal is to provide timely, targeted advice that aligns with this accelerated pace.

This initial letter will focus on the first recommendation made in *Renewing Canada's National Housing Strategy*; to align the NHS more closely with the *NHS Act*. In it, we will propose that the development of NHS 2.0 should begin by establishing clear, outcomes-focused objectives that will serve as the foundation for subsequent policies and programs. We will also review progress on the fourth recommendation made in *Renewing Canada's National Housing Strategy* and underscore the urgency of fully delivering on the commitment to fund by-Indigenous, for-Indigenous Urban, Rural, and Northern housing. A summary of the recommendations made in this letter is provided as an annex.

Subsequent letters will address four key themes that were identified by Council members as our main area of focus:

- **Canada Housing Benefit:** Responding to the recommendation to enhance and scale up this benefit, we will outline how income supports can effectively reduce housing need and keep people housed in the context of a housing system with a limited non-market sector and declining levels of naturally-occurring affordable housing.
- **Increasing housing supply:** Exploring how NHS 2.0 can help deliver "the right homes, for the people who need them, at a price they can afford," we will provide advice on addressing cost-of-delivery challenges, such as construction costs, zoning, tax, fees and development charges, explore non-inflationary capital sources, and examine the future role of supply-based programs like the ACLP and HAF.
- **Sustainable funding for non-market housing:** Addressing the recommendation to set new targets and redirect funding to expand non-market housing, we will provide advice on the urgent need to support existing units beyond the expiry of current agreements and on creating a long-term, sustainable funding and financing ecosystem to scale-up the non-market housing sector, including the role of BCH.
- **A new National Housing Agreement:** Building on the recommendation to strengthen accountability and coordination across all orders of government, we will provide advice on aligning governments around shared goals and principles for NHS 2.0.

Bringing the NHS into greater alignment with the *NHS Act*

The Council's first recommendation in *Renewing Canada's National Housing Strategy* was to align the NHS more closely with the *NHS Act. The NHS Act* sets out clear objectives for the NHS: improving housing outcomes for Canadians and advancing the progressive realization of the right to adequate housing, with a focus on those in the greatest need.

Both the Council's report and the recent Neha Review Panel concluded that the current NHS falls short of the obligations set out in the *NHS Act*: Canada is not yet meeting the conditions needed to realize the right to housing. As the existing NHS comes to a close, this government has an opportunity to shape an NHS 2.0 that finally delivers on the Act's promise and ambition. That begins with clear, measurable, outcomes-driven objectives. More than a set of programs, NHS 2.0 must offer strategic direction for housing policy in Canada for the next ten years and beyond, aligning all partners and all orders of government around shared principles and common goals through renewed federal-provincial-territorial collaboration. The Council's forthcoming letter on a new National Housing Agreement will build on this direction by outlining a framework for that collaboration.

As the Council noted in *Measuring What Matters: Proposing an Outcomes Framework for Federal Housing Policy,* the NHS did set objectives, but they were too often focused on inputs and outputs rather than outcomes. Where outcome-focused objectives did exist, they were rarely supported by the programs intended to deliver them. For example, although the NHS aimed to reduce the number of Canadians in core housing need, this target was undermined by the failure to adopt a consistent definition of affordability within NHS programs. As a result, billions were invested in homes priced beyond the reach of those in need. Units were built and funds were spent, yet demonstrable improvements in outcomes were hard to substantiate.

Homelessness and housing affordability, Canada's most urgent housing challenges, have deepened into a crisis over the lifespan of the first NHS. In *Measuring What Matters*, we showed that only the highest-income quintile of renters can realistically afford to purchase a first owned-home, and only the top two quintiles of renters can afford average asking rents. The rest are increasingly squeezed between rising housing costs and a rising cost of living. These pressures predate the NHS; they stem from policy choices made over a generation, during which the federal government steadily withdrew from its historical role in the housing system. Addressing both the current crisis and the longstanding policy deficit that enabled it will require the next NHS to be genuinely transformational.

In this section of the letter we will offer recommendations for a guiding rationale for NHS 2.0 and five core objectives drawn from the *NHS Act* to address the current housing crisis. We will also offer two complementary and mutually-reinforcing recommended elements of the strategy: a focus on data-driven, evidence-backed, outcomes-orientated policy; and a systemic approach to affordability and other housing issues.

Rationale for NHS 2.0

NHS Act 4 (c) It is declared to be the housing policy of the Government of Canada to support improved housing outcomes for the people of Canada

For a transformational NHS 2.0 to succeed, it must communicate a coherent and compelling vision, articulating how it will fix a housing system that Canadians increasingly feel is working against them and rebuild the housing foundation that underpins Canada's economic security.

We believe that vision, put simply, is: when housing works, everything else gets better. Adequate housing is itself a foundational element of a good life. Beyond that, it is a key social determinant of health, it drives educational and employment outcomes and is a foundation of economic success. In *From promises to practice: Designing and implementing meaningful responses to Canada's persisting housing affordability challenges,* Steve Pomeroy, Jim Dunn and Duncan MacLennan underline that poor housing outcomes are, *"reinforcing social injustice and immobility, needlessly enhancing residential carbon emissions, and reducing growth and productivity whilst continually rewarding property ownership ahead of effort and entrepreneurship."*

In line with Budget 2025's call for an economy by Canadians, for Canadians, investing in housing will create Canadian jobs and strengthen demand for Canadian raw materials. When more Canadians are securely and affordably housed, they will be better positioned to withstand volatility in the global economic and political environment. Just as the government has embraced nation-building infrastructure projects, tackling the housing crisis through a transformational NHS 2.0 is a pragmatic national priority - one that will deliver broad economic and social benefits for all Canadians.

The Core Objectives

NHS Act 5 (2) (b) The NHS is to establish national goals relating to housing and homelessness and identify related priorities, initiatives, timelines and desired outcomes

The *NHS Act* provides the objective for NHS 2.0: improving housing outcomes for Canadians. In *Measuring What Matters*, the Council translated this principle into practice by grounding it in the right to adequate housing and defining outcomes in terms of affordability, habitability, security of tenure, access to services, location, accessibility and cultural adequacy.

Given competing priorities and the government's goal of spending less to invest more, NHS 2.0 must target investments where they will deliver the greatest improvement in outcomes for the greatest number of households. Structuring the strategy around those most in need offers a clear way to do this, ensuring limited budgets achieve maximum impact and shift the trajectory of housing outcomes. The Council therefore recommends that NHS 2.0 focus on five core objectives:

- **Reduce homelessness:** Reduce to functional zero, the number of Canadians experiencing or at risk of homelessness. Any experiences of homelessness are rare, brief and non-recurring.
- **Reduce core housing need:** Reduce the number of households in unaffordable, unsuitable or inadequate housing, focussing on the minority of households experiencing long-term need (Of households in core housing need in 2011, only 36.6% were still experiencing it by 2016).
- **Restore affordability:** Ensure housing costs are affordable for Canadians across the housing system and for each income quintile.
- **Restore the affordability of housing transitions:** Beyond their current home, ensure households can afford to transition to the housing type and size that best meets their changing needs.
- **Ensure all Canadians have an adequate home:** improving habitability, security of tenure, access to services, location, accessibility and cultural adequacy.

Data-Driven, Evidence-Backed, Outcomes-Orientated Policy

NHSA 5 (2) (a) The NHS is to set out a long-term vision for housing in Canada that recognizes the importance of housing in achieving social, economic, health and environmental goals;

If NHS 2.0 is to achieve these five core objectives, then a modern, integrated data and forecasting system must sit at the heart of the strategy. Canada cannot solve today's housing crisis, or prevent tomorrow's, without the ability to measure current need, anticipate future pressures, and evaluate whether investments are delivering the intended results. NHS 2.0 must therefore embed robust reporting, forecasting, and evaluation processes before new programs and funding commitments are launched.

1) Measure current need and anticipate future pressures

A durable strategy begins with anchoring NHS 2.0 in standardized, equity-focused Housing Needs Assessments. These assessments enable governments to set clear, measurable targets tied to actual need, and provide decision-makers with the evidence required ensure the system delivers the right homes, for the people who need them, at prices they can afford. Recent turmoil in the Toronto and Vancouver condo markets illustrates the cost of ignoring this approach: years of building small, investor-oriented units have produced a mismatch where first-time buyers cannot use them, renters

cannot afford them, and thousands of units sit empty in the provinces facing the most acute shortages. Misaligned supply is not an accident, it is the predictable outcome of planning without data.

A data-driven NHS 2.0 would ensure that new supply matches both current and future needs, preventing new gaps from opening. One example of a likely future pressure is Canada's aging population. As the share of Canadians over 65 rises sharply in the coming decades, the housing system must shift toward accessible, well-located options that meet older adults' needs. Investing in such housing early will not only improve outcomes for seniors, but will free up family-sized homes for growing households, and ensure that new supply is built with accessibility and universal design in mind. A forward looking, evidence-based approach can ensure the housing system is ready to meet these needs as they arise.

Canada must also plan now for accelerating environmental pressures. Coastal erosion, sea ice loss, permafrost thaw, and more frequent wildfires and flooding are already affecting communities across the country. By integrating climate-risk modelling into planning, NHS 2.0 can target support at the regions most at risk, strengthen the climate resilience of public housing, and ensure that every program incorporates climate adaptation into its design and delivery. Deep energy retrofits can reduce operational emissions by up to 99% and energy use by 90%. This offers a major opportunity to upgrade existing homes while lowering long term costs. With more than 12 million low rise buildings requiring retrofits before 2050, now is the moment to scale up Natural Resources Canada's Deep Retrofit Accelerator Initiative and Greener Neighbourhoods Pilot and embed climate resilience in NHS 2.0.

2) Track outcomes to measure success against the core objectives

To ensure that data-backed investments are delivering the anticipated results, NHS 2.0 must adopt a national measurement framework capable of linking program-level investments to household-level outcomes. In *Measuring What Matters*, the Council outlined what such a national measurement framework could entail. The report also proposed a model for assessing the outcomes of individual programs by linking the addresses of all federally funded housing units with household housing-cost data. This approach would enable detailed, program-level evaluations, revealing each initiative's ability to target different levels of need and the extent to which outcomes improve for beneficiary households. Collecting this information would enable investments to be strategically reallocated toward the interventions that deliver the greatest improvements in outcomes and ensure that limited public resources are used to maximum effect. Similarly, real-time, person-specific data on everyone experiencing homelessness is essential to achieving coordinated, system-level reductions. Such data enables early identification of risk, supports prevention during high-risk transitions, and allows communities to rapidly rehouse people.

3) Lead a national housing data transformation

In *Renewing the National Housing Strategy,* the Council found that although the NHS had created an opportunity for improved reporting and monitoring through the bilateral agreements, the usefulness of the data collected was limited by reporting differences between provinces and territories. The report recommended a centralized system for the collection of consistent, nation-wide data to improve reporting and monitoring and enable more effective targeting of resources.

In *Measuring What Matters*, the Council drew on a comparison made by Jim Dunn to call for Canadian housing data to undergo a transformation similar to that seen in the health sector in the 1990s. Established in 1994, the Canadian Institute for Health Information (CIHI) integrated previously fragmented datasets into a person-centred information system capable of supporting modern approaches to disease management and prevention.

NHS 2.0 should pursue an equivalent transformation, integrating federal, provincial, territorial, municipal, private, and non-profit datasets to produce meaningful housing and homelessness intelligence. This would enable progress to be tracked for specific populations through more disaggregated and intersectional data, as well as provide better information on transitions and systemic barriers that prevent improvements for some Canadians.

A modern, integrated data system is essential to delivering the strategy's core objectives and to building a housing system capable of meeting Canadians' needs today and in the decades ahead. Coupling this with continuous measurement and evaluation embedded within NHS 2.0 will ensure that evidence, not political cycles, drives decisions.

4) Strengthen research, data, and innovation

A core part of the transformational impact of the first NHS has been through its data, innovation, and research programs, which have closed critical information gaps and strengthened evidence-based decision-making. Initiatives such as the National Housing Survey, the Collaborative Housing Research Network, and CMHC's Solutions Labs have deepened our understanding of complex housing issues and guided policy toward more effective responses.

If NHS 2.0 is to be both transformational and fiscally responsible, continued investment in publicly available research that supports the development of high-impact, evidence-driven policy will be essential. Strengthening this foundation in NHS 2.0 will require continued investment in publicly available research, supported by improved, consistent housing and homelessness data, enabled through a national housing and homelessness data agreement.

Equally important are the elements of the NHS that ensure marginalised voices are heard in the policymaking process. These engagement mechanisms are critical complements to improved data and research, playing a vital role in improving outcomes for those with the greatest needs, and providing a conduit between the households most affected by the housing crisis and the policymakers responsible for addressing it.

A Systemic Approach to Affordability

NHS Act 5 (2) (c) The National Housing Strategy is to focus on improving housing outcomes for persons in greatest need

The strategic approach of NHS 2.0 must have an understanding of housing as an interconnected system. At the heart of the Council's *Measuring What Matters* report is the idea that when one part of the housing system falters, the effects ripple throughout. Rather than think of the distinct components of the housing system as being in competition, we should recognise that they are complementary parts of a whole. Sustainable progress depends on meeting needs across the entire system and ensuring it works equitably for all Canadians. This requires changing the underlying incentives and structures of the housing system, so that achieving its core objectives - reduced homelessness and improved affordability - becomes the natural outcome of how the system works. As Pomeroy, Dunn and MacLennan argue, we must shift, *"from a narrow focus on market supply to a comprehensive, collaborative, and segmented response to Canada's persistent housing unaffordability issues that breaks the daunting system challenge into separate, but related, major policy strands."*

1) *Prevent homelessness*

NHS 2.0 must include a federal strategy to prevent and reduce homelessness, delivered in partnership with the provinces and municipalities that are central to prevention efforts. This strategy should be anchored in a new federal-provincial-territorial agreement that sets out shared homelessness reduction objectives and supports an NHS 2.0 that prioritizes those most in need. Achieving this requires moving beyond homelessness programs and toward a system that treats homelessness as what it is: a housing problem. The most effective prevention strategies help people keep their homes, afford their homes, and avoid falling into homelessness during high-risk life-course transitions such as youth aging out of care, people leaving incarceration, or women escaping violence. A reimagined Canada Housing Benefit can function as a true housing safety net, while programs like *Reaching Home* can strengthen coordination across the community services that deliver housing-focused supports.

A homelessness strategy grounded in a new federal-provincial-territorial agreement would enable all levels of government to play their part and would transform how Canada addresses homelessness. Local governments would lead with community-level, homelessness response systems, using person-level data to identify risk early, coordinate local responses, and provide diversion and rapid rehousing. Provinces and territories would provide essential supports while the federal government provides funding and capacity. Sustained investment in supportive housing, and in Urban, Rural, and Northern Indigenous housing with culturally appropriate wrap-around services, is essential to ensuring stable, long-term housing outcomes for those most at risk.

2) *Stop the loss of affordable housing*

Under the first NHS, Canada lost nine affordable homes for every one created. Preventing further loss of naturally occurring affordable housing (NOAH) is essential to slowing inflows into homelessness and preventing the crisis from deepening. The Canada Rental Protection Fund will play a critical role by enabling non-profit acquisition and long-term stewardship of NOAH as properties come onto the market. Measures to reduce tenant turnover can also help stabilize the NOAH that is not for sale, as vacancies often trigger substantial rent increases. A transparent review of federal finance and tax policies affecting rental housing could further strengthen preservation efforts at lower cost. With the right supports, NOAH can remain an important source of affordable housing as well as a pillar for scaling Canada's non-market housing sector.

3) *Scale affordable and deeply affordable housing*

Achieving the core objectives of reducing housing need and restoring affordability will require a sustained focus on increasing the supply of homes affordable to low and moderate-income households. This, in practice, demands significant and predictable investment in the non-market housing sector. In its 2025 report, *Scaling-up the non-market housing sector in Canada,* the Council recommended immediate efforts to double the size of the non-market sector to reach the OECD average of 7% of the housing system. NHS 2.0 should adopt this target and ensure that the policies, financing tools, and institutional supports required to meet it are firmly in place.

Funding certainty and predictability will be central to scaling up the non-market housing sector, enabling providers to plan effectively, invest in their assets, and deliver new homes. NHS 2.0 should therefore establish a long-term, strategic, and depoliticised investment framework for the sector. Funding should also be used to encourage greater scale, amalgamation, and aggregation among non-market providers. Initial proposals for Build Canada Homes (BCH) to fund portfolios rather than individual projects represent one way of achieving this. Establishing a land bank of public sites dedicated to non-market housing is

another, while strategic deployment of the Canada Rental Protection Fund (CRPF) offers a third. The CRPF should be used not only to stem the loss of naturally occurring affordable housing but also to build mechanisms that enhance resilience and continuous growth across the non-market housing sector.

Progress will also depend on a coherent and consistent approach to defining affordability. As Carolyn Whitzman has shown, the absence of a shared definition across federal programs has limited their effectiveness in reducing housing need. The income-based standard used by Build Canada Homes, linking affordability to household income and size, is a positive step. NHS 2.0 must now include the structural reforms needed to enable new units to be delivered at these levels of affordability and to stabilise existing deeply affordable homes. Allowing current supports provided by the Federal and Canadian Community Housing Initiatives, as well as through federal-provincial Social Housing Agreements, to expire without a clear successor framework would place hundreds of thousands of non-market homes at risk, undermining providers ability to maintain deeply affordable rents and risking the displacement of hundreds of thousands of low-income Canadians.

4) Lower the cost and time to build

The market sector will remain the primary provider of housing in Canada. Yet in many regions, high construction and land costs, combined with government fees, taxes, and lengthy approval processes, often rooted in discretionary zoning, have pushed the cost of new housing beyond what people can afford, stopping projects before they begin. NHS 2.0 will need to deploy levers that promote innovation in construction and work with provinces and municipalities to align zoning, permitting, and building code processes to reduce delays and lower costs and allow Canada to meet its ambitious home construction targets. Canada should use the Housing Accelerator Fund to support a transformation of the approval system and a shift away from development charge frameworks that significantly inflate prices. There will be a need for all levels of government to explore alternative municipal financing models that better balance costs while integrating housing, infrastructure, and transit.

Reducing the cost of new units is an important way to improve affordability. The price of new construction sets a benchmark for comparable existing stock, meaning affordability improves when new units become less expensive to build. Builders will therefore need support to redesign their products and strategies so they can deliver homes that people can afford, in the communities they love, and at the sizes households actually need. Restoring affordability will require coordinated action across all orders of government and industry, with incentives designed to create genuine affordability rather than subsidize margins.

5) Channel capital to productive objectives, deter speculation and ensure balanced tax-treatment

Canada invests 7.7% of GDP in housing, more than any G7 country, yet despite the U.S. investing only 4.1%, the two countries have nearly identical numbers of homes per capita (427 vs. 425 per 1,000 people). This reflects the degree to which capital in Canada is directed toward purchasing existing properties rather than building new ones.

As Steve Pomeroy highlights, private capital funds increasingly buy older affordable buildings to raise rents and generate returns, and as Nick Falvo observes, Canada makes it, *‘very easy and attractive’* to acquire additional housing units for investment. Redirecting capital away from speculative acquisition and toward new construction would restore housing’s primary purpose as a place to live, moderate housing cost pressures, and free capital for more productive sectors. There would also be benefits for the wider economy. Driven partly by the volume of capital tied up in housing assets, at present Canada invests only 3.3% of GDP in intellectual property, less than half the U.S. rate of 6.8%. Rebalancing investment incentives and tax policy could both support innovation and growth while improving housing affordability.

Currently, when wealth competes with income, wealth wins due to favourable tax treatment of equity-based purchases. The dramatic loss of affordability in Vancouver and Toronto over the last decade was not only driven by population growth and low supply, but by the increasing use of accumulated wealth to purchase properties, pushing prices far beyond what local incomes can support. Without changes to the tax treatment of equity driven acquisitions, similar patterns will spread to other Canadian cities.-driven acquisitions, similar patterns will spread to other Canadian cities. Ensuring balanced tax treatment between equity- and income-based purchases could also improve the affordability of homes for purchase.

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Taken together, these policy strands form the foundation of an NHS 2.0 that is capable of addressing Canada's housing crisis at its structural roots. By preventing homelessness, preserving naturally occurring affordable housing, scaling a resilient non-market housing sector, lowering the time and cost to build and ensuring capital is directed towards productive, people-centered outcomes, Canada can begin to restore balance to its housing system. This will require sustained leadership, collaboration across governments, and a clear commitment to aligning every policy lever with the core objectives of reducing homelessness and improving affordability. Homes must be accessible across income levels, with price points and security of tenure that allow people to move between renting and ownership as their circumstances change. Housing must also be available in forms that meet Canadians' evolving needs, whether accommodating growing families or enabling downsizing later in life. An NHS 2.0 rooted in systems thinking can help ensure that housing once again fulfills its essential purpose: providing secure, affordable homes in communities where Canadians can build their lives.

Urban, Rural and Northern Indigenous Housing

One area where clear right-to-housing objectives and an outcomes-focused, evidence-driven approach already exists is Urban, Rural, and Northern (URN) Indigenous housing. In this case, the foundations for successful implementation are already in place, and neither substantial new policy design nor a new delivery mechanism is required.

In *Renewing the National Housing Strategy*, the Council previously recommended establishing a separate funding stream for by-Indigenous, for-Indigenous Urban, Rural and Northern housing programs. This reiterated advice from our 2022 report on URN Indigenous housing, which found that the existing distinctions-based approaches did not adequately address the needs of Indigenous people living in URN areas, which is the reality for a majority of Indigenous people in Canada. Under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Indigenous Peoples, including those living in URN areas, must be included in the development and administration of housing policies and programs that affect them. Yet, despite signing UNDRIP into law in 2021, the federal government has failed to act.

Although the recommendation to fund by-Indigenous, for-Indigenous URN housing programs has been partially implemented through the URN Indigenous Housing Strategy, fulfilling the associated funding commitments remains urgent. As noted above, Indigenous people are more likely to experience homelessness than the non-Indigenous population. The same is true for core housing need, with 13.2% of Indigenous households experiencing core need, against 7.4% of the non-Indigenous population (Statistics Canada, 2021). The recent *Neha* Review Panel also concluded that upholding and expanding funding for URN Indigenous housing was a necessary step towards transforming Canada's housing system, one that would provide permanent, Indigenous and community-led housing, reduce reliance on costly institutional systems, and address many of the recommendations of the Missing and Murdered Indigenous Women and Girls Inquiry (MMIWGI).

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Releasing the promised $2.8 billion for URN housing would provide the government with a rapid and highly effective way to improve housing outcomes. While Indigenous housing providers are ready to act, rising construction costs mean that every delay reduces the number of homes this investment can deliver. Acting now would allow housing providers to take full advantage of the 2026 construction season, maximizing both value for money and the impact of this long-awaited funding.

We would also make two supporting recommendations, both in allocating the $2.8 billion promised for URN funding and as Indigenous Services Canada develops a new Indigenous housing strategy. First, the URN funding must be directed specifically to URN approaches and these approaches must continue to be clearly represented and funded within the new strategy. URN initiatives complement distinctions-based approaches. Both address critical housing needs, but from different perspectives, and both are needed to improve housing outcomes for Indigenous people across Canada. URN organizations play a vital role in tackling place-based challenges such as urban homelessness and northern construction constraints, while reaching populations historically overlooked by policymakers and excluded from traditional housing programs. These organizations require stable and adequate support to continue this work.

Second, the $2.8 billion should be delivered through an organization that has demonstrated a history of delivering housing and supports to Indigenous people, regardless of status, that has done the important work of building relationships and bringing together housing providers from coast to coast to coast, and that, in-line with UNDRIP, supports Indigenous Peoples' right to self-determination and the creation of their own housing strategies.

Acting now to release funding for URN Indigenous housing, ensuring the funding is delivered through an organisation deeply integrated in the URN housing space, and ensuring the funding can support people across every Indigenous identity and circumstance, will deliver rapid and impactful improvement in housing outcomes. Furthermore, funding and expanding URN would demonstrate a commitment to outcomes-driven, evidence-based policy, capable of delivering transformational change for those most affected by homelessness and housing need. As Canada prepares for the next NHS, this would be a decisive way to establish its foundation and direction.

We hope you find this first letter and the subsequent letters we propose valuable in informing your work. We would welcome your comments on how we can focus or deliver this advice to be of most use to you, and if ever we can be of any further support or assistance, please do not hesitate to reach out.

Kind regards,

Tim Richter
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CEO of the Canadian Alliance to End Homelessness (CAEH)