

THE MEANS OF RELIEF:

Transitional Housing in the
Region of Waterloo

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

The unfortunate paradox of the architectural profession is that it prides itself on being of service to the public, yet it is those most in need of an architect's service that can least afford it. With conditions of mental illness, drug abuse, and disability at the crux of homelessness within our communities, architecture has a unique opportunity to create supportive and relief-driven environments, wielding the power to positively influence the lives of those who lack stability.

This thesis explores the need for transitional housing; a temporary form of housing bridging the gap between emergency shelters and affordable housing. Its goal is to facilitate restabilization for homeless populations and to provide a means of relief for existing emergency shelter systems. The purpose of this thesis is to redefine the implications of homelessness and our response to it in today's society. Firstly, it seeks to challenge the inherent biases and stigmas associated with homelessness. Secondly, it provides a fundamental understanding of what homelessness is and the pressures imposed on associated shelter support systems. Thirdly, it elaborates on the existing shelter support systems and their facilitation of people's transition back into society. Finally, the thesis concludes with a design proposal to develop transitional housing in downtown Cambridge, Ontario. The design proposal seeks to address the growing trend of homelessness in the Region of Waterloo by targeting the transitional populations who are most vulnerable and yet most likely to benefit from stability.

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Introduction

“The buildings that we construct are a reflection of our values and our culture. At its best, architecture not only reflects but also serves society; it has a duty to provide for those with the greatest need and the fewest options. Thus architecture should do more than provide homeless people with shelter: it must sustain hope and their dignity.”¹

- Sam Davis, *“Designing for the Homeless”*

¹ Davis, Sam. *Designing for the Homeless*. London: University of California Press, 2004.

Introduction

I chose architecture as my field of study at an early age; committing to the idea of building homes for the homeless; albeit from a naive perspective that perhaps tended towards social work at the time. No matter where my family moved, I saw people in drastic need of refuge; begging for money in front of grocery stores or sleeping in makeshift shelters on the sidewalk. I often found myself uncomfortable having a home while others did not. My mom would always say that we should look after the people suffering within our community, and work hard to help bring them up to an equal standard of living. I think it is from this underlying desire for fairness in society, and the desire to contribute something beneficial, that I have chosen to focus on architecture as a means of fostering a form of social justice.

I must begin by conveying that in writing this thesis, I do not intend to suggest I can fully associate myself to a similar extent nor relate to the circumstances of those who are suffering, or have ever suffered from homelessness. I have never experienced similar conditions in the slightest and to relate any part of my life to a similar extent would be a disservice to those who face homelessness today. My desire to address such an issue does not come from a deep personal experience. Rather, it comes from a recognition of a fundamental flaw in our society as well as an empathy towards those without a home—towards those who have become displaced by little to no fault of their own. It comes also from a realization that anyone can become homeless if it were not for the relationships they've fostered. This thesis is written with the intention of researching the circumstances surrounding those suffering from homelessness; exploring the conditions of shelter architecture, the policies and social context in which it is situated, and the role of the architect amongst such a broad, yet relevant topic. It is less so an



Fig. 01. The Bridges serves the homeless.
People gather outside the Bridges emergency shelter, waiting for the doors to open for evening meals.

exploration of methods for design, but rather a discussion of the broader issues at play; how they manifest at local government levels, and how architecture is used to address them.

Architecture is a response to the societal and cultural conditions of its time. The unfortunate paradox of architecture as a profession that centers itself around being in service to the public, is that those in need of an architect's service the most, are those who cannot afford it. With conditions such as mental illness, drug abuse, and disability at the core of homelessness across the world, architecture as a profession with the means to create environments, conscious of socio-economic landscapes and cultural issues, wields the power to positively influence the standard of living for those who lack stability. Granted, architecture exists in a world where political factors, economic shifts, and cultural biases vary greatly, and at any given time, may dictate the terms of how homelessness can be addressed. I believe it is the architect's responsibility then, to navigate these boundaries and discover creative ways of fostering a balanced social spectrum.

Living in cities like Vancouver, British Columbia and Toronto, Ontario has afforded me varying sensitivities towards homelessness, but none has had such an important role as where I have studied architecture for the past six years at the University of Waterloo—Cambridge, ON. Cambridge is one of three cities that make up the Region of Waterloo and the downtown core, where the University of Waterloo School of Architecture is located, is the township of Galt. From the first day living

Introduction

in Galt, I recognized the significant amount of homeless people on the street, often unsure how I might conduct myself if I were to have an encounter. Would I ignore a person asking for some spare change or consciously engage them? What would I do if someone on the street was having an episode of mental instability? Would I be able to recognize it? I believe these thoughts came from a sense of fear for my own safety, but over time, I found that sense of fear develop into curiosity. With the tight concentration of homelessness in the township of Galt, I was afforded a familiarity with those who were homeless, often seeing many of the same faces over the years. As I took co-op jobs elsewhere and eventually returned to Cambridge, the tensions between the community and the homeless population became more evident—and at times more intense. I would hear complaints about the homeless people by shop owners and aggressive comments by local residents about the perceived drug abuse in the downtown core. Plenty of people openly attributed the cause of the evident homelessness to an allegedly poorly operating shelter just on the edge of the township; The Bridges (*See Fig.01 & Fig.02*). Fault was attributed to both the supposed conditions of the shelter as well as the choices of those suffering from homelessness, mental illness, or drug abuse. Both of these assumptions disturbed me.

I believe that shelters or any place of refuge should instill a sense of relief for those experiencing any form of displacement. The purpose of an emergency shelter is to provide immediate, but temporary relief from displacement. Shelter design: the provision of dignity and comfort for those in need of refuge tends towards the limits of what architecture can

Fig. 02. Shelter outside the Emergency Shelter.

People set up shelters off the property of the Bridges shelter, either not able to enter due to shelter capacity or not allowed to enter due to prior conflicts.



tangibly do to address such a complex issue. It provides people with the relief they need to find stability, creating positive conditions for them to potentially find a way back to society. For those with the most tragic of circumstances, who've lived lives in a constant state of tension, the spaces they seek out in search of refuge become crucial means of relief. The designers of such spaces become the arbiters of relief, responsible for the environmental quality and comfort to ease the return to stability.

Regarding the individuals suffering from homelessness, the fault of their situation is not completely their own. The causes of homelessness, "reflect an intricate interplay between structural facts (poverty, lack of affordable housing), system failures (people being discharged from mental health facilities, corrections or child services into homelessness) and individual circumstance (family conflict and violence, mental health and addictions). Homelessness is usually the result of the cumulative impact of these factors."² To assume that homelessness is one's own fault is to say one has control over one or more of these aspects of life. Even if this were true, not everyone has the inner resilience or the privilege to have been equipped with the inter-personal skills to manage themselves in the event of such difficulty.

Within a North American context, the average individual or family experiencing homelessness must attempt to move through stages of the emergency shelter spectrum in order to regain financial and housing stability. This typically encompasses the progressive use of emergency shelters, transitional shelters/housing, and supportive housing to reach a state of affordable housing. According to the *The State of Homelessness in Canada (2016)*, shelter use has steadily been decreasing across Canada since 2005, but the number of annual bed nights—the number of times an individual or family uses an emergency shelter in a given year—has been increasing (See Fig. 03 & Fig. 04). Between 2005 to 2014, the national occupancy rate—the percentage of shelter beds that are being used on a given night—increased significantly, from 82.7% to 92.4%³ (See Fig. 05). This extreme pressure on the emergency systems across Canada may indicate that individuals and families are not able to transition out into more stable conditions due to an unavailability of necessary social

2 Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver (2013): *The State of Homelessness in Canada 2013*. Toronto: Canadian Homelessness Research Network Press.

3 Stephen Gaetz, Erin Dej, Tim Richter, & Melanie Redman (2016): *The State of Homelessness in Canada 2016*. Toronto: Canadian Observatory on Homelessness Press.

Introduction

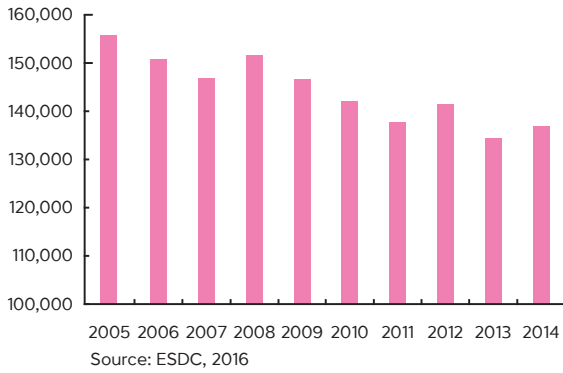


Fig. 03. Estimated Number of Annual Shelter Users. Image from The State of Homelessness 2016.

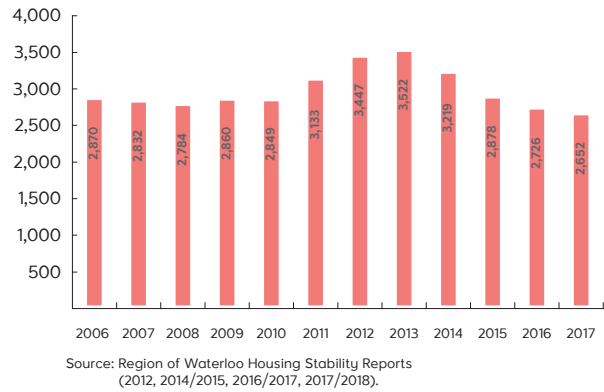


Fig. 06. Estimated Number of Annual Shelter Users in the Region of Waterloo (2006 - 2017).

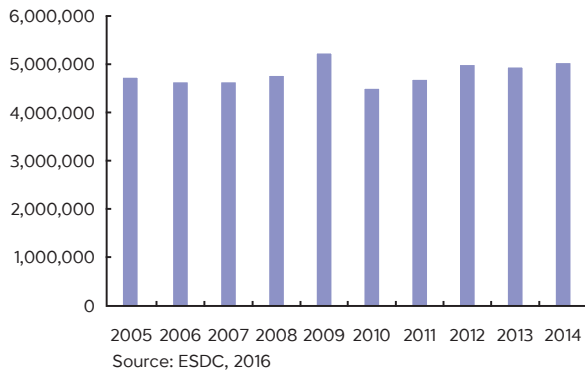


Fig. 04. Estimated Number of Annual Bed Nights. Image from The State of Homelessness 2016.

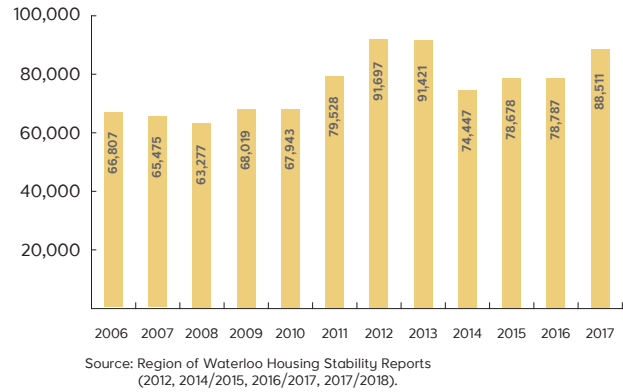


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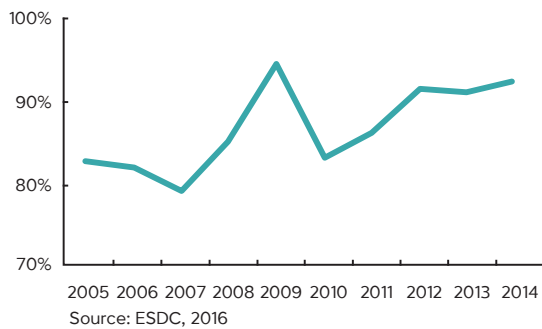


Fig. 05. National Shelter Occupancy Rate. Image from The State of Homelessness 2016.

services, a lack of affordable or adequate housing, or insufficient means of income. The overall decrease in shelter use becomes irrelevant when compared to the significant number of bed nights recorded, describing a poorly operating or inefficient transitional system. Those currently occupying shelters require the availability of transitional supports to break out of this perpetual cycle of homelessness. The Region of Waterloo is a perfect example of this overburdened emergency system, as well as a lack of municipally supported transitional facilities. According to the Region of Waterloo's Housing Stability Reports (2012, 2014/2015, 2016/2017, & 2017/2018), the number of bed nights increased approximately 32%; from 66,807 bed nights in 2006 to 88,011 bed nights in 2017, representative of the national occupancy rate and broader shelter conditions across Canada (*See Fig. 06 & Fig. 07*). With such a significant rise in homelessness, the Region of Waterloo requires the implementation of a transitional housing strategy to provide relief to its pressurized emergency system.

It is under this context that I have chosen Cambridge, Ontario and the Region of Waterloo as the site for research and experimentation, focusing on broader issues of emergency system expansion and housing availability. It will maintain a constant focus on the homeless individual's perspective among social, political, and economic pressures and their often contentious relationship with the communities they reside in. This thesis is divided into four parts: *Part A* will introduce the existence of bias and stigmatization of the homeless, providing a social analysis of the relationship between those who are homeless and those who are not. *Part B* will provide a brief historical understanding of the relationship between homelessness and the pressures imposed upon shelter support systems. *Part C* will elaborate on the systems in place to support the transition of those suffering from homelessness, facilitating their path to reintegration. Finally, *Part D* presents a design proposal responding to the need for transitional supports in the Region of Waterloo, and more directly, Cambridge, ON.

Introduction

Fig. 08. Shopping Carts in Cambridge.
Shopping carts found around Cambridge hold various items by the homeless community. With no secure residence, many people make use of shopping carts and back packs to travel with their belongings. This becomes especially difficult in the Winter time.



End of Section

Part A:

Bias to Stigma

“People who become homeless are often referred to by their label, “homeless,” taking on a less-than-human quality that also has other connotations that they are perceived as threatening (dangerous), nonproductive, and personally culpable (Takahashi, 1997).”

- J. R. Belcher and B. R. DeForge, “Social Stigma and Homelessness: The Limits of Social Change”

Homelessness is a condition that exists beyond just the state of an individual and must be understood as more than an issue of shelter. Discussions about those suffering from homelessness must include a mental and physical spectrum on which everyone has a place; defined by degrees of fragility, sense of security, cognitive ability and quality of relationships. Speaking in broad terms, the act of falling into homelessness is a perpetual cycle of trauma. The uncertainty of shelter and dependence of basic social supports creates an immense stress unknown to most people, and often develops as a trauma in itself, impairing “a person’s sense of safety, sense of self, and ability to regulate emotions and navigate relationships.”¹⁹ More often than not, this trauma associated with displacement is in addition to unaddressed, pre-existing traumas developed earlier on in a person’s life. People suffering from homelessness may respond to their environments and circumstances through the lens of their traumas, manifesting in what is perceived as delinquency or misbehaviour, and resulting in a form of social rejection by society. It is difficult to articulate the totality of the causes of homelessness, in large part due to the diversity of cases, but they can all be described in one way or another as a series of broken or damaged relationships. It is fundamentally a departure from the security that communities represent.

Before any intervention—architectural or otherwise—our preconceived notions regarding homelessness must be acknowledged. Without an understanding of what perceptual biases exist and how we adopt them, design for those less fortunate may inherit that bias. Perceptual bias defines the tendency to let our perceptions contort our

19 Centre for Addiction and Mental Health. “Trauma.” Accessed December 14, 2019. <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma>

attitudes towards each other. Our perceptions, easily influenced by a lack of information or an abundance of misinformation, can lead to a mischaracterization of people and as a result, be a source of conflict. This implicit bias—where individuals hold attitudes towards people, or associate stereotypes with them, without being aware²⁰—creates a false baseline from which individuals may properly comprehend and understand the issues present within our society. The association with discrimination, status loss and inequality in social and economic power fosters the existence of stigmas.²¹ This stigmatization of the homeless feeds into our inherent perceptual bias, clouding the lens through which we observe them. With a distorted view of the issues and the people affected, any action to address, correct, or accommodate will be ineffective. We act based on what we perceive, but when stigmas exist, the focus shifts from the larger problem to a marginalized group.

As a result of being stigmatized, people suffering from homelessness become further disadvantaged. Already struggling with the prior experiences which lead to their current circumstance, they must endeavour to change their life under the scrutiny of the established public. “The public views homelessness as an undesirable social problem and wants it addressed, while at the same time they hold negative views toward people who are homeless and stigmatize them (Link et al., 1995; Phelan, Link, Stueve, & Moore, 1997).”²² The environments and conditions in which the homeless occupy create an image that people recognize and respond to. This image however, is created only in passing glances of specific conditions and because these conditions are consistent throughout the homeless community, they reinforce it. Though it elicits a sympathetic response, there is also disdain and disapproval of the conditions. The appearance of these conditions become attached to the persons experiencing them.

According to an article written by John R. Belcher and Bruce R. DeForge on the stigmatization of the homeless, false attribution of the causes of individual homelessness accentuate the biases of the public:

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- 20 Catalogue of Bias Collaboration, Spencer E.A., Brassey, J.R., “Perception Bias,” In: Catalogue of Bias 2017, accessed July 31, 2019, <https://catalogofbias.org/biases/perception-bias/>
- 21 Belcher, John & Deforge, Bruce. (2012). Social Stigma and Homelessness: The Limits of Social Change. *Journal of Human Behavior in the Social Environment*. 22. 929-946. 10.1080/10911359.2012.707941.
- 22 Belcher and Deforege, “Social Stigma and Homelessness: The Limits of Social Change,” 931.

“Many characterizations of the homeless attempt to draw away attention from its societal causes, such as poverty, and focus on issues such as alcohol and/or drugs, which can more conveniently be used as a device to blame them for their plight. Stigmatization is an attempt to disqualify people from full social acceptance (Goffman, 1963), and stereotypes shift the focus toward individual responsibility, making it easier to blame the victim (Corrigan & Wassel, 2008).”

A common perspective on the homeless is that those suffering from it are to blame; that the decisions they made lead them to homelessness, that they did not take advantage of the resources given to them. This assumption of personality can be labeled as fundamental attribution error (FAE), also known as the attribution effect or correspondence bias. It is “the tendency for people to over-emphasize dispositional, or personality-based explanations for behaviours observed in others while under-emphasizing situational explanations.”²³ When people attribute what they think they know about a person’s situation, inaccurate assumptions and impressions will be made. It is only through recognizing the incomparable history associated with each person’s condition, that the effects of this bias can be minimized.

It appears that the development of stigma, derived from bias—perceptual and correspondence based—originates from a lack of familiarity with homelessness. When we talk about stigma from the perspective of familiarity, we see that we can be anywhere in the spectrum of high or low familiarity. Our familiarity then informs our perceptual bias’s, which is further emphasized by media, politics, and society. With a low familiarity, we tend towards stigmatization, assuming the negative and most visible aspects; a correspondence bias. With a high familiarity, we tend towards understanding, because we have more information to assess the situation.

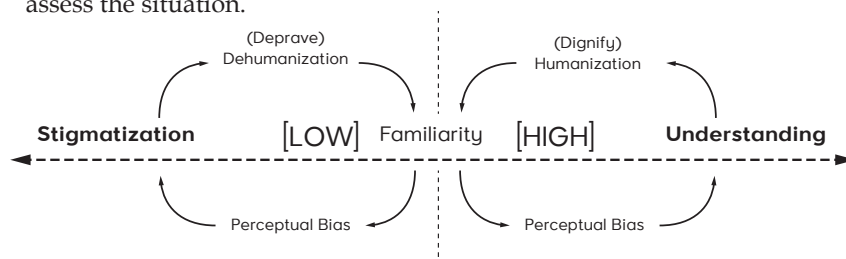


Fig. 09. Familiarity Spectrum.

23 McLeod, S. A. (2018, Oct, 31). Fundamental attribution error. Simply psychology: [https:// www.simplypsychology.org/fundamental-attribution.html](https://www.simplypsychology.org/fundamental-attribution.html)

Observations: Consumption Treatment Services

On January 31, 2019, I attended a public consultation session held by the Region of Waterloo Public Health and Emergency Services to receive input from the community about the candidate sites for Consumption Treatment Services (CTS) selected by the city. I attended the meeting to investigate the community's response to potentially having a CTS site in the downtown core. Public Health conducted the session as part of the provincial and federal requirements, to hear from residents of Waterloo Region about the benefits and concerns of the candidate locations. The proposed locations were 115 Water Street North (Kitchener), 150 Duke Street West (Kitchener), 105 Victoria Street North (Kitchener), and 150 Main Street (Cambridge). Currently in the later phases of the proposal, the CTS program plans to document the benefits and concerns identified by the community input; the decision whether the program continues to be implemented in the downtown Galt area will lie with the City officials.

Consumption Treatment Services is a harm reduction program which allows people to use their own drugs under the supervision of medically trained workers. It encompasses all methods of ingesting a substance, as well as provides care services to support people that use substances. Focusing on harm reduction by minimizing the risks of the spread of infections and accidental overdose, the CTS program recognizes the stigmas surrounding substance abuse and emphasizes treating people with respect, dignity, and compassion. From this empathetic perspective, it attempts to foster trust with those dealing with substance abuse to work towards recovery.

The meeting was held in Cambridge and though Public Health attempted to get feedback on CTS being implemented in all the locations, the community was clearly focused on the issues of 150 Main Street. It was the only site proposed for Cambridge compared to the three for Kitchener, perhaps due to the size of their respective populations. The presentation, given by a representative from Public Health conveyed the overall crisis of substance abuse in the region, heat maps of concentrated drug use in Cambridge, and the process for approval of a CTS program in the area. The information seemed viable and the presentation was conducted in a professional manner, but the delivery of the information lacked interest and concern. The presenter spoke from a script which seemed rehearsed, she ran through the slides in conjunction with her notes, making little connection with the audience. Near the end of her presentation, she conveyed that the final decision would be in the hands

of city officials in the Kitchener-Waterloo region. The frustration was evident on the faces of the audience. “Why are we here then?” one person exclaimed. The transition to the next speaker was abrupt and not received well. Within seconds, they started to raise their voices to halt the change, saying they still had questions for the representative from Public Health. The next speaker tried to calm the audience, claiming he could answer the questions, but it was clear that the audience wanted some accountability from Public Health. After some back and forth, the community conceded and began to ask questions to the new speaker. He however, answered one question and dismissed the rest, saying there would be time at the end to comment and ask questions. I overheard a few members of the audience mention that they felt “managed” which caused tensions between the representatives and the community.

Throughout the second speaker’s presentation on recording the benefits and concerns from the community, I noticed small antagonistic remarks and jokes against the presentation. As poorly presented as it was, the antagonism didn’t seem warranted. Granted, these are members of the society who have lived in Cambridge for a significant number of years and I cannot comment on their pre-existing relationship with their local and provincial government. The comments continued to destabilize the presentation.

The next part of the session was an attempt to visualize the benefits and concerns of the community by having them label everything on a board. The presenter clearly described that one wall was meant for benefits and the other was meant for concerns. It was only a matter of seconds before notes started to appear on the concerns wall as expected. What I didn’t expect however, were notes being put on the benefits side, stating in bold letters, “NONE!” (See Fig. 10) I counted 17 notes on the wall with similar tones. I could feel my heart drop in disappointment in the community. I understood they had frustrations, but it felt like petty and unnecessary action. One man in the meeting noted that people were worrying about the CTS program bringing more drug dealers, addicts and violence when in reality, the situation was already getting worse without it. He questioned why, instead of funding CTS, “proper health services and better financial support” were not being prioritized.

Again, I cannot comment on the prior relationship of the community and their government, but it did seem that there was a significant amount of antagonism, mistrust, and frustration. The obvious divide between the two sides made me question the role of both the policies government

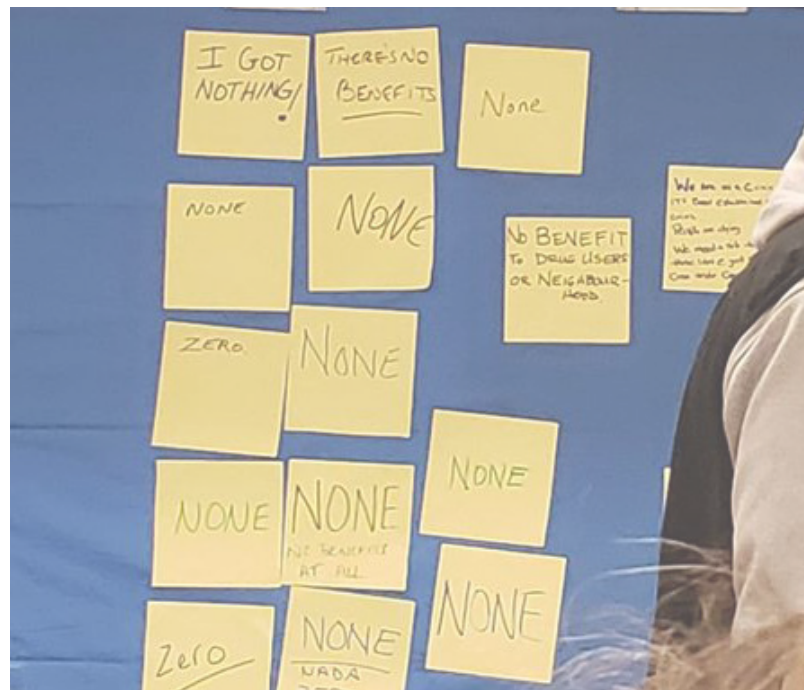
has laid out to implement thoughtful solutions and the attitudes the community has towards the entity attempting to make change. The community's reservations about government procedure, and the concern for people labeled as "substance abusers" made it difficult for them to agree on any amount of change that requires compromise. According to a Supervised Injection Services Feasibility Study:

"Waterloo Regional Police Services reported that there were 71 calls [in 2017] for service where a death had occurred and a drug overdose was suspected (this number includes all suspected drug overdoses and is not limited to opioids and thus cannot be directly compared to the Coroner data); 32 of these deaths occurred in Kitchener, 29 in Cambridge, and 10 in Waterloo."²⁴

Of course, the community has reasonable expectations of safety and security which come into jeopardy if illicit drugs are allowed further

24 Region of Waterloo Public Health and Emergency Services (2018). Waterloo Region Supervised Injection Services Feasibility Study. ON: Author.

Fig. 10. Consumption Treatment Services Meeting, Pros & Cons Board. The Pros board shown below clearly illustrates an active resistance to the development of a Consumption Treatment Service site in downtown Cambridge.



Bias to Stigma

into the city. Similar perceptions of concern exist towards the homeless population because of the association with drug abuse.

As evident in the Consumption Treatment Services consultation, the pervasive existence of stigmas stemming from perceptual bias contributes to the active resistance of homeless occupation within communities. This is in contrast to the passive acceptance of the existence of a homeless community which contributes to collective apathy—accepting the current condition of homelessness as a reality. Both positions have a negative impact on the existence of homelessness, fostering a dehumanizing and confrontational position where those in search of refuge experience social resistance to their transition back into society.

In the midst of this social clash, the architect—often separate from the conflict until tasked with the responsibility to design spaces of refuge and resilience—is challenged to take into consideration current government policy, the community’s agency and the vulnerability of the homeless population.

End of Section

Part B:

The Pressures of Homelessness

“Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, and clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

- *Universal Declaration of Human Rights, Article 25*

According to the Canadian Definition of Homelessness (2012):

“Homelessness describes the situation of an individual, family, or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing.”⁴

For the sake of establishing a common understanding, the Canadian Definition of Homelessness broadly encompasses what it means to be homeless. People understandably may attribute most of their knowledge about homelessness to this definition, but the situation is much more complicated than described. Where the definition falls short is communicating the sheer complexity of each individual (or family’s) circumstance or how the diversity of circumstances has changed over time. The state of homelessness in North America has evolved significantly in the past few decades; from the condition of transient men moving between shelters to children suffering from abandonment; from mentally and physically handicapped minority groups to large communities incapable of financial stability.

The evolution of homelessness has increasingly become a strain which communities continue to struggle with. Under this growing crisis, the pressure has fallen on advocacy groups and support systems, both

⁴ Gaetz, S.; Barr, C.; Friesen, A.; Harris, B.; Hill, C.; Kovacs-Burns, K.; Pauly, B.; Pearce, B.; Turner, A.; Marsolais, A. (2012) Canadian Definition of Homelessness. Toronto: Canadian Observatory on Homelessness Press.

government operated and privately owned, to develop solutions for the accommodation of those struggling. In Cambridge, that responsibility has been applied to the Bridges emergency shelter by the public.

In the 1970s, the prevalence of urban homelessness was largely driven by the deinstitutionalization programs; the mentally disabled, physically handicapped, prisoners and other dependent groups were removed from places of incarceration (mental institutions) and came to reside in “service-dependent ghettos” among North American cities.⁵ These “service-dependent ghettos” or zones of dependence, were areas within the city where public institutions such as homeless shelters and non-profit organizations operated, providing support and relief for low-income and disadvantaged groups. They were often concentrated in relatively small, urbanized areas of cities. Zones of dependence were the ideal location for setting up future social services and homeless shelters, however such development attracts more marginalized people in search of such services. Major concerns with the development of typical zones of dependence, “are the misassignment of many service-dependent populations and privatization of service providers....”⁶ With more people migrating to these areas, more assistive services inevitably followed, indicative of a self-reinforcing cycle.

Though the deinstitutionalization has little bearing on the existence of homelessness today, it has significant importance in the development of shelters and assistive facilities as well as historically an effect on our perceptions of homelessness within our communities. Organizations and shelter programs arising in zones of dependence were capable of providing a source of support, but not a sufficient means of reintegration—their primary concern was management. As aide for the disenfranchised transitioned from the privacy of institutional programs to more public social services, homelessness became more visible and took on a collective, derogatory meaning, associated with drug abuse, mental illness, and crime, as opposed to the specific circumstance of lacking a home—transience. Prior to the 1980s, the term for describing those who were displaced was not “homeless,” but “transient,” as they moved from one shelter to the next. However, as transient people, having no means of treatment or rehabilitation, suffered from drug abuse and mental illness in public as opposed to the privacy of the prior institutions.

5 Dear, Michael J., and Jennifer R. Wolch. *Landscapes of Despair: from Deinstitutionalization to Homelessness*. Princeton, New Jersey: Princeton University Press, 2016.

6 Dear, *Landscapes of Despair*, 102.

Their following characterization as “homeless” was no longer a direct response to their lack of residence, but a means of establishing a social hierarchy, a distinction that those suffering from homelessness suffered by their own doing. This association prevented any further recognition or acceptance of the “service-dependent” as people who deserve the most basic of human rights, even a right to housing.

By the 1980s, large scale urban homelessness had begun to emerge in Canada, “following a massive disinvestment in affordable housing, structural shifts in the economy and reduced spending on social supports.”⁷ As a result, those who were previously capable of taking care of themselves financially, began to fall into homelessness as well. As noted by *The State of Homelessness* report (2016), between the late-1980s and mid-2000s, the mandates of shelters and the shelter programs expanded, from accommodating a “small number of largely single men experiencing chronic homelessness,” to a more diverse homeless population where approximately, “35,000 Canadians [were] homeless on any given night.” During the ‘90s, federal construction of new social housing ended and the responsibility of existing federal low-income social housing transferred to the provinces. With the main concern for those suffering from homelessness in Canada being stable and affordable housing, the lack of it created a generation of people dependent on social services and welfare. Those who were financially capable of living on their own were grouped into the existing homeless population, commonly recognized as disabled, mentally retarded, addicts or criminals. Though comprised of various groups, the dominant perception of the homeless became ultimately synonymous with mental illness and criminality.

Today, homelessness is widely recognized as a major problem, but large metropolitan cities continue to struggle. A number of independent groups and organizations have arisen to combat homelessness throughout the years with different strategies around provisional services. A brief glance at the high concentration of shelter programs facilitated by different advocacy groups within and beyond Canada provides a sense of intensity of the problem, especially in regards to youth homelessness. In a metropolitan city like Vancouver, BC, homelessness has reached its own historic highs (*See Fig. 11*). Accentuated by an expensive housing market and an extreme drug epidemic, 2,181 people were documented to be homeless (combined sheltered and unsheltered); youth and

7 Stephen Gaetz et al., “The State of Homelessness in Canada 2016.”

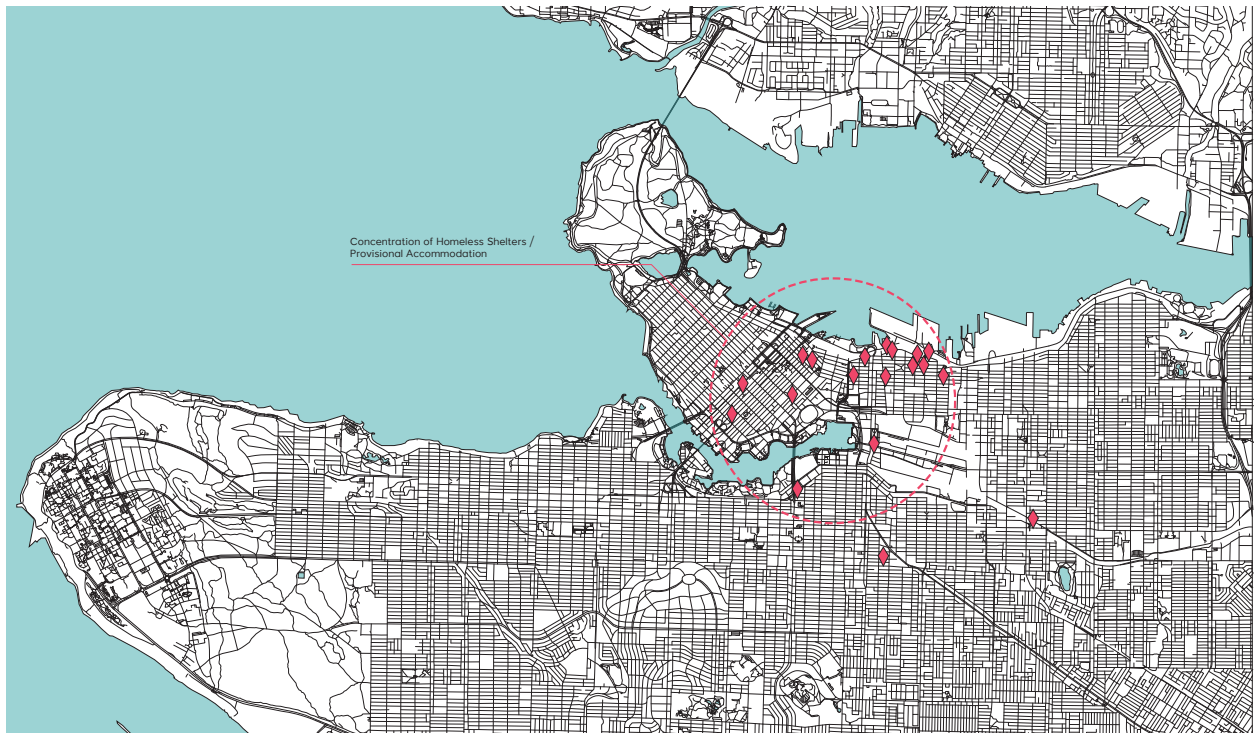


Fig. 11. Distribution of Homeless Shelters and Provisional Accommodation across Metro Vancouver, BC.



Fig. 12. Distribution of Homeless Shelters and Provisional Accommodation across Central London, UK.

NOTE: Due to limited documentation available, additional shelters may exist which are not represented in the above maps.

The Pressures of Homelessness

children represented 9%.⁸ As a result, many of the programs and services prioritize drug addiction over housing provisions. Overseas in the United Kingdom, London struggles with an expensive housing market but it combined with a dense urban fabric, making it not only difficult for people to find housing, but also for shelter organizations to situate themselves (*See Fig. 11*). In 2018, approximately 1,283 people were documented as homeless in London; making up for about 27% of the people “sleeping rough” across England. Individual organizations, in Canada and abroad struggle to keep up with demand for housing and shelter, often due to the lack of transitional supports required for reintegration.

Even with such significant numbers and little signs of resolution, resistance to the development of certain social supports to accommodate homelessness still exist. Due to perceptual biases – and its contribution to stigmatization of the homeless, collective communities have denied the development of emergency and transitional supports in their vicinity. This NIMBY (Not in My Backyard) based attitude and stigma toward the homeless remains ever-present within our societies, limiting and preventing the recovery of homeless individuals. It is fundamental, in order to reduce such resistance predicated on bias, to develop an in-depth understanding of the complex circumstances surrounding homelessness. Through an intimate familiarity of the realities associated with homelessness, instead of a passive familiarity based on momentary instances, we can reduce the stigmatization of those suffering, and as a result promote advocacy for those within our communities.

End of Section

8 BC Non-Profit Housing Association & M. Thomson Consulting. “2017 Homeless Count in Metro Vancouver Final Report.” Metro Vancouver Homelessness Partnering Strategy Community Entity, Burnaby, BC, 2017.

Part C:

Shelter As Policy

“Shelters allow users a temporary experience in a stable and safe environment (Peled et al., 2005). From this point of view, the role of shelters is to favour the transition towards stable housing, a move that implies not only finding a place to live but also building a solid foundation and a social network in the community (Friedman, 1994).”

- Roch Hurtubise, Pierre-Olivier Babin, and Carolyne Grimard, “Finding Home: Policy Options for Addressing Homelessness in Canada”

Despite the numerous iterations of homelessness policies and initiatives in Canada, the best practices for addressing homelessness are still constantly being evaluated and updated. Different factors play more prominent roles than others in the development of homelessness throughout each generation. Homelessness is a constantly evolving social crisis; the policies existing as a manifestation of constantly adapting resolutions, are the best means of defining how to deal with the problem across various scales, from government mandates to personal conduct. As such, the architect designing shelter for the homeless, must understand the broad scope of policies in place by the federal government and analyzes their prioritization by provincial and municipal government.

Consider the Homelessness Partnering Strategy (HPS), a “community-based program aimed at preventing and reducing homelessness by providing direct support and funding to 61 designated communities in all provinces and territories” (a redeveloped program from the earlier National Homelessness Initiative, NHI 2003), which renewed its directives for 2014-2019.⁹ The HPS advocates for Housing First as a core principle in reducing homelessness, in addition to enhancing employment opportunities, and developing public/private sector partnerships.¹⁰ Housing First is a recovery-oriented approach to homelessness that involves moving people who experience homelessness into independent and permanent housing as quickly as possible, with

9 Employment and Social Development Canada, “Backgrounder: Homelessness Partnering Strategy.” Accessed July 20, 2019. https://www.canada.ca/en/employment-social-development/news/2017/07/backgrounder_homelessnesspartneringstrategy.html

10 Homeless Hub. “Canada - National Strategies to Address Homelessness.” Accessed July 31, 2019, <https://www.homelesshub.ca/solutions/national-strategies/canada>

no preconditions, and then providing them with additional services and supports as needed.” According to the At Home/Chez Soi project, a study from the Mental Health Commission of Canada, where the Housing First option was compared to a ‘treatment as usual’ approach (existing homelessness-related service), a “dramatic reduction in service usage occurred.”¹¹

- 7,497 fewer nights in institutions (largely residential addiction treatment).
- 42,078 fewer nights in shelters.
- 6,904 fewer nights in transitional housing or group homes.
- 732 fewer emergency department visits.
- 460 fewer police detentions.
- 1,260 fewer outpatient visits.
- 34,178 fewer drop-in centre visits.

This principle goes beyond the scope of just Canada and the U.S. Helsinki implemented this approach in 2008 and since then, “the number of long-term homeless people in Finland has fallen by more than 35 percent.”¹² The city committed to resolving its homeless problem by removing their existing homeless shelters, and prioritizing the transition into stable living situations for those “sleeping rough.” It made housing unconditional for the homeless, instead of the standard approach of having to achieve housing by progressing through various levels of temporary accommodation. The city of Helsinki purchased land, built new blocks, and converted old shelters into “permanent, comfortable homes,” such as Rukkila homeless hostel. The facility compliments its housing by providing education services, training and work placements, and the re-learning of basic life skills. The implementation of the Housing First initiative took place after the issue of homelessness was deemed a priority at the city-wide level. In line with Housing First, the city put forth housing supports, clinical supports and supplemental supports (addiction service and income supports). As shown in Helsinki, the principle is best served when both sides; housing and services are

11 Stephen Gaetz, Fiona Scott & Tanya Gulliver (Eds.) (2013): Housing First in Canada: Supporting Communities to End Homelessness. Toronto: Canadian Homelessness Research Network Press

12 Henley, Jon. “‘It’s a Miracle’: Helsinki’s Radical Solution to Homelessness.” The Guardian, June 3, 2019. Accessed April 12, 2019. <https://www.theguardian.com/cities/2019/jun/03/its-a-miracle-helsinkis-radical-solution-to-homelessness>

developed in tandem.

Though the federal government of Canada recognizes the importance of Housing First through HPS as a policy, municipalities—whose responsibility it is to carry out initiatives in reducing homelessness in their communities—tend to prioritize the use of emergency shelters over the implementation of transitional or supportive housing. With limited funding allocated at the municipal level to address homelessness within communities, initiatives often require a combination of non-profit organizations and advocacy groups to become primary stakeholders. Alternatively, with financial incentives provided by municipalities for developers to incorporate affordable units, private organizations have also begun to prioritize housing accommodation over the implementation of social services.

Fig. 13. Rukkila in Malminkartano, Helsinki. Photography by Sampsa Kettunen/Y-Foundation.

“Look, I own nothing. I’m on the autism spectrum. I think people are my friends, and then they rip me off. I’ve been ripped off... a lot. But now I have my place. It’s mine. I can build.”

-Tatu Ainesmaa, resident of the Rukkila homeless hostel.¹³



13 Henley. *“It’s a Miracle’: Helsinki’s Radical Solution to Homelessness.”*

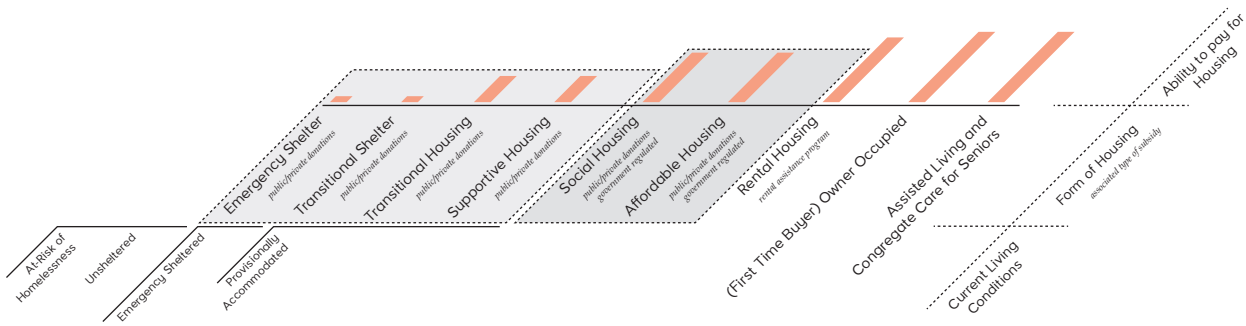


Fig. 14. The Housing Continuum.
Based on Sam Davis' description of subsidized housing in the United States, and the four categories of homelessness provided by the Canadian Definition of Homelessness.

The Shelter Continuum

In "Designing for the Homeless," Sam Davis described the housing continuum in the United States (broadly similar to Canada) as housing that varies depending on one's ability to pay. The continuum of care then, according to Davis, deals with the spectrum of housing where at one end exists homeless shelters, and the other, owner-occupied housing.¹⁴ Emergency shelters, transitional shelters/housing, and supportive housing could be considered as the "shelter continuum;" the spectrum which closely defines the recovery process for vulnerable populations, in terms of housing. Where the housing continuum is concerned with varying levels of stability, the shelter continuum is concerned with varying levels of fragility. These three levels illustrate the progression and transition of the disenfranchised, through the housing system to restabilization.

Emergency shelters represent the entry point of the shelter continuum, beginning the intake process for those who have become displaced, whether periodic or chronic. In addition to on-site rehabilitation programs or employment services, shelters provide referrals; sending clients to more appropriate resources and sometimes more qualified facilities. Emergency shelters arise out of necessity and their purpose is to accommodate those in the most extreme of circumstances. With drug abuse commonly leading to intense mental illness, abandonment leading to criminality, domestic abuse leading to irreconcilable trauma, it is the extreme conditions of our generation

14 Davis, Sam. *Designing for the Homeless*. London: University of California Press, 2004.

Shelter As Policy

however that have grown substantially. The perception of shelters have evolved from mere accommodation to considerable care. Shelters have become overburdened socially with the responsibility of recovery for these individuals, when in reality their role is to provide for those who cannot provide for themselves, not to heal them. The recovery process is beyond the scope of what shelters can feasibly provide. This is not to say emergency shelters should not incorporate social services or recovery programs as many do today, but the social pressures imposed on them are unfairly attributed. With more and more people entering shelters, the need for transitional supports is urgent.

Transitional housing provides temporary and conditional residence for those in the process of recovery. Also a subsidized form of housing, residents in transitional housing must be able to maintain their recovery through supplemental social supports provided by the facilitators of the housing. Typically, the residents of transitional housing are grouped based on a specific demographic or respective traumas and vices. Support staff is situated on-site to maintain the facility and provide assistance when necessary. The purpose of this type of housing is to be a simulated, safe and secure environment to foster the best circumstances for recovery. People moving from emergency systems into transitional housing have often lived in a constant state of movement, from one shelter to another, and often come from traumatic backgrounds. Emergency shelters and resource centres direct people to transitional housing by referral, distinguishing who is not only in the most need of stable housing, but capable of maintaining it.

Fig. 15. The Shelter Continuum Diagram.

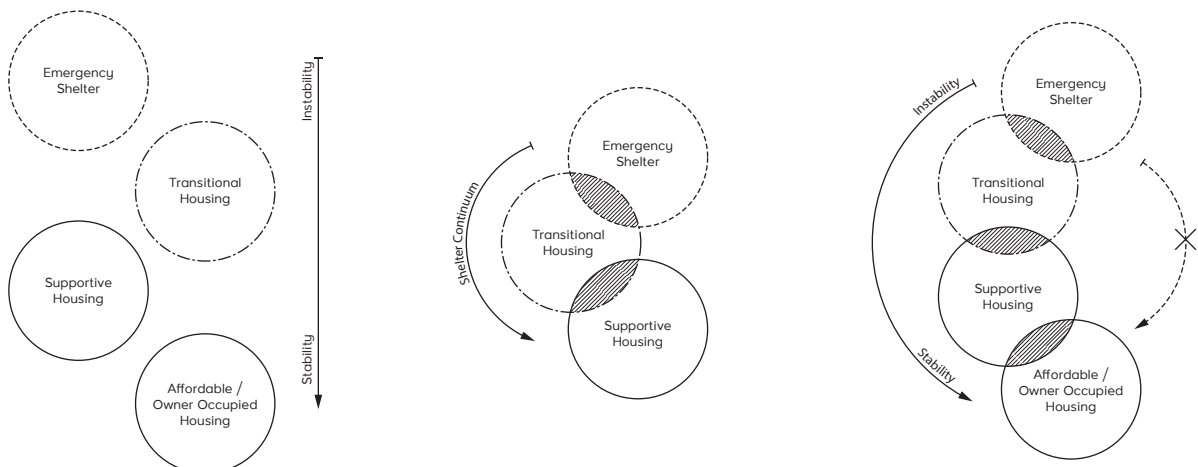




Fig. 16. Eva's Phoenix, Architect: LGA-AP, Photography by Ben Rahn / A-Frame.

Eva's Phoenix, designed by LGA Architectural Partners and based in downtown Toronto, provides an example of a transitional housing that successfully balances quality of life with the need for sense of security. Eva's is a non-profit initiative that primarily targets shelter for youth experiencing homelessness.¹⁵ The development itself provides 10 shared townhouse-style units (50 bedrooms total) as well as education and training programs. The units "face onto an internal street - which serves as a gathering place for the Eva's community... the layering of spaces builds comfort by giving the youth the choice to decide their own level of integration."¹⁶ Considering the diverse and possibly traumatic backgrounds youth face before falling into homelessness, the ability to choose their own level of integration respects each person's recovery process. The privacy provided by giving each person a bedroom is balanced by the internal street, simulating the reality of

15 Eva. "Eva's Houses: Eva's Initiatives for Homeless Youth." Accessed December 29, 2019. <https://www.evas.ca/where-we-are/evas-phoenix/>

16 Cogley, Bridget. "LGA transforms warehouse into community for homeless youths in Toronto." Dezeen. Accessed December 30, 2019. <https://www.dezeen.com/2017/09/04/lga-architectural-partners-transforms-warehouse-evas-housing-homeless-youth-toronto/>



Fig. 17. Eva's Phoenix, Architect: LGA-AP, Photography by Ben Rahn / A-Frame.

living in an independent rental unit or even owner-occupied housing. Furthermore, the detailed interior of the building is hidden by a bare exterior, keeping the facility private for the residents and maintaining their sense of ownership over the space.

Following transitional housing, supportive housing is a more permanent model of housing for more complex and re-occurring issues. "Those who may benefit from tightly linked and supportive social, health and housing supports as a means of maintaining their housing stability may be best served by this model," sometimes termed Permanent Supportive Housing (PSH).¹⁷ For those with issues that require constant support, which without access would fall into regression, this form of housing prioritizes an integrated model to best serve its clients.

Towards the end of the shelter continuum lies affordable housing, which is simply housing subsidized to cost less than 30% of before-tax household income. Affordable housing is most commonly implemented in one of two ways: "scattered-site housing" or "congregate models of

¹⁷ Gaetz, Scott and Gulliver, "Housing First in Canada."

housing.” The scattered-site approach involves renting units in private developments, allowing some of the costs of operation to be taken on by the private sector. Congregate models are those where many of the units in a single building are considered “affordable.” In the spectrum of recovery, affordable housing represents the point which those in transition become most independent, responsible for their own well being and capable of maintaining stability. It is the purpose of the shelter continuum to provide vulnerable populations with the means to arrive at a degree of self-sufficiency.

“Gone are the days where someone has just had a fight with a mom and dad and they just need a temporary place to stay. Most of the youth that we’re seeing have very complex issues: lots of mental health [problems], drug addiction, violence and abuse in their history. Our numbers are remaining steady, but the issues are definitely a lot more difficult to manage...”

-Sandy Dietrich-Bell, chief executive officer of oneROOF Youth Services.¹⁸

As outlined by the implementation of the Housing First policy, the provision of secure housing resolves many of the issues associated with homelessness. Reduced use of shelters, reduced outpatient visits, reduced police intervention, even reduced use of transitional shelters and group homes. The fundamental supply of housing eliminates the issues one faces when dealing with homelessness, but there is a need for further supports to reduce regression and promote reintegration. Creating a mass amount of permanent supportive housing, which focuses on minimizing regression creates a significant reliability on social support systems, burdening an already limited assistance system. In this regard, a permanent supply of housing under the Housing First policy gives residents a transitional path to stability, but lacks the capacity to ensure their reintegration and future development.

The value of transitional housing is the opportunity to combine a permanent supply of housing with systems that foster occupation-based relationships and liminal mindsets. Where transitional systems often provide housing and social support to rehabilitate residents, job placements can be integrated to further individual development beyond one’s state of fragility. The designers of such spaces, then become vital in prioritizing not only spaces of relief, but spaces of encouragement – of liminality.

¹⁸ Waitson, Emily. “Putting a face to the homeless in Waterloo Region.” The Cord, September 9, 2018. Accessed December 31, 2019. <https://thecord.ca/putting-a-face-to-the-homelessness-in-waterloo-region/>

Shelter As Policy

End of Section

Part D:

Design Proposal: The Means of Relief

"Liminality is about initiating personal and collective development by creating places and spaces where people can re-engage in community, and thereby remember to trust the other, reflecting back the openness the experienced. As large scale organizations leave people behind, one role for community groups is to develop liminal spaces where people can reconnect with meaningful community."

- Joseph and Stephanie Mancini, "Transition to Common Work: Building community at The Working Centre."

Based on the research presented, the following section will outline the current issues of homelessness in the Region of Waterloo. It will provide a social context for the implementation of transitional housing in Cambridge, ON as well as an analysis of the current emergency system in place. Transitional and supportive housing are means of alleviating pressure from an already oversaturated emergency system, They provide the means to move out of emergency circumstances and into rehabilitational environments. The focus is to articulate a strategy of implementing transitional housing in the downtown core of Galt, providing relief to the existing emergency shelter system. By distributing targeted housing and services, each component within the system can then be better equipped to deal with their respective clientele.

The Region of Waterloo

In August 2018, the Region of Waterloo Community Services Committee released a Housing and Homelessness update evaluating the status of its emergency shelter system. This report described the usage of shelters across the region through homelessness trends; categorized as sheltered, unsheltered and chronic.

“The Emergency Shelter System has capacity to serve 245 people on-site every night of the year. Some providers serve only youth, while others serve a mix of youth, singles and/or families. Most of the spaces are in the larger adult-serving shelters (80 percent) and more are located in Kitchener (60 percent) compared to other area municipalities within Waterloo Region. When shelters reach their on-site capacity, they first access other available beds in the system, and then access motel overflow.”²⁵

25 Pye, Angela and Deb Schlichter, “Housing and Homelessness Update

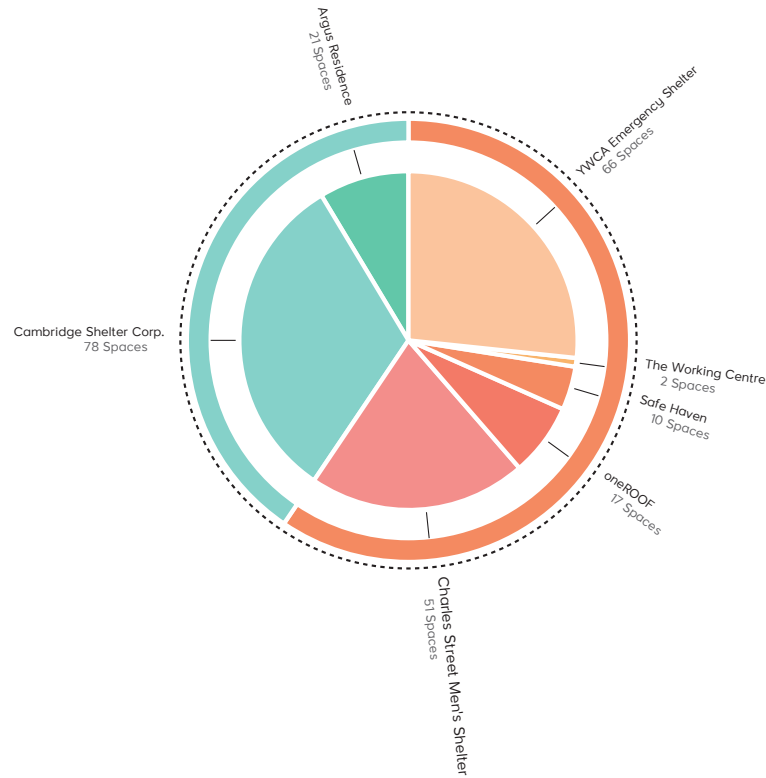


Fig. 18. Distribution of Emergency Shelter Beds in the Region of Waterloo.

The report outlines the capability of the region to support those suffering from homelessness on any given night of the year, but the system is at its limits and poses questions of expansion with the ever-increasing number of people on the streets. According to the Region's Housing Stability Summary 2017/2018, the average daily bed occupancy for emergency shelters rose to 242, an extreme condition which leaves little room for fluctuation. From a logistical standpoint, with an average occupation of 94% capacity, the Region's emergency shelter system is in drastic need of expansion. If the existing system remains at its current capacity, it will not be able to support the unfortunate inevitability of new groups falling into homelessness and if the system grows, it will have to continue to grow to accommodate a larger influx. It is this need for expansion that is an indicator of a socio-economic crisis.

The Region of Waterloo recognizes seven designated emergency shelters between Kitchener and Cambridge (*See Fig. 18*). Aside from

Summer 2018," (Region of Waterloo Housing Service, 2018), https://www.homelesshub.ca/sites/default/files/attachments/DOCS_ADMIN-%232740484-v7-CSD-HOU-18-20__Housing_and_Homelessness_Update_S..._0.docx

The Means of Relief

one location listed on the region's website, the amount of transitional or supportive housing across the region is undefined. There may be additional transitional housing locations, but they are likely provided for privately, not by the municipality. A lack of transitional and supportive housing puts the pressure on emergency shelters to accommodate as best they can. If these resources do not exist or are insufficient for the client's needs, the shelters become a primary resource for those suffering from homelessness. For people in a state of crisis, in search of a way out of displacement, transitional/supportive housing represents the means to move out of emergency shelter facilities and into affordable housing developments.

In addition to a larger availability of beds, Kitchener is also home to The Working Centre. First established by Joe and Stephanie Mancini in 1982 as a response to unemployment and poverty in downtown Kitchener, The Working Centre runs as a non-profit organization, providing social support and access to resources for vulnerable populations within their community. Through active involvement in the downtown core, and connections to a number of social enterprises and joint facilities that create a decentralized, but interconnected network, The Working Centre provides a wide range of support for those in need. The emergency beds supplied by The Working Centre and other local shelters in the area, though a primary support system, are a tertiary focus in their overall vision. The Working Centre has been able to improve its efficacy over the course of its lifetime in Kitchener by giving importance to people and perpetuating a belief in people's capacity to help themselves, given the proper resources.

Fig. 19. The Working Centre, 58 Queen Street South, Kitchener, ON.





Fig. 20. The Bridges, 76 Simcoe Street, Cambridge, ON. Image by Cambridge Shelter Corp.

Beyond its primary location at 58 Queen Street South in downtown Kitchener, the organization has been able to branch out to other storefronts within the area, creating businesses such as the Queen Street Commons Cafe (43 Queen Street South) and Fresh Grounds (256 King Street East). Where The Working Centre primarily provides access to resources and consultation, the Commons Cafe across the street provides a place of repose for the community, open to vulnerable populations as well. The existence of these two locations across the street from each other acknowledges the larger role The Working Centre has within downtown Kitchener. These two facilities did not receive any form of government funding to initiate.

The Working Centre's expansion to create Fresh Grounds coffee shop, developed enough good will within the community to purchase and renovate a nearby house as permanent housing, supporting residents with issues of mental health. It is conveniently located next to House of Friendship, which has a supportive relationship with The Working Centre. People find value in the opportunities for community engagement in the Working Centre's network which allows for a sense of individual ownership. In contrast to the situation of the 1980s where the localization of support services, especially emergency systems had the potential for ghettoization, the decentralized, but interconnected network of The Working Centre has positively influenced its broader community.

The Bridges located in Galt, downtown Cambridge, has been the

leading facility in the community to accommodate those suffering from homelessness locally. The facility opened its doors in 2005 with 40 beds, three family shelter units, a drop-in centre, and 20 transitional housing units.²⁶ It has grown to expand its number of emergency beds to 78. Over its lifetime, The Bridges has performed well as an emergency shelter and drop-in centre providing consistent access to shelter over the past few years. However, due to a persistent opioid crisis and greater financial disparity, the severity of homelessness has intensified, leaving The Bridges struggling to keep up with demand. As the Bridges does not allow for any form of drug use on the property, people have been known to occupy the street adjacent to the facility, just off the property to conduct drug related activity. In many cases, this is due to the risk of overdose and the reliability of emergency response systems in the area. The public's perception of the homeless is driven by the visibility of drug abuse in the community, specifically in relation to the Bridges facility. Their concern for safety becomes tied to whether or not Bridges is operating effectively; the collective sight of homelessness in the streets become equated to drug abuse.

Where Kitchener's emergency shelter beds are more adequately spread out across 5 different locations in the downtown core, Cambridge beds are primarily focused on two independent and central locations: The Bridges and Argus Residence for Young Men & Young Women (*See Fig. 22*). As the Argus Residence only provides for youth and is situated in the township of Preston, the pressure of an older homeless population in Cambridge and the community of Galt is put on The Bridges. According to an article published in July 2018, Cambridge Shelter Corporation considered the possibility of moving as "it has outgrown the building on Simcoe Street [The Bridges]."²⁷ The Bridges is an example of a facility whose operation is based on accommodation, and with an increase in homelessness around Galt, its only answer is to increase in size – natural for a facility on the emergency spectrum. However, a larger facility located elsewhere in Cambridge will just shift the ghettoizing condition instead of remedying the problem.

26 Ellens-Clark, Stephanie, "Building Bridges: The Process to Develop an Emergency Shelter in Cambridge," (Social Planning Council of Cambridge and North Dumfries, Cambridge, ON, 2006).

27 Weidner, Johanna, "Bridges Shelter in Cambridge Considering New Home," *The Waterloo Region Record*, July 25, 2019, accessed September 8, 2019. <https://www.therecord.com/news-story/8762041-bridges-shelter-in-cambridge-considering-new-home/>

Recognizing that the role of an emergency shelter is to provide refuge for those who are in the most extreme circumstances, the expectation to incorporate additional on-site services opens the facility to a larger vulnerable population, seeking rehabilitation. It is this expectation by the public that applies pressure to the broader emergency system, and reinforces a stigmatizing perception of shelters when it cannot meet such demand. It is actually the role of transitional facilities to provide assistive services and restabilizing programs such as job training and employment connections to accommodate those seeking reintegration. The city of Cambridge requires the integration of transitional housing within its local shelter continuum to alleviate pressures on the emergency shelter system and better serve its homeless population in search of refuge and restabilization.

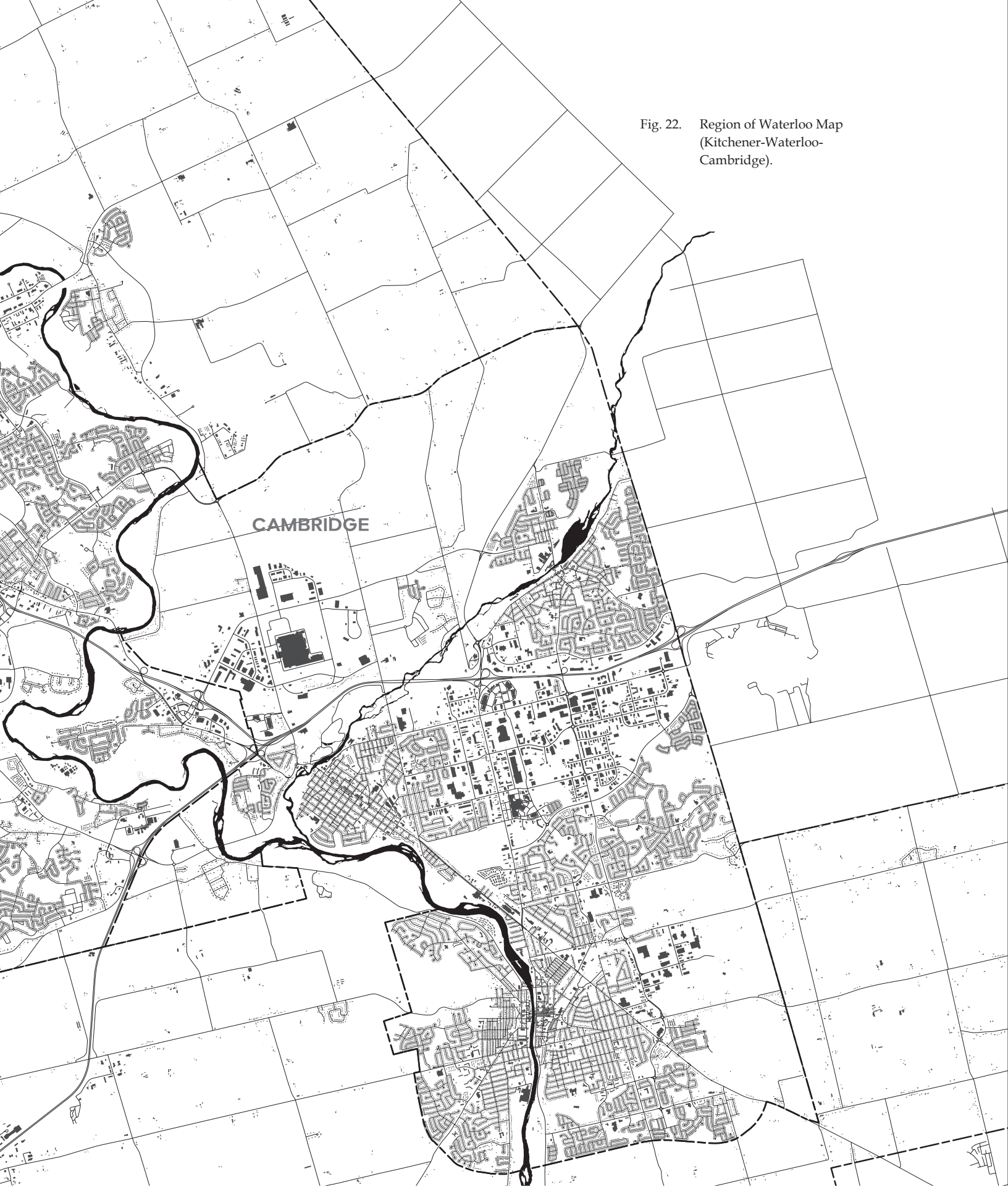
The Means of Relief

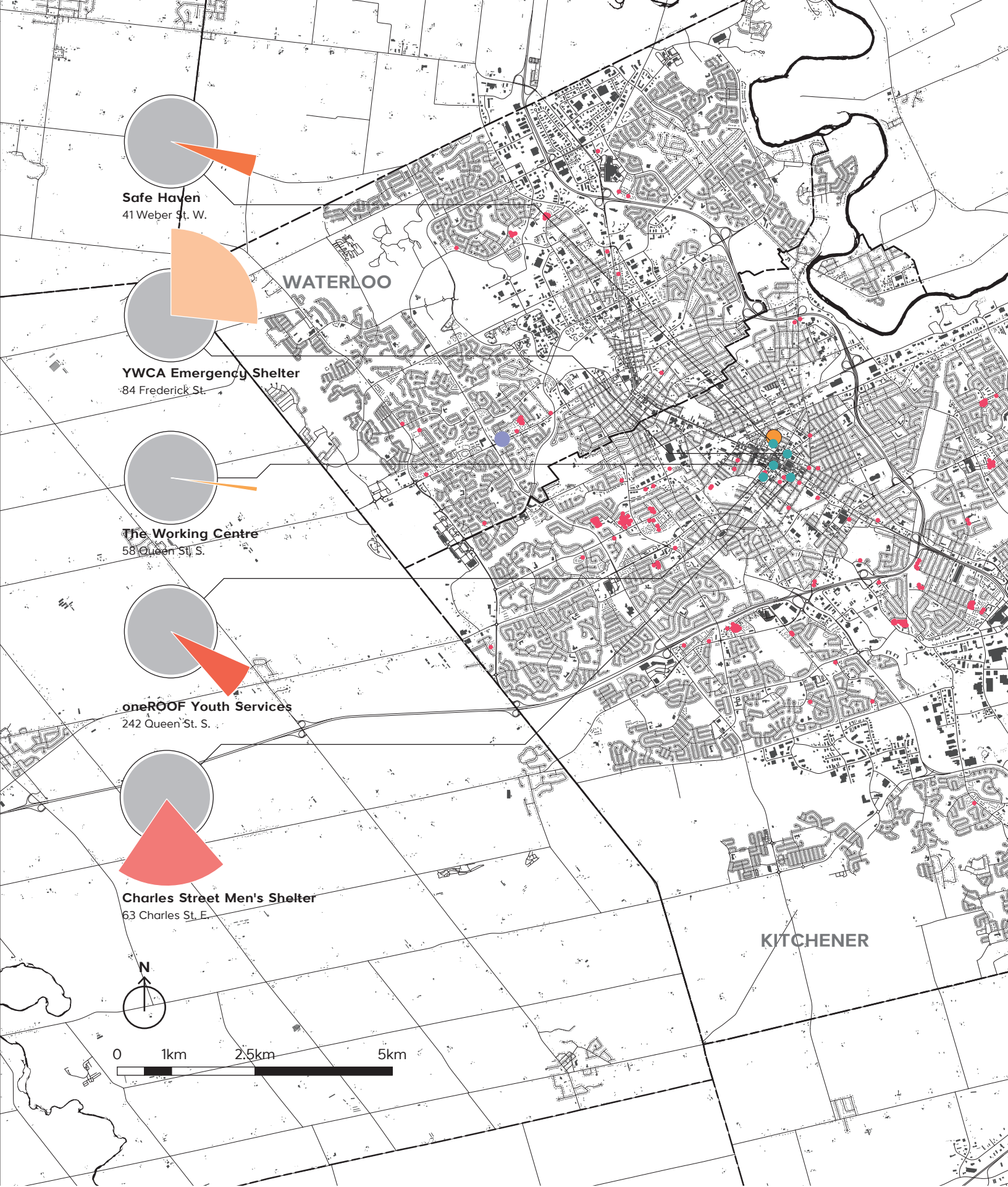
HOMELESSNESS	
Sheltered (Average Daily Bed Occupancy)	242 (2018)
Individuals identified as experiencing episodic homelessness:	175 (2018)
Individuals identified as experiencing chronic homelessness:	175 (2018)
Percentage of total bed nights resulting from chronic homelessness:	46% (2018)
Unsheltered (Average number at a given time):	40 (2018)
HOUSING	
Number of community housing units (Waterloo Region Housing):	2,722 (2013)
Number of households on housing waitlist:	3,432 (2017)
1-Bedroom Vacancy Rate:	2.9% (2-18)
2-Bedroom Vacancy Rate:	3.1% (2018)
Average Cost of Rent (bachelor):	\$796/mo. (2018)
Average Cost of Rent (1 bdrm):	\$1021/mo. (2018)
Average Cost of Rent (2 bdrm):	\$1210/mo. (2018)
Percentage of renters in core housing need:	24.8% (2011)
Percentage of general population in core housing need:	10.3% (2011)
SOCIAL ASSISTANCE	
Number of heads of households receiving Ontario Works assistance at December 2016:	8,782 (2016)
Ontario Works Assistance (single person/month):	\$721 (2017)
Basic allowance portion of Ontario Works (single person/month):	\$337 (2017/2018)
Shelter allowance portion of Ontario Works (single person/month):	\$384 (2017/2018)
INDIGENOUS DATA	
Percentage of Indigenous households in core housing need:	27% (2011)
Number of Indigenous households in core housing need:	425 (2011)
Those surveyed in homeless count identifying themselves as indigenous:	11% (2018)

Fig. 21. Region of Waterloo Community Profile. Data collected by Homeless Hub.



Fig. 22. Region of Waterloo Map
(Kitchener-Waterloo-
Cambridge).





Safe Haven
41 Weber St. W.

YWCA Emergency Shelter
84 Frederick St.

The Working Centre
58 Queen St. S.

oneROOF Youth Services
242 Queen St. S.

Charles Street Men's Shelter
63 Charles St. E.

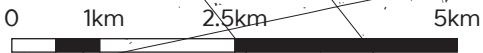
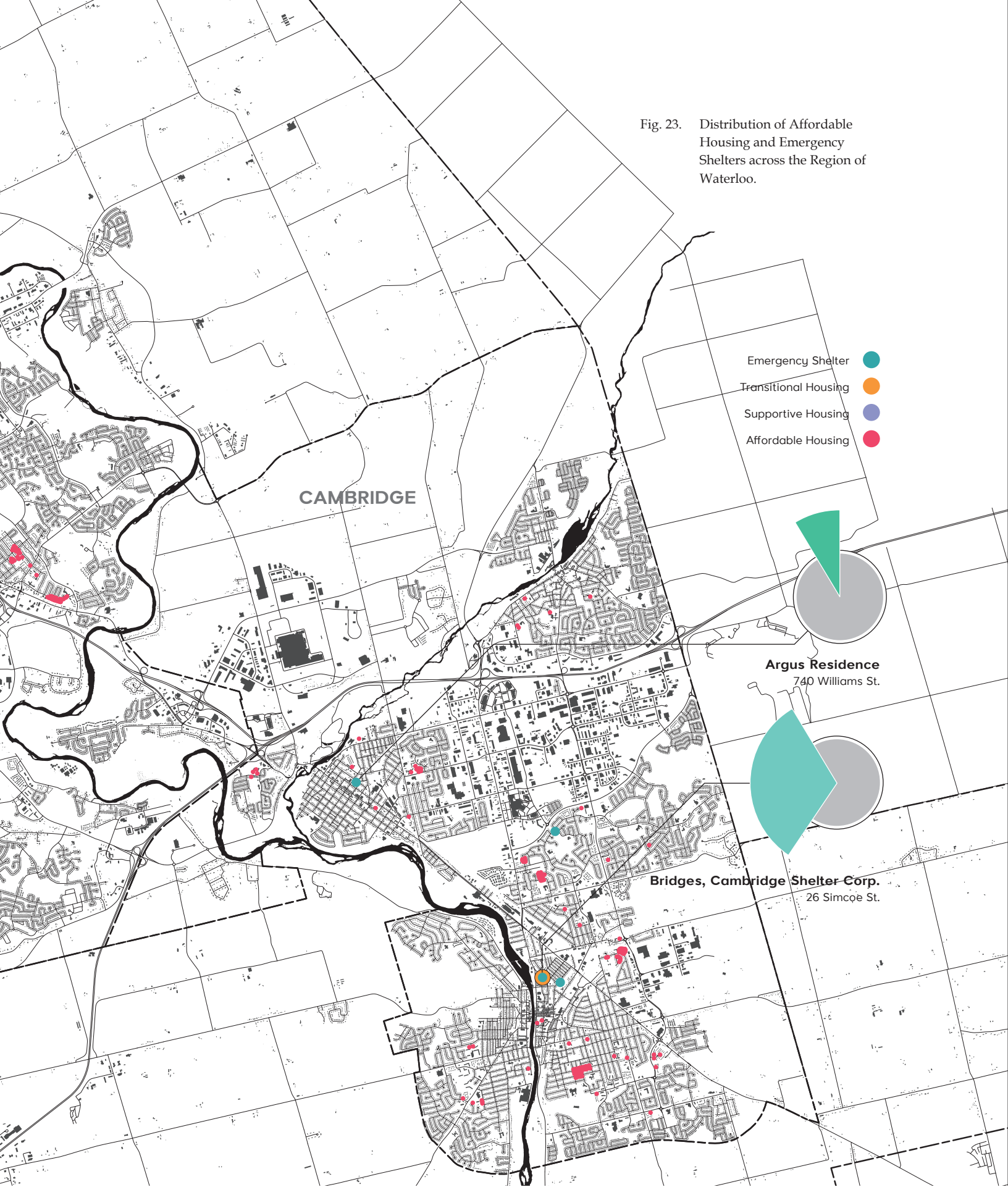


Fig. 23. Distribution of Affordable Housing and Emergency Shelters across the Region of Waterloo.



Designing for Relief: Distributed Transitional Housing

The assumption that those currently occupying emergency shelters have complete control over their restabilization and sufficient access to affordable housing is unreasonable. With the current lack of housing availability to low-income populations, an ongoing opioid crisis, and an extended occupation of emergency shelters as a result, the need for an integrated transitional housing system within Cambridge is crucial. Transitional housing, along the spectrum of the shelter continuum must become a natural part of the larger housing supply within the city in order to better redistribute targeted support services.

In similar fashion to how emergency systems cannot be collectively centralized for risk of ghettoization, transitional housing cannot be so centralized to dissociate itself from existing housing for risk of stigmatization. Consider, the significance of transitional housing as a means of restabilization and its ability to instill a sense of ownership; it is the first moment in the shelter continuum which grants a vulnerable person with a space of their own. This sense of ownership is meant to foster self-worth in a person, humanizing them. The physical siting of transitional housing in remote, commercial districts—potential zones of dependence—runs the risk of stigmatizing residents as less than human, undeserving of equitable housing. Within the urban fabric of the city, transitional housing must be geographically aligned with existing housing to promote destigmatization—to normalize transitional housing within the larger spectrum of housing.

In addition to a fundamental provision of housing for those in the process of transition, access to social support services must be integrated to assist reintegration. As the role of transitional housing ultimately exists as a system of graduation, the importance of job training programs becomes vital for people to become self-sufficient. Such programs

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provide people with the opportunity to learn skills that can contribute to their own future development, beyond their stay in transitional housing. Moreover, the act of participating in support programs and earning a living are rehabilitational in themselves.

Following the need for transitional housing and integrated social supports, this design proposal outlines a distributed transitional housing development in the community of Galt. It hopes to provide housing to those in the process of transition while providing access to supports through distributed social services, job training programs, and placement opportunities.

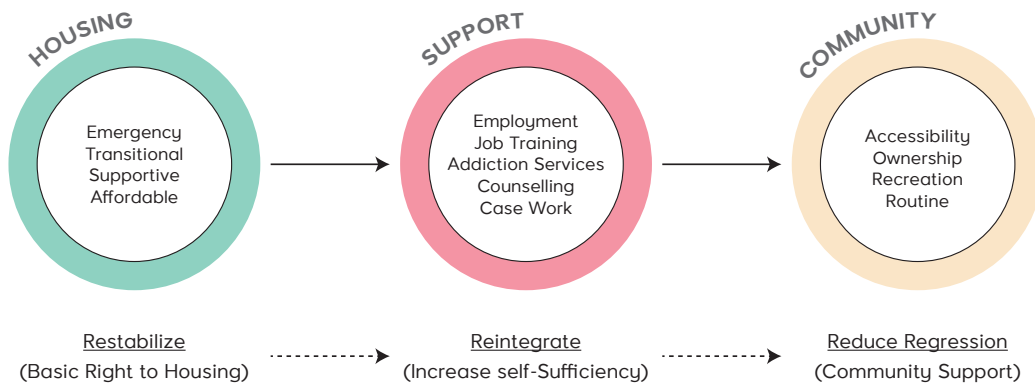
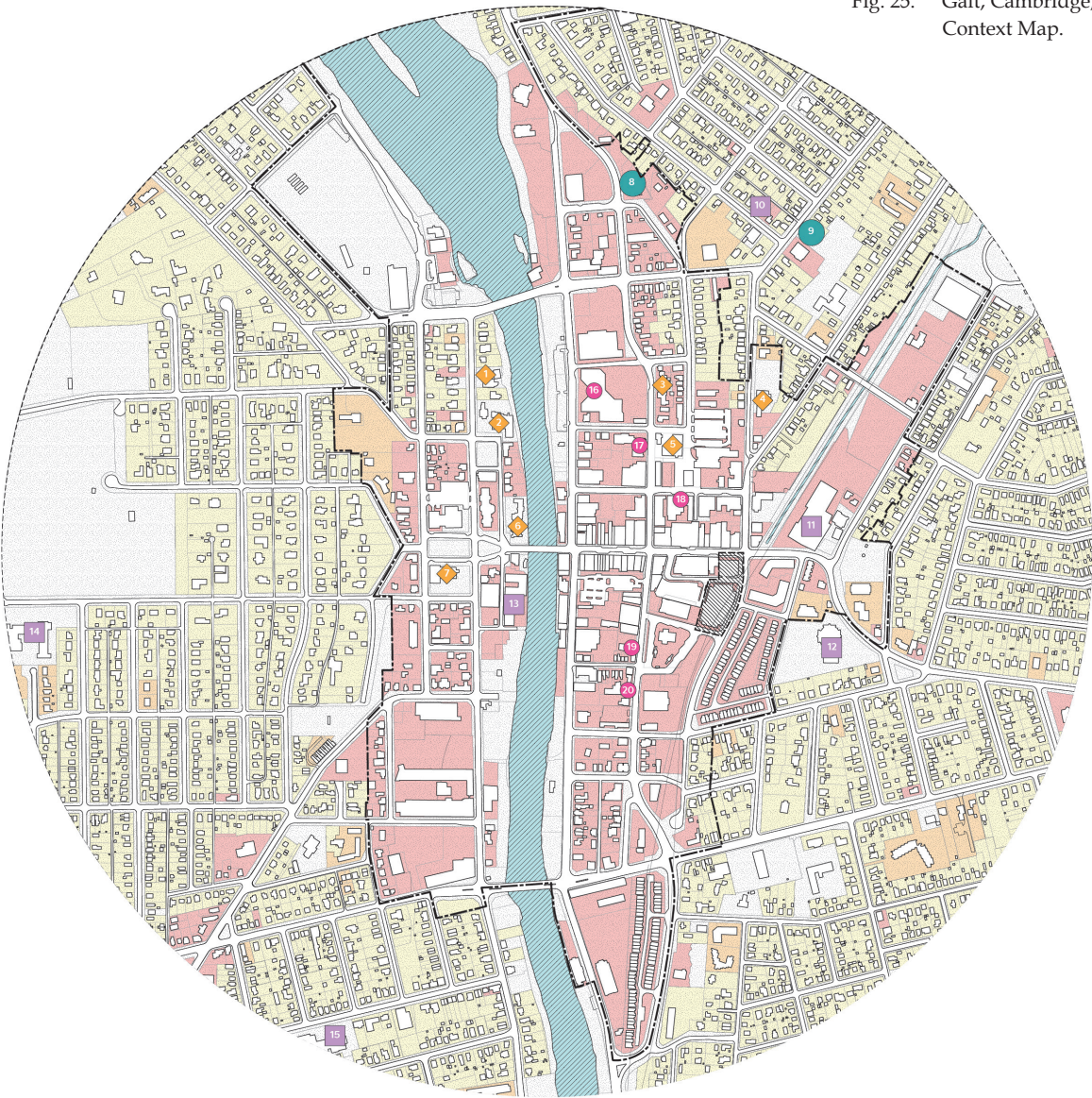


Fig. 24. Components of Transitional Support Systems.

As transitional housing, the proposal will prioritize three principles of support; to establish fundamental housing, to promote reintegration with self-sufficiency in mind, and to prevent regression by instilling a sense of ownership in one's community.

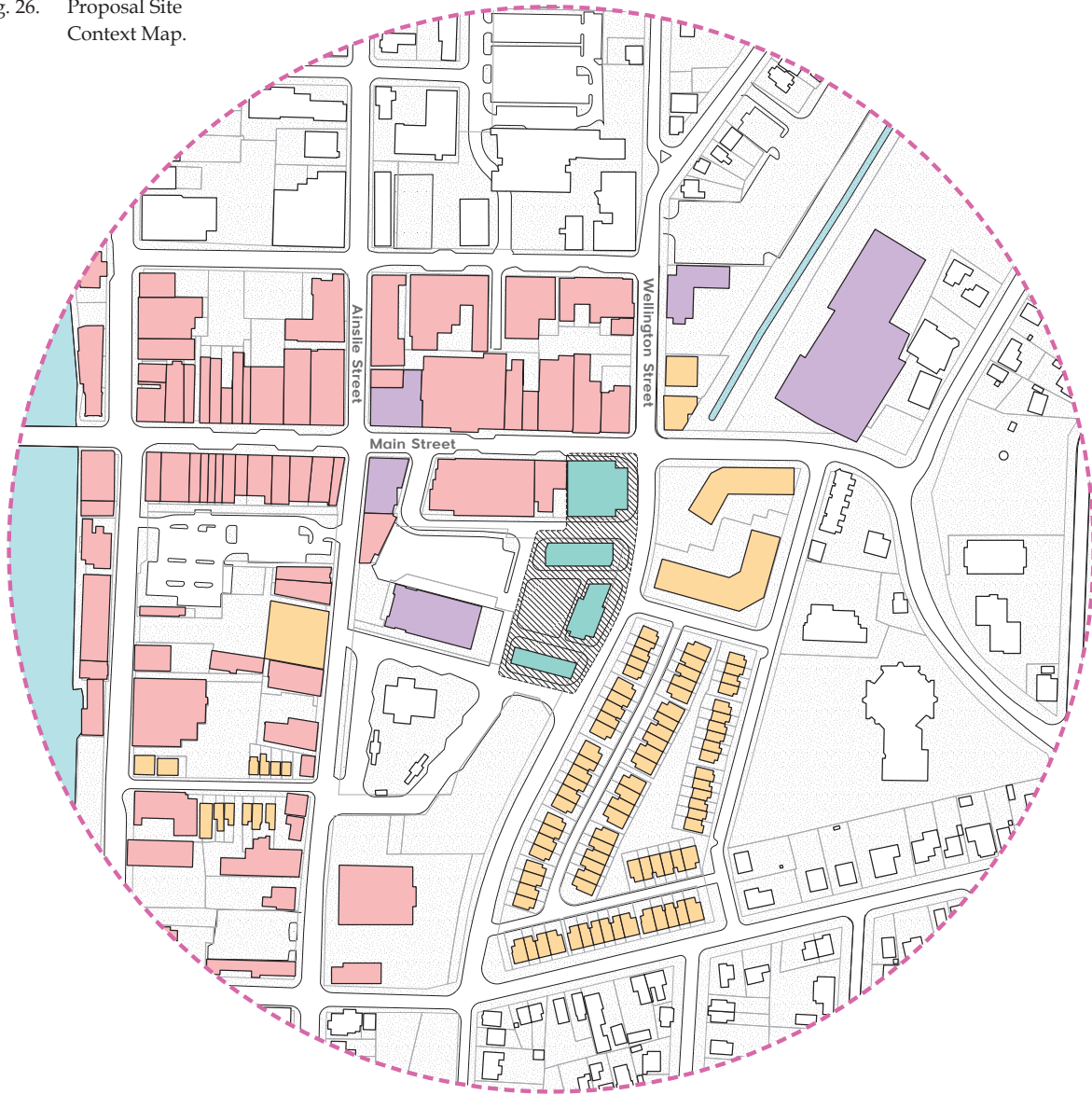
Fig. 25. Galt, Cambridge, ON
Context Map.



- | | | | |
|---|---|----|---|
| 1 | St. Paul's Lutheran Church | 10 | Montessori School of Cambridge |
| 2 | Trinity Anglican Church | 11 | Connestoga College Institute of Technology |
| 3 | Saints Martyrs Canadian Parish | 12 | Central Public School |
| 4 | St. Patrick's Parish | 13 | University of Waterloo School of Architecture |
| 5 | Wesley United Church | 14 | Highland Public School |
| 6 | Central Presbyterian Church | 15 | Saint Andrew's Public School |
| 7 | Grace Bible Church | 16 | Cambridge ODSP |
| 8 | Bridges, Cambridge Shelter Corporation | 17 | Christian Counselling |
| 9 | Argus Residence for Young Men & Young Women | 18 | Lutherwood Employment |
| | | 19 | Cambridge Career Connections |
| | | 20 | Cambridge Self-Help Food Bank |

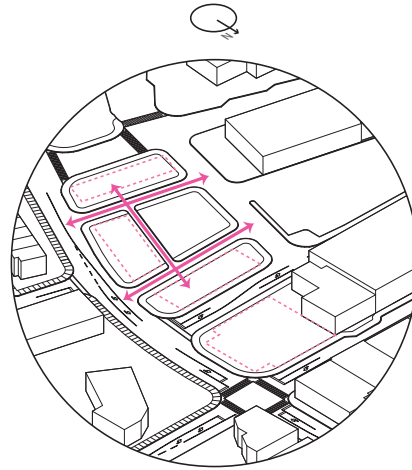
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Fig. 26. Proposal Site Context Map.

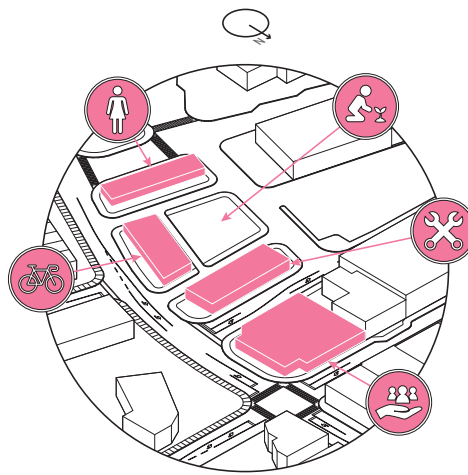


- Commercial
- Residential
- Institutional

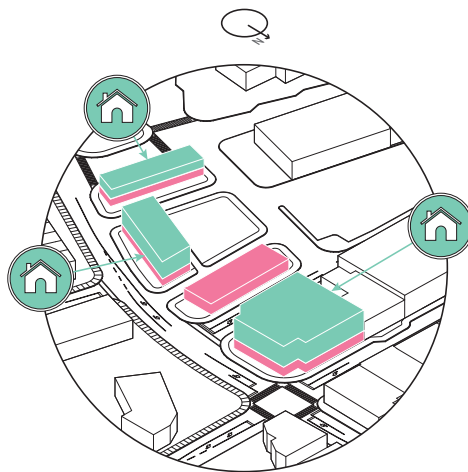
Fig. 27. Organizational Strategy & Massing Diagram.



Divide & Distribute



Ground Level Support



Housing Above

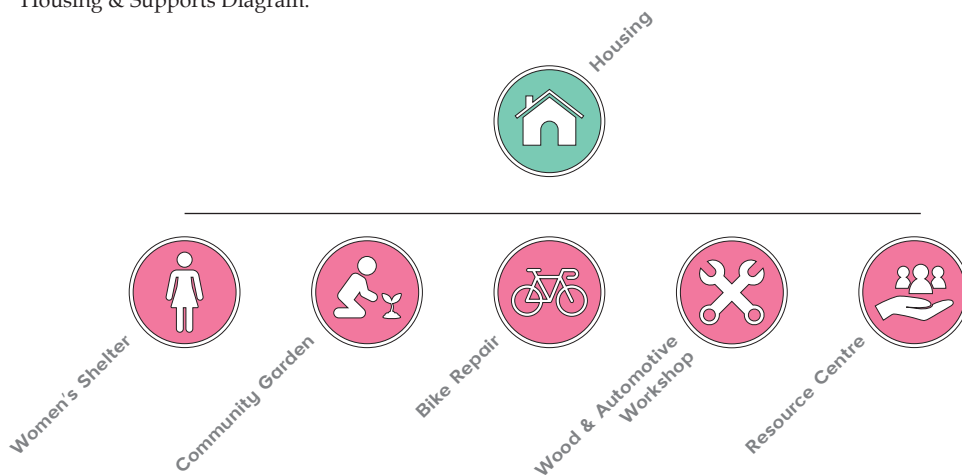
Siting & Organizational Strategy

The site for this proposal is on the corner of Main Street and Wellington Street in Galt (downtown Cambridge), taking over two existing parking lots, adjacent to a series of residential townhouses. Recognizing that adequate housing must have sufficient access to social infrastructure and public transportation, the site was chosen with a central location in mind. Given that the downtown core of Galt is relatively small and the surrounding residential zone is dense, the proposal takes advantage of the centralized location to normalize the state of transitional housing. This is in contrast to the existing emergency shelter on Simcoe Street at the edge of the Galt township, which fosters a fringe-like atmosphere.

Organizationally, the proposal defines the ground level as support or service oriented where training programs and job placements operate, while the upper levels are reserved for housing. It targets the residents' involvement in job training and support programs as a form of transitional progress. As transitional housing, the proposal is designed to prioritize a safe and secure home environment for its residents while providing necessary opportunities for work, social support, access to resources, job training and placement programs.

This distributed transitional housing development is divided amongst four buildings; a Resource Centre, a Wood & Automotive Workshop, Family Housing, and a Women's Shelter.

Fig. 28. Housing & Supports Diagram.



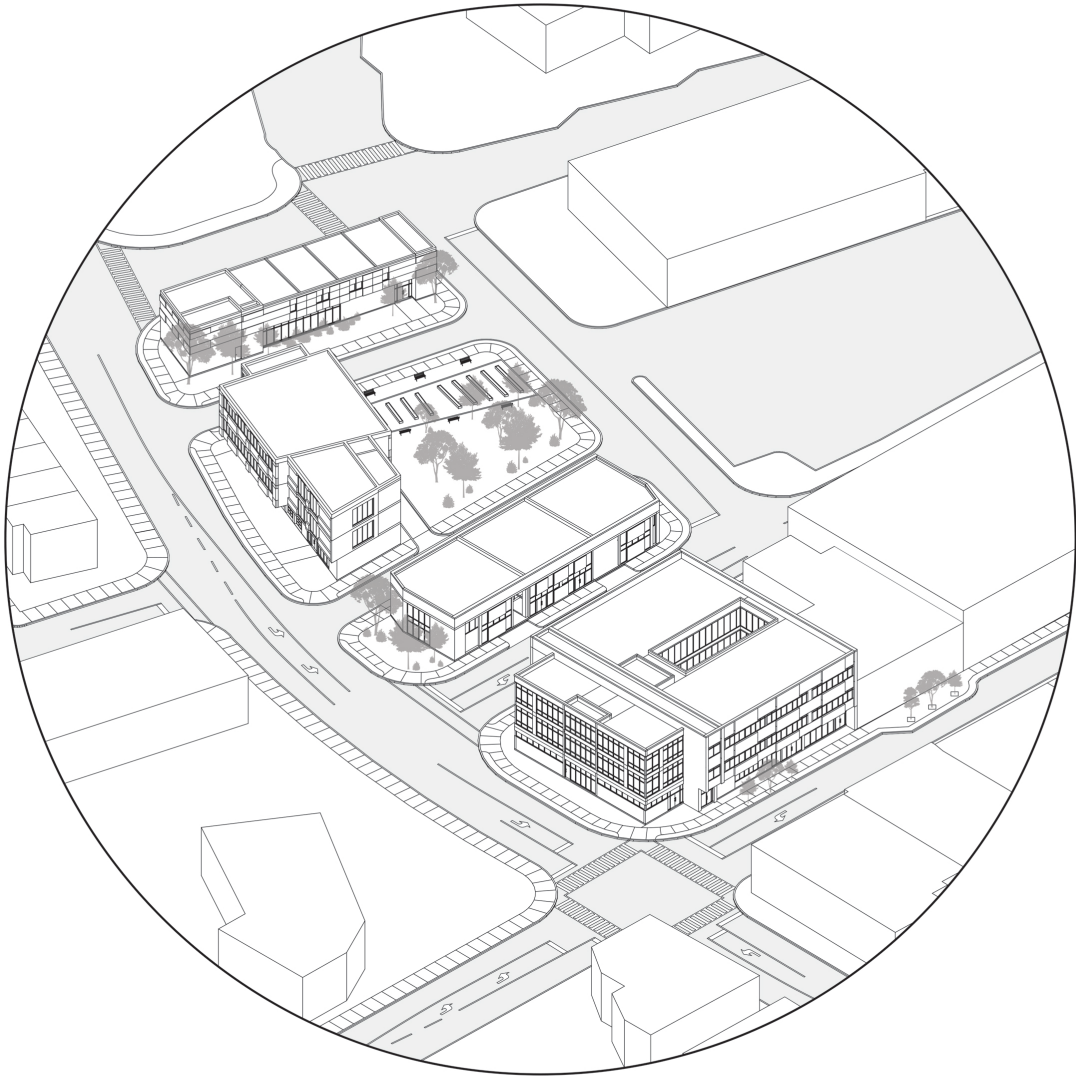
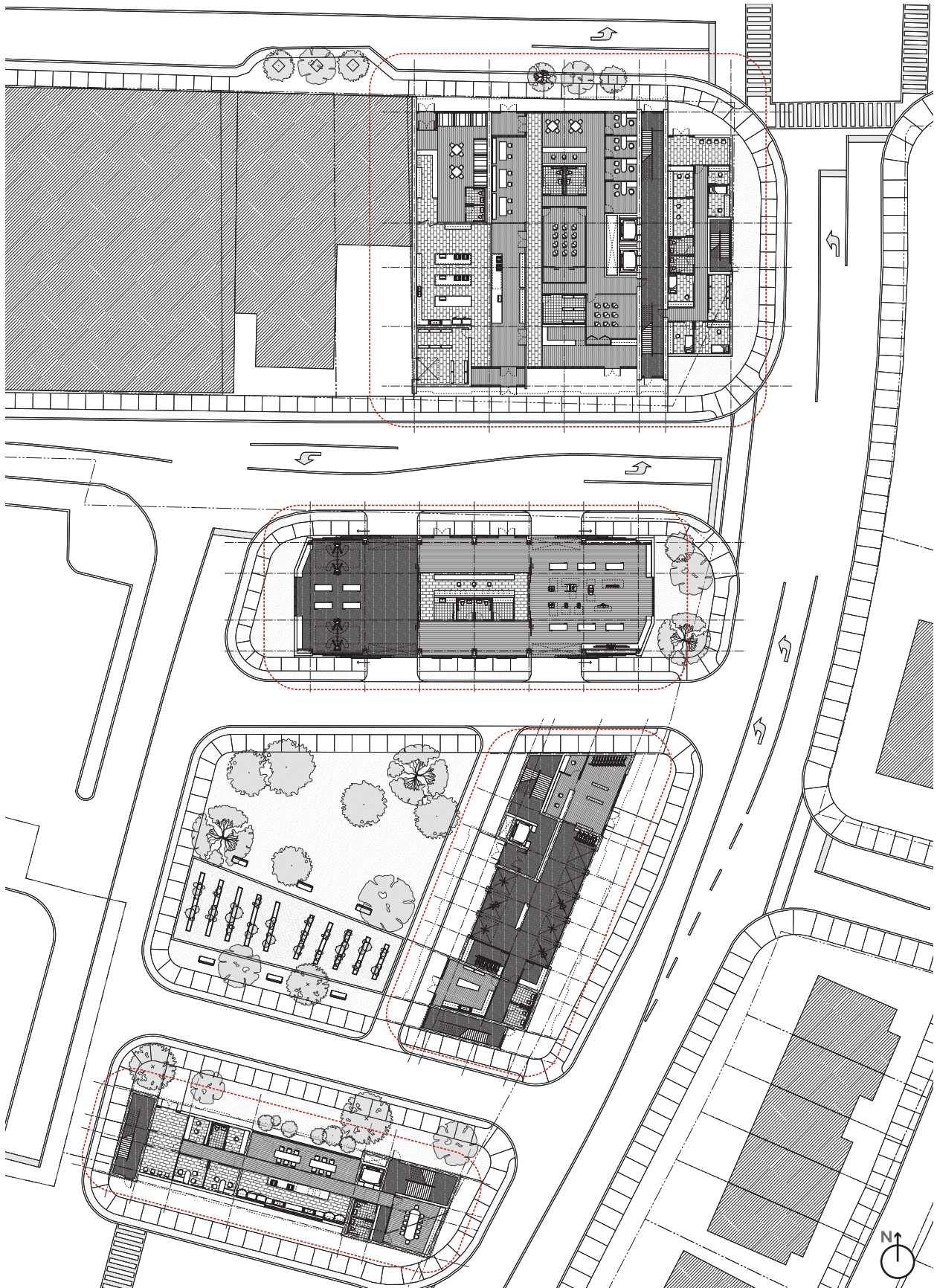
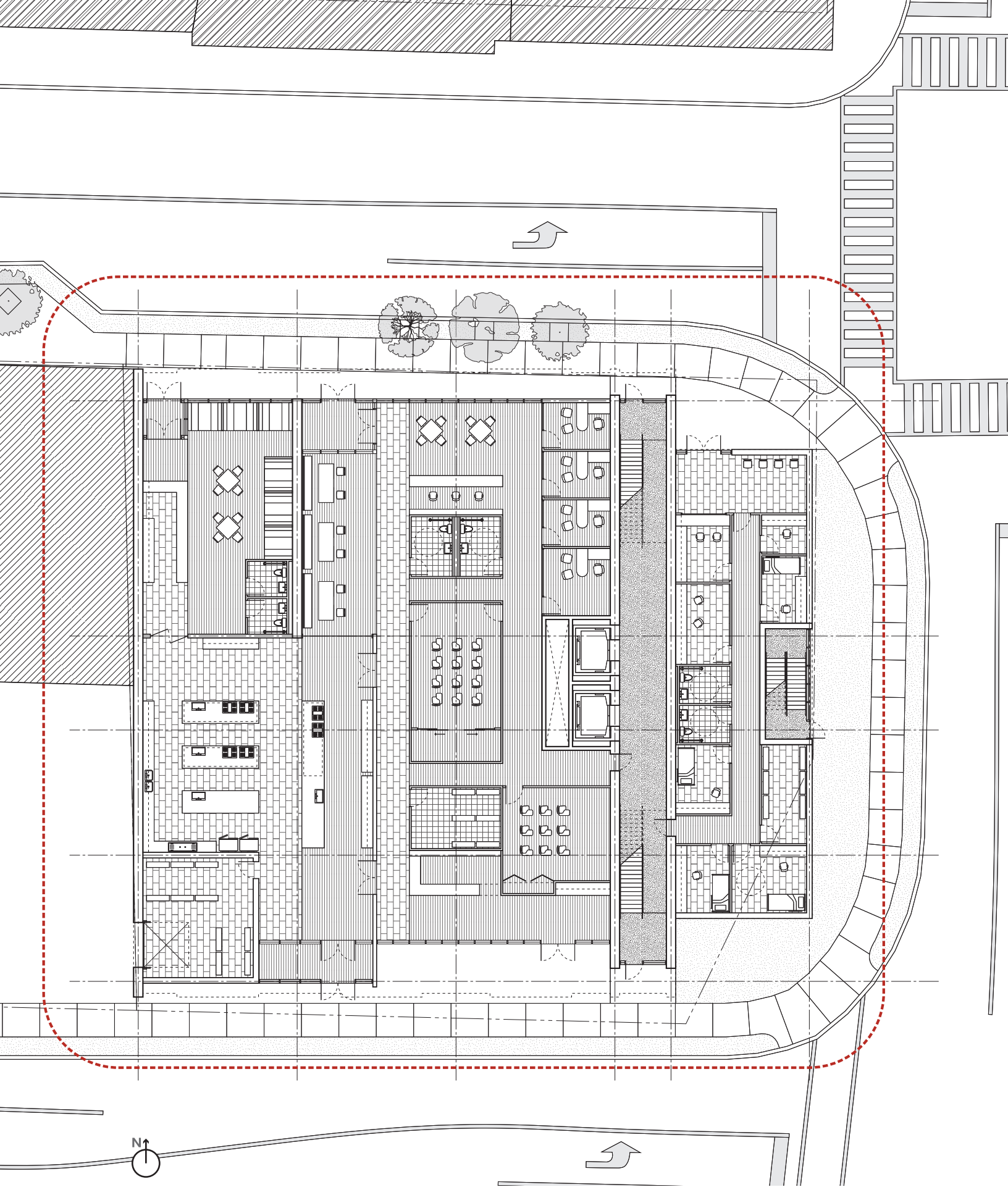


Fig. 29. Site Massing Diagram.

Fig. 30. Distributed Transitional Housing, Ground Floor Plan.

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Resource Centre

The Resource Centre operates as the central node of the transitional facility. It provides primary access to social services such as individual case work, employment connections, and financial support while also providing job training and placement opportunities. As a condition of the transitional housing provided above, residents are required to engage with any one of the programs on the ground floor of the larger transitional housing facility.

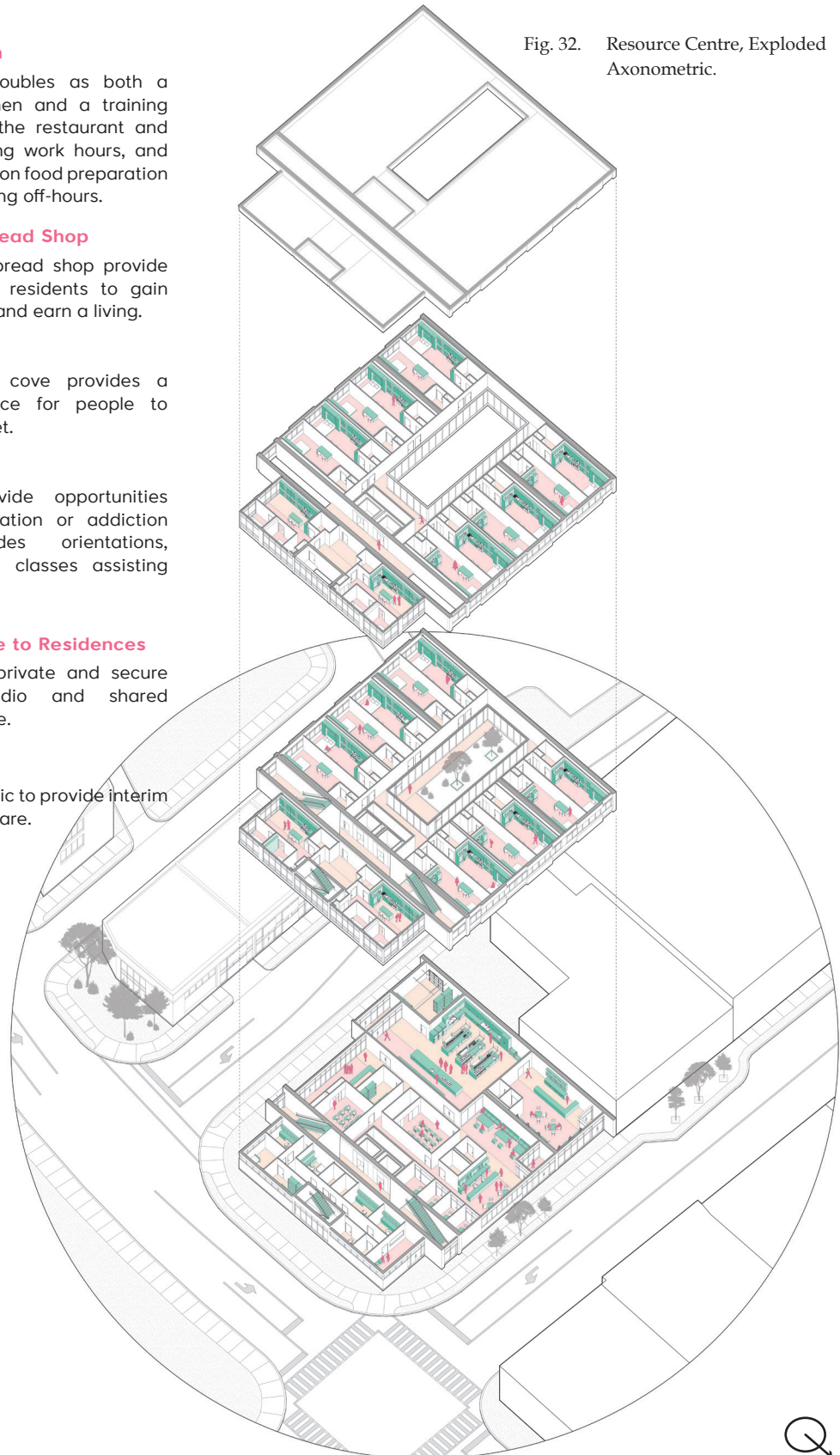
On the ground level, the Resource Centre houses both a small restaurant facing Main Street and a bread shop on the opposite side. Both are serviced by a large commercial kitchen which doubles as a training kitchen, running food preparation and nutritional programs for the residents. It also incorporates two flexible classrooms that run educational classes and addiction support programs. It prioritizes the security of residents in the housing above through private entrances on both sides of the building. The ground floor also has an adjacent medical clinic on the East side of the building, providing interim check-ups and emergency care.

The above housing is comprised of 24 studio apartments and four shared apartments. The studio apartments are fully equipped with individual washrooms, kitchenette, bed, and a large amount of storage space. The second floor provides access to a small green roof courtyard.

Fig. 31. Resource Centre, Ground Floor Plan.

- (A) Training Kitchen**
Large kitchen doubles as both a commercial kitchen and a training kitchen, serving the restaurant and bread shop during work hours, and providing classes on food preparation and nutrition during off-hours.
- (B) Restaurant & Bread Shop**
Restaurant and bread shop provide opportunities for residents to gain work experience and earn a living.
- (C) Seating Cove**
Flexible seating cove provides a comfortable space for people to enter off the street.
- (D) Classrooms**
Classrooms provide opportunities to hold rehabilitation or addiction programs, trades orientations, and instructional classes assisting language skills.
- (E) Private Entrance to Residences**
Residents have private and secure access to studio and shared apartments above.
- (F) Medical Clinic**
Small medical clinic to provide interim and emergency care.

Fig. 32. Resource Centre, Exploded Axonometric.



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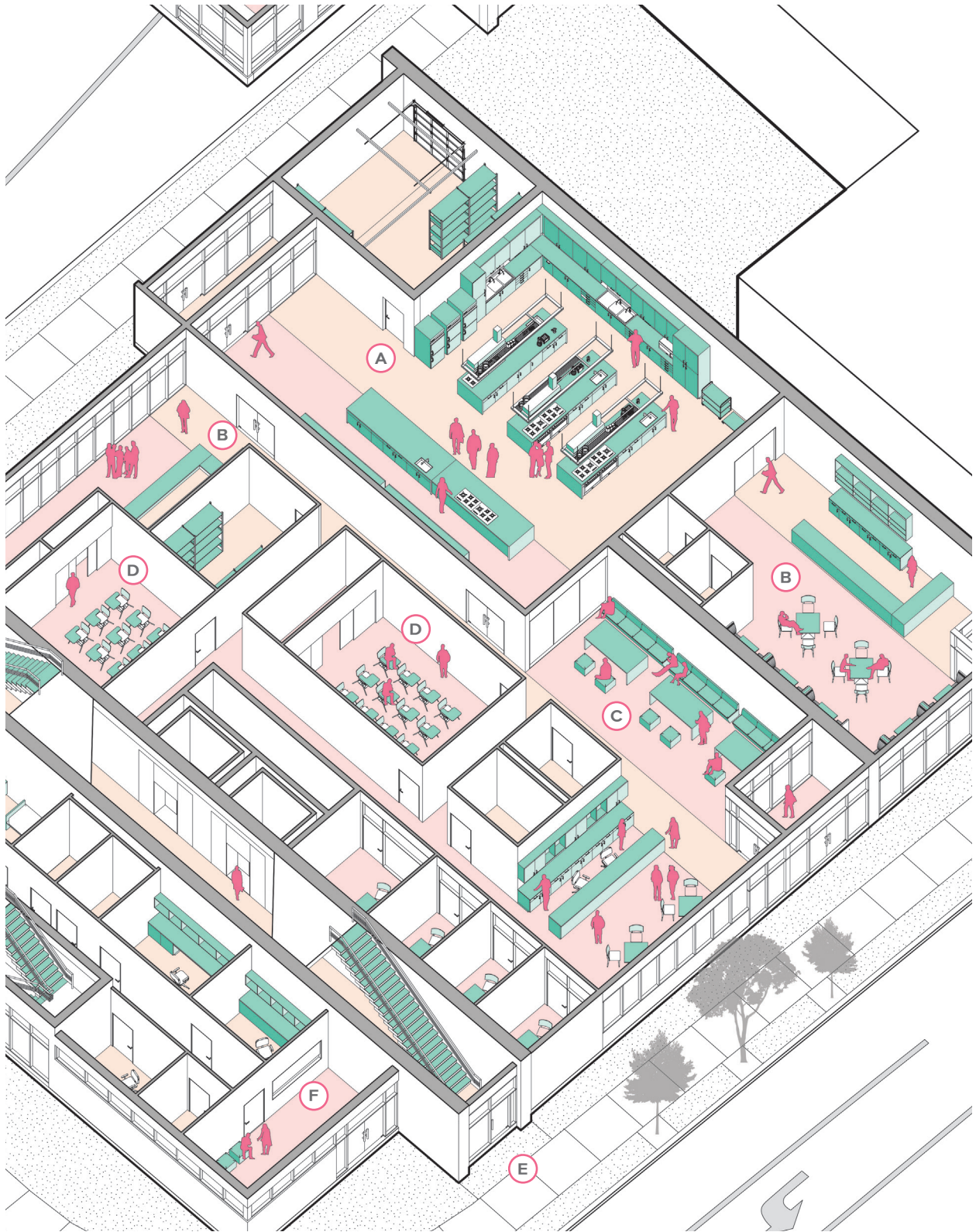


Fig. 33. Resource Centre, Exploded Axonometric, Ground Floor.





Fig. 34. Resource Centre Seating Cove, Interior Perspective.





Fig. 35. Resource Centre Training Kitchen, Interior Perspective.



A Studio Apartment

Individual studio apartments fitted with a kitchenette, washroom, bed, and sufficient storage.

B Shared Apartment

Two bedroom shared apartment with a kitchenette, living area, laundry area, and storage.

C Internal Courtyard

Internal courtyard open to above provides a secure outdoor space for residents to access.

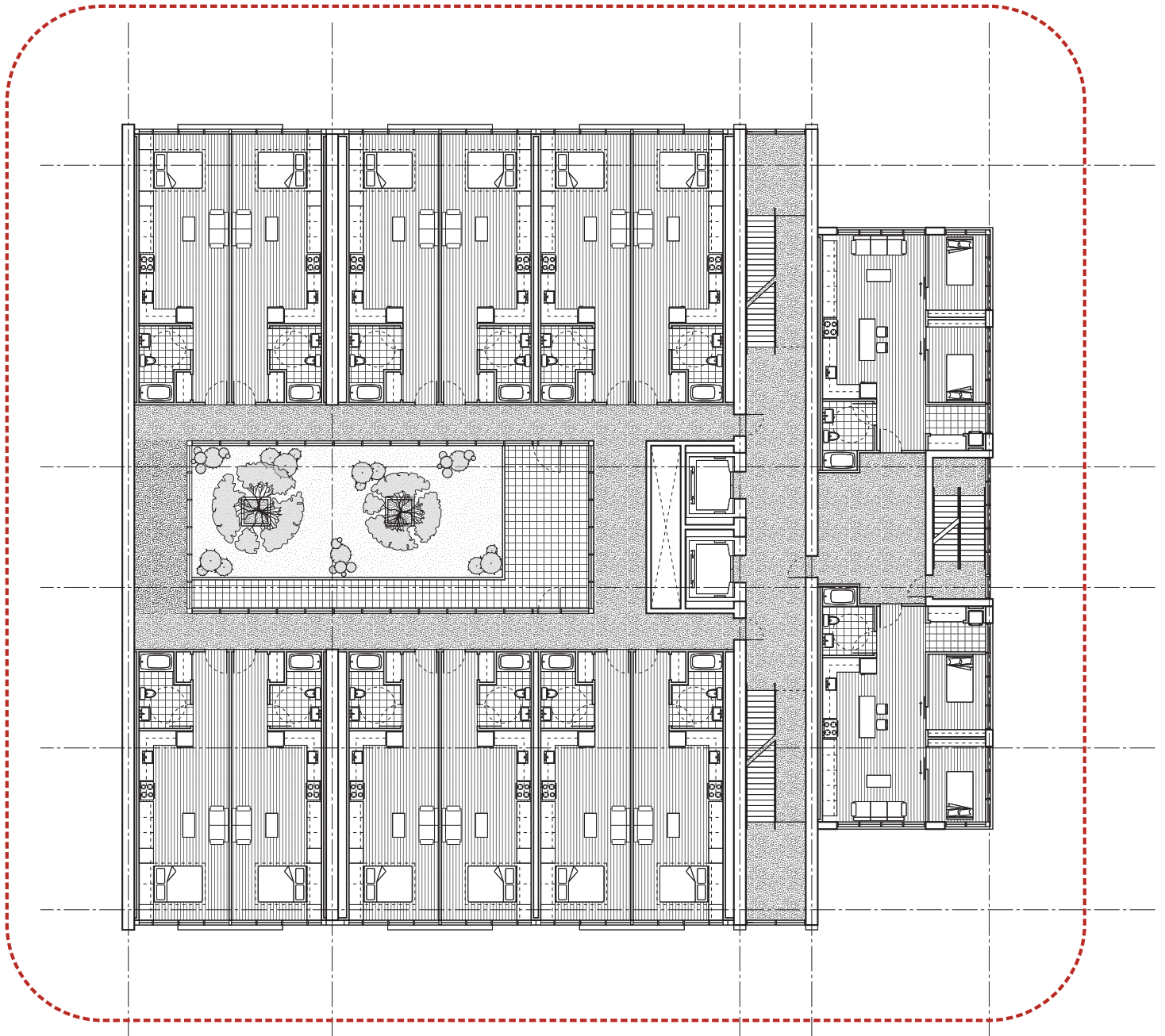


Fig. 36. Resource Centre, 2nd Floor Plan (3rd Floor Similar).



The Means of Relief

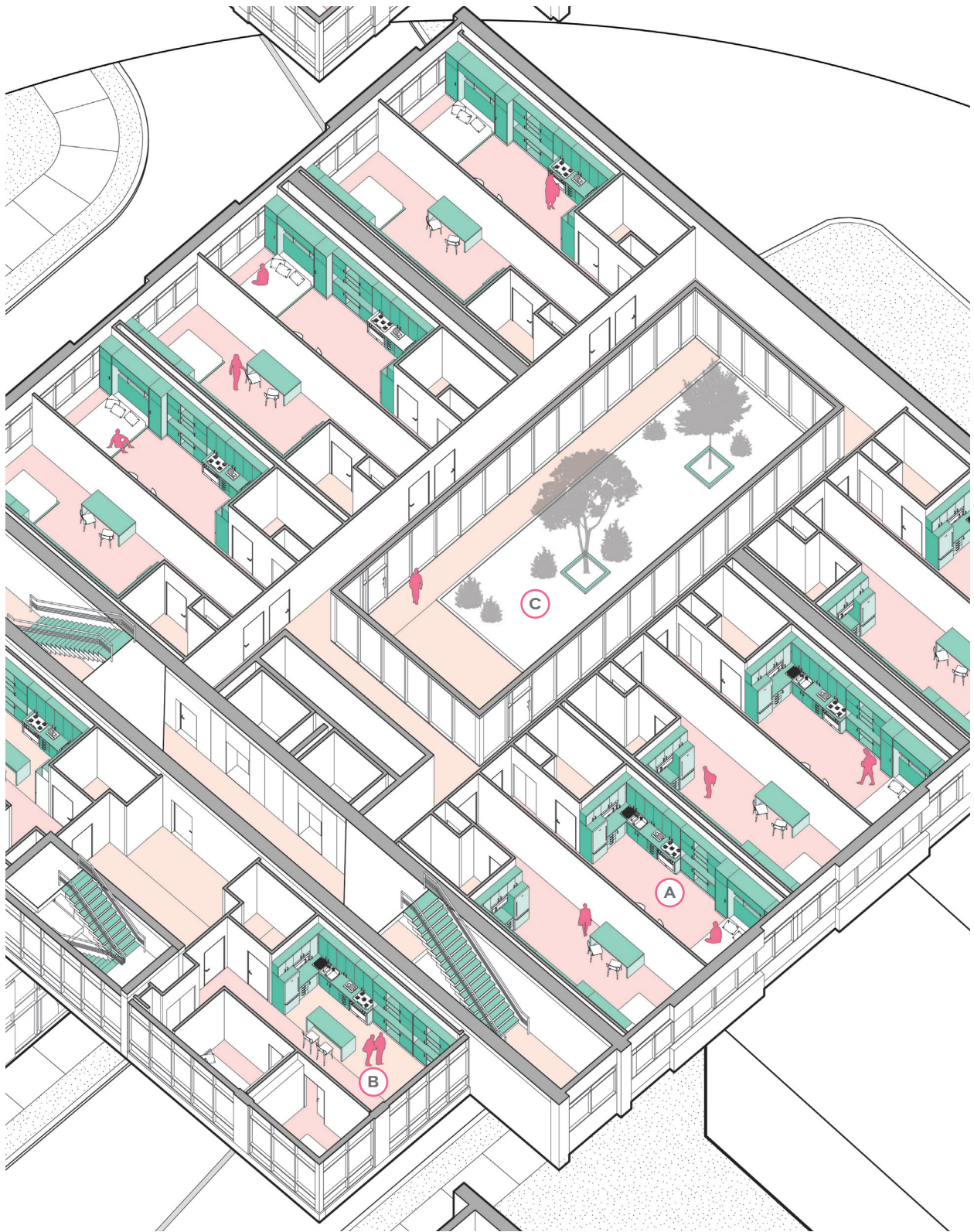
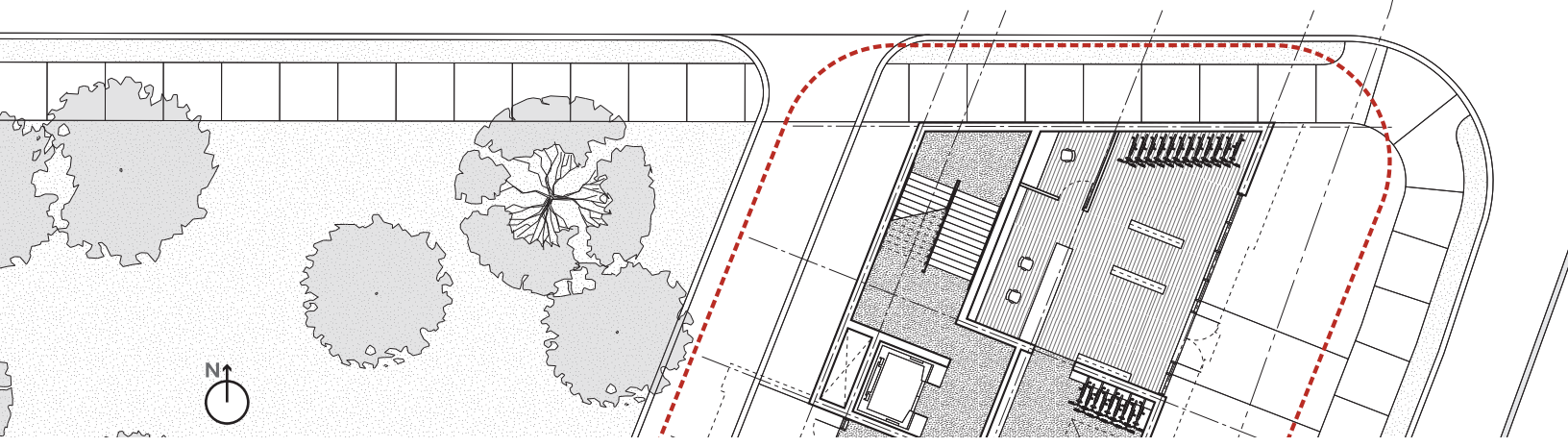
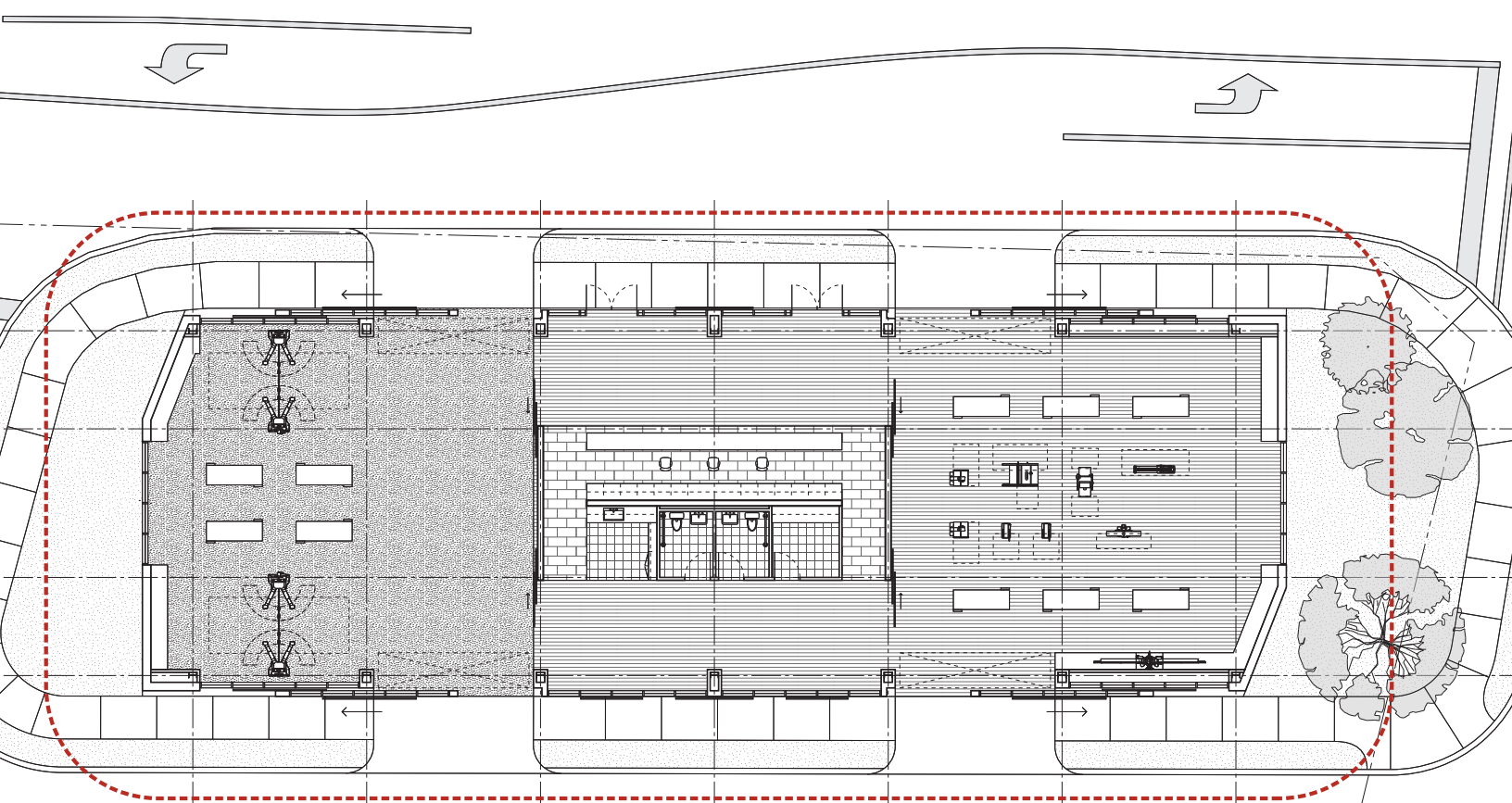
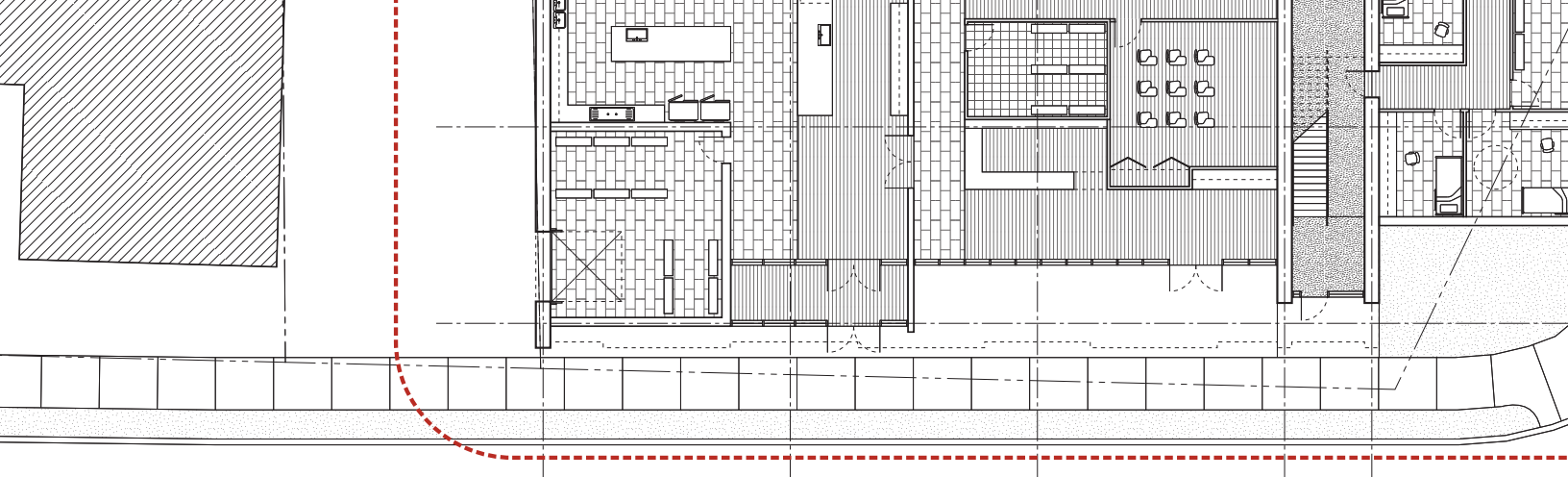


Fig. 37. Resource Centre, Exploded Axonometric, 2nd Floor Floor (3rd Floor Similar).



Fig. 38. Resource Centre Studio Apartments Above, Interior Perspective.





Wood & Automotive Workshop

The Wood & Automotive Workshop operates as an occupational training space, providing people with the opportunity to learn trade skills such as carpentry and automotive repair. As trades which are valued and in high demand, the training programs are intended to both engage people's prior work experience and foster new skills for their future development.

The building is divided into three spaces: the administration and service area in the center, a wood working area on the East side, and a flexible automotive service area on the West side. The building is equipped with four large exterior sliding walls providing the opportunity for program to expand, as well as four interior sliding partitions to separate space during operation.

Fig. 39. Wood & Automotive Workshop, Ground Floor Plan.

(A) Automotive Repair

An industrial workshop targeted towards teaching automotive repair, equipped with two car lifts and an industrial hoist.

(B) Wood Workshop

A fully equipped machine workshop targeted towards teaching woodworking and carpentry skills.

(C) Administration

Main administration area to coordinate intake for teaching programs in the adjoining workshops. Workshop supervisors may operate here.

(D) Wash Station

Central wash area and emergency care station servicing both workshops.

(E) Dividing Partitions

Sliding partitions on all sides to the administration area, providing separation and privacy during program operation.

(F) Industrial Sliding Walls

Movable exterior walls to allow the space to open onto the street as well as provide car access tot the automotive area.

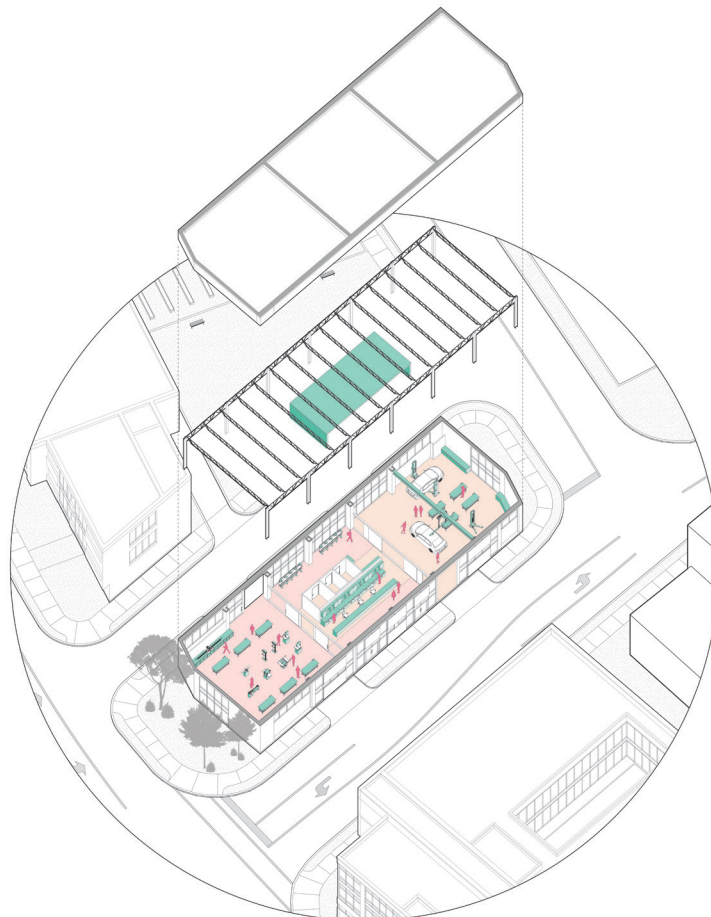


Fig. 40. Wood & Automotive Workshop, Exploded Axonometric.



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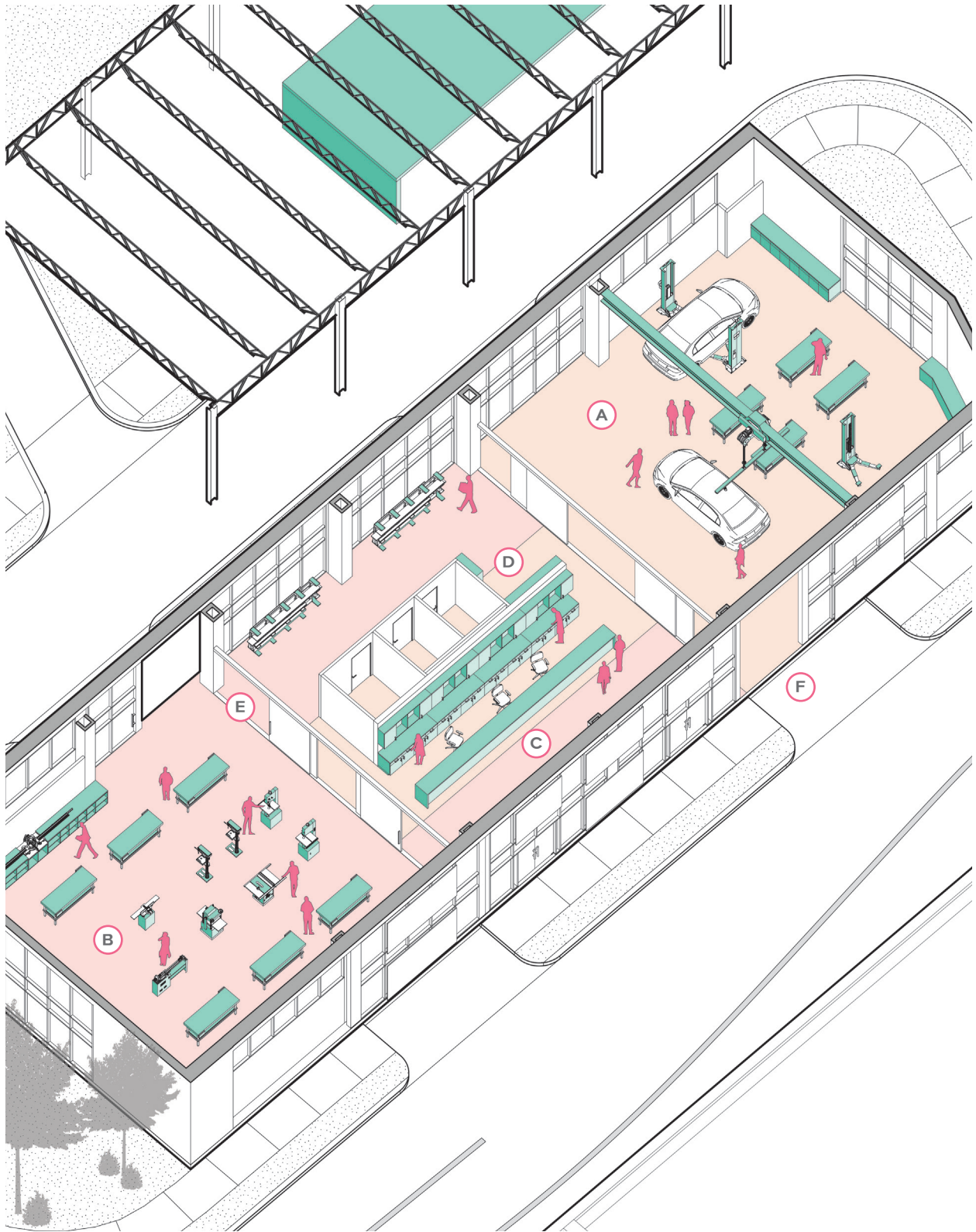


Fig. 41. Wood & Automotive Workshop, Exploded Axonometric, Ground Floor.

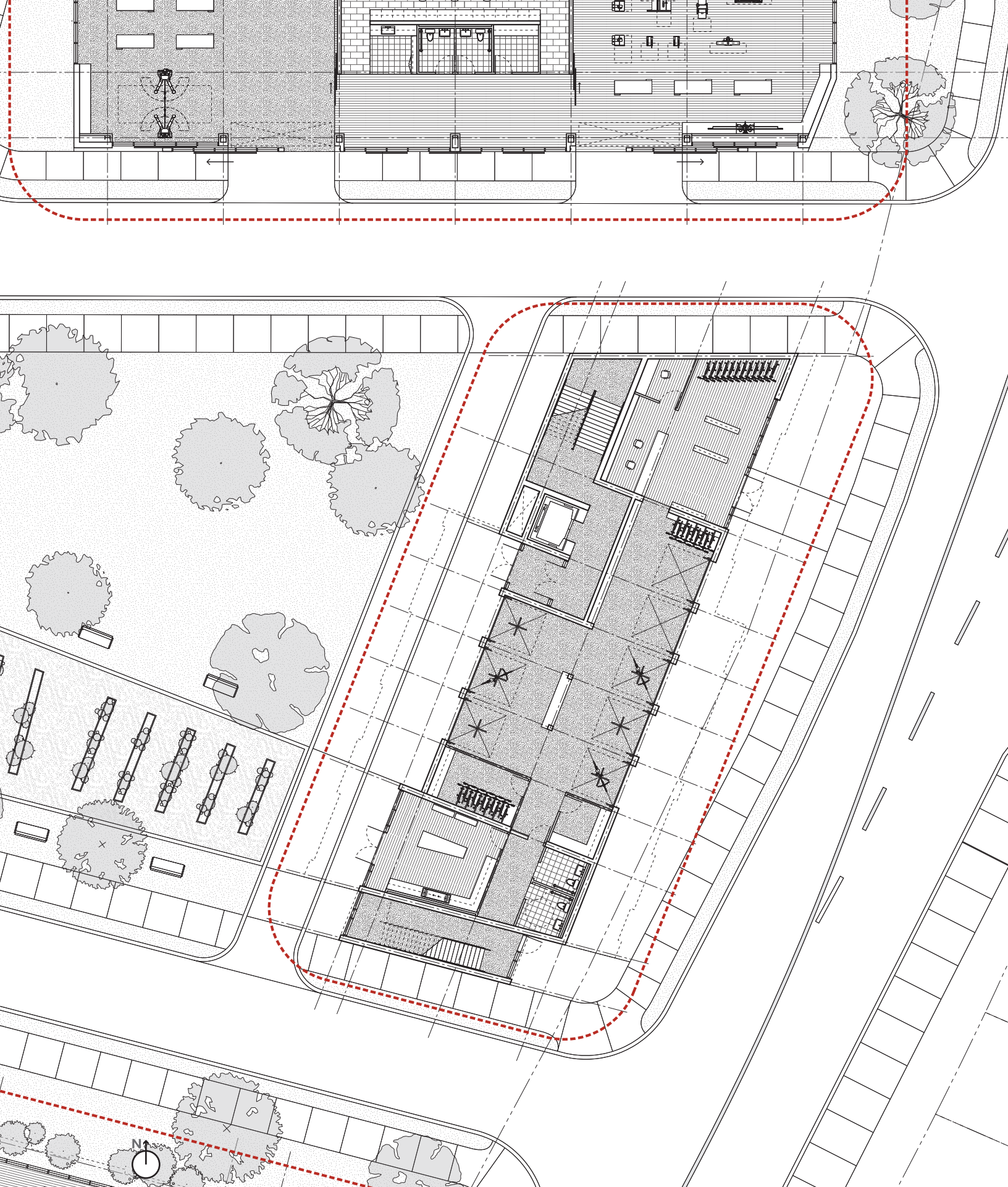




Fig. 42. Wood & Carpentry Workshop, Interior Perspective.

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Family Housing

The third node in the distributed transitional housing network focuses on family housing, accompanied by a bicycle shop and repair area on the ground floor.

The building is situated across from the existing residential townhouses on Wellington Street, maintaining an equal state of housing to avoid stigmatizing the residents. On the opposite side of the building is open park space with an area designated for a community garden. This community garden operates as one of the programs offered by the larger transitional network to support rehabilitation, teaching residents how to grow their own food and the value of nutrition.

The housing above is comprised of 10 family apartments. Each apartment has two bedrooms, a kitchen, a washroom, and a living space. Understanding that those in a state of homelessness – in a state of transition – may also have children to care about, the housing is targeted towards single parents with one or two children. The ground floor bicycle shop and repair area act as another job placement opportunity for parents and an engagement opportunity for children. The housing, community garden, and open park space coupled with a residential address make this ideal for residents to focus on family life during their transitional period.

Fig. 43. Family Housing, Ground Floor Plan (Bike Repair Shop).

- A Bicycle Shop**
Bicycle shop operated by residents selling tools, equipment, and bicycles to the community.
- B Bicycle Repair Area**
Repair area servicing the immediate community. Large garage doors on both sides to allow for flexible operation.
- C Garden Service**
Wash station and gathering area for the connected community garden.
- D Community Garden**
With classes in food growth and nutrition provided at the Resource Centre, residents are provided with garden plots to engage in healthy food procurement.
- E Park Space**
Large, open park space provided for residents of the family housing above to engage in outdoor activity with their children.
- F Private Entrance**
Private entrances provided for housing above, ensuring a safe and secure environment.

Fig. 44. Family Housing & Community Garden, Exploded Axonometric.



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Fig. 45. Family Housing, Exploded Axonometric, Ground Floor (Bike Repair Shop).





Fig. 46. Bike Repair Area, Interior Perspective.

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Fig. 47. Community Garden & Open Park, Exterior Perspective.

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A

Family Apartments

Family apartments equipped with two bedrooms, a living area, a kitchen and washroom. Apartments are equipped for single parent families.

B

Laundry Area

Communal laundry area accessible to all units.

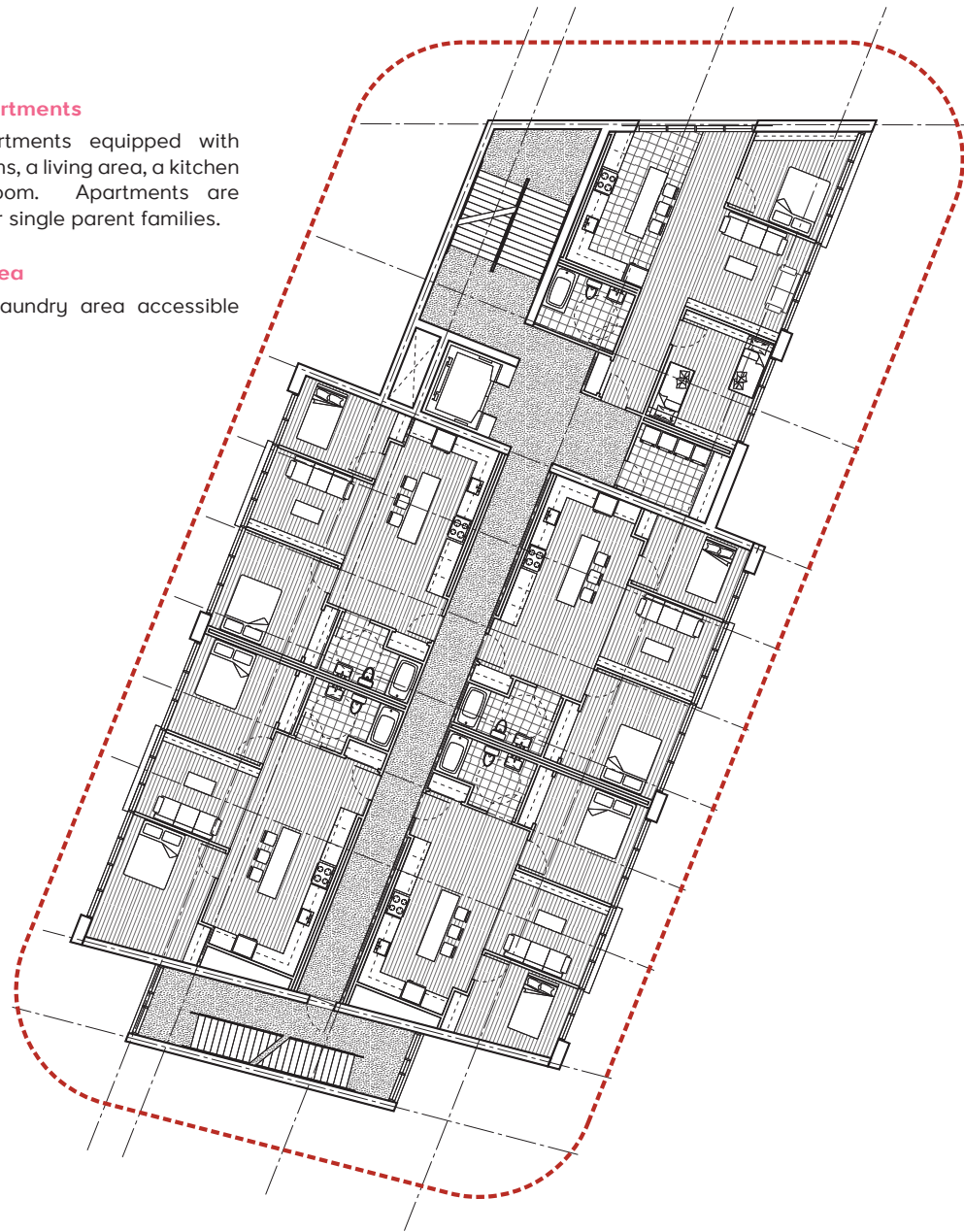


Fig. 48. Family Housing, 2nd Floor Plan (3rd Floor Similar).



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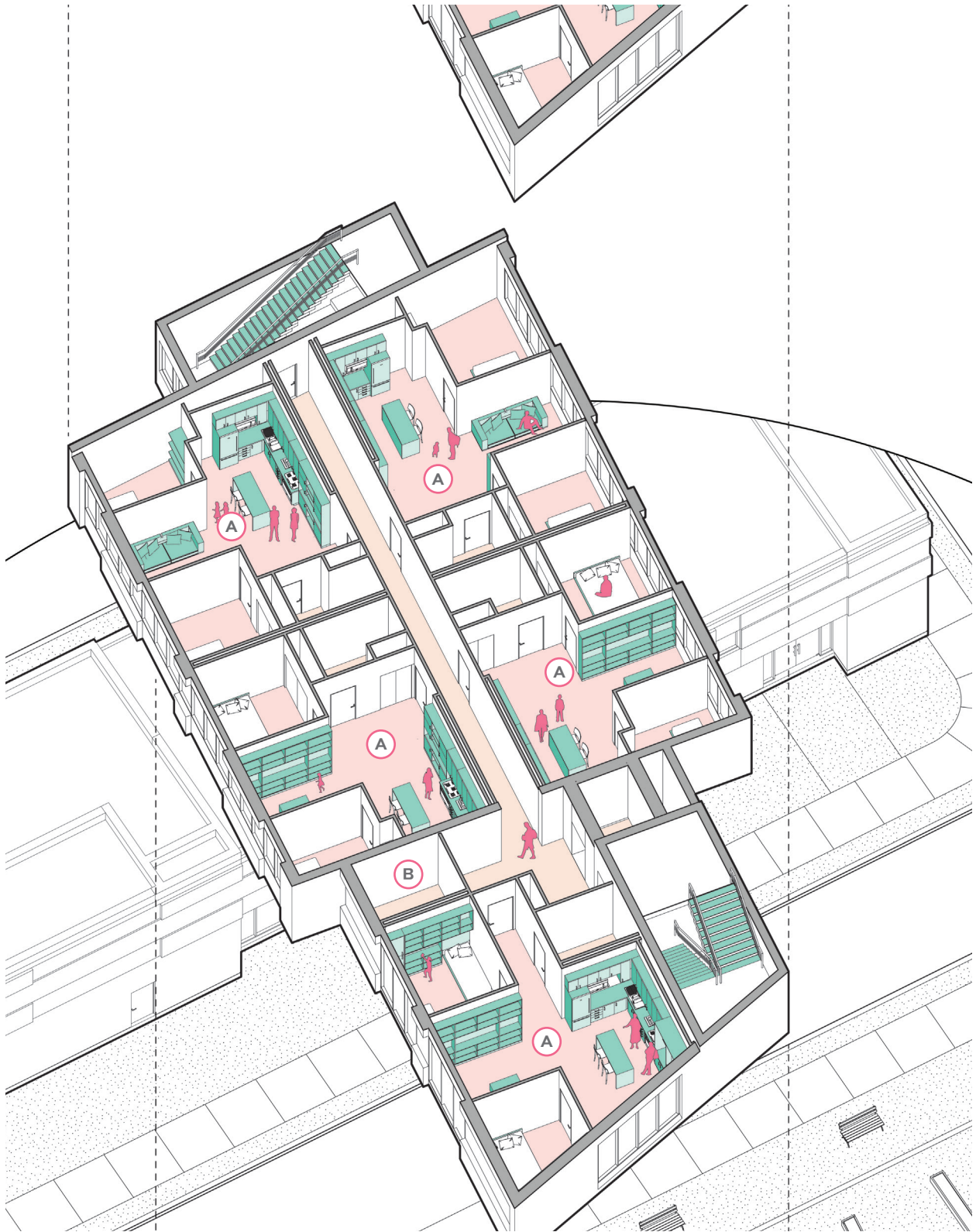


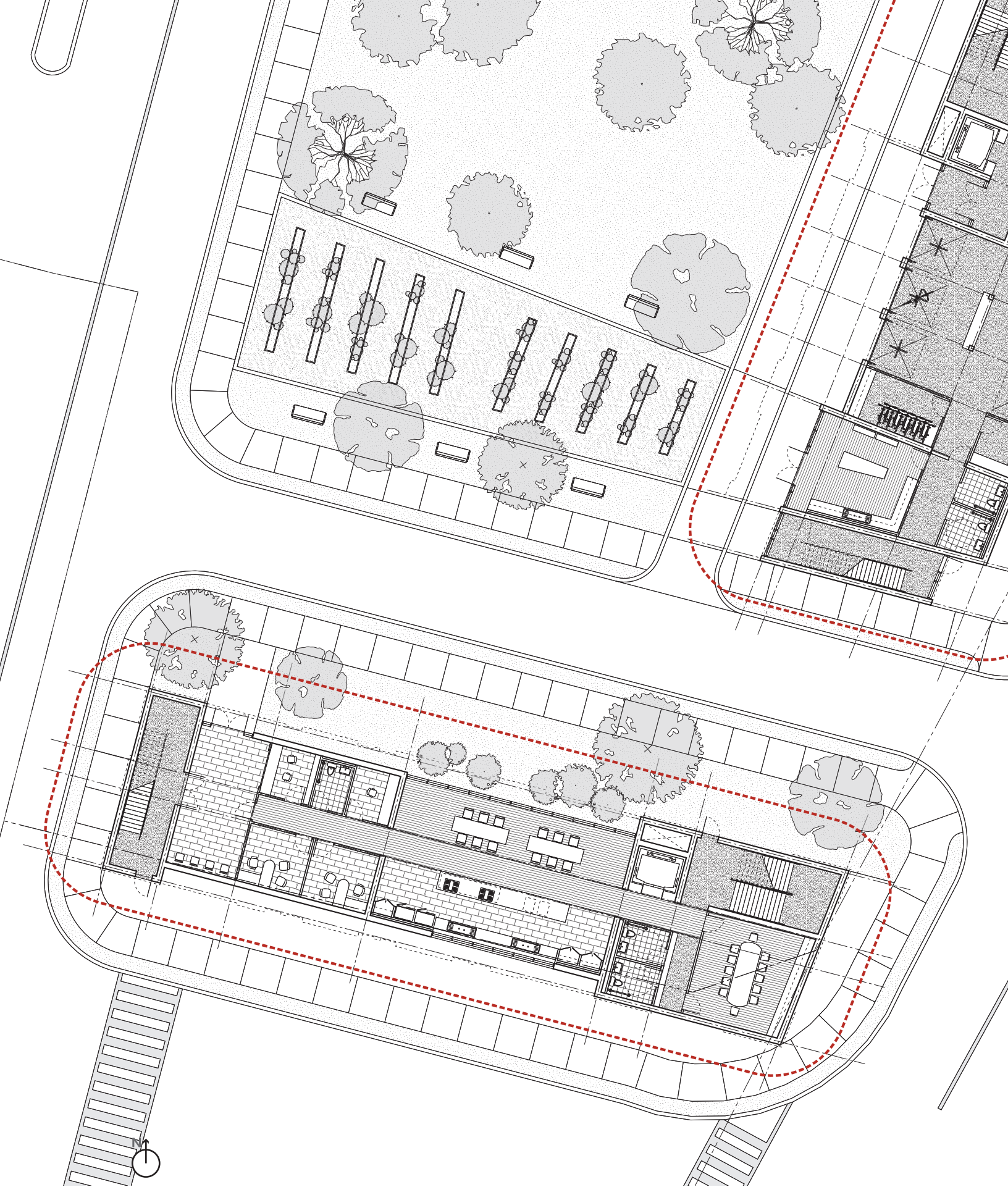
Fig. 49. Family Housing, Exploded Axonometric, 2nd Floor 3rd Floor Similar).





Fig. 50. Family Housing, Typical Single Parent Apartment, Interior Perspective.





Women's Shelter

As another means of providing relief to the larger existing emergency system, the last component of the distributed transitional housing network is a women's shelter.

Conscious of the need for privacy and a sense of security for its residents, the building faces away from the existing Ainslie Bus Terminal to the South. The shelter operates independently, existing as an additional emergency response, but benefits from access to the larger network when the need for transitional support arises.

The facility contains a main administration area with a security office to moderate intake and additional offices to conduct case work for clientele. In the center is a large kitchen and common space for use by residents of the shelter. On the second floor are 12 individual dorms, a collective washroom with showers, and two common spaces. As an emergency shelter, the dorms are intended to be small but comfortable, ensuring a safe space for each resident to begin regaining stability. The facility represents another entry point into the larger transitional housing network.

Fig. 51. Women's Shelter, Ground Floor Plan.

- A Security & Consultation Offices**
Security office at the entrance to manage intake and adjoining offices to provide consultation.
- B Ground Floor Common Space**
Large, open kitchen and seating area for access to residents of the dorms above.
- C Meeting Room**
Meeting Room holds classes and orientations for the residents on an as-needed basis.
- D Single Bed Dorms**
Single bed dorms on the second floor are secure and provide residents with privacy and sufficient storage.
- E Washrooms & Showers**
Collective washrooms servicing the second floor residents.
- F Second Floor Common Space**
Common space provided to residents, allowing for a place of repose beyond their individual dorms.

Fig. 53. Women's Shelter, Exploded Axonometric.

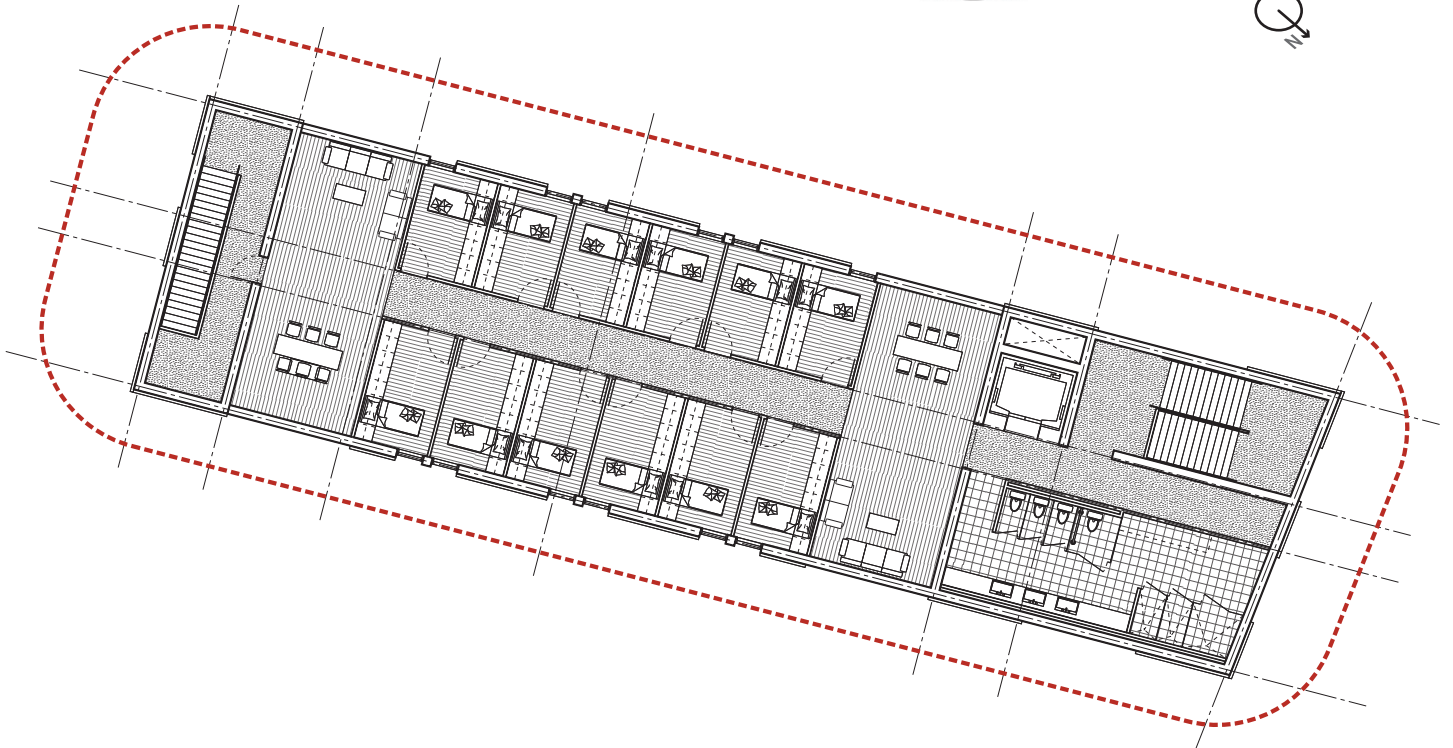
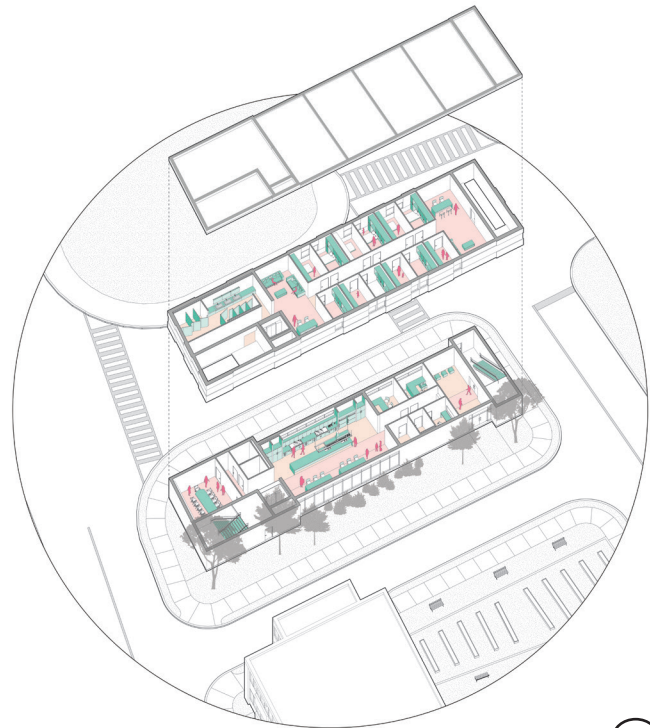


Fig. 52. Women's Shelter, 2nd Floor Plan.

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Fig. 54. Women's Shelter, Exploded Axonometric, Ground Floor.





Fig. 55. Women's Shelter, Single Dorm, Interior Perspective.

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End of Section

Design Reflection & Conclusion

Conclusion

This proposal takes on an ambitious scale, experimenting with the normalization of transitional housing amidst the larger housing supply in Cambridge. The combination of a program that targets the importance of training and work opportunities through a Resource Centre and Workshop, while providing a stable environment for living above results in a significant urban footprint. However, there are alternate approaches one could take towards the development of transitional housing, especially in a mid-size city such as Cambridge. These strategies include a budget-minded approach where the reduced scale of the project contributes to the efficiency of the proposal by allocating the minimum necessary space towards specific facilities.

Upon reflection, the proposal could also benefit from clarifying the phasing of the buildings, providing an understanding of the priority of some facilities over others. The project in its current state utilizes a significant amount of space that may be better suited for a larger city considering the total number of transitional units provided for. In a future iteration of the proposal, the design may take advantage of a retrofit option where the underlying principles of ground floor resources and upper residence security remain the same, but the size and provision of housing aligns with the city's context. This would be a more focused intervention that would be easier to acquire funding for and implement amidst a city so resistant to homeless occupation.

In the current political context, there continues to be limited funding for emergency and transitional projects, and the wise use of such funds becomes an even greater challenge to manage as the state of homelessness continues to intensify.

The provision of transitional housing for homeless populations—founded on Housing First principles—is vital in today’s overburdened emergency system that prioritizes temporary accommodation over secure housing.

The role that transitional housing plays within the larger housing continuum is one of relief. In this context, the architect designs spaces of refuge, creating opportunities for those most vulnerable and most likely to regain stability. The architect must act in the interests of a vulnerable population with reintegration in mind. To prioritize reintegration, they must become involved in the more fundamental stages of city-wide transitional housing policy, planning, and deployment. This thesis proposes the following suggestions to architects who wish to address the needs of communities facing the need for transitional housing:

1. Architects must be particularly aware of both the subtle and overt challenges that arise from the stigmatized condition of the homeless—causing the seemingly endless resistance by the broader community—and limited policy intervention by municipal governments.
2. Architects must themselves acknowledge the transitional capacity of the individuals they design for.
3. Architects, with a contextual knowledge of the city must engage in the site selection process of transitional housing and associated systems of relief.
4. Architects must engage in constant communication with local communities. By listening to the community’s own interpretation of the cause and effect of homelessness within the city, the architect can quickly address relevant stress points.

It is the architect’s unique responsibility as a designer to also be an advocate for those vulnerable populations seeking reintegration into society. The value of architecture should not exclusively be experienced by those who can afford it, but also for the most vulnerable within our communities.

Conclusion

End of Section

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End of Section

