Improving Canada's housing policy outcomes: considering lessons from the National Housing Strategy as government develops NHS 2.0

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Summary

Drawing on doctoral research into Canada's National Housing Strategy (NHS), this briefing considers the lessons learned from the first NHS as the Government of Canada develops NHS 2.0. It identifies important differences between how housing and homelessness have been understood within federal policy and how housing insecurity is experienced in practice.

In particular, the research, which foregrounds lived experience perspectives, highlights financially driven homelessness as an important but comparatively overlooked dimension of housing insecurity, and demonstrates how housing outcomes are shaped across multiple public systems.

The briefing argues that NHS 2.0 presents an opportunity to learn from the existing evidence, reconsider how Canada's housing and homelessness challenges are understood, and use these lessons to inform future policy design. Without this shift, Canada risks another decade of grappling with many of the same challenges.

About the author

Dr Jocelyne Fleming holds a PhD in Urban Studies from the University of Glasgow. Her thesis examined housing and homelessness in Canada and evaluated the country's National Housing Strategy through a qualitative, lived-experience-led framework, exploring how federal policy narratives diverge from the realities faced by people experiencing housing insecurity.

Jocelyne is the Lead for Scottish Policy and Public Affairs and Policy Research at the Chartered Institute of Building. In this role, she produces policy research, advocates in the public interest on matters relating to the built environment, contributes to national media, and regularly speaks at conferences and events on housing, retrofit, skills, and the future of Scotland's built environment.

Jocelyne's work sits at the intersection of housing, homelessness, public policy, inequality, and the built environment. Her research and policy interests focus on the need for joined-up, system-wide policy approaches across housing, social security, health, education, and construction.

Canada's National Housing Strategy (NHS) emerged during a period of renewed federal engagement in housing policy. Following decades of declining federal involvement, it committed unprecedented levels of investment, introduced a range of new programmes, and once again established housing as a national policy priority. For many, its launch represented a significant and welcome shift after years in which housing had largely fallen from the federal agenda.

As the Government of Canada begins developing NHS 2.0, much of the discussion will understandably focus on what comes next. How can we build more homes? How can we improve affordability? Which programmes should be expanded, redesigned, or replaced? These are important questions.

However, after spending the past few years researching Canada's NHS, I find myself asking different questions. Specifically, what has the first NHS already taught us? And are we willing to learn from these lessons?

The NHS has generated a wealth of evidence. Audits, programme evaluations, academic research, and the experiences of housing professionals, frontline organisations, and people navigating housing insecurity have all contributed to our understanding of what has worked, where progress has been made, and where important challenges remain.

This evidence has highlighted persistent challenges. Existing evaluations have identified concerns around programme delivery, affordability outcomes, and progress towards several of the Strategy's stated objectives. Some programmes have produced housing that remains unaffordable to many of the households they were intended to support (Beer et al., 2022), while homelessness has continued to increase across the country (Office of the Auditor General of Canada, 2022). So, as government begins shaping NHS 2.0, there is an opportunity to ensure that this evidence base directly informs the next phase of Canada's housing policy.

Over the past four years, I researched the efficacy of the NHS through three complementary lenses: how Canada's housing and homelessness challenges were understood within federal policy; how they were experienced by people navigating housing insecurity and homelessness in Hamilton, Ontario; and what comparing those perspectives might mean for future federal housing policy (Fleming, 2026). Designed to complement the growing body of quantitative evaluation and foregrounding lived experience, the research asked a fundamental question: do the problems our policies are designed to solve align with those being faced on the ground?

The distinction between how a problem is defined in policy and how it is experienced in practice matters. Policy is never developed in a vacuum; every intervention reflects a particular understanding of the problem it seeks to address. Before governments decide what to build, who to support, or where to invest, they first make a judgement about the nature of the problem they are trying to solve. Those judgements influence the objectives set, the evidence prioritised, and the interventions considered appropriate. In other words, problem definitions shape policy long before individual programmes are designed.

Therefore, NHS 2.0 offers an opportunity to do more than refine existing programmes. It provides an opportunity to reflect on whether we have been asking the right policy questions, and setting out to solve the right problems, in the first place.

One of the clearest findings from the research was that federal policy tends to present housing and homelessness as two related, but distinct, challenges. Housing is primarily framed as a structural issue requiring increased supply, investment, and market intervention. Homelessness, by contrast, is more often presented as an individualised challenge requiring targeted interventions for particular groups. More specifically, the discourse presented housing as a national, solvable crisis for which both the causes and the policy solutions were broadly understood. Homelessness was far more ambiguous, frequently located at the level of individuals and communities, with its structural causes much less visible. These are not entirely incompatible perspectives, but they encourage different policy responses.

If housing and homelessness are treated primarily as separate issues, it becomes logical to develop separate policy responses. Housing policy increases supply. Homelessness policy funds emergency responses and support services. Both are valuable, but neither fully captures the way people actually experience housing insecurity.

As researchers and policymakers, we often organise our thinking according to departments, programmes, and policy portfolios. It is how governments function. This siloed thinking does not reflect the realities of housing insecurity shared by interviewees. Instead, their experiences cut across institutional boundaries. A change in one system created consequences in others.

Research participants described housing insecurity and homelessness as interconnected experiences shaped by housing costs, poverty, health, income support, employment, trauma, tenant protections, and access to services. Housing was rarely the only challenge they faced, but it remained central to every story they shared. Participants consistently described moving between systems rather than programmes. Difficulties securing affordable housing affected physical and mental health. Poor health made employment harder to sustain. Insufficient income increased rent arrears and limited housing options in an increasingly heated market. Interactions with social assistance, healthcare, justice, and housing systems overlapped continuously rather than sequentially. From their perspective, these were not separate policy domains. They were intersecting parts of everyday life.

Many participants' experiences were driven primarily by

affordability. Rising housing costs, especially in the rented sector, coupled with inadequate incomes, particularly for those earning minimum wage or relying on social assistance, meant that stable housing had simply become financially unattainable. Others described more complex experiences shaped by poor health, trauma, or other intersecting challenges.

Participants' experiences broadly reflected two forms of homelessness: those driven by economic hardship and those compounded by additional challenges. Yet these were not fixed categories. Participants' experiences also suggested that financially-driven homelessness could become progressively more complex following housing loss, as the trauma and instability of homelessness introduced or exacerbated other challenges.

This 'two types of homelessness' classification, while necessarily reductive, revealed something important when comparing these experiences with federal discourse. Financially-driven homelessness was clearly central in participants' accounts, but largely absent from the way homelessness was constructed in federal policy.

Comparing the two parts of the research, therefore, suggested a significant mismatch. The structural and systemic causes of homelessness that were prominent in participants' experiences were much less visible in, if not entirely absent from, federal discourse. This misalignment matters. It suggests that shortcomings in policy outcomes cannot necessarily be addressed through programme design or additional investment alone. If the underlying problem has been too narrowly defined, improving the intervention will also require us to revisit the diagnosis.

Doing so will require an important shift in perspective towards approaching housing systemically. Drawing on the lived experience findings, I conceptualised the case study context, the city of Hamilton, not simply as a housing system, but as a 'system of systems' in which housing outcomes were shaped by interactions between multiple public institutions, policy portfolios, and orders of government.

Perhaps, then, one of the most useful lessons from the first NHS is that improving housing outcomes cannot rely solely on improving housing policy. This is not to suggest that NHS 2.0 should become a strategy for every aspect of social policy. Housing policy cannot, and should not, attempt to resolve every structural challenge affecting Canadians' lives. It does, however, suggest that future housing policy should be developed with a greater appreciation of the wider systems within which it operates and governed in a manner that accounts for these adjacent portfolios and their housing impacts.

These findings do not diminish the importance of increasing housing supply. Quite the opposite. Despite the complexity of participants' experiences, the absence of affordable housing remained directly connected to experiences of homelessness.

The findings echo Dolbeare, oft-quoted within my work, who argued three decades ago, "homelessness may not be only a housing problem, but it is always a housing problem" (1996, p. 34, original emphasis).

Therefore, to address both housing and homelessness challenges, Canada unquestionably needs more homes. Continued investment in new housing should remain central to NHS 2.0. However, the research suggests that supply alone cannot explain, or address, every experience of housing insecurity. Housing, healthcare, income support, justice, addictions services and tenant protections all influenced whether people were able to secure and sustain stable housing.

So, rather than viewing housing as one policy area among many, we might instead recognise it as a policy area that is continually shaped by decisions made elsewhere. Recognising these interactions does not make policymaking simpler. If anything, it highlights its complexity. It does, however, create opportunities for better policy design. As government develops NHS 2.0, there will understandably be pressure to identify new initiatives, new funding streams, and new delivery mechanisms. Those discussions are essential. Yet the first NHS has already provided something equally valuable: an opportunity to learn.

The first NHS re-established a federal role in housing after decades of relative absence. That achievement should not be overlooked. Its lasting legacy, however, may prove to be something different. The NHS has generated almost a decade of experience and catalysed the evaluation and evidence needed to ask better questions about Canada's housing future.

Good policy is not defined solely by its willingness to act. It is also defined by its willingness to learn. NHS 2.0 presents an opportunity to do both and ensure that policy reflects the increasingly sophisticated understanding we now have of housing affordability, homelessness, and the wider systems that shape both.

If NHS 2.0 succeeds in building on those lessons, it has the opportunity not simply to deliver more housing, but to improve housing policy outcomes for the people it is intended to serve. However, if we are unwilling to do the hard work of learning from this evidence and shift our perspective accordingly, we risk finding ourselves 10 years on and no closer to tackling Canada's housing and homelessness challenges.

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