WOMEN EXPERIENCING LONG TERM HOMELESSNESS:
ENVISIONING SUPPORT AND HOUSING

"IT'S MORE THAN JUST THE HOUSING, IT'S THE SUPPORT TOO":
WOMEN EXPERIENCING LONG TERM HOMELESSNESS ENVISION
SUPPORT AND HOUSING (The WESH Project)

By

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LAY ABSTRACT:

The Women Envisioning Support and Housing project (WESH) explores the housing and support needs and preferences of twenty-one women, without children in their care, experiencing long-term homelessness in Hamilton, Ontario. Grounded in the principles of feminist participatory action research (FPAR), the WESH project uses creative mapping as a method to explore the place (geographical location), and spatial design of housing, as well as the types of support and community that women desire. By centering the knowledge of women who endure long histories of homelessness, the WESH project makes important contributions to the ways gender-based homelessness is understood and offers new insights and directions for the design and development of gender-specific co-housing as an approach to resolving long-term homelessness for women.

ABSTRACT

While there is a plethora of research focusing on the lives of women who experience long-term homelessness, there are very few examples of studies that meaningfully engage women to imagine the type of housing and support that they believe they require to resolve their homelessness. The Women Envisioning Support and Housing (WESH) project responds to this gap in knowledge, by engaging twenty-one women experiencing long-term homelessness, without children in their care, living in Hamilton, Ontario, in a creative process of imagining the type of housing and support they desire.

Guided by the principles of feminist participatory action research (FPAR) and informed by an intersectional feminist analysis, the WESH project centres the experience, knowledge and intersecting identities of women who experience long-term homelessness in a process of co-creating knowledge about gender-specific housing and support. Research was conducted during the COVID-19 pandemic and used virtual creative mapping workshops as a method for data collection. Workshops were conducted individually with participants over Zoom and drew on a series of arts-based and narrative activities to explore key elements of housing and support including geographical location (place), spatial design (including infrastructure, individual space and communal space), policies and practices, on-site supports and elements of community and social connection. Findings highlight that despite differing visions for housing and support, participants largely agreed on a set of shared values to inform gender-specific housing including safety, participation, care and community. This research contributes to feminist housing scholarship, activism, policy and practice, by grounding an exploration of gender-specific housing and support programs in women's lived experiences and preferences. In doing so, the WESH project offers a value-based framework for the creation of more participatory, caring, and sustainable housing solutions by/for women with long-histories of homelessness.

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First and foremost, I want to thank the 21 women who participate in this project – who gave their time, their expertise and their ideas to make this work possible. I am so grateful that you were willing to come along with me on an imaginative journey of what could be possible. You shared candidly about who you are, and what you need. I hope this work does that justice.

To every woman that I have met through my work in gender-specific emergency shelters, drop-in programs, the Safer Use Space and the Emergency Reproductive Care Program. You are a part of this. You have shaped the ways I understand myself and the world around me – and your stories have influenced this work. Thank you for trusting me.

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To my Mom – I wouldn't be here without you. Your belief in me and your constant encouragement has kept me going. I love you.

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Prologue:

I first met Izzy when I was 22 years old – working at the only emergency shelter in Hamilton serving women without children in their care. She was vibrant, funny and full of life – she lit up a room. As I got to know Izzy, I saw the ways we were more similar than we were different. We valued our relationships with our girlfriends, especially the ones that had been in our life since we were young. We were both compassionate, unreserved, and we both liked to enjoy ourselves – we loved to laugh, to cook, to eat, and to have fun. We both loved our mothers deeply and would do anything for them. We loved our gold hoop earrings and our black leather jackets - we were both in our early twenties.

But I was working at the shelter, and she was staying there.

I felt so deeply connected to Izzy as I navigated this work – I cared for her almost every day. When I did not see her, or hear from her, I worried about her. I valued our relationship, the time we spent together, and her insight into the world around her.

In 2017, Izzy participated in the [invisible] project. This was the first community-engaged research project that I ever led. It focused on exploring the housing trajectories of women, without children in their care who experienced long-lasting homelessness in Hamilton. Izzy was pregnant with her third child at the time of the research, she was staying at a shelter for women and children at the time of the study. She agreed to come and meet me, to participate in this project.

During the data collection interview, I asked Izzy to consider the kind of housing she wanted, she shared the following:

> "I can't live by myself, cause I just get myself in trouble, you know? It is probably from living the way I have lived for all these years maybe, like now I can't just be by myself, I guess. We need housing, permanent, or temporary, whatever, where they have like a doctor that is like a psychiatrist or something that like helps people, because so much of homelessness is like mental health right, it all revolves around mental health I think. And for sure they need more help for mental health.

> When I am alone, I get depressed and the depression is really bad like, I don't want to even say how bad it gets, but it's bad, and then you make stupid decisions because you are bored and lonely right? And then the only people I know drink or do drugs so, I can't just talk to people who are normal and then live normally, you know what I mean? If I get lonely or bored, I gotta find somebody who is probably not so good for me to hangout with, you know?

> When I am in a shelter, I have the other women there and the girls that work there, it is just to have presence there, like people around, and then you don't really have to talk to them if you do not want to cause it's not like you totally live with them, you can just do your own thing and talk if you want and if you don't, you don't, there is no obligation, right? so that is the good part."

At the end of her interview, Izzy said:

> "But do you think they would like, ever, like think about, like the place that I said? Because I think that is a really good idea."

Housing intentionally designed for women who had experienced long-term homelessness, that fostered a connection to each other, to wellness services, and to a stable place to live. It was a very good idea.

In 2019, Izzy died from an unintentional fatal fentanyl overdose.

I had just started my doctoral studies to explore gender-specific co-housing with supports when Izzy died – and her death impacted me significantly. I left my full-time job at the emergency shelter where we had met, without providing two weeks' notice because the grief was too visceral to ever return there. I spoke to her mother, I wished well for her daughters, and I mourned her deeply. Izzy was a spark of energy – and this work is for her.

It was a good idea – and it will be realized. The Women Envisioning Support and Housing Project (The WESH Project) is dedicated to Izzy, and to the countless women that I have met whose lives have been cut short because of homelessness, violence and fatal overdose.

Chapter 1: Introduction

As I was in the final phase of editing my dissertation in the Winter of 2025, new research was released from Toronto Public Health that revealed that the life expectancy of a homeless woman in Toronto is now just 36 years old (Toronto Public Health, 2025). Life expectancy for unhoused women has decreased seven years since 2021– with unhoused women now dying 14 years earlier than their unhoused male counterparts. (Toronto Public Health, 2022). This report left me asking myself: how is it that things are getting worse for women experiencing homelessness?

The alarming data shared by Toronto Public Health (2025) mirrors what I have witnessed in my frontline work. There are countless women who I have known and cared about, whose lives have been cut tragically short due to violence, drug poisoning and/or the harsh effects of living without housing. Homelessness is quite literally a life-threatening condition for women, and this is further exacerbated by a lack of housing and support options intentionally designed for women without children in their care, who endure long-histories of homelessness.

The intention of my doctoral work is to explore the ways women (without children in their care) who endure long periods of homelessness in Hamilton, Ontario envision gender specific housing and support. In doing so, I centre the voices, ideas and expertise of twenty-one women experiencing long lasting homelessness through a participatory creative research project that explores their ideas and recommendations for what is needed to meaningfully address gendered homelessness.

1.1 Positioning myself as a researcher, front-line worker and activist:

My positioning as a front-line worker, and my relationships with the women at the centre of this project, has guided all aspects of my research including my research questions, ontological framework, methodological approach and analytical lens.

For the past ten years, I have worked in gender-specific emergency shelters, drop-in programs, withdrawal management programs and harm reduction services. I have led community-based

research and advocacy projects on gendered homelessness, at a local and national level. This has been my life's work, and all these experiences and the women that I have met along the way have had a tremendous influence on the ways I conceptualize my doctoral project.

I began working in gendered housing and homelessness organizations in 2012, when I was 22 years old. I just had graduated with my Bachelor of Social Work (BSW), and I applied to a general posting for 'case managers' at a large non-profit health and social service organization in my city. I ended up being hired to work at the only emergency shelter serving women without children in their care who were experiencing homelessness, in Hamilton, Ontario.

In this role, I became a first responder to acute mental health crises, drug poisonings, physical health emergencies, self-harm and the aftermath of gender-based violence and exploitation. I quickly saw just how broken 'the system' was, and how limited the housing and support options were for women experiencing homelessness without children in their care.

Over the seven years that I worked at this shelter; I met hundreds (if not thousands) of women who were experiencing street-level homelessness. It was not uncommon for me to meet a woman who had been without permanent housing for twenty plus years – who had survived by accessing emergency shelters, staying with unsafe men, spending their days at the library or at drop-in programs and living out of jails and hospitals. It was eye-opening to see the gendered housing crisis from this lens, as many of these women remained invisible from the public's gaze and contravened public imaginations of who experiences homelessness in Canada.

Over my decade of front-line work, I have become deeply concerned about a group of women, whose experience of homelessness is long-lasting and unresolved. This group of women cycle in and out of the emergency shelter system for years – spending periods of time in institutions such as hospitals, jails, residential care facilities and residential treatment services, and often rely on precarious and dangerous informal supports. Their housing and support needs are far greater than

an affordable rental apartment – and the current continuum of housing and support options falls exceptionally short of what they desire and need.

1.2 The purpose of my research: Envisioning gender specific co-housing and support

I have spent a lot of time thinking about what it would take to intentionally design housing and support for this group of women. I first began thinking about this in my frontline work, when women would finally (and against all odds) secure an affordable place to live – and instead of being overjoyed, they would be sad to leave the shelter – because it was meant leaving their support network and community.

The focus of my doctoral research is informed by my front-line experience and my relationships with women in the community who experience long-lasting homelessness. Importantly, this work also builds on my past community-based research, by exploring gaps in existing knowledge about gender-based homelessness and by intentionally creating processes where new voices can be heard. In 2017, in partnership with the Women's Housing Planning Collaborative of Hamilton, I received funding from Women's X-Change (Women's College Hospital) to design and lead a community-based research project that focused on gender-based chronic homelessness in Hamilton. The [in]visible project engaged 70 women, without children in their care, who had been experiencing homelessness for six or more consecutive months in Hamilton. The objectives of the [in]visible project was to learn more about the pathways that led women into homelessness, their housing and homelessness trajectories, gendered experiences of navigating homelessness, and to learn about women's preferred housing outcomes.

During this project, I was most fascinated by the ways women described their preferred housing outcomes, as these descriptions of preferred housing varied greatly from the kinds of housing supports and interventions that were available to them. Women who had experienced long-term and

complex homelessness routinely described wanting housing that was gender-specific, had an intentional community to combat feelings of isolation and loneliness, on-site supports, including social support, low-barrier health care and practical support, and a high-level of built in safety features to support women in living lives free from violence and exploitation.

The kind of housing that participants from the [in]visible project described, is known as gender-specific permanent supportive housing (Gaetz, Dej, Donaldson & Ali.,2017). This kind of housing is available in some parts of Canada, and in many parts of the United States, Australia, New Zealand, and Europe. At the time of writing my doctoral work, gender-specific permanent supportive housing is not an available housing option within Hamilton.

In the years since the [in]visible project, I have co-created knowledge generated from this community-based research project as a tool for advocacy within local and national contexts. I have urged stakeholders and decision makers to heed the advice of women experiencing homelessness, and to invest in the development of low-barrier, gender-specific co-housing. I have advocated about the importance of applying a gendered lens when developing models of housing and support – recognizing that the needs of women who endure long-lasting homelessness are acutely different than the needs of men.

The purpose of my doctoral research - the Women Envisioning Support and Housing project – is to better understand how women who experience long-term homelessness in Hamilton, Ontario envision gender-specific co-housing and support.

This research is timely given the implementation of a long-awaited National Housing Strategy (NHS) and the unveiling of a gendered strategy that allocates 25% of federal grants for gender-specific housing development, a progressive shift in Canada's response to women's housing and homelessness (Federal Government of Canada, 2017). A key directive of the NHS is to support a 50% reduction in 'chronic homelessness' (people who experience long-lasting homelessness, defined as

six or more consecutive months) amongst Canadians over the next ten years, through investing in specific models of housing and supports (Federal Government of Canada, 2017).

Permanent Supportive Housing (PSH) is an identified model of service for supporting chronically homeless adults, according to the Canadian governments federal funding priorities (Gaetz, Scott & Gulliver, 2013; Tsemberis, Kent & Respress, 2012, Reaching Home, 2017). PSH is designed to combine deeply affordable rental housing, with individualized, flexible and voluntary support services for people experiencing high needs relating to their physical/mental health, ability and/or substance use (Homelessness Hub, 2019). Typically, PSH units are in one central location (such as a home or apartment building), the landlords of PSH tend to be social service agencies, which allows for the lease and tenancy agreement to be low-barrier and more accessible than market rent housing, and there is an array of on-site supports.

Feminist scholars and housing advocates have critiqued approaches to responding to long-term homelessness, noting current responses do not use a gendered lens to understand the complexity of housing needs for women (Bird et al, 2017; Fotheringham, Walsh & Burrowes, 2014; Milaney et al, 2020). This is evidenced by the absence of gendered specific PSH programs across Canada and internationally, and the inability of co-ed programs to adequately account for the impact that violence, trauma and pregnancy/parenting has on women's housing trajectories and resolutions to homelessness (Milaney et al, 2020).

While there is a plethora of literature 'on' women who experience homelessness, far less research exists that invites the perspectives of women who endure long-term homelessness into the conversation – and draws directly on their expertise and experiences to generate pragmatic recommendations, solutions and a path forward.

This inquiry aims to intentionally and meaningfully involve the participation of women who experience long-term homelessness, to address unanswered questions about pragmatic and

theoretical concepts in gendered housing and support service development. More specifically, we explore women's preferences and desires relating to geographical location and place of housing, spatial design – including the interior and exterior, as well as individual and communal spaces, necessary policies and practices in gender-specific housing, on-site support services and conceptualizations of community and care.

1.3 Terminology

My intention was to write my dissertation in plain language – so that anyone could read it without having to make sense of academic jargon. However, there are a few terms that I use throughout the project that I would like to more intentionally define.

Women: Throughout my dissertation, I use the term 'women' to describe to the participants in the WESH project. The homelessness and housing service sector remains divided along a gender binary – separating service delivery into 'men's services' and 'women's services.' All the participants were recruited through, and actively receiving support through 'women-serving' organization, and identified their preferred housing as 'gender specific' intentionally supporting women (inclusive of cis and trans). My use of the term women is inclusive of cis and trans women, as well as non-binary folks who feel most comfortable receiving housing and support services within the women's sector. While participation was open to any gender identity receiving support through women-services, all participants identified as women (cis and trans), and one participant identified as a femme non-binary person.

Women without dependent children in their care: Throughout my dissertation, I use the term women without dependent children in their care. While many of the women in this project identified as mothers (to both adult children, and children being cared for by others), all the participants were navigating their experience of homelessness without dependent children in their care. This

distinction is important, because it shapes the type of housing and support women need, as well as the type of housing and support available to them.

Long-term unresolved homelessness: The women who participated in the WESH project experienced homelessness for a long period of time – it was not a one-off experience, nor was it solely an issue of housing affordability. Schwan, Vaccaro, Reid, Ali & Baig (2021), conducted a national survey on gendered homelessness and housing need, and found that: "homelessness begins early in life for a majority of women and gender diverse people, and is often followed by a chronic, chaotic churn of precarious housing and homelessness situations" (p. 38). In Canada (and beyond), people who experience long-term, unresolved homelessness are categorized as 'chronically homeless' – defined as six months or more of perpetual homelessness. This definition falls incredibly short of describing the length of the homeless experiences for women in this study, and the language used (chronic) is far too clinical and sterile for me to feel comfortable including. Long-term unresolved homelessness is used as a term to describe the experiences of women who have endured consistent and lifelong 'chaotic churns' of precarious housing and homelessness situations.

Gender co-housing: The term gender-specific co-housing is used throughout the dissertation to describe the housing typology women are envisioning. This is used to describe a housing program, where a small group of women live together in an intentional community and receive (and participate in providing) on-site support, to assist with daily life. While permanent supportive housing (PSH) is more commonly used within the literature, I have chosen to use the term gender-specific co-housing to illuminate the gendered, communal nature of the type of housing that women are imagining, and to make it explicit that care and support is not just something women receive, but also something women participate in providing.

1.4 Structure of my dissertation

My dissertation is organized in the following way:

In Chapter 2, I synthesize available literature pertaining to gendered experiences of homelessness. Bringing together varying perspectives on gendered homelessness, I begin to illuminate a portrait of the complex lived realities of women who endure long periods of homelessness and call attention to the gaps in research and knowledge as it relates to resolving gender-based homelessness. The literature review is organized around three substantive themes including: (1.) the intersecting identities, lived experiences and unmet care needs of women who experience long-term homelessness; (2.) bringing a gendered lens into understandings of 'chronic homelessness' and (3.) experiences of navigating gender-based homelessness. Within this chapter, I call attention to the gaps in the literature, primarily focused on the absence of the meaningful inclusion of women who experience homelessness in co-creating knowledge relating to gender-specific housing development.

In Chapter 3, I theoretically ground my research in a critical feminist analysis. By grounding my analysis in the concepts of invisibility, vilification, and vulnerability, I consider how these discourses intersect and overlap to create conditions where gender and morality intersect, and whereby by this group of women remain 'othered', even within the 'feminist spaces' designed to support them. I consider how an intersectional feminist approach can be a useful tool for both drawing forward some of the key considerations around identity and experience that emerged for the participants of the WESH project, and for mobilizing critical feminist theory into a participatory research praxis with women who endure long-term homelessness.

In Chapter 4, I introduce feminist participatory action research, the overarching methodological framework used for the WESH project. In this chapter, I reflect on the origins of participatory approaches to knowledge co-creation and consider how an intersectional feminist lens can strengthen participatory approaches to knowledge production with communities who have

historically been excluded from these processes. I consider and reflect upon the pragmatic and ethical complexities of employing a rigorous participatory approach with women living unhoused during the COVID-19 pandemic, and in doing so, reconceptualize participation as an ethic and value – as opposed to a rigorous and methodological process.

In Chapter 5, I describe the method of virtual creative mapping used in the WESH project, as a tool for engaging women in envisioning a model of housing and support. Drawing on the space between architectural research and social work research, I consider how creative mapping has the potential to draw on women's creative intelligences in ways that consider the spatial and emotive aspects of home, to bring forward new insights in the development of gender-specific housing and support. This chapter is focused on describing the pragmatic aspects of 'doing' this research including working with community-based organizations, recruitment, ethical considerations, data collection and analysis.

In Chapter 6, I introduce the twenty-one women who participated in the WESH project. Using pseudonyms, I share short biographies for each participant highlighting their identity, housing experiences, visions for social change and ways they imagine contributing to gender specific co-housing. The intention of this chapter is to introduce to the readers to the women whose voices, ideas and artwork narrate my doctoral project.

Chapters 7, 8, 9, 10 and 11 are the findings chapters. Within these five chapters, key themes are explored by drawing together the artwork generated during the creative mapping process, and women's narratives about their experiences and housing desires. The findings chapters consist of exploring substantive topics relating to gendered housing development including place (7), space (8), co-creating policies and practices in gendered co-housing (9), on-site supports (10) and conceptualizing community and care (11). Each chapter offers pragmatic recommendations for the design, development and operational aspects of gender-specific co-housing.

In Chapter 12

, I attempt to bring concepts and ideas together with a discussion around the implications of this work, and important next steps. I introduce the ways participants in this study have offered an alternate understanding to their lives – describing themselves as carers, and as contributors to their communities. I consider the ways the WESH project has contributed to producing new insights and new directions in relation to gender specific housing and support. I also address the seemingly unresolvable tensions that emerged within the findings chapters about housing preferences, by grounding my reflections in four agreed upon values that could be used as a path forward in gender-based housing and support development, including; safety, care, participation and community. I conclude by offering my reflections on study limitations, next steps and future research priorities. Finally, I conclude with Chapter 13 – which offers final key messages about gender-specific co-housing development, shared by each of the twenty-one participants who participated in the WESH project.

Chapter 2: Literature Review

2.1 Introduction:

Women without dependent children in their care are identified as one of the fastest growing populations impacted by long-term homelessness in Canada (Government of Canada, 2022, ESDC, 2021). Recent data from Canada's federal homelessness strategy demonstrates that women are more likely than their male counterparts to experience 'acute chronicity' described as using an emergency shelter for six months (180 days) or more in the past year (Reaching Home, 2021). Data collected from Statistics Canada, (2019; 2024), Employment and Social Development Canada, (2019), Housing, Infrastructure and Communities Canada (2023), parliamentary reports, (Vecchio, 2019), and municipal data (for example, City of Hamilton, 2021), consistently demonstrates that gender-specific emergency shelters across the country are operating at or over capacity. In addition, there remains a severe lack of gender-specific supportive, transitional, and permanent affordable housing that meets the needs of women who experience homelessness. Unhoused women are also dying younger than ever before in large urban cities, with recently reported data from Toronto Public Health noting that the median age of death for women experiencing homelessness in the city is now just 36, a stark decrease from 2023 when life expectancy for homeless women was 43 (City of Toronto, 2025).

Recent data continues to highlight the ways that women who occupy marginalized identities by virtue of Indigenity, race, class, gender identity, sexual orientation, ability, immigration status, HIV status and criminalized history, are at a heightened risk for experiencing homelessness, face more difficulty in resolving their homelessness and face more adverse social and health inequities during periods of homelessness (Mackelprang, Graves & Schulz, 2024; Martin & Walia, 2019; Ohtsuka et a, 2023; Phipps et al, 2019; Schwan et al, 2020). Historical and contemporary literature focused on

gendered homelessness continually describes poor quality of life and substantially lower life expectancies for women who remain homeless for long periods of time (Casey, Goudie & Reeve, 2008, Cheung & Hwang, 2004; May, Cloke & Johnsen, 2007; Mayock, Sheridan & Parker, 2015; Rakus, & Singleton-Jackson, 2024; Salem et al, 2021; Schwan et al, 2020). Significant themes in the available literature on women's homelessness, note disproportionate rates of physical and mental health conditions, substance use, violence, exploitation and varying forms of grief, loss and trauma in the lives of women who experience long-term homelessness (Casey, Goudie & Reeve, 2008; Klodawsky, 2009; Jacobsen, et al, 2024; Jones, Bucerius, & Haggerty, 2019; Maki, 2017; Paradis et al, 2012; Watson, 2016; Yeo, Ratnam & Aguila, 2015).

The 'invisibility' of homelessness for women not caring for dependent children remains one of the most well documented features within the literature on gendered homelessness, across decades of literature (eg: Klodowsky; 2009; May, Cloke & Johnsen, 2007; Schwan et al, 2020; Schwan, Vaccaro, Reid & Ali, 2021; Wardhaugh, 1999; Whitzman, 2006). Studies show that women who are not caring for dependent children are able to avoid street level homeless populations and often remain 'invisible' by securing temporary accommodations through formal and informal support networks (Casey, Goudie & Reeve, 2008, Klodawsky, 2009; May, Cloke & Johnson, 2007; Watson, 2016). Feminist scholars contextualize the 'invisibility' of women's homelessness, by describing both the gendered risks associated with street-level homelessness for women, and the gendered survival techniques women engage in to secure temporary accommodations and meet their basic needs (Casey, Goudie & Reeve, 2008; Klodawsky, 2009; Schwan et al, 2020; Whitzman, 2011). As a result of women's invisibility, there is very little available research that accurately reflects the numbers of women experiencing homelessness, and the extent of their housing and service needs (Cobb-Clark, Herault, Scutella, & Tseng, 2015; Schwan et al, 2020; Schwan, Vaccaro, Reid, Ali, & Baig, 2021;

Whitzman, 2011; Yeo, Ratnam & Aguila, 2015). Importantly, this absence in substantive research has important policy implications in Canada, as it is only very recently that policy planning around issues of housing and homelessness have begun to account for issues of gender (Schwan et al, 2020). This invisibility is reflected in both inadequate tools to measure homelessness and subsequently inaccurate policy definitions that fail to capture the extent and breadth of gendered homelessness in Canada (Schwan et al, 2020; Schwan, Vaccaro, Reid, Ali & Baig, 2021).

Mayock, Sheridan & Parker (2015) argue that marginalized women, who endure multiple years of homelessness, often find themselves 'going around in circles' (p. 893) without a permanent resolve to their housing crisis, due to the complexity of their housing and support needs. Going around in circles is characterized by coming in and out of contact with the types of community-based organizations and service providers designed to resolve homelessness (emergency shelters, homeless serving organizations, case workers etc.), spending time living in institutions (including hospitals and jails), and negotiating gendered survival strategies (such as trading sex, care and companionship for a place to sleep and basic needs). There is growing concern that even when women do interact with the housing and homelessness sector, the programs and services in place are not adequately designed to address the complex health, social and housing needs of single women experiencing homelessness (Casey, Goudie & Reeve, 2008; Mayock, Sheridan & Parker, 2015; Paradis et al, 2012).

The intention of this literature review is to bring together varying perspectives on gendered homelessness, to begin to illuminate a portrait of the complex lived realities of women who endure long periods of homelessness and to call attention to the gaps in research and knowledge as it relates to resolving gender-based homelessness.

2.2 Intersecting identities, lived experiences and unmet care needs of women who experience long-term homelessness

Women's housing needs are unique, and experiences of homelessness for women are imbedded within gendered contexts of poverty, violence, and social, health and racial inequalities. The intersecting, non-linear relationship between homelessness, identity, health, marginalization and discrimination requires a comprehensive approach to developing housing and support options for women experiencing homelessness. While this exploration into women's intersecting identities, lived experiences and unmet care needs is not exhaustive, it is meant to provide an overview of some of the most significant themes that emerged within the literature, that also echo the realities of women experiencing long-term homelessness in Hamilton, and other urban centres across Canada. It is also critical to bring attention to the reality that the experiences and identities explored throughout this section land in women's lives in ways, that are far more intersectional than the one-dimensional way things are often explored in the literature. For women who endure long histories of homelessness, it is the ways that these experiences and identities intersect and overlap that leads to profound exclusion, oppression and suffering.

It is also critical to ground this literature review in a historical understanding of the ways in which feminist organizations have typically shaped their response to women's housing and support needs through the lens of gender-based violence, as evidenced by the development of anti-violence shelters, transitional housing programs and gender-based counseling services (Goodhand, 2017). There is a unique opportunity for feminist housing providers to expand the scope of housing and homelessness programs and services for women who endure long histories of homelessness, to address the intersecting identities and unmet needs of women, including the key concerns named throughout this section.

2.2 a.) Indigenous women, homelessness and colonial housing systems:

Ongoing colonial practices continue to dispossess Indigenous women of their homes, lands, cultures, and ways of knowing, doing, and being (National Inquiry into MMIWG, 2019a, 2019b). Despite the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG), calling for the need for safe and secure housing more than 400 times, Indigenous women continue to face the most egregious lack of housing across Canada (National Inquiry into MMIWG, 2019a, 2019b). This includes an absence of gender-specific emergency shelters and violence against women services on reserves, and in rural and remote Northern communities, despite these territories having the highest incidents of demonstrated need (Schwan et al, 2020). The stark lack of action on the Calls to Justice from the Inquiry into Missing and Murdered Indigenous Women and Girls Report and Calls to Action from the Truth and Reconciliation Commission Report (2015) has further exacerbated the lack of safe, adequate, and culturally appropriate housing for Indigenous women across Canada.

Differing from colonialist definitions of homelessness, Indigenous homelessness is not solely defined and described by lacking a structure of habitation, rather it is more fully described and understood through Indigenous worldviews. The definition of Indigenous Homelessness, developed by Jesse Thistle (2017), is used to frame a more culturally nuanced understanding on the experiences of Indigenous women. Thistle's definition of Indigenous homelessness, unlike 'colonialist definitions of homelessness', is defined as not:

> "lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships" (Thistle, 2017, p. 6).

The disproportionate impact of homelessness among Indigenous women is connected to the intentional destabilization of Indigenous cultures, languages, knowledge systems, "gender roles, songs, traditions, rites of passage, kin groups, clans, moieties and broader community supports" (Thistle, 2017, p. 35). Relationship to land is of key importance when conceptualizing the experience of homelessness for Indigenous women. For Indigenous peoples, alienation, and disposition from land functions to serve spiritual and physical connections, as well as understandings of 'home' (Farha, 2019). Yeo and colleagues (2015), note that: 'for many women, the land on which they live, and autonomy and freedom regarding land is important to feeling home. For Indigenous women and girls, the ownership and right to land is paramount for being home' (p.5).

Housing instability coincides with the disproportionate violence experienced by Indigenous women, girls, and gender diverse peoples – a pattern declared a national human rights crisis and an ongoing genocide (Farah, 2019, National Inquiry into MMIWG 2019a, 2019b). The National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a) highlights that Indigenous women and girls are 12 times more likely to be murdered or missing than any other group of women in Canada and are 16 times more likely to be murdered or missing than white women. Despite the disproportionate experience of violence and the stark housing need of Indigenous women, they remain the most underserved within both the VAW and homelessness sectors across the country (Schwan et al, 2020).

There is a profound lack of women-focused homeless shelters or VAW shelters in Indigenous communities and on reserves across Canada (Martin & Walia, 2019; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, 2019b). Data indicates that 70% of northern reserves have no safe houses or emergency shelters for women escaping violence (Martin & Walia, 2019), with only 6% of VAW shelters nationally are located on reserves (Schwan et al, 2020). While Indigenous women living in urban settings in Canada are 15 times more likely to use a homeless

shelter than non-Indigenous women over the course of a year (Falvo, 2019), barriers to service exist

for Indigenous women living in rural and remote communities, and on-reserve.

In the context of antiviolence services – and, specifically, Indigenous-led anti-violence services –

limited access to funding from government and other sources, particularly stable, multi-year funding

and not project-based funding, must be recognized as being the root cause of the barriers to

accessing safety and housing faced by Indigenous women. (National Inquiry into Missing and

Murdered Indigenous Women and Girls, 2019a).

The Indigenous women who participated in the WESH project echo the call for governments and

community-based organizations to support in actioning the Missing and Murdered Indigenous

Women and Girls Calls to Justice (2019a, 2019b), particularly section 4.6 and 4.7, which speak

directly to the need for Indigenous-led gender-specific housing and support services:

> 4.6 We call upon all governments to immediately commence the construction of new
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> housing and the provision of repairs for existing housing to meet the housing needs of
>
> Indigenous women, girls, and 2SLGBTQQIA people. This construction and provision of
>
> repairs must ensure that Indigenous women, girls, and 2SLGBTQQIA people have access to
>
> housing that is safe, appropriate to geographic and cultural needs, and available wherever
>
> they reside, whether in urban, rural, remote, or Indigenous communities.
>
> 4.7 We call upon all governments to support the establishment and long-term sustainable
>
> funding of Indigenous-led low-barrier shelters, safe spaces, transition homes, second stage
>
> housing, and services for Indigenous women, girls, and 2SLGBTQQIA people who are
>
> homeless, near homeless, dealing with food insecurity, or in poverty, and who are fleeing
>
> violence or have been subjected to sexualized violence and exploitation. All governments
>
> must ensure that shelters, transitional housing, second-stage housing, and services are

appropriate to cultural needs, and available wherever Indigenous women, girls, and

2SLGBTQQIA people reside.

Available literature echoes the urgent need for all housing scholars and community activists to

advocate for Indigenous-led gender specific housing and support services that work towards land

back solutions, offer culturally relevant supports to address intergenerational trauma, and seek to

redress the disproportionate criminalization of Indigenous women from both the child welfare

system and the criminal justice system.

2.2   b.) The erasure of Black women's experiences of homelessness:

According to Del Carmen Graf et al (2022), there is no shortage of studies 'on' Black women that

highlight health and social disparities, however the personal accounts of African, Caribbean, and

Black (ACB) women who have experienced homelessness is largely absent from the literature. The

absence of the voices and perspectives of Black women who experience gender-based homelessness

has been a reoccurring theme in my own experiences of doing community-based research and the

absence of these perspectives is echoed across the literature that I reviewed.

A lack of participation from Black women in critical feminist participatory housing research is a

trend that has been raised by other scholars as well (Deal et al, 2023; del Carmen Graf et al, 2022;

Jones & Harris, 2019). In 2020, the Women's National Housing and Homelessness Network of

Canada compiled a systematic literature review of research done across Canada and highlighted a

substantive gap in critical black feminist theorizing on housing need and homelessness in the

Canadian context (Schwan et al, 2020).

Black women's lives are impacted by increased surveillance leading to becoming visible for the

crimes they commit that are directly related to poverty and housing instability resulting in higher

rates of incarceration and mother-child separation.(Callaghan, Farha & Porter, 2002; Maynard,

2017). ACB women continue to suffer unjustly, facing oppression, systemic racism, mass racialized

incarceration and police victimization (Deal et al 2023; del Carmen Graff et al, 2022; Maynard, 2017). State violence perpetrated against Black women seeking social assistance is 'particularly far-reaching in Canada, yet remains poorly examined and addressed' (Maynard, 2017, p. 369). Across social and health policy and service delivery, the excessive surveillance and punishment of Black women involved with the social welfare has been well documented (Collins, 2002).

The crime rate in Canada falls year after year; the rate of women being accused of a crime fell by 15% over the course of eight years (Savage, 2019) yet the number of Black women in federal prisons has more than doubled since 2010, reaching over 9% of the women prisoner population (Lawson, 2020). When investigating Black prisoners' experiences of incarceration, the Office of the Correctional Investigator (2013) found that most of the Black women prisoners they spoke to were incarcerated because of crimes deeply connected poverty, housing instability, domestic violence and child welfare involvement.

Interviews held with Black women at Grand Valley Institution indicated that most (53%) were incarcerated for drug trafficking, and many indicated that their reason for carrying drugs were connected to experiences of living in deep poverty, with many respondents noting violent partners or family members had coerced them into drug trafficking (Lawson, 2020). The feminization and racialization of poverty has resulted in greater levels of poverty amongst racialized women in Canada, for example, in the Greater Toronto Area (GTA) in 2016, working poverty amongst Black women was 10.5%, more than twice the rates for white male workers (4.8%) and white female workers (4.7%) (Schwan et al, 2020). Such statistics demonstrate that many Black women are at a financial disadvantage when navigating tight housing markets within Canadian urban centres. This finding indicates that Black women and their families are likely experiencing homelessness at higher rates than their White counterparts but may be doing so in hidden ways to avoid interactions with the criminal justice system and the child welfare system.

There is a need for further research that centres Black voices and knowledges and elevates the housing desires and preferences of Black women who have experienced long histories of unresolved gender-based homelessness. Housing and support programs must be intentionally designed to address the disproportionate rates of the criminalization of Black women and the separation of Black mothers and their children from child welfare organizations.

2.2 c.) Reproductive justice, mothering and homelessness:

Reproductive justice asserts "the right not to have children, the right to have children under chosen. conditions, and the right to parent one's children in safe and healthy environments" (Ross, 2017, p. 171). The framework was built out of grassroots efforts to advocate for the reproductive needs of Black women, whose reproductive rights have historically been and continue to be impacted by racism and inequality (Ross, 2017). For women who experience long-term homelessness, there have been significant barriers to accessing reproductive justice including the right to parent one's child in safe and healthy environments.

Within feminist policy advocacy and practice settings, children and their 'good, often victimized mothers' (Reid, Greaves & Poole, 2008, p.232) are revered as deserving of support. However, mothers who have lost custody of their children are viewed as particularly undeserving. Pregnant women who occupy what McNaughton (2006) would describe as a chaotic lifestyle complicated by violence, drug use and unstable housing, are even more so labeled as deviant villains or other, whose needs are not deeply considered within our current complement of housing and support resources. The cyclical nature between mother-child separation and homelessness remains very well-documented within existing literature (Kenny & Barrington, 2018; Novac, Paradis, Brown, & Morton, 2006; Vecchio, 2019; Schwan et al, 2020). Critical feminist research has continued to provide evidence to support that Indigenous, Black and racialized mothers are disproportionately overrepresented in terms of mother-child separation (Schwan et al, 2020; Martin & Walia, 2019

National Inquiry into MMWIG, 2019a). And yet, housing and support services continue to separate women into two categories: women, and mothers.

In my own experience working in gender-specific organizations, there are very few examples of meaningful supports that respond at the intersection of losing custody of children to child welfare systems, and complex housing and support needs. Even within feminist participatory action research, there are very limited examples that explore the context of mother-child separation from child welfare organizations, the impact that this has as a significant source of grief and loss, and as a destabilizing experience with long-lasting impact on life trajectory (Barrow & Laborde, 2009; Kenny & Barrington, 2018; Novac, Paradis, Brown, & Morton, 2006).

Women whose children are put into custody are often also negotiating conditions of extreme poverty, gender-based violence, serious mental health issues and addiction/substance use with limited support services for parenting (Barrow & Laborde, 2009; Kirkby & Mettler, 2016; Mayock, Sheridan & Parker, 2015). There is a unique opportunity to reconceptualize gender-specific housing and support services to be a place of support for mothers on the margins, who are at risk of child removal from child welfare organizations. In addition to this, gender-specific services must recognize and respond to the trauma, grief and loss child apprehension and child custody loss often causes in the lives of women more fully and support pregnant people from a harm reductionist framework (Kirkby & Mettler, 2016).

2.2 d.) **Gendered perspectives on the drug use and homelessness:**

Within my work, I have witnessed the exclusion of women who use drugs from services and organizations designed to meet their basic needs, including gender-specific shelters, transitional housing programs and supportive housing programs. A group of feminist drug using activists from Eastern Europe and Central Asia have responded to similar concerns by forming a collective for women who use drugs to mobilise, fight for their right to self-determination and to have their voices

heard, combining a feminist and human rights agenda to push for more humane drug policy, harm

reduction and decriminalisation policy. (Chang, 2023). The work of this collective centres on the

recognition that the issues confronting women who use drugs are issues that have traditionally been

ignored even within feminist spaces. Chang explains the importance of critical feminist scholars to

begin incorporating the concerns of women who use drugs into their work by sharing:

> "Society has chosen to criminalise, condemn and discriminate against women who use drugs;
>
> to incarcerate us, force us into treatment, subject us to state removal of children, and leave
>
> us vulnerable to violence, abuse and neglect. Drug use should not be viewed as something
>
> negative in and of itself – it is often a rational response to life's experiences. For some
>
> people, including myself, these experiences included childhood and adolescent trauma and
>
> societal pressure. In many instances, drug use helps us to cope – and it is a source of relief
>
> and pleasure." (Chang, as cited in International AIDS Society, 2019, p.1)

A critical feminist approach highlights that women experiencing homelessness who use criminalized

drugs do so amidst the contexts of extreme poverty, marginalization, and unequal gender-relations,

and are uniquely impacted by a range of health and social inequities associated with their substance

use (Boyd, 2017; Mayock, Sheridan & Parker, 2015; Salmon, Browne & Pederson, 2010). Existing

literature explores substance use and addiction both as an entry point into homelessness (May, Cloke

& Johnsen; Mayock, Sheridan & Parker 2015) and as a coping strategy for life on the street (Bonguli,

Lesser & Escandon, 2013; Boyd, 2017).

Chang (cited in International AIDS Society, 2019) describes the criminalization, punitive policies

and violence that characterizes the lives of women who use drugs. She notes the sexual and

reproductive health rights of women who use drugs are suspended, "we are at times subject to

forced abortion and sterilization, routinely denied child custody rights, turned away from health

services and treated as second-class citizen." (p. 5) Research shows that women who inject drugs

experience higher rates of gender-based violence, are being diagnosed with HIV at a faster rate than their male counterparts and are more likely than men to be incarcerated for the same offence or face harsher sentencing laws (International AIDS Society, 2019). With all of this in mind, it is troubling that empathetic links of solidarity have not been extended by many mainstream feminists to women who use drugs. (Chang, 2023).

Marginalized women who use substances are at risk of losing their children to child welfare agencies, experiencing sexual exploitation and/or dying prematurely from accidental overdose (Barrow & Laborde, 2008; Boyd, 2017; Kirkby & Mettler, 2016). Drivers of substance use amongst women who experience homelessness include histories of violence, loss, grief, trauma, and negative interactions with public systems such as child welfare and criminal justice systems (Kirkby & Mettler, 2016). For women and girls who are racialized or Indigenous, drug use means negotiating disproportionate surveillance and criminalization from both the child welfare state and the criminal justice system (Martin & Walia, 2019).

The housing and support needs of women who use drugs have been inadequately addressed, even by feminist organizations who claim to support the intersectionality of women. To meaningfully support women who use drugs, there is a need to embody feminist perspectives of harm reduction into the policy and practices of the programs and services designed to support women. An intersectional and gendered understanding of harm reduction services requires recognizing the multiple reasons why women use drugs including for pain relief, to cope with trauma and for pleasure. Gender-specific co-housing provides an opportunity to develop a responsive housing program tailored to the unique needs of women who use drugs, particularly in lieu of Canada's current drug poisoning epidemic. There is an urgent need for gendered housing that has intentional supports for women who use drugs delivered through a supportive and caring lens, opposed to a punitive and carceral approach.

2.2 e.) Gender-based violence, exploitation and homelessness:

Women who experience homelessness are disproportionately impacted by physical and sexual violence throughout the life course, often beginning during childhood or adolescence (Bonguli, Lesser & Escandon, 2013; Deal et al, 2023; May, Cloke & Johnsen, 2007; Mayock, Sheridan & Parker, 2015; Milaney et al 2020, Schwan et al, 2020). Experiences of homelessness for women are contextualized through the public imagination and in contemporary social policy as deeply connected to experiences of intimate partner violence. As such, the grass roots activism and organizing work of the women shelter movement in Canada, through the opening of transitional housing and shelters, and providing basic needs for women (oftentimes mothers) and their children fleeing violence continues to influence the ways gendered homelessness is responded to today (Goodhand, 2017). Canada's current violence against women (VAW) sector has created responsive policy, and service delivery for women and children fleeing violence across, legal services, health care settings, child welfare agencies, housing providers and emergency shelters/responders (Goodhand, 2017; Maki et al, 2017; Schwan et al, 2020; Yeo, Ratnam & Aguila, 2015). Yet there is a growing body of literature that troubles the ways women without dependent children have been excluded from accessing services and supports within the violence against women sector, due to their experience of violence/victimization being historical, or outside the contexts of intimate relationships (Paradis et al, 2021; Maki, 2017; Ohtsuka, et al, 2023; Schwan et al, 2020; Schwan, Vaccaro, Reid & Ali, 2021). Women who are not caring for dependent children, whose homelessness is not a direct result of intimate partner violence, have been left out of the current complement of women's housing and homelessness services, despite experiences of gendered violence and exploitation shaping their daily realities (Casey, Goudie & Reeve, 2008; Kladowsky, 2009; Lazarus et al, 2011; Paradis et al, 2021).

Women experience violence and exploitation in a variety of ways and contexts, outside of the parameters of intimate partnerships. Studies show that some women report entering homelessness because of gender-based violence being perpetrated by a roommate (May, Cloke & Johnsen, 2007; Mayock, Sheridan & Parker, 2015), by adult children (Darab, Hartman & Hartman, 2018; Devlin, Douglas & Reynolds, 2017), in the context of live in caregiver arrangements (Walsh, Rutherford & Kuzmak, 2009; Schwan et al, 2020) and by other family members (Walsh, Rutherford & Kuzmak, 2009; Darab, Hartman & Harman, 2018). Women's' involvement in criminalized activity, such as selling drugs or sex, is shaped by gender and positions women at a greater risk for experiencing physical violence and victimization in these contexts (Boyd, 2017; Elizabeth Fry Society, 2014). Young women and girls often report sexual or physical violence in their family of origin or home environment as their route into homelessness (Casey, Goudie & Reeve, 2008; Maki, 2018; Mayock, Sheridan & Parker, 2015; Yeo, Ratnam & Aguila, 2015). Girls and young women placed in the care of the child welfare system following abuse in their home, often move between foster care and group homes, and in and out of contact with youth criminal justice agencies (Casey, Goudie & Reeve, 2008; May, Cloke & Johnsen, 2007). Another set of literature describes the experiences of girls and young women who 'run away' from home and enter situations of homelessness to avoid further violence in their home (Casey, Goudie & Reeve, 2008; Mayock, Sheridan & Parker, 2015; Vecchio, 2019). Young women who enter into homelessness, who are impacted by gender-based violence are operating in survival mode, and are at a heightened risk for developing substance use and mental health concerns, coming into contact with the criminal justice system and risk further exposure to violence (Elizabeth Fry Society, 2014; Casey ,Goudie & Reeve, 2008; Lazarus et al, 2011; Yeo, Ratnam & Aguila, 2015).

Connecting understandings and subsequent responses to gendered homelessness, to the lens of

violence against women, and designing services for women and children has left some women further excluded from gender-based responses to homelessness. Single women who live with significant mental health concerns and/or actively use drugs, face barriers to accessing emergency shelters designed to support women and children, due to the complex nature of their needs (Box, Flatau, & Lester, 2022). For women who have lost their children to child welfare agencies, being in a shelter with children is often emotionally, and at times, legally, complex to navigate (Elizabeth Fry Society, 2014; Paradis et al, 2012; Paradis et al, 2021).

There is an urgent need for a broader understanding of gender-based violence (GBV), and policy and programs that are responsive to women's varying experiences of violence and exploitation. While gender-based violence is both an entry point into homelessness for women, being homeless for long periods of time places women at a higher risk for experiencing violence and exploitation. The trauma associated with experiencing violence can have a substantial impact on women's ability to feel safe in housing, and position women with unique needs in the housing sector (Jacobsen et al, 2024). Understanding GBV from a broader lens begins with acknowledging that women are impacted by varying experiences of violence and trauma throughout their lives, and that these experiences influence their housing and stability over time (Milaney et al, 2020). There is an urgent need for the VAW sector, and women's housing scholars, to re- imagine and re-articulate the connection between violence and homelessness, to reflect a more comprehensive lens of gendered-based violence across the life course for women.

2.2 f.) Mental health, gender and homelessness:

Women who remain homeless for long periods of time are disproportionately impacted by significant mental health concerns, which complicate their experiences of navigating and resolving homelessness (Deal, 2023; Mackelprang, Graves, & Schulz, 2024; Ohtsuka et al, 2024; Schwan et

al, 2020). It is well documented within existing literature that women who endure long periods of homelessness are disproportionately impacted by circumstances known to produce poor mental health outcomes such as violence, grief and loss, social isolation, and the inability to meet basic needs (del Graff et al, 2022; Deal et al, 2023; Mackelprang, Graves, & Schulz, 2024; Paradis et al, 2021). Oftentimes, women enter homelessness in a state of heightened emotional distress, following an experience of gender-based violence or other traumatic incident, and this remains unaddressed (and worsens) as they navigate experiencing homelessness (Casey, Goudie & Reeve, 2008; Mackelprang, Graves, & Schulz, 2024; May, Clocke & Johnsen, 2007; Ohtsuka et al, 2024). It is important to bring a critical feminist perspective into understandings of mental health, gender and homelessness for women. According to Raajan (2018), "many women find themselves on the streets escaping violence and thus often what is determined as a 'mental illness' is more likely a reasonable response to ongoing trauma and systemic structural violence, such as violence that is a result of ableism/saneism, patriarchal colonialism, racism and Transphobia experienced by Indigenous, refugee women and Trans women" (p.9). Available research on the mental health status of women who endure long periods of homelessness note the correlation between poor mental health and victimization, abuse, and trauma (Saddichha, Linden, & Reinhardt, 2014). The mental health challenges experienced by women who are homeless are deeply connected to their experiences of violence, trauma and living in physical and social environments that do not promote or support wellbeing (Boyd et al, 2017).

Significant Mental Illness (SMI), also referred to in the literature as, 'significant and persistent mental illness' (SPMI), is one of the most prevalent concerns impacting chronically homeless single adults (Gaetz, Scott & Gulliver 2017; Hategan, Tisi, Adburrahman & Bourgeois, 2016; Tsemberis, Kent & Respress, 2012). Serious mental illnesses' (SMI) are defined as mental health conditions that results in serious functional impairment that substantially interferes with or limits a person's

ability to carry out necessary life activities (National Institute of Mental Health, 2024). While a range of diagnoses can fall under the classification of SMI, including bipolar, schizophrenia and major depressive disorder, distinctions of SMI are made based on symptom presentation and the impact that symptoms have on functioning (National Institute of Mental Health, 2024; Tsemberis, Kent & Respress, 2012). Symptoms of SMI may include an impaired sense of reality, impulsivity, disorganized thought processes, delusions, hallucinations, and difficulty establishing and maintaining relationships (National Institute of Mental Health, 2024). Symptoms of poor mental health, such as yelling, hoarding or exhibiting paranoia can have a direct impact on individuals' ability to manage a tenancy, particularly with a market rent landlord (Bonguli, Lesser & Escandon, 2013; Deal et al, 2023). Findings on long-term homelessness suggest that women impacted by a SMI have higher and more premature mortality rates, when compared to male homeless populations also diagnosed with an SMI (Cheung & Hwang, 2004; Chambers et al, 2014; Mackelprang, Graves, & Schulz, 2024).

Literature on women's mental health and homelessness tends to position post-traumatic stress disorder as a condition that disproportionately impacts the mental health of women who endure long periods of homelessness (Bonguli, Lesser & Escandon, 2013; May, Cloke & Johnsen, 2007; Mayock, Sheridan & Parker, 2015; Paradis et al, 2021; Walsh et al, 2009). Cobb, Herault & Scutella (2016), consider the ways women experience homelessness differently than men, and found that women were more likely to identify trauma or mental health concerns, as a factor that led them to become homeless. In a study on the experiences of women who have been homeless for multiple years, Mayock, Sheridan & Parker (2015) found that women self-identify emotional distress and mental health concerns, as the primary reason why they have been unable to resolve their housing crises over time.

Existing research on the ways that women experiencing homelessness cope with mental health

concerns, illustrates barriers in accessing psychiatric care and receiving support for emotional distress and trauma from allied health professionals (Chambers et al, 2014; Paradis et al, 2021). Women who come into contact with mental health care providers often do so after a significant mental health crisis, such as a suicide attempt, significant injury caused by self-harm or homicidal thoughts brought on by psychosis symptoms, and due to limited options, women often transition from hospitalization back into situations of street homelessness following what are often lengthy hospital stays (Bonguli, Lesser & Escandon, 2013; Deal et al, 2023; Mackelprang, Graves, & Schulz, 2024; Paradis et al, 2012). A lack of understanding women's mental health symptomologies and the intimate connection to experiences of trauma, victimization and violence, positions women as inadequately supported within contemporary mental health spaces.

The circumstances leading into homelessness, a lack of access to care while homeless, a lack of an intersectional feminist approach to providing low-barrier and gender-specific mental health care all contribute to devastating mental health outcomes for women experiencing long-term homelessness. Supportive and responsive gender-based housing programs can lead to improved mental health and wellness, by supporting women to live lives free from violence, providing low barrier feminist forms of mental health care and creating responsive and caring environments for healing.

2.2 g.) Physical health, gender and homelessness:

There is a well-documented and reinforcing relationship between homelessness and health status. The longer someone is homeless, the more pervasive and serious their chronic health conditions will become, and the more difficult it will be to access care (Schwan et al, 2020). Women who endure long periods of homelessness are uniquely impacted by a range of conditions, known to produce poor health outcomes, including repeated exposure to physical and sexual violence, barriers to accessing health care, chronic stress and living in substandard and unsafe environments

(Elizabeth Fry Society, 2014; Lazarus et al, 2011; Walsh, Rutherford & Kuzmak, 2009). In the Health and Housing Guidelines published by the World Health Organization (WHO) (2018), housing conditions are identified as a key social determinant of population health. According to the WHO (2018), housing conditions affect health; and poor housing conditions are a mechanism through which social and economic inequality, translates into heath inequality. In a report published on the health status of Canadians (Public Health Agency of Canada, 2016), being in core housing need (understood as being homeless, or living in inadequate, unaffordable or unsustainable housing), is described as a key determinant contributing to poor population health outcomes. Connections between housing and health intersect with other social determinants of health (eg: gender, race, Indigeneity) (Raphael et al, 2020), and women experiencing long-term homelessness are uniquely impacted by the social determinants that produce poor health outcomes and barriers to heath care.

Despite this recognition, there remains a lack of substantive health care policy and programming that aims to mitigate population health risks through housing interventions. Homeless populations are recognized within the existing literature as having higher rates of almost every disease and poor health condition, when compared to 'housed' populations (Cheung & Hwang, 2004; Gaetz, Scott & Gulliver 2017; Hategan, Tisi, Adburrahman & Bourgeois, 2016; Schwan et al, 2020). Homelessness is quite literally a life-threatening condition for women; with recent Toronto-based public health data noting that the life expectancy for women who endure long-term homelessness is now 36 years old (City of Toronto, 2025). Research on the health outcomes of women who ensure long periods of homelessness report this population as significantly more likely than housed women to die prematurely from untreated and poorly managed chronic health conditions, (Chambers et al, 2014; Lazarus et al, 2011; Schwan et al, 2020). This is reflective of what I have witnessed in my direct

practice, where many women's lives have been cut short due to the inability to treat manageable chronic health conditions.

Women who endure long histories of homelessness often have multiple co-occurring physical health conditions and research studies demonstrate a disproportionate impact of a range of chronic and terminal illness for women (Meacham et al, 2019; Reid et al, 2021; Moravac, 2018; Whitzman, 2006). Available studies show a high prevalence of conditions such as asthma, diabetes, HIV/HEP C, cancer, heart and stroke conditions, epilepsy and autoimmune disorders impacting women experiencing long-term homelessness (Bonguli, Lesser & Escandon, 2013; Cheung & Hwang, 2004; Cobb, Herault & Scutella 2016; Mackelprang, Graves, & Schulz, 2024; Meacham et al, 2019; Moravac, 2018; Lazzarus et al, 2011; Schwan et al, 2020; Tsemberis, Kent & Respress, 2012) The daily realities of homelessness characterized by sleeping on the street, couch surfing or staying in overcrowded accommodations, make it difficult to manage and treat existing health conditions, and perpetuate the spread of disease and illness amongst homeless populations (Moravac, 2018; Paradis et al, 2021). Experiencing profound trauma, grief, loss, social isolation, and severe and economic deprivation are also key contributors to poor health outcomes and barriers to care, and these experiences are particularly relevant for women who endure long periods of homelessness (Schwan et al, 2020).

Scholars who write from a women's health perspective note that in addition to the myriads of physical health concerns experienced by chronically homeless populations, women are disproportionately impacted by a range of gender-specific health concerns (Lazarus et al, 2011; Meacham et al, 2019; Moravac, 2018). Most notable are concerns about the impacts of sexual violence, pregnancy and untreated/undiagnosed sexually transmitted infections, including HIV/AIDS (Cheung & Hwang, 2004; Lazarus et al, 2011; Meacham et al, 2019; Panushka et al, 2023) .Women are disproportionately impacted by sexual violence and involvement in the sex trade,

which position them at a greater risk for contracting sexually transmitted infections, including HIV/AIDS (Lazarus et al, 2011; International AIDS Society, 2019; Meacham et al, 2019). Concerns about stigmatization from health care providers, the socio-legal context of HIV in Canada, and past sexual trauma, are barriers that prevent women from engaging in regularly screening and testing in relation to their sexual health (Lazarus et al, 2011; Meacham et al, 2019; Moravac, 2018). Untreated sexual health concerns can have a grave impact on women's physical and reproductive health, and this is a significant concern amongst women enduring long periods of homelessness (Panushka et al, 2023).

Women without a fixed address or access to a working telephone, face profound barriers when trying to access health care services, receive information about their health and manage existing health conditions. Moravac (2018) found that women who experience homelessness are significantly less likely to engage in preventative health care, such as regular check-ups and cancer screening. Studies on women's pattern of health care service utilization note that women experiencing homelessness often do not have a primary health care provider (Meacham et al, 2019; Moravac, 2018; Whitzman, 2011), and report feeling distrusting of and/or stigmatized by health care professionals (Lazarus et al, 2011; Moravac, 2018). Additionally, women's mental health diagnoses, patterns of substance use, cognitive delays and/or a history of trauma creates unique barriers and concerns, further preventing women from accessing necessary health care services (Meacham et al, 2019; Moravac, 2018, Panushka et al, 2023).

Women are more likely to sustain permanent housing over the long-term, if they have access to the supports required to manage their physical health conditions (Mayock, Sheridan & Parker, 2015; Paradis et al, 2021; Whitzman, 2011). Supporting women with complex health care needs in permanent housing requires strong partnerships and collaboration between women's health care

and housing providers. Gender-specific co-housing with co-located health supports has the potential to disrupt the tragic reality of women experiencing long-term homelessness dying prematurely from unmanaged, chronic and treatable health conditions.

2.5 h.) Senior women, aging and homelessness:

Senior women require both a safe place to call home, and a unique set of resources to address their health, social, and financial support needs. As the Canadian population ages, the country's eldest seniors will be women (Hudon, T. & Milan, A. 2016). Currently older women who live alone are one of the fastest growing demographic groups facing housing insecurity and homelessness in Canada (Whitzman & Desroches, 2020).

Available research suggests that older women enter homelessness for unique reasons, oftentimes connected to the death of a partner, discharge from hospitalization, costs associated with having custody of their grandchildren, the inability to work as they age, and having to leave housing that no longer meets their accessibility needs (Goneya & Melekis, 2020; Goneya & O'Donnell, 2022; Schwan, Vaccaro, Ali & Reid 2022; Whitzman & Deroches, 2020). A small body of research considers the correlation between experiences of homelessness for older women and the death of an intimate long-term partner, noting that many women enter homelessness while grieving and have trouble regaining emotional stability, and lack the financial ability to become rehoused independently (Darab, Hartman & Hartman, 2017; Devlin, Douglas & Reynolds, 2018).

Canadian research notes that older women are not well served in city shelters, drop-in programs, and existing housing programs, as they often need specialized care and services (Schwan, Vaccaro & Ali, 2022; Whitzman & Deroches, 2020). Additionally, their housing and support needs far extend what is available within traditional gender-based services not specifically designed for aging populations (Goneya & Melekis, 2020; Goneya & O'Donnell, 2022). Findings from studies focused on the

unique housing needs of older women (Gonyea & Melekis, 2020; Devlin & Devlin, 2018) note that women who are growing older require housing and support services that are responsive to their changing needs as well as housing with the possibility to support 'aging in place.' Gender-specific co-housing can provide a pathway to making this a reality for senior women who endure long periods of unresolved homelessness.

2.3   i.) Cognitive delay, acquired brain injury, gender and homelessness:

Women living with cognitive disabilities are more likely to experience violence and abuse, and less likely to have the resources needed to secure adequate, sustainable and well-supported housing (Schwan et al, 2020). There is an overrepresentation of women living with cognitive disability in homelessness populations, and yet, limited research has been done that specifically focuses on the intersection of homelessness and housing need for women living with cognitive disabilities. Adults living with cognitive disabilities are over twice as likely as others to still be living at home with one or more parents and are at risk of experiencing homelessness as the result of the death or decline of a parent/caregiver (Canadian Association for Community Living, 2018). This trajectory into homelessness is not well supported by prevention efforts, representing a significant gap in service and policy for adults living with cognitive delay (Schwan et al, 2020; Whitzman & Deroches, 2020). While there are substantial gaps in research relating to gender, cognitive disability and homelessness, a small set of literature considers the impact that the death of caregivers (parents, siblings, friends) has in the lives of adult women living with disabilities, noting this as a life event that can lead women into homelessness (DAWN Canada, 2019).

A study by the Canadian Mortgage and Housing Corporation (2006) found that adults with cognitive disabilities, who wish to live independently face serious obstacles to doing so, including: limited support services for planning and transition to independent living and subsequently support

services needed to live independently. This study (CMHC, 2006) found that adults with cognitive disabilities are navigating a system that is geared to accommodating them within existing housing, rather than creating housing situations geared to their needs. Similar concerns are echoed by the Canadian Association for Community Living (2018) who call for a right to appropriate housing for adults living with developmental disabilities.

There is little indication to suggest that Canadian governments are providing housing support services to women with cognitive disabilities in a way that is allowing women to exit homelessness or violent relationships, and access affordable housing (Canadian Feminist Alliance for International Action and DisAbled Women's Network Canada, 2017). There is an urgent need for intersectional research approaches to better understand the systemic barriers that create conditions of long-term homelessness for women living with cognitive delay. Furthermore, there is a need for a more fulsome understanding of the connection between cognitive delay for women and experiences of homelessness and unmet housing need.

The leading cause of traumatic brain injury is intimate partner violence (IPV), according to Brain Injury Canada (2024). Traumatic brain injury is caused by "a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain" and most commonly results from falls, motor vehicle-traffic crashes, and assaults, and it is the leading cause of permanent disability in North America. (Hwang et al, 2008). There is also a growing body of work focused on the prevalence of acquired traumatic brain injury (TBI) and homelessness (Hwang et al, 2008; DAWN, 2017). Brain Injury Canada suggest that as many of 50% of people experiencing homelessness in Canada have some form of acquired traumatic brain injury, noting people who experience violence and assault and people who use substances are at the highest risk for being impacted by an acquired traumatic brain injury (Brain Injury Canada, 2024). Women who use drugs and experience violence,

are disproportionately represented in those living with cognitive and traumatic brain injuries (Canadian Feminist Alliance for International Action and DisAbled Women's Network Canada, 2017). Further intersectional feminist research and analysis is needed to more fully uncover the correlation between violence, substance use and the impact and prevalence of acquired traumatic brain injury for women who experience long-term homelessness. Gender-specific co-housing programs have the potential to develop responsive policies, services and programs at the intersection of gender, acquired brain injury, cognitive delay, violence and substance use.

2.3 A lifetime of homelessness: Bringing a gendered lens into understandings of chronic homelessness

One of the most significant findings from the Pan-Canadian survey on women's homelessness (Schwan, Vaccaro, Reid, Ali & Baig, 2021), was that: "homelessness begins early in life for a majority of women and gender diverse people, and is often followed by a chronic, chaotic churn of precarious housing and homelessness situations" (p. 38). In contrast to this, Canadian federal strategy directives on homelessness also referred to as 'Reaching Home', describe people experiencing 'chronic homelessness' as in the deepest housing need in the country and defines those experiencing 'chronic homelessness' as individuals who are currently experiencing homelessness, and who meet at least 1 of the following criteria: (1.) a total of at least 6 months (180 days) of homelessness over the past year or; (2.) recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days) (Government of Canada, 2021). However, both the Pan-Canadian survey (Schwan, Vaccaro, Reid, Ali & Baig, 2021), and findings from studies focused on gendered housing trajectories (Jacobsen et al, 2024; Mayock, Sheridan & Parker, 2015; Schwan et al, 2020) highlight a need to expand the narrow definitions of 'chronic homelessness' for women to account for the ways gendered homelessness persists over the life course from girlhood to adulthood, in ways that look different over time.

Federal policy definitions conceptualize 'homelessness', as time spent staying in unsheltered locations, places not intended for permanent human habitation, staying in emergency shelters or overnight drop-in programs, staying temporarily with others without guarantee of continued residency and/or short-term rental accommodations (for example, motels) without security of tenure. (Government of Canada, 2021). The current definition of chronic homelessness put forth by the Canadian federal government does not include time spent in transitional housing or in public institutions (for example, hospitals and prisons), although individuals who are discharged into homelessness from transitional housing or public institutions can be considered chronically homeless if they were experiencing chronic homelessness upon entry to transitional housing or the public institution. (Government of Canada, 2021).

Current understandings of 'chronic homelessness' as defined by Canada's federal government fall short of conceptualising the extent of the homeless experience from a gendered lens. It is well-known that women without children, endure homelessness for much longer periods than six consecutive months, and therefore there is a need to develop a more accurate statistical portrait of the needs of women who experience lifelong periods of homelessness (Schwan et al, 2020). Contextualizing the extent and breadth of homelessness for this population of women is critical, particularly when imagining the type of responsive programs that would be needed to resolve long-term and lifelong homelessness for women.

There is substantial research to demonstrate that people who experience homelessness during their youth, are significantly more likely to experience lengthy periods of unresolved homelessness during adulthood (Schwan et al, 2020; Watson, 2016; Yeo, Ratnam & Aguila, 2015). Available research shows that young women experiencing homelessness report higher levels of physical, sexual, and emotional abuse as children compared to young men (Gaetz et al., 2018), including violent

incidences occurring within the child welfare system and youth detention centres (Czapska, Webb & Taefi, 2008).

There is a strong correlation in both Canadian and international evidence between gender-based adult homelessness and childhood experiences of housing instability and gendered violence (Czapska, Webb & Taefi, 2008; Schwan et al, 2020). Experiences of gender-based violence often begin in childhood, and this makes 'home' an unsafe place to be for many women and girls who experience homelessness (Czapska, Webb & Taefi, 2008; Gaetz et al, 2018; Watson, 2016). For young women, escaping violence in their homes has been described as one of the most significant pathways into adult homelessness and/or the child welfare system, oftentimes it is these early experiences of violence and homelessness that lead to long-term and lifelong struggles with housing stability (Jacobsen et al, 2024; Schwan et al, 2020).

It is widely recognized that most Canadians who experience an episode of homelessness can resolve their housing crisis quickly and regain housing stability through relying on available social welfare programs, housing support services and by navigating their own informal support networks (Gaetz, Dej, Donaldson & Ali, 2017). However, a relatively small subset of the homeless population experiences long-lasting periods of being without permanent, adequate housing, and face barriers that make acquiring and sustaining housing in the traditional housing market inaccessible. There is an understanding in both policy and praxis within the housing and homelessness sector, that the housing and support needs of people experiencing chronic homelessness vary greatly from those experiencing an episode or episodic instance of homelessness (ESDC, 2019; Gaetz, Dej, Donaldson & Ali, 2017). Available literature describes 'chronic homelessness' as the result of immense public system failures, and a complex intersection of health, social and legal barriers that perpetuate lengthy periods of unresolved homelessness (Cobb et al, 2016; Tsemberis et al, 2012). People experiencing chronic homeless are described as being disproportionately impacted by significant physical and

mental health concerns, addiction and substance use, and disabilities including mobility, cognitive and learning difficulties that impact housing and support needs (Cobb et al, 2016; ESDC, 2019; Federal Government of Canada, 2021).

In the absence of intersectional and gender-based policy responses, we are unable to measure and respond to gendered chronic homelessness. As a result, the full extent of homelessness amongst women without children is largely unknown, leaving governments and community-based organizations to design and implement policies and programming in the absence of key knowledge and data on the chronicity and complexity of the homeless experience (Schwan et al, 2020). The consequence of this is that women who become homeless without children in their care, are quite literally experiencing lifelong periods of homelessness and housing instability. Resolving the experience of lifelong homelessness for women, requires unique interventions, housing programs and support services that are gender responsive and tailored to meet the needs of the women who participated in this project, and beyond.

2.4 'Going Around in Circles': Navigating gender-based homelessness

Mayock, Sheridan & Parker (2015) note that highly marginalized women who experience long-term homelessness, are 'going around in circles' (p.877) without having their housing and support needs adequately met. Within Mayock, Sheridan and Parker's (2015) work, women's movements were patterned in complex ways, but stable, independent housing never became a reality for the women involved in their study. Instead, they temporarily disappeared from sites of 'official homelessness' only to resurface sometime later in the system, typically in hospitals, or the criminal justice system. The concept of 'going around in circles' (Mayock, Sheridan and Parker, 2015) illuminates quite vividly, the complex housing trajectories of homeless women, as they attempt to resolve their homelessness amidst systems and services unfit to respond to their housing, health and social needs.

The women who shared their housing trajectories for the research conducted by Mayock, Sheridan and Parker (2015) report accessing the types of community-based organizations designed to temporarily resolve homelessness (gender-based shelters, transitional spaces, drop-in programs focused on serving homeless populations etc.), however also report being unable to access the kinds of support necessary to access and sustain permanent housing. This is a trend that echoes throughout the literature on gender-based homelessness (Jacobsen et al, 2024; Schwan, Vaccaro, Reid, Ali & Baig, 2022; Salem et al, 2021; Rakus & Singleton-Jackson, 2024; Whitzman & Deroches, 2020) and something that I have witnessed firsthand in my frontline work supporting women experiencing homelessness in community-based settings.

2.4 a.) Navigating homelessness through gendered survival strategies:

A well-documented feature of women's homelessness in available literature is that women manage to stay 'invisible' (off the street and in sporadic contact with community-based organizations) during long periods of homelessness (Klodawsky, 2009; Mayock, Sheridan & Parker, 2015; Watson, 2016; Whitzman, 2011). Available evidence shows that women access the emergency shelter system and other homelessness specific services more sporadically than their male counterparts, and they are also less likely to be visibly homeless in public spaces (Baptista, 2010; Maki, 2017; Rakus & Singleton-Jackson, 2024; Schwan et al, 2020). Staying in motels, with friends, family or in temporary accommodation negotiated through gendered survival strategies are all sites of hidden or 'invisible' homelessness and oftentimes contexts where women experience further isolation, distress, and trauma (Mayock, Sheridan and Parker, 2015).

It is well recognized that women rely on relational, precarious, and oftentimes dangerous networks and supports to remain invisible (Watson, 2016) and negotiate high-risk survival strategies to avoid the dangers of the street-level homelessness including staying in unsafe and exploitative relationships and exchanging sex for shelter (Bretherton, 2017). Women who negotiate temporary indoor

accommodations during periods of long-term unresolved homelessness, do so in ways shaped by gender-relations and gendered survival techniques (Klodawsky, 2009; Bretherton, 2017; Mayock, Sheridan & Parker, 2015; Rakus & Singleton-Jackson, 2024). It is documented within the literature that women who endure long histories of homelessness are more likely than male or youth populations to trade sex, care and/or companionship for temporary accommodations and basic needs (Casey, Goudie & Reeve, 2008; Klodawsky, 2009; Lazarus et al, 2011; Watson, 2016). Watson (2016) describes the ways women who experience homelessness, form and maintain intimate relationships with men, to secure themselves some sense of safety and access to basic needs. Studies on the experiences of older women who become homeless demonstrate patterns of women trading care and domestic labour for temporary accommodations (Goneya & Melekis, 2020; Goneya & O'Donnell, 2022). Marginalized women who engage in gendered survival techniques of trading sex, care and companionship for basic needs, are at a heightened risk for experiencing gender-based violence in the context of these relationships (Lazarus et al, 2011; Rakus & Singleton-Jackson, 2024; Watson, 2016).

Navigating homelessness through gendered survival strategies further renders the experiences of women who are endure long-term homelessness as invisible from policy makers and community-based organizations who are attempting to understand and respond to unmet need.

2.4 b.) Navigating gendered homelessness through interactions with community-based organizations and institutions:

Mayock, Sheridan and Parker (2015) note that the process of 'going around in circles' (p. 877) for women experiencing homelessness is inclusive of interacting with community-based organizations designed to respond to gendered homelessness (transitional housing, emergency shelter programs, outreach workers, drop-in programs etc.), as well as institutions including the criminal justice system, and healthcare system.

Even though invisibility is one of the most well-documented features of gendered homelessness, data indicates that women experiencing homelessness are reaching out to gender-specific housing services and shelters for support, at an alarming rate. Studies published in collaboration with emergency women's shelters across Canada note that despite operating above operational capacity, shelters and drop-in spaces serving single women are unable to meet the increasing demands for service delivery (SISTERING, 2010; Paradis et al, 2021; YWCA Canada, 2016). It is often when women seek support from community-based organizations repeatedly, with no avail, that they stop seeking formal support and rely on gendered survival strategies instead.

There is a small, but growing, body of literature that considers the ways some women who experience long-term homelessness cycle in and out of incarceration, noting the significant impact this has on their housing trajectory and path towards stability over the long-term (Jones, Bucerius, & Haggerty, 2019; Salem, et al, 2021; Schwan et al, 2020). Institutions such as hospitals, jails and drug treatment centres are all sites of hidden homelessness, entry points into homelessness and another stop on the journey of homelessness for women (Salem, et al, 2021). However less has been documented about the experiences of women who cycle in and out of periods of voluntary and involuntary hospitalization during periods of long-term homelessness, despite a plethora of research on the connection between poor health and chronic homelessness.

Criminality for women experiencing homelessness is contextualized within narrowly understood 'choices', that women make about provisioning for their basic needs and maintaining their 'safety' in constrained, street-based and highly volatile situations (Lazarus et al, 2011). Furthermore, criminality is determined through colonial, racist, gendered, ablest and patriarchal legal structures that routinely disfavor Indigenous, Black and racialized women (Lawson, 2020) and women labeled with profound psychiatric conditions (Salem, et al, 2021).

Criminalization impacts women uniquely, with Indigenous, Black and racialized women being overrepresented in the criminal justice system in Canada and other international contexts. Indigenous women make up 42% of the federal prison population, despite only being 4% of Canada's population (Lawson, 2020). Women with complex co-occurring disorders, chronic patterns of poly substance use and developmental disabilities including Fetal Alcohol Spectrum Disorder (FASD) and brain injury, who were formerly placed in state run institutions are also currently overrepresented amongst incarcerated women (Salem, et al, 2021).

There is a cyclical relationship between homelessness, poverty and criminality for women, as women without economic resources may engage in criminalized activity to produce income, while criminalization practices and a criminal record significantly reduce women's opportunities to secure income and stable housing (Boyd, 2017). The incarceration of women is oftentimes a result of crimes relating to poverty, drug use, involvement in the illicit sex trade and assault (often in the context of intimate relationships) (Elizabeth Fry Society, 2014; Lawson, 2020; Salem et al, 2021). Housing women who commit low level crimes and pose little risk to public safety in jails and prison represents a profound social injustice and a problematic mismanagement of federal and provincial resources. Feminist criminologists would suggest that rehabilitation/reintegration as opposed to retribution models of justice is a far more effective and ethical housing option when working to support women who commit low level crimes in the contexts of significant marginality (Cormack & Brickey, 2007). Gender-specific low barrier housing may be a space to integrate rehabilitation and reintegration models of support to begin moving away from carceral systems that serve to control and oppress women. Over time, gender-specific housing programs with supports have the potential to disrupt the cycle between gendered homelessness and incarceration.

Within existing literature, there is a lack of gendered analysis that seeks to explain how women experiencing homelessness for a long time end up in hospital, and what happens when they do. The

studies that do exist contextualize hospital stays for unhoused women do so, as related to untreated chronic health conditions, involuntary mental health hospitalizations or pregnancy-related hospital stays (Mackelprang, Graves & Schulz, 2024; Montgomery, Szymkowiak & Culhane, 2017; Panushka et al, 2023). Discharging homeless individuals from hospital-based settings directly to emergency shelters or the street is common practice but remains under-explored in the Canadian literature (Buccieri et al, 2018, Forchuk et al., 2006, Forchuck et al, 2013; Saab et al, 2016). Pauly (2014) notes that in Canada, homeless patients are routinely "dumped into the community" through discharge to shelters who are inadequately prepared to respond to health care needs or the street, without any discharge planning around housing and community supports. Unfortunately, Pauly's (2014) analysis of the pipeline from hospital to homelessness is the reality for many women who endure long-term periods of homelessness. Canadian hospital-based data notes increased length of stay in both acute and alternate level care beds for homeless patients in hospital, oftentimes in situations where patients who do not require acute care resources but remain hospitalized due to lack of housing and support (Buccieri et al, 2018; Forchuk et al, 2013; Pauly, 2014). Women experiencing homelessness often endure lengthy periods of hospitalization, frequent emergency room visits and are frequently written about as 'lost to follow up' due to their instability (Fazel, Geddes & Kushel, 2014; Pauly, et al, 2014).

Gendered and racial discrimination and surveillance within health care settings serves as an additional barrier to seeking care for Indigenous women, Black women, women who use drugs and women living in pervasive poverty. As a result, women are not seeking care and experience decreases in all aspects of health and wellness, which lead to long-term hospital stays (Mayock, Sheridan & Parker, 2015, Pauly et al, 2014). Inadequate health care services, a lack of access to primary and preventive health care and being discharged from hospital into homelessness without adequate supports contributes to growing gendered-health inequities for women who endure long-term

homelessness.

A lack of a responsive and gendered lens across social, health, criminal justice and housing policies and programs creates conditions for women without children in their care to face significant barriers to housing. There is a need for the urgent development of pragmatic responses that offer real solutions to the current landscape of gender-based homelessness in Canada, through the development of gender-specific co-housing.

2.5 Concluding Reflections: Implications for gendered housing

The available literature on gendered homelessness describes a range of intersecting identities, experiences and care needs, that remain largely unmet and unrecognized by policy and programmatic responses. In many ways, the available literature falls short of providing a nuanced account of the ways that the intersecting ways these experiences and identities manifest in the lives of women who endure long periods of homelessness. The breadth of literature written about women's experiences of homelessness document human suffering, grim lived realities and the frustration of navigating complex systems that are largely ill-equipped to respond to women's varying and multi-layered needs. Very rarely does the available literature take up a consideration of women's strengths, acknowledge the contributions they make to the communities they are a part or position them as experts with important knowledge to share. Of most concern, women who experience homelessness are rarely asked within the available literature to consider what it is they imagine for their lives, to describe their ideal housing or imagine the types of support services they think would best respond to their needs.

While a lot has been written about women's homelessness, and on the topic of gender-based homelessness, very few studies are written in ways that elevate the perspectives of women who experience homelessness as knowledge holders, with information to share that could inform policy and practice. Given what is known about women who endure long periods of homelessness, there is

an urgent need to involve these women in a rethinking, reshaping and reimagining responses to gendered homelessness. Women who experience homelessness hold expert knowledge and have an important role to play in designing responsive housing and support services that reflect the intersecting identities and lived realities of women who endure long periods of homelessness in Canada, and beyond.

My doctoral work fills a significant gap in the literature by inviting women who are experiencing long-term homelessness into a process of imagining and cocreating a model of gender-specific co-housing with supports. Within existing literature, women who experience homelessness are rarely asked about their own housing and support preferences and in community-based settings, there perspectives remain largely absent in the planning of new housing and support programs. This research project has important implications for informing a gendered approach to supportive housing, by centering the perspectives of women who endure long-periods of unresolved homelessness in Hamilton, Ontario.

Chapter 3: Grounding My Theorizing in a Critical Feminist Perspective

3.1 - Introduction:

> 'I have cared passionately about two different things: the intellectual process of understanding the world and the political project of changing it.' (Fraser & Naples, 2004, p.1106)

The ways that I understand and think about my doctoral project is grounded in my personal and political reflections of a decade spent working on the frontlines of gender-specific housing and homelessness organizations. In this work, I witnessed the suffering and social exclusion of women – and took note of the ways this was magnified by occupying unjustly oppressed identities and navigating cruel life experiences. I have also witnessed their profound strengths, the contributions they make to the communities they are a part of and have been lucky to learn from these women, both in my frontline work and throughout this project. My critical feminist lens informs my understanding that women are highly marginalized not because of their identity, but rather because of the ways our current housing, health and social service systems are ill-equipped to respond with care to their needs.

As I reflect on the lives of the women at the centre of my work, and their desires for housing and support, I was inspired by Zuferey (2017) who encourages critical feminist scholars to 'examine identities, dynamics and social processes that constitute social inequalities, without reducing everything to being simply multiple and complex (p. 57)'. Moving past reducing everything to being 'complex' requires a deeper integration of the ways in which social structures lead to social inequities that manifest into exclusion and marginalization for women experiencing long-term homelessness. Salmon, Browne & Pederson (2010) pragmatically differentiate the 'complex needs of women who use drugs' in their critical feminist research by conceptualizing this 'complexity' as being caused by unjust policies, systems and structures that negatively shape opportunities, barriers, and life

circumstances, grounded in historical and current inequities. By using the term 'highly marginalized,' Salmon, Browne & Pederson (2010) describe a group of women, who have agency and resistance, but who have been marginalized by structural and other forms of violence and an unjust housing, health, and social care system. A critical feminist perspective creates space to think about the ways 'marginalization' is caused by structural and other forms of violence, and an unjust social safety net without reducing people to the circumstances in which they live in and survive through.

Many of the women who participated in the WESH project have navigated homelessness for years, sometimes for decades, without much hope of finding meaningful housing and support. Their lived realities are shaped and constructed by navigating incarceration, the child welfare system, involuntary hospitalization and an emergency shelter and housing system that is not designed to meet their needs. Gendered, colonial, carceral and ableist dynamics have a profound impact on the systems, supports and structures available to resolve their housing, health and social care needs.

By theoretically grounding my research in a critical feminist analysis, it is my intention to bring to light the social, political, economic, legal and policy factors that intersect to shape and influence the life circumstances of women and their access to housing, meaningful supports and the other resources necessary to resolve their homelessness (Cahill, 2007; Levac, 2013; Reid, 2004). And to do so in a way that draws women's creativity, participation and knowledge into the centre of my work, by using a methodology that brings forward their vision and voice in ways that work for them, in the contexts of their lived realities.

The socio-political realities of housing and homelessness are intrinsically connected to gender dynamics. Homelessness is navigated in gendered ways, and housing and support needs are shaped by gender. And yet, other aspects of identity and experience are also critical in terms of understanding the ways homelessness is experienced and resolved. Theorizing from a critical feminist approach can be a tool to strengthen housing research by creating space for deeply

considering the ways identity, experience and navigating unjust systems intersect to shape the complexity of women's lived realities and their articulating of what constitutes as meaningful housing and support (Zuferey, 2017). Furthermore, critical feminist theorizing can provide a foundation for advocacy work towards transformative change by centering the voices, perspectives and ideas of women who have been typically silenced (Reid, 2004). Mobilizing critical feminist theory into research praxis creates exciting opportunities to engage communities with lived experience of the social justice issues being studied into the process of theorizing, resulting in producing knowledge that has real world applications.

My doctoral research is grounded in my intention of pursuing the meaningful merger of academia and activism as articulated by Gringeri, Wahab and Anderson (2010). I am drawn to critical feminist theory as a conceptual framework because this approach has a history of being on the cutting edge of theorizing with practical intent (Fraser & Naples, 2004) and is recognized for working in spaces that advance the current socio-political realities and everyday lives of women experiencing marginalization (Fonow & Cook, 2005). I am drawn to critical feminist theoretical frameworks because of the unique potential to examine experience, identity and unjust systems in ways that make concrete recommendations for actionable change (Frisby, Maguire, & Reid, 2009).

This chapter begins by using a critical feminist framework to consider and re-conceptualize the public imagination and discourse about women who experience long-term lone homelessness. By grounding my analysis in the concepts of invisibility, vilification, and vulnerability, I consider how these discourses intersect and overlap to create conditions whereby this group of women remain 'Othered', even within the 'feminist spaces' designed to support them.

I then consider how an intersectional feminist approach can be a useful tool for drawing forward some of the key considerations around identity and experience that emerged for the participants of the WESH project. Within this section, I draw on critical feminist theory to explore considerations

for Indigenous women, Black women, reproductive justice for women experiencing homelessness, women who use drugs and criminalized/involuntarily hospitalized women.

I conclude this Chapter by reflecting on the practical possibilities of critical feminist theory in informing the 'doing' of research, particularly as it relates to bringing to light the voices, perspectives and ideas of women who have been Othered and highly marginalized. I consider the ways in which mobilizing an intersectional feminist lens (Davis, 2008) in the research process, requires developing participatory processes that elevate the voices of women who face the most exclusions and barriers to having their voices, perspectives and ideas heard.

3.2 Re-authoring public and policy narratives: Conceptualizing invisibility, vilification, and vulnerabilities:

In one of the most foundational texts on the experience of long-term homelessness for women without children, Wardhaugh (1999, p. 91) conceptualizes the unaccommodated woman as:

> "The homeless woman, one who is literally without accommodation. She can also be understood as the woman who does not or cannot accommodate herself to social convention. Alternatively, it is the social world that does not or cannot bring itself to accommodate its outcast women. Thus, unaccommodated women -- the homeless, single mothers, battered and abused women, women working the streets -- have not accepted, or sometimes have been refused, their place in the world." (Wardhaugh, 1999, p. 91).

Since Wardhaugh (1999) authored this seminal text, very little has changed about the public imagination and discourse surrounding the 'unaccommodated woman' and as a result, very few progressive policy directives or housing and support options have been realized to meaningfully address needs of women who experience long-term homelessness without children in their care. Wardhaugh (1999)'s conceptualization of the social world as not being able to accommodate 'outcasted women,' reigns true today, as rates of long-term gendered homelessness for women without children in their care are on the rise across all of Canada, the United Kingdom and in many European countries (Schwan et al, 2020).

Building on Wardhaugh (1999), Watson (1999) explores how the sight of a woman living on the streets disrupts and threatens society's conceptualization of public and private boundaries. In this blurring of public and private space, Watson (1999) describes that an 'unaccommodated woman' makes visible the ways gendered dynamics leads to the exclusion of rightfully claiming public space and accessing available resources to resolve the experience of homelessness. According to Sibley (1995), gendered power dynamics are expressed by the monopolisation of space, both in the literal sense and in the world of policy discourse. Building on this idea Whitzman (2006) notes that the lives of women who are without housing are invisible to policy makers, because of the ways they occupy (or do not occupy) public space.

Furthering the conceptualization of the 'unaccommodated woman', critical feminist scholars have argued that lone women's homelessness is a deviation from the culturally expected 'norms' of women fulfilling specific roles, as partner/wife, mother, or carer (Bretherton, 2017 Baptista, 2010; Whitzman, 2006). Watson (1999) similarly suggests that 'homeless women's bodies can be seen to represent a challenge to the feminine body, the mother or wife located in the home (p.96)'. Building on these ideas, Fotheringham, Walsh & Burrowes (2014)'s work explores the ways women are 'the mother, housewife, caregiver and caretaker', and argue that a deviation from these roles creates added layers of stigmatization and shame in the lives of women experiencing long-term homelessness.

More recently, critical feminist scholars who have conceptualized lone women's street level homelessness call attention to the ways gendered homelessness is ignored because of the contradictions it creates to the dominant social and cultural paradigms of gender, as this experience challenges the public imagination of who women are and how they live their lives. (Bretherton, 2017). And yet, Dale (2008) notes that 'women's 'housing needs are distinct from those of men, and

are imbedded within the context of poverty, social, racial and gender inequalities, and violence against women (p. 21).

Rich and Clark (2005) emphasize that gender has 'been shown to influence the etiology, nature, and course of homelessness and should also be considered in evaluating the effectiveness of homeless services interventions (p, 69). Failing to integrate a critical feminist perspective in understanding, theorizing, and responding to issues of housing and homelessness has led to supports and services within the housing and homelessness system being developed without a meaningful consideration of the influence of gender and other identity factors.

Current conceptualization of the 'unaccommodated woman' remains highly politicized and heavily gendered, positioning the identities of women who experience long term homelessness as 'invisible', (Mayock, Sheridan & Parker, 2015; Wardhaugh, 1999), 'vilified' (Reid, Greaves, & Poole; 2008; Casey, Goudie, & Reeve, 2008) and 'vulnerable.' (Fineman, 2008; MacKenzie, Roger & Dodd, 2016). Within this section, I explore the ways these three interrelated concepts shape the public imagination of who experiences long-term homelessness, and in turn influence perceptions of who is deservingness of housing and support.

3.2 a.) Conceptualizing the Invisibility of Women who Experience Long-term Homelessness:

The public imagination and in turn, social policy making, remains hyper-focused on the visibly homeless - "those who stay in emergency hostels and shelters and those who sleep rough in places considered unfit for human habitation" (Novac, 2001, p. 3). The invisibility of women's homelessness remains the most well documented feature of this phenomena within contemporary literature. According to Whitzman (2006) feminist scholars have been providing analysis on the invisibility of gendered homelessness in developed nations since the mid-1980s, with very little shift in public response. Drawing on a critical feminist perspective invites inquiry and consideration into

the ways women are intentional about making themselves 'invisible' from public gaze and the social welfare state, to attempt to avoid victimization, violence, and exploitation of their vulnerability.

It is well documented that women are at heightened risk of experiencing physical and sexual violence when sleeping rough, and that experiencing visible homelessness has implications for child welfare involvement, criminalization, and involuntary hospitalization (Casey, Goudie, & Reeve, 2008; Novac, 2001; Lazarus et al, 2011; Schwan et al, 2020). As a result, women are significantly underrepresented in visible street-level homeless populations, and less likely to appear in mainstream shelters, drop in spaces, public spaces or access other homeless specific services (Baptistia, 2010; Klodawsky, 2009; Maki, 2017; Lazarus et al, 2011).

Rather than sleeping rough or accessing formal services within the housing and homelessness system, women oftentimes work to conceal their housing crisis through relying on relational, precarious and dangerous supports to survive, such as staying in violent or exploitative relationships, and engaging in gender-based survival strategies such as trading sex, care and companionship for temporary accommodations (Casey, Goudie, & Reeve, 2008; Klodawsky, 2009; Lazarus et al, 2011; Schwan et al, 2020).

Bretherton (2017) who builds on the work of Löfstrand and Thörn, (2004), and Baptista (2010), describe the experience of a woman being without housing, without children in her care, or a partner by her side, as an extreme and rare occurrence. And yet, the State of Women's Housing and Homelessness in Canada Report released by Schwan et al, (2020) reveals that homelessness for women is not a rare occurrence, but rather a phenomenon that has been rendered invisible from the public gaze and policy making context because of the ways it is understood, defined, and measured. Schwan et al's (2020) report entitled 'The State of Women's Housing and Homelessness in Canada', describes the key challenges and opportunities for change within the gender-based housing and homelessness sector in Canada. The first key challenge named was relating to invisibility:

> 'The number of women, girls and gender diverse peoples experiencing homelessness in Canada is dramatically underestimated. Women's homelessness is made invisible by how we define, measure, and respond to housing need and homelessness.' (p. 3).

In naming this key challenge, Schwan et al (2020) note that understanding the real scale of women's homelessness would include many women who are not typically understood or counted as being homeless, including those who may not see themselves as homeless such as: women who are incarcerated and have no housing to return to once released, women who are residing in hospitals or other healthcare facilities with no housing to return to once discharged, women who are temporarily living in motels with no security of tenure, young women transitioning out of group homes or foster care with no plans for future housing placement and women in treatment facilities whose discharge plan is to return to an unsafe situation or a shelter (Schwan et al, 2020, p.5).

The ways women conceal their experience of long-term homelessness leads to this population being systematically undercounted in "snapshot" methodologies used for measuring homelessness in Canada and internationally such as Point in Time Counts that focus on counting visible street-level homeless populations and those using emergency shelter services, both of which tend to be male dominated (Schwan et al, 2020). Approaches to quantifying and understanding 'long term homelessness' has failed to do so through a critical feminist lens, and therefore does not consider the gendered ways women navigate and conceal their experience of homelessness. For Indigenous women, colonial and racist methodologies, coupled with increased risks associated with visibility and a lack of Indigenous specific housing and support creates even more invisibility and subsequent lack of adequate policy response (Thistle, 2017).

To better understand the scale of women's homelessness in Canada, there is need to move beyond the current methodologies being used to quantify and research homelessness. Moving past the invisibility of women's homelessness requires coordinating data across systems and sectors,

including the violence against women sector, given that "women in the [gender-based violence]

sector have not been counted in the homeless numbers locally or nationally" (Vecchio, 2019, p. 47).

The invisibility of gendered homelessness has implications for research, social policy, and housing

development. Women who participated in the WESH project, and other women experiencing long-

term homelessness are often not counted in the national portrait of homelessness in Canada. This

means that their unique experiences and housing support needs are rendered invisible in policy

making, response planning and resource allocation. As such, gendered experiences of homelessness

remain largely unknown, leaving governments and community-based organizations to design and

implement policies and programming in the absence of key knowledge and data.

There is a need to move past simply theorizing about the erasure of gendered experience and

develop methodologies and tools grounded in a critical feminist perspective that have the capacity to

re-author the ways homelessness is quantified, understood, and responded to by both the public

imagination and social policy makers (Klodawsky, 2009; Mayock, Sheridan & Parker, 2015).

3.2 b.) Conceptualizing the Vilification of Women who Experience Long-term Homelessness:

In 1959, Orrin Klapp wrote 'Notes toward the Study of Vilification as a Social Process' to define

vilification, and to conceptualize more clearly its forms, settings, and possible connections to social

and symbolic imaginings. In this work Klapp (1959) writes:

> "Most, if not all, societies have a concept of an ideally evil kind of person who is thought to be responsible for serious troubles. Called by dramatic convention in our culture the villain, he *(sic)* is found widely in art, literature, ritual, folklore, and popular speech as a figure who characteristically opposes the hero and does harm to innocent persons by malicious will. Every society seems to have a stock of such images, the various types reflecting the kinds of problems people are accustomed to meet and the way troublemakers are conceived, whether called witches and heretics, or carpetbaggers and rebels." (p.71)

Reflecting on Klapp (1959)'s conceptualization of vilification helps to illuminate the ways the

women that I have served during my decade of work on the frontlines have been casted as 'villains'

and 'conceived as troublemakers.' The women that I have come to know and care about through my frontline work have been portrayed by society as: 'bad mothers', because their children have been taken by institutions of the state, because they are 'sex workers', or because they have traded or sold sex as a way to meet their basic needs, or because they are 'criminals', because they have served lengthy and unjust prison sentences, or because they are 'dangerous women', because of the ways their experiences of trauma and their symptoms of significant mental health concerns manifest in visible ways during periods of street level homelessness.

Klapp (1959) goes onto theorize that vilification is 'a kind of symbol-making that groups engage in under certain conditions in order to repair and defend the social structure and to build consensus and morale for certain kinds of social action' (p. 51). When considering the process of vilification, Boyd (2017) brings forward a critical feminist perspective in noting that, 'marginalized women are often constructed as social problems, and casted as both deviant and posing risk' (p. 87).

In Susan Boyd's (2004) seminal text, 'From Witches to Crack Moms: Women, Drug Law and Policy' using the entry point of illicit drug use, Boyd explores the moral regulation of women from the state, criminal justice and family policing systems (child welfare organizations). Boyd's body of scholarship (2004; 2017) illuminates the ways constructed discourses of morality and gender, intersect in ways that cause profound social justice implications for the women that society has casted as deviant, troublemakers, and villains.

A critical feminist perspective calls attention to the ways that morality is regulated differently in gendered context, noting that the regulation of women is gender specific and centres on 'reproduction, mothering, double standards of morality and social and legal subordination'. (Boyd, 2004, p 12). Furthermore, Boyd (2017) adds that the vilification of women is further mediated by race, class, and gender, in conjunction with the legal, social, and cultural environment in specific historical eras.

Within my own work, I have witnessed the ways that vilification occurs when women are not able (or willing) to act in ways that map onto the social scripts of womanhood, motherhood, and citizenship. I have also reflected on the double standard of morality, and the ways women's lives are under increased surveillance, scrutiny, and judgement. While Boyd (2004) theorizes predominantly about the ways drug use is a vilifying factor in women's lives, her work resonates with my own understandings of how women who experience long-term homelessness are conceptualized as contravening both goodness and morality:

> "Women who use criminalized drugs have been portrayed as more deviant, out of control, and more immoral than their male counterparts. They are also framed as unfit mothers who are a danger to their children. Racialized and poor women, in particular, are subject to police profiling and social service regulation as they are depicted as 'welfare frauds' who drain state resources. Consequently, they are also more likely than other women to be incarcerated for drug offences and to have their children seized by the state." (p.15)

The women at the centre of my work have had their children taken away by child welfare organizations, have perpetrated violence, been criminalized, sold and used illegal drugs, sold and traded sex – all of which are direct contradictions to what is socially constructed as 'good and moral behaviour for women.' Without any context or understanding of the social and structural conditions that shape women's lives, the public imagination of women who experience long-term homelessness map onto what Klapp (1959) describes as a 'stock image of a villain.'

A critical feminist perspective calls into question the gendered narratives of 'vilification' and creates space to examine how these narratives about morality and goodness for women shape public imaginations and in turn policy directives, authoring who constitutes as deserving and undeserving. Subsequently, this plays out in recognition and redistribution politics and has a profound impact on the ways in which resources, supports and public sympathies are allocated (Baum, 2004). The women who participated in the WESH project are recognized as implicitly other: as marginalized

people who are both not enough and too much. And as a result, they are rendered undeserving of meaningful support from the social welfare state.

Conceptualizing women who experience long-term lone homelessness as a 'vilified Other', is especially poignant for mothers who have lost custody of their children to child welfare organizations. The 'bad mother' is a discursive construct that has been explored at length from a critical feminist analytical framework in existing literature.

According to Hughes Hager, and Jaremko (2017), mothers become potentially constructed as 'bad' when they behave or express opinions that diverge from, or challenge, social and gendered norms, or when they deviate from mainstream, white, middle class, heterosexual, nondisabled normativity. When suspected of being bad mothers, Hughes Hager, and Jaremko (2017describe the processes of surveillance, discipline, punishment, and exclusion that occur by various bodies including legal, medical, welfare and child welfare institutions, as well as relatives, friends and communities. Scholarship on the social implications of 'bad mothering' (Boyd, 2004; 2017), describes processes whereby women are judged and punished without clear evidence to substantiate the kind of neglect or abuse associated with imagining bad motherhood, and instead, mothers are blamed for the marginal sociocultural context which they are mothering.

Tam, Zlotnick, and Bradley (2008) notes that for women experiencing homelessness, 'support is often tagged to women's presentations as mothers' (p.438). Being labeled as a 'bad mother' (Mayock Sheridan & Parker, 2015), further limits access to housing, support and financial resources, even from feminist anti-violence organizations. In my work within feminist organizations, I have often troubled the lack of specific supports to address the complex and often profound grief experienced by women who loose custody of their children to child welfare organizations. One of the unique strengths of my doctoral project was the ways participants in the WESH project imagined gender-specific housing and supports that challenged preconceived notions of bad mothering by offering

responsive care, support, and services to mothering in constrained life circumstances and on the margins. It remains the role of critical feminist scholars to reflect on our own partiality to motherhood and examine the ways imaginations of 'bad mothering' impact support and service delivery and policies within feminist organizations and beyond.

Furthermore, I deeply resonated with McNaughton (2006)) who calls attention to the ways street-based sex work, illicit drug use and criminalization from both the justice system and the family policing system (child welfare organizations) become conflated in ways that lack context, and in turn have a profound impact on the ways gendered homelessness is understood by the public, and politically responded to. Naughton (2006) describes that occupying these intersecting experiences and identities as women represents a failure to fulfil the gendered expectations of femininity, an unwillingness to conform to expectations of the 'good' citizen, and a desire to exist amongst 'deviant' networks and subcultures that are beyond the bounds of acceptability.

The notion of 'deviance' becomes further amplified by women's intersecting unjustly marginalized identities, contributing to the construction of a broader societal narrative about dangerous women, who need containing and controlling by the state, instead of support, resources, and choices. For example, Chang (2023) uses an auto-ethnographic approach to theorize about the concept of vilification from her own perspective, as a racialized woman who uses drugs:

> "We are too loud, and out of control, too rebellious, too uncouth, too irrational, and disordered. It is a story of exclusion, not only from mainstream society, but from within feminist spaces that purport to be fighting back against oppression." (Chang, 2023, p. 761)

In my frontline work in feminist spaces that claim to support women with multiple intersecting identities, I have witnessed what Chang (2023) describes as a 'story of exclusion.' I have witnessed the ways women who use illicit drugs, who have criminalized pasts, and who live with persistent and significant mental illness were othered in ways that often led to an inability to access spaces, services and supports, because of their being 'out of control, rebellious, uncouth, irrational and disordered.'

Being labeled as 'living a chaotic lifestyle' (McNaughton, 2006) contributes to a narrative whereby women were to blame for their long histories of homelessness and social suffering, and in turn, contributes to a lack of critical analysis on how deeply inadequate the housing and supports being offered are. I have heard this narrative play out on staff teams I was a part of, from allied health and social care providers and from organizational leaders and supervisors I worked under.

I have worked in feminist housing organizations under policy directives that have kicked women out of emergency shelter for illicit drug use, banned women whose symptoms of mental health and trauma were causing noise and reported pregnant women living unhoused to child welfare organizations. I am still reckoning with the ways I have been complicit in vilifying women, through enacting colonial, carceral, racist, gendered and ablest policies and practices in my front-line work in gender-specific organizations.

3.2 c.) Conceptualizing the Vulnerability of Women who Experience Long-term Homelessness:

As I met with participants of the WESH project, I listened as women told me about their lives. I heard about periods of secure and stable housing, loving and supportive relationships, meaningful careers, life purpose and joy. Tragedy and trauma emerged as the most common thread that tied together many of the stories shared with me. I heard about losing stable housing to fires and floods, the onset of serious and disabling health conditions, the death of caregivers, children and partners, random and intimate experiences of violence and other cruel life circumstances.

The profound life experiences shared by the women in the WESH project highlight two important lessons for me. We are all vulnerable to trauma, tragedy, and adverse life experiences. But it is oftentimes easier to 'other' those who experience unfathomable events, than accept and reflect on our shared humanity, and in turn, our shared vulnerability.

Human life is conditioned by vulnerability, and our shared vulnerability is the foundation of our human sameness, as conceptualized by MacKenzie, Roger and Dodd (2016) as:

> "Human life is conditioned by vulnerability. By virtue of our embodiment, human beings have bodily and material needs; are exposed to physical illness, injury, disability, and death; and depend on the care of others for extended periods during our lives. As social and affective beings we are emotionally and psychologically vulnerable to others in myriad ways: to loss and grief; to neglect, abuse, and lack of care; to rejection, ostracism, and humiliation. As sociopolitical beings, we are vulnerable to exploitation, manipulation, oppression, political violence, and rights abuses. And we are vulnerable to the natural environment and to the impact on the environment of our own, individual, and collective, actions and technologies." (p.1)

When conceptualizing women's long-term homelessness, the concept of vulnerability reigns especially poignant. Oftentimes, the catalyst of experiencing of long-term homelessness were instances mirroring what has been described by MacKenzie, Roger and Dodd (2016) as points of shared human vulnerability, including physical injury and illness, death, grief, neglect, and abuse. Recent theoretical work on vulnerability as a conceptual framework seeks to disentangle notions of vulnerability from negative connotations of victimhood, helplessness, neediness, and pathology, and instead position vulnerability as a condition of our embodied and shared humanity (MacKenzie, 2016). My own understandings of vulnerability as central to the human experience, aligns with feminist scholarship that intentionally challenge the neoliberal notion of the autonomous and independent person.

Fineman (2008) proposes that the concept of the vulnerable subject provides a new theoretical perspective for understanding inequality and disadvantage. Theorizing about a shared vulnerability can strengthen critical feminist perspectives, inviting a deeper exploration on the ways social inequality and disadvantage can also cut across conventional identity categories such as race, gender, ethnicity, or sexual orientation (Fineman, 2008). Merging a critical feminist perspective with conceptualizations of vulnerability, creates a space for understanding how identity and vulnerability intersect in ways that create unequal consequences from life's shared experiences. For example,

while the death of a spouse or partner can be a traumatic and tragic loss for anybody, widowhood led several women who participated in the WESH project into unresolvable homelessness.

Legal theorist Fineman (2008, p. 8) defines vulnerability as: 'to be susceptible to suffering beyond our control; this susceptibility is a shared condition of our humanity, a universal, inevitable, enduring aspect of the human condition." In Fineman's work (2008), she proposes that the concept of universal vulnerability provides a powerful theoretical lens for reconfiguring legal and political approaches to addressing the stark inequality, injustice and disadvantage that shape public imaginations and policy responses.

Building on the ways in which a shared vulnerability could advance a progressive policy agenda, Harrison & Sanders (2006) argue that by reconstructing who is vulnerable, how they should be treated, what services should be available can shape the systems of entitlement, control, or punishment. Universal vulnerability is a powerful concept for articulating that the women in the WESH project are not Other because of what they have experienced, and rather there is an opportunity for better understanding our shared humanity in the face of trauma, tragedy and loss. By reckoning with our collective reliance on 'depending on the care of others for extended periods during our lives', we might be able to begin to challenge notions of the liberal person, an independent, autonomous agent, capable of making and acting on contractual promises (Dodd, 2013). This way of thinking places inherent value on our caring relationships above all else, acknowledging the fluidity in these relationships, positioning all people as both givers, and receivers of care. By centering our vulnerability, we might be able to better challenge binary oppositions between autonomy and dependence, individualism and community, and independent citizens, and those dependent upon care (Tronto & Fisher, 1990).

As a theoretical conceptualization, scholars across disciplines have offered transformative insights into the political and personal significance of care, renewing debates about the synergies between

care and justice doing work (Barnes, 2011). Rethinking care as an issue of social justice raises again the question of which theory of justice is best able to account for the obligations (including those of state institutions) to respond to vulnerability.

3.3 Intersectional Identities and Experiences:

My doctoral project focuses on a group of women who occupy a range of intersecting identities and have had varied experiences. All the women who participated are uniquely impacted by unequal gendered dynamics - because navigating homelessness and housing is a highly gendered phenomenon. However, other parts of their social identities, their experiences of adverse life circumstance and their ongoing involvement with and a reliance on, an inequitable housing, health and social care system all shape their experience of homelessness and in turn, their housing and support desires.

Hill Collins & Bilge, (2016) describe a critical feminist framework as an 'analytical, practical and creative tool for the merger of everyday life, social justice activism and research' (p. 3). When considering the merge of social justice activism and research, drawing on 'intersectionality' as a conceptual tool, positions critical feminist housing scholars to explore how women experience homelessness, negotiate institutions and structures, and examine the coherence and contradictions in women's lives in ways that move toward social change in policy and practice (Watson, 2016). Building on the work of Black activists and theorizers including Audre Lorde (1983) and June Jordan (1981), "Intersectionality" was a term coined by prominent scholar Kimberlé Crenshaw (1991) to conceptualize how the intersection of gender, race, and class shape women's experiences of exclusion and discrimination. Kimberlé Crenshaw's (1991), work on 'intersectionality' developed an analytical framework for understanding how aspects of social and political identities combine, moving us away from 'single-issue' feminism.

While recognizing that categories such as race, gender, disability, age are socially constructed, Crenshaw (1991) argued that categories have both "meaning and consequences," making them a "site of resistance for members of different subordinated groups" (pp. 1296–1298). Expanding on the work of Crenshaw (1989), critical theorists have illuminated the multiple layers of oppression that women-identified people face based on race, Indigeneity, gender identity, queerness, (dis)ability, age, class, ability, criminality, their use of illicit drugs and citizenship status (hooks, 2000; Boyd; 2004; Chang, 2023; Maki; 2017; Martin & Wallia, 2019).

Moving away from a 'single issue feminism' is of particular importance in housing and homelessness research because while the experience of homelessness is impacted by gender, understanding how other aspects of identities and experience are also of critical importance. According to Breatherton & Pleace (2023), homelessness research, while attentive to intersectional factors, has been inclined to focus on standalone identity categorisations rather than exploring more fully the points at which identities converge. This critique was certainly visible in my review of the literature, as I troubled the ways identities and experiences were taken up as singular issues, without much consideration or nuance into the ways identities and experiences intersect in women's lives. In housing research, it is critical to acknowledge that women 'have intersecting identities that result in multiple sites of marginalization and oppression, and that this can have a detrimental impact on their housing experiences' (Greene, Chambers, Masinde, & O'Brien-Teengs, 2013, p. 131).

Zuferey's (2017) work is at the forefront in advancing the theorisation of homelessness through an intersectional feminist framework and, in doing so, contends that, it is necessary to continually question how social processes can oppress and privilege and, thus, conceal inequalities that create and sustain homelessness. An intersectional feminist perspective allows for a deeper understanding of the interplay between identity and experience, highlighting the structural issues that contribute to the narratives that shape the societal perceptions of women's lives. Women who endure long

periods of homelessness are often cast in the role of villains, vulnerable and invisible members of our communities. Anti-Indigenous and Anti-Black racism, ableism, gender identity, criminality, HIV-related stigma, constructs of mothering and other structural factors contribute to and conflate the conceptualizations of women as villains, vulnerable and/or invisible. Oppressed and marginalized sites of identity further perpetuate identities as immoral and vilified, while privileged identities can position women as able to remain invisible. By mapping these social constructs onto an intersectional feminist understanding of women's identities and experiences, there is an opportunity to further explore and understand the ways women's lives are constructed and understood. It is through these understandings and constructions that public consciousness is shaped, policy discussions are framed and responses and supports to address gendered homelessness are developed.

An intersectional feminist approach calls for amplifying the voices of these women, particularly women who occupy intersecting marginalized identities in the production of knowledge. By doing so, there is an opportunity to recognize the ways their lived experiences are misconstrued and ignored from broader policy conversations and to illuminate the unique housing and support needs of women who endure long histories of homelessness.

3.4 Concluding Reflections: Mobilizing Critical Feminist Theory in the WESH Project:

Mobilizing a commitment to an 'intersectional feminist analysis' in the praxis of 'doing' research remains a challenge for feminist and other scholars' (Davis, 2008). Davis (2008) calls into question the ways in which intersectionality has become a buzz word in critical feminist theorizing, and troubles whether this approach to knowledge building has the potential to meaningfully integrate the personal and political, in ways that create pathways for more socially just futures. Reflecting my own orientations to feminist theorizing reminds me that the complexity of women's lives and their voices

need to be at the forefront of any theorizing focused on re-authoring public and policy narratives and shifting the conditions of the social welfare state and the communities we live in.

When I reflect on the possibilities of co-creating knowledge with implications for real world action, I am drawn to critical feminist research because it creates space for: a meaningful merger of an activist agenda, an integration of the knowledge I have gathered from working on the frontlines, and an opportunity for re-authoring disparaging narratives about women who experience homelessness, by making space for co-theorizing with the women who experience homelessness.

Critical feminist theorizing rests on the assertion that social change is possible through a process of co-creating new knowledges that amplify the voices and experiences of people who have traditionally been silenced (Reid, 2004). Wang, Burris and Ping (1996) suggest that social change can occur through critical feminist research when marginalized groups are able 'to analyze critically the social, political and economic relations, and to act as community advocates in order to affect policy' (p. 1392). Similarly, Kesby (2005) describes transformative as something that is made possible, when critical feminist research connects 'experience, reflection, and action for change' (p. 2051).

When describing the importance of mobilizing a critical feminist perspective into research praxis, Cornwall (2001) notes that 'the feminist slogan, 'the personal is political', continues to have important implications for informing critical feminist participatory approaches to research'. (p.55). In my own doctoral work, there is an importance to understanding the connections between identity, power, and participation from an intersectional feminist perspective, to better respond to the structural factors that continue to silence and exclude the voices of women on the margins.

A critical feminist approach to research centred around exploring the experiences and priorities of women who have traditionally been silenced (Reid, Tom & Frisby, 2006). In honoring this standpoint, I have learned from exemplary pieces of work that use critical feminist participatory theories to bring the voices of traditionally marginalized populations of women to the forefront in

ways that evoke real social change, including women engaged in sex work (Coy, 2011, Van der Meulen, 2011), women who use drugs (Salmon, Browne & Pederson, 2010), women in violent relationships (Lykes & Collaquim, 2007; Ponic & Jategaonkar, 2012) and women experiencing street-level homelessness (Clover, 2011; Paradis et al, 2021).

I have learned from scholars who reflected on their efforts of operationalizing an intersectional feminist lens to negotiate the participation of women who experience varying forms of marginalization and social exclusion in their FPAR projects (Cahill, 2007; Maguire; 1986; Lykes & Collaquim, 2007; Salmon, Browne & Pederson, 2010; Wang, Burris & Ping, 1996). I was interested in the ways scholars demonstrated their commitment to understanding women's intersecting identities by exploring and reflecting on using more inclusive participatory processes and practices. Using critical feminist theory as an "an analytical, practical and creative tool that can be used in everyday life, social justice activism, and research' (Hill Collins & Bilge, 2016, p. 3)', the intention of my doctoral work is to position women who endure long-term homelessness as experts throughout the knowledge building process. The aim of my doctoral work is to mobilize the perspectives, ideas, and wisdom of the women on the margins into housing policy making and housing and support program development.

Chapter 4: A Feminist Approach to Low Barrier Participatory Research

4.1 Introduction:

Prior to conceptualizing my doctoral research project, I read 'Doing Participatory Research: A Feminist Approach' by Patricia Maguire (1987), from start to finish. In this book, Maguire (1987) narrates her experiences as a doctoral student, moving to rural New Mexico, and volunteering at the 'site' of her doctoral work, a shelter serving women experiencing violence. Within this text, Maguire (1987) describes the complexities she came up against when navigating her own identity and positionality, as a doctoral researcher, a 'feminist', and as someone working directly with the women in her project. She tells this story through sharing honest and candid reflections about her own doctoral work –a participatory project with a group of women residing in an emergency anti-violence shelter, who she had come to know, and care about. (Maguire, 1987).

I saw a lot of similarities between this book and the complexities I was navigating in the conceptualization of my own doctoral project. We both had an intimate knowledge of the lives of the women at the centre of our doctoral work. I had worked in front-line women serving shelters for over a decade and had come to know the women in my project as well as the complexities of their lives. I have developed meaningful relationships with the women involved in this project, long before they participated in my research and I cannot separate these relationships, the care I have for them, or the ways I understand their lived circumstances from my research process.

Maguire (1987) and I were both navigating working from a participatory research ethic with women in deep and immediate crisis who were living in emergency and temporary accommodations. The women who participated in Maguire (1987)'s doctoral work, as well as the women who participated in my work, faced life circumstances that prevented their full engagement in the research. As such,

understanding and responding to the complexity of their lives was integral when designing an ethical and meaningful approach to co-theorizing with these women.

Similar to Maguire (1987), I have engaged in a reflexive process regarding my participatory action research framework. Maguire (1987) notes working from a traditional participatory action research (PAR) paradigm was 'often inconvenient and aggravating… never textbook perfect' (p. 166). The notion of things being 'inconvenient' and 'never textbook perfect' mirrored some of the struggles in my own doctoral work, as I tried to negotiate a commitment to participatory research principles amidst the realities of women's lives during the COVID-19 pandemic.

Maguire (1987) notes that [she] 'did not set out to develop a framework for feminist participatory action research' (p. 4), but in reflecting on her experience she shares:

> "Participatory research taught me the necessity of being explicit about personal choices and values in the research process. Feminisms taught me to recognize that the personal is political. These experiences (*working within a violence against women shelter)* made me even more aware of the role that personal values, experiences and choices play in the research process" (p.5).

As I negotiated the theoretical and methodological approach that underpinned co-theorizing with women at the centre of my doctoral research, Maguire's (1987) work encouraged me to think intentionally about my practice wisdom and how my long-standing relationships and intimate knowledge of the lives of the women at the centre of my work ought to inform my approach to research. Perhaps most importantly, Maguire (1987) reminded me that the participation of highly marginalized women may not always be 'rigorous or structured'– but it could still be deeply meaningful.

The women who participated in the WESH project were operating in survival mode, spending much of their time and energy trying to access their most basic needs. And yet, the intention of my doctoral work relied heavily on their participation as 'co-creators' of alternative models of housing and supports. This Chapter describes how I negotiated a low barrier participatory approach to

feminist research, in a way that honored and responded to the varying ways women living without housing can meaningfully participate in co-theorizing and social change work.

I begin this Chapter by exploring the origins of participatory approaches to research and conceptualizing my own understanding of a 'participatory' research paradigm by drawing on existing literature and my own reflections. I then consider how the use of an intersectional feminist lens distinguishes Feminist Participatory Action Research (FPAR) as a unique theoretical orientation that most aligns with my own ontological and epistemological beliefs. Following this, I explore the theoretical tensions, ethical dilemmas and pragmatic concerns that emerged in my own doctoral work as I sought to negotiate the participation of highly marginalized and unhoused women in FPAR, during the COVID-19 pandemic. To conclude this Chapter, I describe how I developed a 'low barrier' approach to 'doing' FPAR during the WESH project, that created pathways for the meaningful and ethical participation of women living unhoused during the pandemic.

4.2 Conceptualizing a Participatory Approach to Research:

While understood and described in varying ways, participatory and action-orientated research (PAR) paradigms share an inherent belief about; 'the ability of people to accurately assess their strengths and needs and their fundamental right to act upon these strengths and needs in ways that bring about social change' (Minkler, 2004, p. 684). Participatory approaches mirror the value commitments that I bring into my work and research with women, including working to disrupt power imbalances, collaboratively producing knowledge and prioritizing working towards tangible types of social change.

A participatory approach to research is aligned with collaborative and democratic ideals, and in that spirit, was defined by Park (2001) as 'research of the people, by the people, for the people' (p. 81). From this paradigm, it is the role of the researcher to work directly and collaboratively with

communities at the center of the work, through processes aimed to produce and disseminate new

knowledges that have implications for real world social action and social change (Hall, 1975; 1981).

Contemporary understandings of PAR have been shaped and are rooted in the past work of

researchers from a range of academic disciplines and community-based affiliations, who share a

commitment to working with communities in ways that develop 'revolutionary approaches

to inquiry, as a direct counter to the often-colonizing nature of research' (Minkler, 2004, p. 686).

Although PAR researchers differ greatly in their approaches to knowledge production and action,

they share what Reason and Bradburry (2001) describe as a 'participatory perspective', demonstrated

through reflexivity about power, democratic processes of knowledge creation and an unwavering

commitment to social action.

The contemporary ways PAR is understood has been influenced and shaped by the radical theory

and pedagogy educator/activist Paulo Freire, whose work focused on improving the literacy and life

conditions of impoverished communities in South America (Freire, 1982). The concept of

'*conscientizaco',* not dissimilar to the feminist notion of critical consciousness-raising, is described by

Freire (1982) as a process whereby marginalized communities develop a deeper understanding of the

structural roots of their oppression and enhance their capacities for enacting social change. Bringing

groups of people who share seemingly similar experiences of marginalization together to theorize,

learn and organize for social change is the basic tenant of contemporary PAR.

Participatory approaches to research are grounded in the belief that through participating in

collaborative inquiry, education and collective action, marginalized groups are better positioned to

construct their own knowledge and counter the dominant discourse about their experiences (Reason

& Bradburry, 2001). Building on the theory and praxis of Paulo Freire, Hall (1975, 1984) and other

scholars (Fals-Boarda, 2001; Smith, 1997; Vio-Grossi, 1981) describe PAR as a three-pronged

research activity involving an iterative cycle of collective investigation/inquiry, education, and social

action. The early PAR literature was useful in shaping my thinking about the connections between the theoretical and practice-oriented aspects of researching from a participatory paradigm. As I worked to design my doctoral project, thinking about PAR as a 'three-pronged activity' consisting of theorizing, learning and action was a useful organizing concept informing my research design. Examples of drawing on participatory approaches to generate knowledge and social action exist throughout history, however literature suggests our contemporary understandings of PAR was influenced and shaped during the decade of the 1970s (Hall, 1981, Park, 2001, Smith, 1997). The 1970's marked a time of radical social change both inside and outside the academy, as equity seeking groups such as women, queer/trans, people with disabilities, Indigenous, Black and racialized groups were mobilizing their own knowledge, and advancing their own emancipation. During this time, concepts embedded traditional science, such as positivism, and dualism were being challenged, and the ways people were thinking about social issues was shifting.

Radical societal shifts during the 1970s led to questions about the relevance of the academy, and whether academics were well positioned to address the catastrophic social injustices that marginalized communities were facing (Vio Grossi, 1981). Fals-Borda (2001), describes the development of PAR during the 1970s as a period of a 'telepathy', as independently, yet simultaneously, in different continents across the globe, researchers, educators, developers, and activists were seeking to find a more emancipatory research paradigm. Arising out of this era of conflict and change, PAR emerged as a way for researchers to become more accountable to the communities affected by their work, and to produce knowledge that aimed to make contributions to social change (Cahill, 2007).

The moment of the 1970s marked a radical shift in the exploration of knowledge and social change – as equity seeking groups began organizing and mobilizing around their own rights in communities. As I reflect on the temporal moment of own doctoral work with unhoused women during the

COVID-19 pandemic, I see many synergies and similarities to the 1970s specifically relating to the kinds of deep, significant poly-crises and forms of civil unrest locally and globally facing communities. During the pandemic, gender-based violence and femicide in Canada rose to unprecedented levels (Canadian Women's Foundation, 2022). For those living in deep poverty who rely on inadequate social assistance rates, the rising cost of living made it more difficult to make ends meet and many Canadians entered homelessness for the first time (Flynn et al, 2022). Visible homelessness across the country increased, with large encampments of unhoused people emerging in ways never seen before across all urban centres in Canada (Flynn et al, 2022). Global civil unrest meant that local emergency shelters were responding to an influx of asylum seekers who were fleeing their home countries under the threat of violence, war, and persecution (Clark-Kazak, 2024). Fatal drug poisonings have continued to rise, and services that centre the basic human rights and healthcare of people who use drugs continue to be under attack (Friesen et al, 2021).

Complex poly-crises, like the ones we are currently experiencing, require collaboration amongst a multitude of people, sectors, and organizations. To do this well, we need to be flexible in the ways we define 'participation' and 'action.' I have always been inspired by examples from history where evoking a participatory research ethic led to meaningful processes of co-theorizing and social change making. In feminist organizing, a participatory approach is evidenced through a long history of leading and shaping the violence against women sector. In Runaway Wives and Rogue Feminists (2017), journalist Margo Goodhand, tracks down the "rogue feminists" whose organizing during the 1960s and 1970s in Canada led to the creation of emergency shelters for women and children who were experiencing intimate partner violence at home. Goodhand (2017) describes how collective inquiry led to re-conceptualizing intimate violence as a public issue, through sharing women's stories, gathering data on the prevalence and re-authoring the narrative. Education and critical consciousness raising supported women impacted by violence to better understand how their

personal troubles were deeply connected to political structures of inequity. Collective organizing led to the development of a systemic response through violence against women shelters, and monumental changes in social policy, the family court system, the criminal justice system and services and spaces for women and girls. In the conclusion of Goodhand (2017)'s book, she notes that the same kind of feminist organizing is needed now to address the catastrophic inequities faced by women and girls in Canada.

As evidenced by the example of the women shelter movement, the purpose of PAR is to invite researchers and communities into a collaborative political process, that aims to produce and share knowledge with implications for social action and change (Hall, 1975; 1981). I am drawn to a participatory research ethic because of its unique potential for collective inquiry and collective action, and for its transformational possibility. Participatory inquiry is centred around shifting the ways knowledge becomes constructed, through grounding inquiry in people's lived experiences and by placing the 'tools' of research into the hands of ordinary people (Park, 1993). In doing so, PAR disrupts positivism and challenges notions that research is an objective and de-attached academic process.

PAR is rooted in a commitment to make more explicit connections between research, and various forms of social and political action and transformation (Fals-Boarda, 2001), and to raise questions about the nature of knowledge, education, and power (Hall, 1984). Engaging in PAR is to be committed to facilitating a dialogical process with participants, that emphasizes mutual learning, reflection, and places communities' knowledge and visions for social change at the centre of the work. It is a central task of the researcher to facilitate a consciousness-raising dialogue that involves participants in identifying their own problems and organizing actions to improve their collective situations through partnerships with those in power (Yoshihama & Carr, 2002). It is also the role of the PAR researcher to leverage their own power to garner the attention of decision makers to pay

attention to the lives of women, in ways that make social change possible (Wang, Burris and Ping, 1996).

4.3 Doing Participatory Action Research Differently:

Differing from traditional forms of social science research, PAR seeks a high-level of involvement from communities throughout the research process, and the objective is to generate practical and grounded forms of knowledge (Park, 2001). The most significant shift caused by employing a participatory approach is that those typically 'studied' are now involved as decision-makers and co-researchers in some, or all stages of the research process (Cahill, 2007). While there are varying ways that participatory approaches are mobilized in PAR, there is a strong consensus within the literature that truly participatory studies strive for a high level of 'community' involvement throughout all major phases of the research process (Fals Borda, 2001; Kwan, & Walsh, 2018; Park, 2001). Throughout the WESH project, I ascribed to what Reason and Bradbury (2001) refer to as a 'participatory perspective' and was steadfast in my belief in 'the ability of people to accurately assess their strengths and needs and their fundamental right to act upon these strengths and needs in ways that bring about social change' (Minkler, 2004, p. 684). How this played out in my doctoral project, however, was made challenging because of the life circumstances that the women I was researching with were navigating and surviving through, and because of the limitations put on my research because of collecting data during the COVID-19 pandemic.

Even prior to the pandemic, as I was thinking about the research design of the WESH project, I knew that I was seeking the voices, perspectives and ideas of women who face some of the most egregious forms of injustice and social exclusion. Most of the women who participated in WESH experience barriers that exclude their full participation in many of the structures, systems, and processes of daily life. Many of the same barriers that prevent women from maintaining permanent housing also complicate women's ability to participate in rigorous research activities. For example,

not having a fixed address, access to technology or a working phone impacts women's ability to participate in a rigorous participatory process. I knew that the women who participated – would likely not do so at every stage of the project – even if the pandemic had not been a factor. It would be unrealistic to expect women to attend multiple meetings about the project, review sensitive project materials and participate fully in rigorous academic research design.

I am aware that the participatory aspects of the WESH project could be critiqued and viewed as 'minimal.' Participants did not help to conceptualize the research proposal. Women were not widely consulted about the purposefulness of this research, nor did they contribute to developing the questions I would ask. I was unable to seek their input when developing the methods I would use for this project, nor did I seek their expertise in identifying and working through the ethical tensions I would face. I did not ask women to assist with collecting data, nor was I able to engage in a meaningful participatory analysis process. However, my long-term relationships with these women and my intimate knowledge of their circumstances influenced all the decisions made about the WESH project. For example, the research focus on gender-specific support and co-housing was born out of the many conversations I have had over the years with women experiencing homelessness in my frontline work, about what they perceived as a solution to their homelessness. As I developed research questions, I reflected on the many women that I have met, and what they had shared with me over the years about what was important to them in relation to housing and support. Deciding to use a creative methodology was informed by my role as a drop-in program coordinator where women engaged in arts-based activities often, and I was able to witness the ways that creating art led to new ways of expressing oneself, new insights, increased participation and meaningful dialogue. I carried this knowledge into the design and doing of the WESH project, and so while women may not have formally participated in several aspects of the research process – they deeply influenced the project in many ways.

While the WESH project falls short of the traditional and procedural ways that participatory approaches to research are described in the literature, the participatory aspect of the WESH project was an ethical stance that informed all aspects of this project. There were also many moments throughout the project (and after the data collection completed)- where the participation of women in the WESH project was tremendously meaningful and mutually impactful. For example, women had their voices heard and their perspectives valued, women continued to reach out to share additional reflections after data collection and some women went on to work as co-researchers on other projects that I led in the years following my doctoral work, given the ways this project sparked their interest in research as a form of social change.

Traditional PAR scholarship writes about a collective process whereby groups of people sharing similar axis of identity or lived experience come together in a group, often multiple times over the course of the project to engage in collective theorizing and critical consciousness raising. Given the context of collecting data during the COVID-19 pandemic, I was unable to bring participants together as a group because of restrictions on in-person gathering. Instead, I met with participants one-on-one, virtually. While this limited what was possible in terms of co-theorizing and collective consciousness raising, it also created a space where each participant's voice could be heard, and their desires for housing and support could be fully articulated and explored. By not engaging participants in a group setting, the participants from the WESH project did not strive to reach a consensus of preferred housing and support. Rather, a creative dialogical space was created with each participant that did not risk replicating social hierarchies that emerge in group settings, where some voices are heard, and others are silenced.

While this will be explored further later in this Chapter 5, it is important to note here that I used a participatory perspective when designing the creative mapping workshops for the WESH project. I ascribed to the notion of PAR as an iterative activity involving theorizing, education, and action.

Given my feminist lens, I added reflection into the process as a distinctive and important fourth step. While this looked differently when done individually with participants compared to what it may have looked like in a group setting, I believe moments of meaningful participation that resonated for the community I was researching with still occurred. Throughout the creative mapping workshops, participants were able to link their personal struggles to broader political and social systems, learn about the types of gender-specific co-housing that exist across Canada, reflect on their own needs, experiences, and desires – to make explicit calls for action and social change as it relates to gender-specific housing development.

Park (2001) describes a participatory approach as constructing knowledge grounded in peoples' lived experience – by placing the 'tools' of research into the hands of communities. While the participatory aspects of the WESH project were 'never textbook perfect' (Maguire, 1987) – aspects of the participatory process did reflect a deep commitment to grounding knowledge co-production in lived experience, a commitment to creating accessible tools and pathways for participation and an ethic of working together (inside and outside of the context of the research project) to bring about local place specific change and inform larger structural transformation.

4.4 An Intersectional Feminist Approach to Participatory Research:

In 1981 Budd Hall began to call attention to the androcentric nature of PAR by questioning, 'how can participatory research be human-centred, not man-centrered?' (1981, p.17). Maguire (1987) characterizes an androcentric bias within PAR as exemplified through the absence of feminism in its theoretical debates, the use of male-centred or gender-blind language (such as; 'the community', 'the people' or 'the oppressed) and the inadequate attention paid to women's obstacles to and unequal experiences of participation.

Since participatory approaches to research began being popularized in the 1970's, Maguire (1987) and other feminist thinkers (Cahill, 2010; Levac, 2013; Lykes, & Coquillon, 2007; Reid, Tom &

Frisby, 2007) have offered varying responses to Budd Hall's (1981) question, through intentionally using a feminist lens to operationalize a participatory approach. By integrating a feminist lens to understand participatory research approaches, Maguire's doctoral research (1987) offers one of the first foundational frameworks for a feminist approach to participatory action research (FPAR). Since this foundational text was authored in 1987, advancements relating to intersectional feminist theory and thinking (Crenshaw, 1991), has further advanced the ways PAR is conceptualized from an intersectional and critical feminist framework that acknowledges gender as well as other axis of identity and equity, and the impact this has for participation and action.

A feminist approach to PAR is centred around exploring the experiences and priorities of women who have traditionally been silenced (Reid, Tom & Frisby, 2006). As an orientation to co-producing knowledge, FPAR aligns with my value-based commitments and my interest in contributing to research that centres the voices and perspectives of marginalized women in conversations, theoretical debates, and efforts to advance social change. Within this section, I explore three key tenets of FPAR as they related to my doctoral work including, intersectionality and participation, reflexivity as a distinctive step in the participatory process and a commitment to re-articulating the change related goals of FPAR projects.

4.4 a.) Intersectionality and Participation:

As I conceptualize my approach to FPAR, I am particularly interested in the ways intersectionality and marginality emerge as core concepts within the FPAR literature. Within my own doctoral work, women who experience long-lasting homelessness are disproportionately occupy identities that have traditionally been marginalized and excluded from knowledge production, including but not limited to, Indigenous/racialized women, women living with disabilities, criminalized women, women who use drugs, mothers who have lost custody of their children and women living in extreme poverty.

Mobilizing a commitment to an 'intersectional feminist analysis' in the praxis of 'doing' research remains a challenge for feminist and other scholars' who are committed to researching with communities in equitable ways (Cahill, 2007; Lykes & Coquillon, 2007). Davis (2008) argues that it is not clear whether 'intersectionality' should be limited to understanding individual experiences, theorizing about identity, or whether it should be taken up in the praxis of designing and doing research. This kind of ambiguity about intersectionality as a central concept in FPAR has led to varying ways of operationalizing an intersectional lens in research, and yet it remains an important conceptual tool for creating pathways for more equitable forms of participation in FPAR projects. Lykes & Coquillon (2007) suggest that infusing an intersectional feminist lens in participatory approaches to research offers a unique analysis into women's oppression and marginalization, highlights women's strengths and creates space whereby women who are marginalized can make important contributions to social change. An intersectional feminist lens calls into question the ways social, political, economic; legal and policy factors also influence the participatory research process - creating inequal and inequitable ways for women's voices, perspectives, and ideas to be heard and told through participatory research (Levac, 2013). If a feminist approach to PAR is centred around 'exploring the experiences and priorities of women who have traditionally been silenced' (Reid, Tom & Frisby, 2006), there is a need for additional scholarship that explores how to reimagine participatory perspectives in highly burdened and under resourced communities.

For example, when reflecting on the dynamics of participation in her own doctoral project Emily Paradis (2009) considered how participation and decision-making power unfolded in her FPAR work with women experiencing homelessness in Toronto. Reflecting on the 'doing' of FPAR, Paradis (2009) troubles the ways participation was actualized differently for women in her study, calling attention to the limited ways the most marginalized women participated. Leadership roles were assumed or ascribed to the women who participated based on dominant social location more

so, than skill or commitment to the project (Paradis, 2009). Paradis (2009) describes the challenges of negotiating a participatory process when women were routinely dropping out of contact with the research for long periods of time due to hospitalization, incarceration or deteriorating health and social circumstance.

As I reflected on my own commitments to a participatory process, I wanted to ensure my research design was reflective of women's identities and lived realities and considerate of the ways these realities constrained what was possible from a participatory approach. In doing so, I wanted to emphasize an ethical and meaningful approach to participatory research rather than the rigorous fulsome participatory approach conceptualised within the literature. As I negotiated the participatory perspective of my doctoral project, I drew on scholars who demonstrated their commitment to understanding women's intersecting identities by exploring and reflecting on the use of more inclusive participatory processes and practices, and who have challenged the rigorous, classist and androcentric notions of traditional participatory approaches (eg: Cahill, 2007; Coy, 2017; Maguire; 1987; Salmon, Browne & Pederson, 2010).

For example, Silver-Pacuilla and Associates from the Women in Literacy Project (2004) draw literacy into an intersectional feminist analysis of participation in research and in doing so, encourage FPAR scholars to recognize the ways knowledge production processes that rely on reading and writing may need to be transformed and re-authored so that they are more inclusive. Silver-Pacuilla and Associates from the Women in Literacy Project (2004) describe an FPAR project with/for adult women unable to read or write, and describes the importance of drawing in considerations of literacy when mapping out participatory projects from an intersectional feminist perspective. As I designed my doctoral work, I reflected on Silver-Pacuilla (2004)'s considerations around literacy and ensured that none of the creative activities used made assumptions about participants literacy. I am deeply appreciative of the ways Silver-Pacuilla (2004) encourages intersectional FPAR scholars to

redress literacy assumptions in their work to 'create a dialogical space where new voices can be tried and heard (Silver-Pacuilla, 2004 p. 48)'.

Another important examples of bringing an intersectional feminist lens into the participatory aspects of FPAR is Vacroe's (2006) work, that offers a reflection on the complex dynamics that emerged in the 'doing' of anti-racist feminist research with racialized women who had experienced violence. Vacroe (2006) notes the ways women's experiences of poverty, colonization/racialization, violence, and varying levels of ability shaped the way they perceived and engaged with the participatory research process. In her reflections on this project Vacroe (2006), describes shifting the process and priorities of her research to better align with the identities and social change agendas of the women who participated. In a similar vein, Salmon, Browne & Pederson (2010) who reflect on their work with women using drugs urge FPAR researchers to be willing to constantly re-negotiate the conditions through which knowledge is produced on an ongoing basis throughout their work to ensure alignment between the research design and the lived realities of highly marginalized women. Both Vacroe (2006) and Salmon, Browne & Pederson (2010) highlight that truly intersectional feminist FPAR embodies a flexible and fluid approach to the participatory process, that prioritizes the participants needs above all else.

Good, or worthwhile forms of participation remain largely defined by gendered, colonial, ablest, neo-liberal and class-specific privileges that underpin the lenses through which academic research is conducted (Crawley, 2001; Salmon, Browne & Pederson, 2010). For participatory research to function in ways that align with intersectional feminist perspectives, there is a need to challenge these notions. In my doctoral work, a commitment to using an intersectional feminist lens in FPAR required my role as the researcher to be engaged in constant reflection on the ways these expectations reproduce existing power imbalances and further exclude the participation of marginalized women.

In my own work attending to intersectional identities required acknowledging the nature of women's needs, and honoring adaptability as a guiding value of my research with women. Sometimes this meant scheduling and rescheduling workshops with participants because their life circumstances prevented them from participating that day. Other times it meant waiting on Zoom while participants went for a smoke or stepped outside to use other substances or meet friends. One participant kept me on hold for 45 minutes as she ran down the street to the pharmacy to get her methadone before close. Some of the participants who were chronically ill had to attend to various care practices during the creative mapping workshops, including having PSW support in their shelter room to change their wound dressings, leaving the interview to change a coloscopy bag or pausing our interview to get their medications from frontline shelter staff.

Budworth (2023) describes the extra time, patience, and care that it takes for researchers to design and 'do' flexible, feminist, ethical research practice. Drawing on her own qualitative research with people living with chronic illness and disability, Budworth (2023) brings attention to the perceived contradiction between 'productivity' and 'care-full practices' and draws on Pottinger (2020) who states that 'taking a gentle, tender and slow approach in the field is a part of researching with care.' And yet, it is difficult to navigate this type of research in the wider context of the neoliberal academy and against the preconceived notions of what it means to engage participants in a participatory process.

Yoshima and Carr (2003) describe the ways they brought intersectional feminist theory into the praxis of doing research with women impacted by violence, by their commitment to consistently re-negotiate, balance and re-adapt their participatory approaches and project design to ensure that it made sense in the context of women's over-burdened and complicated lived realities. Within my doctoral project, I remained committed to 'renegotiating the conditions through which knowledge is produced' (Salmon, Browne & Pederson, 2010) as I recognized that my participatory perspective

may not align with the experiences and preferences of all participants. For example, the WESH project used an arts-based approach to engage in knowledge co-creation about housing and support including a series of directive art activities. Not all participants wanted to engage in artmaking and some preferred instead to have a dialogical conversation about their experiences and ideas. This did not preclude their participation. Some participants decided to participate in some aspects of the artmaking, and some took the art supplies and went in an entirely different direction, not at all participating in my directive art activities.

As a feminist participatory researcher, I viewed all the diverse ways that women participated as valuable contributions to this project. I did not ascribe to there being 'one' way of participating and was flexible with going 'off script' to allow space for women to tell stories, oftentimes completely unrelated to the context of the research. Centering participants' voices and choices through flexible research design, including honouring their choice 'not to do' parts of the project can be seen as a part of a wider shift toward caring, feminist research practices (Budworth, 2023). This is a critical part of doing intersectional feminist participatory work. By being willing to shift priorities in ways that better align with the participatory needs of women (Vacroe, 2006), both the data and the participatory experience was richer, more meaningful, and incredibly authentic.

4.4 b.) Reflexivity as a tool in FPAR:

Participatory approaches to research involve collective theorizing, mutual learning, and action in direct collaboration with the people and communities who are impacted by the research (Hall, 1981; Maguire, 1987; Cahill, Cerecer, & Bradley 2010). Participatory research as a praxis is described as an iterative approach, whereby theorizing, learning and action happen in a cyclical way, often in a group setting over time involving multiple group meetings. One of the distinguishing features of a feminist approach to PAR is the involvement of a fourth distinctive step to the PAR process, focused on engaging in critical reflection/reflexivity (Cahill, Cerecer & Bradley, 2010; Reid, 2004).

Within FPAR, reflection and reflective dialogue are used to ground an analysis about the ways women's personal experiences are politicized (Cahill, Cerecer & Bradley, 2010). Gringeri, Wahab and Anderson-Nathe (2010), describes reflexivity as 'a cornerstone of good quality feminist research' (p. 402), arguing that this extends past the role of participants and that feminist researchers themselves must continuously, 'analyze their own social location and articulate the meanings of this in their research' (p.402).

I agree deeply with Gringeri, Wahab and Anderson-Nathe (2010) who describe the importance of researcher reflexivity in feminist scholarship. My own social location and the multiple roles that I occupy in the community has a tremendous impact on my doctoral work. Many of the women who participated in this project, and I have known each other for years, through my role in frontline practice. The way my life intersects with the lives of the women at the centre of my doctoral work through my continued involvement in gender-based services and program delivery has had a significant impact on the project. For example, I am reflective about my own positionality as someone who knows intimate details of their life (outside of the confines of this project) because of my past role as a front-line emergency shelter worker, may have impacted the research process. As I moved from data collection to data analysis, it was critical that I remained reflective of these distinctive roles and privileged knowledges and completed my analysis in ways that centred what women shared in our dialogue during the confines of this project.

Coy (2006) reflects on her role as an outreach worker while negotiating an FPAR project with young women who sell sex and shares: 'My emotional investment in the women's welfare as their key worker, lent an added dimension to these ethical considerations, that necessitated constant reflexivity on power relations' (p.429). Much like Coy (2006), my emotional investment in the welfare and well-being of these women impacted the research process for me, and at times meeting virtually with women and hearing updates about their lives took an emotional toll on me.

During the month that I completed the virtual creative mapping workshops with women, I kept a journal to record my own thoughts and feeling as I navigated the research process with and for a group of women whom I care deeply about. While journaling often happened randomly as thoughts emerged, I made an intentional point to journal directly after each of the virtual interview. This praxis allowed myself intentional space to 'debrief' the interview with myself, allowing my own reflexivity to emerge throughout the project. One of the excepts from my journal reads:

> "I cried during one of the workshops today. I saw (name redacted) and I haven't seen her since I was working nights at (organization redacted). A man tried to kill her by cutting off her leg – she showed me the wound on camera. I've never seen anything like it. She said she thought she was going to die – I don't know how she didn't. She told me she is scared she is going to get kicked out of the shelter for using fentanyl in her room – but she can't go outside because of the leg, and she is using more because of the pain. I am sick to my stomach – and so scared for her."

Because of my pre-existing relationships with many of the women in the WESH project, creative mapping workshops often began by catching up about their lives and how they were faring during the pandemic. Oftentimes, this included hearing about the horrific and traumatic experiences they had endured since we last saw each other. While 'catching up' as not a part of the research design, it was an important way of 'being' with the women and became a critical component to enacting what Budworth (2023) describes as a 'care-full' and ethical feminist research praxis. It did however take a toll on my own well-being, as I felt helpless and unable to support these women in ways I previously had in my frontline work.

Other times it was evident that there were blurred lines between my role as a frontline worker in gender-specific spaces and my current role, as a researcher completing a project for my doctoral studies. Some participants demanded that I call the shelter provider and advocate for an extended stay – others asked that I call their child welfare worker to tell them how good I thought they were doing. Here is another excerpt from my journal where lines blurred along the dual identities I hold as a researcher and front-line service provider:

> "I saw (name redacted) for a creative mapping workshop – and she looked great. Better than I've seen her look in ages. She was talking about going to detox – I've never heard of her talk about that before. She asked me to call detox for her – but I told her I couldn't because I was not working frontline. I do not know what the right thing to do was. Eventually I convinced her she could make the call herself – she asked me to stay on Zoom while she did it. She called from the hotel phone in her room while we were on Zoom together and completed the assessment. She is on the waitlist for detox – I am so hopeful for her."

According to Gustafson and Brunger (2014) critical reflection in FPAR is understood as the 'intent to expose and acknowledge hegemonic assumptions that shape the research processes (p.1002)'. It would likely have been easier to not make the complexity of my research so visible, however exposing my own vulnerabilities as a researcher throughout the research process is align with the reflective elements of FPAR. By sharing these personal and candid reflections from my own journal, it is my intention to make visible what was happening for me, as I navigated my emotional investment in women's well-being, my dual roles, and my commitment to the project. While reflexivity alone cannot resolve the power imbalances and complex dynamics that characterize the relationships between myself and the women in my study, it can provide a tool for exploring and embodying more authentic approaches to participatory research that make space for all the complexity and nuance.

Within the creative mapping workshops themselves, adding reflexivity as a fourth distinctive step was a powerful tool to deepen the processes of co-theorizing. While this will be explored further in Chapter 5, intentionally incorporating reflexivity as a part of the research process, created space for participants to make immediate connections between their personal identities, political structures, and their visions for social change. Drawing on reflexivity as a pragmatic approach for inquiry served as a path to move beyond questions focused on housing and support and created space for more introspective reflection, thinking and sharing on aspects of past and contemporary lived experience and expressions the reasoning behind why they had their specific desires and ideas for social change.

4.4 c.) Social Change as the Goal of FPAR:

Feminist approaches to participatory research are understood by Yoshimma and Carr (2003), as 'change oriented, politicalized inquiry' (p.90). Knowledge generated by communities through FPAR tends to be mobilized in collaboration with community partners and created and disseminated in ways that have intentions for creating local level change. As an approach to research, FPAR is often used to generate local knowledge about women's lives and to influence social and health care service planning, delivery, and practice (Corbett, Francis, & Chapman, 2007; Coy, 2006). Despite varying approaches to knowledge co-creation FPAR shares a commitment to engaging in research that seeks to advance the health and social justice outcomes of women, through politicalized action and social transformation (Corbett, Francis, & Chapman, 2007; Maguire, 1987, Reid, 2004).

I am drawn to FPAR as a theoretical orientation because of the ways working towards social change is positioned as both a core philosophical tenent and a guiding research principle. While action and activism are operationalized in varying ways amongst FPAR scholars, there is a shared commitment to making the experiences of women and gender relations visible to policy makers and other decision makers (Crawley, 2001). As an approach for making social change, FPAR generates and mobilizes knowledges grounded in the lived experiences and daily realities of women and subsequently uses this knowledge to advocate for necessary social change. When I think about the social change orientation of my own work, I resonate with Wang, Burris and Ping (1996) who note that the core objective of FPAR is to draw on women's knowledge generated from every-day experience to inform discussions about social welfare, health policy and other aspects of the human condition.

Despite the ways social change is positioned as a central aspect of FPAR, some scholars have been critical about the assumption that co-created knowledges through FPAR can actualize the type of transformational change needed to improve the lived realities of women on the margins. Kelly,

Burton and Regan (1994) argue that women's participation in feminist research projects are unlikely to lead to any substantial changes in the material conditions of their lives. Coy (2006) offers a response to Kelly, Burton and Regan (1994) by describing the social change that occurred during an FPAR project with young women engaged in street-level sex work'. Coy (2006) suggests that in her study 'the process of participation, casting women as the experts and giving space to talk openly without fear of punitive action following disclosure led to an increased trust and did enable them to change the circumstances of their lives' (p. 424).

There are varying ways to consider and conceptualize social change as the goal of FPAR. I am drawn to the ways Maguire (1987) articulates three types of social change that can materialize through FPAR in her foundational text. Maguire notes (1987) social change is made possible through: 1.) development of the critical consciousness of the researcher, and participants; 2.) improvements in the lives of the participants; and 3.) the transformation of societal structures and relationships. And yet, even when articulating a wide-ranging vision of social change typologies when reflecting on the outcomes of her own doctoral work Maguire (1987) shared: 'the action taken individually and collectively could not be said to be 'revolutionary' nor did it contribute to any major social change (p. 196)'.

In the absence of 'revolutionary and major social change' (Maguire (1987), there is a breadth of FPAR literature that calls attention to a range of alternative ways to realize and recognize social action and societal change through participatory processes. For example, Cahill (2007) notes that while the 'Fed Up Honey Project', an FPAR project focusing on the experiences of young, racialized mothers, did not change the political and social structures that impact the lives of women, the process of engaging in a collective dialogue and analysis about their lives had personal transformational benefits for participants. Cahill (2007) considers the ways women were able to re-define their own subjectivities as young, racialized and poor mothers, through a process of reflecting

on their every-day lives and analyzing the connection between personal struggles and structural oppression (Cahill, 2007). In describing the participatory process as transformational in the lives of women Cahill (2007) describes the ways women explored 'each other's desires, and dreams as well as structures that limited access to opportunities' (p. 284).

Vacroe (2005) describes that social action activities in FPAR are orientated towards transforming the power structures, institutions and relations that systematically limit the life opportunities of marginalized women. And yet, Vacroe (2006) also describes the important and meaningful ways that women benefited interpersonally through participating in a FPAR project, explaining the ways participants were able to use their lived experience to contribute important sources of knowledge and develop and refine their own skills relating to research and advocacy. Similarly, Wang, Burris and Ping (1996) suggest that empowerment can occur through FPAR when marginalized groups are able 'to analyze critically the social, political and economic relations, and to act as community advocates in order to affect policy' (p. 1392). Kesby (2005) describes transformational social change at the individual level as something that is made possible, when research connects 'experience, reflection, and action for change' (p. 2051).

Empowerment rhetoric in participatory approaches to research originates from Freire's (1970) idea of 'conscienzation', a process where the consciousness of marginalized groups shifts through coming to a deeper understanding the roots of their oppression and injustice (Crawley, 2001; Fals-Borda, 200; Hall 1981). From a feminist perspective, empowerment is connected to the central tenant of critical consciousness raising, and the potential for a greater awareness leading to social and political change. Kesby (2005) notes that whether inspired by Freirian consciousness-raising, or second wave feminism, 'empowerment is said to involve a journey of self-discovery that takes place through some sort of awareness training, politicization process and/or life event that stimulates a recursive movement between experience, reflection, and action for change' (p. 2051). And yet,

empowering women experiencing complex homelessness through their engagement in research processes feels like an incredibly out of touch idea. Given what is known about the multiple and complex injustices experienced by women who endure long histories of homelessness, it is difficult for me to imagine how their participation in academic research could lead to empowerment.

I do however agree with Webber (2007) who notes that through drawing on FPAR approaches, there is an opportunity to bring women's subjective realties into conversations about varying levels of health and social policy, in ways that may lead to actual change for women. It is my belief that using a feminist lens can help to re-author the ways action and social change become conceptualized, creating space to honor small-scale and large-scale changes that occur because of FPAR. In the WESH project, I saw what Coy described as 'the process of participation, casting women as the experts and giving space to talk openly without fear of punitive action' (p. 424). While this will be explored in more detail in Chapter 12, the discussion chapter, there were many documented changes that occurred during the WESH project – both big and small. Some of the changes that occurred were shifts in thinking about housing and support for the participants. Other participants went on to consider how they might continue being involved in research and advocacy work. The findings and recommendations generated by the participants in the WESH project have also led to larger scale social changes, as the lessons learned about preference around space, service delivery and community from the WESH project have started to shape considerations for gender specific co-housing and support programs.

4.5 Exploring, Conceptualizing and Troubling Participation:

I remember first thinking about participation as a value and an ethic in my work when I facilitated a nightly drop-in program for unhoused women in downtown Hamilton. The program ran 5 nights a week and offered a space to take a break from life on the street, share a meal and engage in activities together – things like art, reflective journaling, gardening, meditation, yoga, advocacy projects,

supportive group sessions and so forth. I quickly learned how the intersecting aspects of women's identities, things like language, literacy, addiction, mental health symptoms, cognitive delay, aging bodies, and disability all impacted what was possible from a participatory perspective. In this work, I was constantly 're-negotiating' participation, while also making space for women to take on the role of leaders, teachers, and experts within the program.

My ethical and value-based commitments align with involving the participation of unhoused women in FPAR, and yet as my doctoral work unfolded unique theoretical, ethical, and pragmatic challenges emerged. For women experiencing long-term homelessness, limited access to the resources necessary for survival, including access to shelter, a telephone, and a working clock, are merely a few of the contextual realities that complicate how women can be involved in a participatory research project. Asking participants to take on robust leadership roles, show up to regular in person meetings, keep track of sensitive and confidential project materials and engage in theorizing about social change were all unrealistic expectations for women operating in survival mode. These expectations were not only unrealistic, but they were also unethical given the complex lived realities of my participants.

The practicalities of participation became even further complicated as the COVID-19 pandemic coincided with the data collection phase of my doctoral work. The research ethics board at McMaster University (the academic institution connected to my doctoral work) put a pause on conducting in-person research. All my data collection had to happen virtually or had to pause all together. In the early days of the pandemic, I did not think participation was possible. A part of me gave up, as the barriers to virtual participation with women living unhoused seemed insurmountable. With a ban on in-person research I was unable to 'drop in' to organizations and spaces to connect organically with the women at the centre of my work. We could not meet face to face or come together as a group to discuss collective visions for gender-specific co-housing.

While not pandemic-specific, I learned a great deal from other FPAR scholars who were troubling the ways women's participation was negotiated and facilitated within their own work. Maguire (1987), Clover (2011), Coy (2006), Fine and Torre (2004) and Salmon, Browne & Pederson, (2010) are a few among the many authors who reflected candidly about the bumpy, unclear, inequitable and at times hostile processes that underpinned negotiating the participation of women in their FPAR projects. For example, Coy (2006) names women's transience as the most significant obstacle to the participatory process. Many women initially agreed to participate in the project, but Coy (2006) notes that women were difficult to contact and had irregular engagement with the project which limited the participatory possibilities. Coy (2006) goes on to describe the ways the contextual realities of living in survival mode created ethical concerns when considering how much to ask of her participants, acknowledging the complicated life circumstances they were navigating.

As I negotiated my doctoral work, in the context of the COVID-19 pandemic and within the constrained lived realities of my participants, I remained deeply centered in my own approach to embodying a participatory ethic within my research, rather than getting stuck on designing a rigorous participatory process. In fact, I believe that a rigorous participatory process would have placed unrealistic expectations on the participants of the WESH project, creating more harm than good – and further disrupting a collaborative approach to co-inquiry and action. As I worked towards designing the research design for the WESH project, two overarching tensions emerged for me in relation to participation: 1.) the paradox of participation given the realities of the pandemic and women's lives and 2.) co-theorizing in a group as a barrier to the participatory process.

Arieli, Friedman and Agbarria (2009) introduce the concept of 'the paradox of participation' and define it as 'a situation in which actual researchers, acting to actualize participatory and democratic values, unintentionally impose participatory methods upon partners who are either unwilling or unable to act as a researcher' (p. 275). Arieli, Friedman and Agbarria (2009) use this article to draw

attention to the inherent paradoxes and contradictions that underpin participatory approaches to research, particularly when researchers seek a high level of involvement from marginalized and under-resources communities. It is important to acknowledge the embedded 'paradoxes' relating to asking for the participation of women in my own doctoral work and how these paradoxes intensified in the context of the COVID-19 pandemic. It seems paradoxical to expect that women who are literally living on the streets and operating in survival mode amidst closures of the spaces and places they formerly sought refuge, would be able, or even willing, to participate in my doctoral research. Salmon, Browne & Pederson (2010) reflect on the complexities that emerged in their participatory work with women who use drugs, noting that women from heavily burdened and highly marginalized communities simply do not have the time, energy, or resources to engage with their every-day struggles from an analytical standpoint. Operationalizing participatory research with/for heavily burdened and under-resourced communities' rests on 'asking those struggling to meet basic daily needs to now wrestle with dilemmas of representation, interpretation and social justice' (Salmon, Browne & Pederson, 2010, p. 339). Expecting that women who are struggling to meet their most basic human needs such as shelter, safety, health care and nutrition, might be willing or able to engage in a rigorous, structured participatory research processes is rich with pragmatic and ethical complexities.

As I reflected on the ways both Kwan and Walsh (2018) and Cooke and Kothari (2001) warn researchers about the power dynamics that underpin participatory paradigm, I thought about my own doctoral work and whether it was necessary to ask women living unhoused during a pandemic to participate at every juncture of my doctoral work. I questioned the ways in which I might be able to curate a meaningful and ethical participatory experience that was align with the complexity of their lives and the current socio-political moment caused by the pandemic.

Cleaver (2001) ask researchers drawing on participatory research paradigms to consider, 'what exactly are the linkages between the participation of poor individuals and the furthering of their social and economic good?' (p.54). As I thought about this question in the design of my doctoral work, I began to reflect on the junctures of my project whereby participation was important, and the aspects of the project that perhaps did not require as much rigorous participation.

Another important tension point that I had in relation to participatory processes was related to the emphasis of PAR on co-theorizing in groups. Traditional participatory research processes often happen in a group setting because of the perceived power in collective theorizing and collective action – and yet, my decade working on the frontlines led me to have hesitations and reservations about this approach to gathering data. There were two central reasons why I did not believe that co-theorizing in a group setting was the right methodological approach for this research. The first reason was centred around my apprehension about the ways power dynamics exist amongst women experiencing homelessness and how this would play out in a group setting. I worried that women who faced barriers to participation (because of things like significant mental health concerns, substance use, disability, literacy etc.) would be overshadowed by women who perhaps had more experience participating in research and advocacy work. This concern was echoed in Paradis (2009)'s doctoral work as she shared the ways power dynamics played out in the participatory process, leading to the silencing of some group members and the privileging of other voices.

My second concern centred around what Cleaver (2001) describes as the 'myth of community' – whereby researchers assume that people who share an axis of identity or experience can arrive at a collective vision for social change. I worried that by bringing women together for co-theorizing, there might be assumptions made that the goal of the project was to arrive at a consensus in terms of what an alternative model of housing and support might be -and this was not the goal of my work.

While FPAR emphasizes collectivity and collaboration, it is my belief that there is a need for a deeper analysis of the complexities of drawing in such a diverse range of women into a collective participatory process. According to Vacroe (2006), there has been very little consideration on how to work across difference in participatory relationships, with even less emphasis on how to engage women who have varying political commitments, philosophical orientations, and ways of knowing, into partnership. Importantly, my doctoral work is deeply committed to involving the voices and perspectives of those who have been excluded from traditional participatory processes – and it is important to note that these voices could still get lost and overshadowed in a collective participatory process.

Guijt and Shaw (2001) note that not all women participate in the same ways and warn FPAR researchers to recognize that 'it is easy to listen only to those who are more vocal due to a higher status and/or more experience with public speaking and incorrect to assume the these are representatives of larger groups (p.15).' Navigating the participatory process in my doctoral work caused me to reflect on the way some women may have had limited opportunities for past participation in similar processes – and therefore may be overshadowed by those who have had more experience sharing their knowledge and expertise. Cleaver (2001) uses the term, 'myth of the community' to illuminate the tensions in assuming that communities are collective social entities, underpinned by solidarity relations with the capacities for making transformational change. As I reflect on this conceptual issue, I thought about moments in my front-line practice with women working in emergency shelters – while there have been moments of tremendous community, mutual aid and solidary – there have been other moments where little sense of community was felt.

Guijt and Shah (2001) suggest that when engaging marginalized communities in FPAR, it becomes apparent that the concept of a unified community is a utopian ideal and working towards a consensus about social change is inherently problematic. Ultimately, my decision to theorizing

women during one-to-one workshops was made because of the constraints of the pandemic. However, as I reflect on the richness and depth of the co-theorizing that occurred during these individual workshops, I am confident that this was the right decision for the population I was seeking to engage in FPAR. Working individually with women to co-construct knowledge allowed me to avoid imposing the 'myth of community' on my participants and created space for each individual participant to articulate their own vision for social change without the pressure of arriving at a consensus around what type of housing and support we ought to be advocating for.

The ways in which dominant CBR/PAR/FPAR literature is written makes assumptions that groups who share similar axis's of identity may constitute a 'community' and could possibly arrive at a shared a collective vision for social change. When I think about drawing on participatory approaches in my doctoral work, the term 'community' is especially complicated, and I worry this has little relevance to the group of women who experience complex homelessness. I agree with Cornwall (2001) who argues that there is no logical reason to presume that women in similar social, or economic circumstances have common interests, identify as a 'community' or share the same vision for social change.

4.6 Participation as a Value: Developing a low barrier approach to feminist participatory research

The intention of this final section is to outline the principles that informed my low barrier approach to feminist participatory research during my doctoral project. As outlined throughout this chapter, traditional approaches to PAR were incongruent with the lived realities of the women at the centre of my project. This was further complicated by pandemic related restrictions on in-person gathering, meeting in groups and conducting research in-person. Rather than attempt to follow a rigorous participatory process that would not resonate with my participants, I situated participation as a value

and ethical stance that guided my work and centred the meaningful and ethical participation of women who experienced homelessness as a critically important component of my project. While Chapter 5 explains my process for doing virtual creative mapping with women living unhoused during a pandemic, this section explores three core values that I brought into the design of a low barrier participatory process including, co-constructing knowledge in ways that are reflective of women's ways of knowing, creating a caring and nurturing virtual space and designing a virtual workshop that is reflective of the praxis of FPAR.

4.6 a.) Co-constructing knowledge in ways that reflect women's ways of knowing:

In my direct practice work with women who experience homelessness, I would often draw on arts-based and creative activities as a mechanism for engagement, joy and participation. I resonate with Foster (2007) who notes employing art as a tool in research can help participants to examine their own lived experiences, reflect creatively upon these experiences and know themselves and their social contexts more deeply. In my design of the framework for the methodological approach and the participatory process, I spent a lot of time reflecting on how to co-construct knowledge on housing and support that honored women's ways of knowing. In doing so, I arrived at using semi-structured creative methods as an approach to co-constructing knowledge with women who endured long-term homelessness.

In one of the early PAR texts Budd Hall (1981), notes that women have largely been excluded from producing dominant forms of knowledge and suggests that PAR frameworks may be a way for women to create their own means for producing and validating knowledge consistent with their own experiences. Many of the pieces of FPAR scholarship that I found myself most drawn to engaged women in participatory processes using creative and arts-based methods as a way of producing and sharing knowledge (Coy, 2006; Cahill, 2006; Clover, 2011; Lykes & Collaqium, 2013; Wang, Burris & Pang, 1996). For example, I was inspired by the work of Wang, Burris and Ping (1996) who reflect

on their use of an arts-based method whereby women created photo novellas in their FPAR project that focused on the health and social well-being of women in rural China. In this piece of literature Wang, Burris and Ping (1996) describe the ways organizing the participatory process around an arts-based method allowed for women to have greater control over the way the research findings were conceptualized and shown.

Drawing on creative methodologies in my doctoral work gave participants a vehicle for making their visions for housing and support visible, as well as gave participants complete control over the creative outputs. As I designed the virtual creative mapping workshops, I relied on loosely structured arts-based activities as a tool for inviting women into a process of imagining, depicting, and describing their preferences relating to housing and supports. Using semi-structured arts-based activities helped to create a framework for discussing various aspects of housing and support, that centred women's lived experience, ideas, and visions. By loosely structuring the creative activities, I wanted to create space for participants to take ownership over the process and take the methods in whatever directions they so choose, to ensure that knowledge was co-constructed in ways that was deeply reflective of their experiences, preferences and style of expressing themselves.

4.6 b.) Creating a caring and nurturing virtual space:

As I thought about the data collection phase of my doctoral work, it was deeply important that I brought in the ethical principles of reciprocity, by creating a caring and nurturing space for co-constructing knowledge. According to Maiter et al (2008), reciprocity describes 'the respectful nature of good research relationships and exchanges that are essential in participatory and other types of research' (p. 307). Building on the concept of reciprocity as a core research ethic, Greene (2013) notes that reciprocity complements a participatory research agenda and defines this concept as 'an open and conscious negotiation of the power structures reproduced during the give and take interactions of the people involved in both sides of the [research] relationship (p.16).

Drawing on a feminist ethic of care and critical disability scholarship, Budworth (2023) articulates a framework for 'caring' research practices and ethics that centre participants comfort, choice and relational aspects between the researcher and the participants throughout the research process. Budworth (2023) draws on previous research that demonstrates the importance of aligning research techniques that fit with participants everyday rhythms and routines (Halliwell & Wilkinson, 2021; Wilkinson, 2016).

As I made the shift to a virtual environment, I worried that I would lose some of the elements of care that were of central importance to my thinking about data collection and knowledge co-construction. There were several elements of the creative mapping workshops that I curated to create a caring and nurturing virtual space for participants. This included creating care packages for all participants that included snacks, art-supplies, and an honorarium, taking ample breaks during the research process, embodying a flexible approach to the creative mapping methodology and ensuring participants could focus more intently on aspects and activities they felt more compelled to complete and skip others they were uninterested in. The caring and nurturing space was reinforced by my existing relationships with many of the women who participated in this project, women who traditionally would have been difficult to engage in FPAR. This level of familiarity between myself and many of the participants, as well as the intentional curated aspects of the workshops, helped to create a nurturing and caring virtual space for data collection to occur.

4.6 c.) A low barrier participatory praxis:

Finally, this section draws on the praxis of PAR and explains how theorizing, learning, action, and reflexivity were used as a set of guiding principles to inform the design of my doctoral work. Importantly, I expand how by doing so, moments of meaningful participation occurred whereby participants began to link their personal situations to broader political and social systems.

<u>Co-theorizing:</u> The doing of PAR is centred around the notion of; 'bringing communities together

as a way to share experiences and information create common meanings and new understandings, and forge concreted actions together (Park, 2001, p. 81)'. In the absence of being able to bring communities together, participants theorized individually with me (the researcher) about their visions and ideas for housing and support. Arieli, Friedman, & Agbarria (2009) describe the role of the researcher in PAR as 'a committed facilitator, participant and learner, rather than a distanced, neutral observer, analyzer or manipulator' (p. 265). I attempted to embody this role as we worked through the creative mapping workshops. I acted as a facilitator and curious learner, guiding participants through a curated creative mapping workshop that sought to illicit their theories, ideas and visions for housing and support. While women completed the workshops individually, the process of co-theorizing occurred by making meaning from experiences, building connections between personal troubles and the structural barriers that shape social life, and identifying patterns in the shared struggle for social justice.

Learning: One of Freire's most noteworthy contributions to the philosophical underpinnings of PAR is his conceptualization of the '*conscientizaco',* understood as the process of developing a critical understanding of one's social reality through reflection and action (Freire, 1981). Critical consciousness is a core aspect of social justice work and feminist theorizing and involves an in-depth understanding of the world around us, the power structures that shape it and the possibilities for critically analyzing social conditions while simultaneously acting to change them (Diemer & Li, 2011). Learning plays a critical role in developing the 'conscientizaco' (Freire, 1981), as how we all are impacted by dominant social myths about our reality; and so learning, unlearning and reflecting becomes a critical process which depends upon uncovering real problems, actual needs and potential solutions becomes possible. Throughout the creative mapping workshops, learning was a central component. Women learned about the range of gender-specific supportive housing programs that exist in other parts of the country, gained insight into the Residential Tenancy Act and how this

impacts housing and support, and as I gathered more data, I was able to share reoccurring themes in other creative mapping workshops with participants. Through this process, participants were able to understand the ways their personal troubles were linked to broader political structures and complicated by the lack of appropriate housing options available to them in their city.

Action & Art: A feminist approach to PAR is explicitly political and is rooted in principles of democratic participation that recognizes and amplifies local knowledge towards social change aims (Goessling, 2024). Described as a praxis with a dual focus on personal and social transformation, the intention of knowledge generated through FPAR is centred on contributing to theory building from the perspective of lived experience (Goessling & Wager, 2021; Goessling, 2024). Throughout the creative mapping workshops, the action orientated goal was to imagine and articulate an alternative model of housing and support by and for women living unhoused. By drawing on creative approaches to mobilize this imagining, participants created vivid detailed descriptions of their preferences relating to housing and support. Creativity as an emerging practice provides a platform to ignite imaginations in a meaningful way that "unabashedly strives to affect our very ways of living, being, and co-being" through introspection, reflection, and action (Finley, 2014, p. 531).

Reflexivity: Described as the cornerstone of 'good feminist research', reflexivity is an intentional process of considering how lived experience, personal beliefs, positionality, and ways of knowing intersect with socio-political structures (Gringeri, Wahab & Anderson-Nathe, 2010). By embedding reflexivity into the research process, qualitative researchers can create a relational space of dialogical reflection to facilitate and understand meaning making and a broader socio-political approach to co-theorizing (Lykes & Távara, 2020). Throughout the creative mapping workshops, reflexive questioning was an integral component of co-theorizing that helped to push participants to consider how their own experiences, identities and beliefs shaped their housing preferences. By encouraging participants to think about what was shaping their housing and support preferences, data was

collected that helped to connect personal experiences to housing desires and needs. Importantly, reflexivity allowed for an analytical process to happen in real time with each participant, as they reflected on their contributions and how their creative map represented their visions for social change.

4.7 Concluding Reflections:

While there are varying ways that participatory approaches are mobilized in PAR and FPAR projects, there is a strong consensus within the literature that truly participatory studies strive for a high level of 'community' involvement throughout all major phases of the research process (Fals Borda, 2001; Kwan, C., & Walsh, 2018; Park, 2001). Given the ways the WESH project falls short of community involvement at all major phases of the research project, I struggled with how to articulate my participatory approach in my doctoral work.

If participation is measured by following a series of research steps, then projects that seek to involve highly marginalized communities will always fall short. It is unrealistic and even unethical to impose a rigorous participatory process on under resourced and overburdened communities, however it is possible to embody a participatory ethos and ethic that treats participants and their knowledges with respect, dignity, and care. And it is possible to design a participatory research process that carves out meaningful moments of flexible and caring participation that centre the knowledges and experiences of communities who have been traditionally excluded from knowledge co-creation.

There is an abundance of concern and caution within the literature about the ways 'participation' is conceptualized, with some scholars suggesting that it has become a 'buzz word' in critical scholarship (Cooke & Koothari, 2001; Cleaver, 2001). Cahill, Cerecer and Bradley (2010) trouble the broad use of the term participation within the literature, arguing that just because a project describes itself as participatory, it is not necessarily reflective of a deep commitment to working with marginalized communities. Despite the WESH project not involving a high level of community

involvement in all the major phases of the research, my doctoral work is reflective of a deep and historical commitment to working with the women at the centre of my project through a decade spent doing community-based research, activism, and political organizing, seeking to improve the material realities of their lives. By centering participation as a central value and principle throughout my research project, I believe that I was able to curate a low barrier approach to doing feminist participatory action research with women living unhoused during the pandemic.

Chapter 5: Virtual Creative Mapping Workshops

5.1 Introduction:

This chapter describes the process and method of re-imagining housing and supports with women experiencing complex homelessness through virtual creative mapping workshops.

I begin this chapter by grounding my approach to my doctoral research in a feminist approach to community-based research. I explain how both the focus of my doctoral project and the methodological approach have been informed by my front-line practice experience, past involvement in community-based research and participatory policy advocacy projects, and conversations with key stakeholders – including women experiencing complex homelessness.

I explore creative methodologies and arts-based research and describe the synergies between this methodological approach and a feminist approach to participatory action research. Following this section, I explain the method of my doctoral work, creative mapping, highlighting its roots in architectural research and socio-spatial design and its applicability for social justice research concerned with reimagining space and place. Following this, I explain my process for doing virtual creative mapping, including preparing for virtual creative mapping, the praxis of the creative mapping workshops and what happened afterward, as I moved towards analysis and action.

I end this chapter by providing some of my own reflections on the research design and process, as well as the possibilities and pitfalls of this methodological approach. I discuss some of the benefits and challenges of conducting virtual participatory research with unhoused women during the pandemic and offer recommendations for other FPAR scholars interested in taking up creative mapping as a method in their work.

5.2 Grounding my approach in feminist community-based research:

My doctoral research is grounded in a feminist approach to community-based research. Feminist community-based research uses innovative methodological approaches to tackle complex social problems faced by those who are rarely included in knowledge production and policy making (Creese & Frisby, 2011). My doctoral work is built upon the lessons that I have learned over the past decade working with women experiencing complex homelessness in front-line practice, research and in participatory policy making projects.

At its core, feminist community-based research is a collaborative, policy-orientated methodology that holds the promise of co-theorizing with women and communities in the pursuit of building a more just society (Creese & Frisby, 2011). Align with the spirit of collaborative research and centering community priorities and research questions, I drew on my existing collective relationships with community stakeholders including decision makers, policymakers, leaders of health and social service organizations and most importantly, women with lived experience of complex homelessness. My long-standing advocacy work around the need for low-barrier gender-specific co-housing made these informal conversations possible.

Over the years, these conversations centred on the relevance of the information that I was seeking to gather, and the questions and research priorities that other community stakeholders had. For example, I had a conversation with a physician who works in the shelter system about her research questions relating to the kinds of co-located health supports women would want to see in this typology of housing. I had conversations with leaders of gender-specific housing and homelessness organizations about the contradictions between highly supportive housing and the Residential Tenancy Agreement (RTA), and how these two policy frameworks intersect in ways that create operational difficulties. I have had conversations with municipal government about the policy barriers that prevent this type of housing from being actualized and have explored where it might fit

into the City of Hamilton's broader plan to address issues of housing and homelessness. Over the years I have had countless conversations with women experiencing complex homelessness about their housing and support desires, and the questions they would want to explore including housing location, what kind of 'rules' would be needed in this kind of housing (for example, pets, drug use on-site, what could lead to eviction) and the roles that women imagine taking up in supporting each other in gender-specific co-housing.

Drawing on Olesen (2005), a feminist approach to community-based research has the potential to re-conceptualize women's issues within a framework of social and historical structures, focuses on creating knowledge with the potential for advancing social justice with and for marginalized women. I am drawn to community-based participatory research because of the potential it has to generate the type of findings and knowledge needed to lead to and inform solutions for local communities. Within the context of the WESH project, a feminist approach to community-based research was able to engage women living unhoused in Hamilton into a process of reimagining and informing new solutions to addressing gender-based homelessness.

A feminist lens works to ensure that knowledge is not centred within mainstream ways of knowing, but rather intentionally brings to light the perspectives of people who have been excluded from knowledge generation, policy making and social change projects (Racine & Petrucka, 2011). My commitment to using a feminist approach to community-based research allowed for the WESH project to respond to gaps in knowledge about gender-based homelessness, in ways that brought forward new ideas and new perspectives from those typically excluded from policy-making and participatory processes.

5.3 Creative methodological approaches:

Creative approaches to inquiry, also known as 'arts-based research' is 'uniquely positioned as a methodology for radical, ethical, and revolutionary research that is futuristic, socially responsible,

and useful in addressing social inequities' (Finley, 2008, p.71). As a creative way of expressing experience, interest and the human condition, arts-based methodologies can effectively portray both the every-day lived experience and invite participants into a process of imagining better futures (Clover, 2011). Creative methodologies are aligned with feminist participatory paradigms because of their potential for creating processes where oppression is exposed, sites of resistance are made visible, marginalized perspectives and voices are highlighted and possibilities for transformative praxis are outlined (Finley, 2008).

Frisby, Maguire and Reid (2009) argue that 'all humans, from pre-literate to academics, are theory-builders because we are pattern-seeking, connection-building, and meaning-creating beings' (p. 15). Despite women's infinite capacities for 'theory building', barriers exist in academia that continue to hinder the representation of marginalized women's voices, experiences, and knowledge in research. It has been my experience that creative methodological approaches have infinite potential for bringing forth in accessible and equitable ways, the kind of theory building, pattern seeking and meaning making that Frisby, Maguire and Reid (2009) are describing. As I considered the benefit of creative approaches in my doctoral work, it seemed especially poignant to draw on creative approaches for imagining alternative models of housing and support with women experiencing homelessness. (Foster (2007) explains that artistic expression can be a powerful tool when explanation through oral or written communication falls short of the nuance and depth needed, making this especially useful for imaginative work.

In my front-line practice with women, I have often drawn on arts-based methodologies, methods, and activities as a tool for facilitating self-discovery, self-expression, collective advocacy work and recreation and pleasure. My experience of using art as a modality for participatory research with women, has taught me about the transformation that happens when you use creative approaches to redress and reimagine social, legal and health care systems. In designing my methodological

approach for my doctoral work, I was informed by my past research experience working on FPAR projects that draw on methods of collaging, artistic brainstorming, body mapping and Photovoice. Although 'art constitutes one of the oldest forms of knowledge and knowing' (Clover, 2011, p. 12), it has recently become integrated as a powerful tool for research within critical qualitative social science research. Incorporating creative methodological approaches into FPAR projects can draw on women's creative intelligences, develop new knowledge through artistically expressive forms and generate the kind of empathy, curiosity and attention that renders 'action' possible (Foster, 2007; Clover, 2011). Arts-based or creative methodologies are often paired with a qualitative component whereby participants have an opportunity to both explain and explore the significance of their art and its connection to the research question and objectives (Knowles & Cole, 2008).

Barone and Eisner (2012) describe arts-based methodologies as having the unique potential to produce new ideas and generate questions that make our existing understanding of social realities more complex and interesting. Creative approaches to research also pose unique potential for knowledge-transfer and exchange activities, dissemination, and participatory action-orientated analysis and social action strategizing. The tangibility of art invites new stakeholders and audiences to engage with and 'view' knowledge produced and shared through arts-based forms, which aligns this approach closely with 'action-orientated' approaches (Barone & Eisner, 2012; Clover, 2011; Foster, 2007). Throughout history, art of all genres has been used as a tool to address socio-political injustices and engage public audiences with broader social change messages. I am not only drawn to creative methodologies for their potential for co-constructing new knowledges I am also deeply curious in their potential for sharing new knowledges with new audiences in new formats.

Rather than drawing on one creative approach for data collection, participants in the WESH project were presented with several creative tools and arts-based activities that could be used to depict their preferred model of housing and support. This included drawing, blueprint mapping, photo

elicitation, mind mapping/brainstorming, journaling and symbol making. Drawing on Budsworth's (2023), conceptualization of flexible research design, these were merely offered as a pallet of choices to draw upon to create a visual representation of preferred housing and support. There was no expectation that participants would use all the modalities offered, or that they would participate in all art activities. If participants were not interested in depicting their preferred model of housing and support visually, all the creative activities could be conducted orally and narratively. In my doctoral work, I drew upon creative methodological approaches to draw participants into co-theorizing about preferred models of housing and support, and in doing so, found more equitable pathways for participating in the knowledge co-production process.

5.4 Creative mapping as a method:

I was first drawn to 'creative mapping' as a methodological approach for my doctoral work when I read Grittner's (2019) architectural research fieldwork using ethnographic approaches to capture the nuanced spatial and social relations of a female-driven co-housing initiative in Cape Town, South Africa, called The Victoria Mxenge.

The Victoria Mxenge is a housing solution created by and for women who were living unsheltered in informal settlements after migrating to Cape Town, South Africa. For context, the women involved in Grittner (2019)'s project were described as 'low-income, raised in rural environments and culturally located amongst traditional laws that positioned men as the head of the household and women without land rights (p. 560).' The development of the Victoria Mxegene is a story about a group of women, who self-organized, negotiated land rights, developed site plans, and designed and built their own housing response, highlighting the importance of gendered participation within housing and community development (Grittner, 2019).

Drawing on architectural theory about space and place, Grittner (2019) describes the ways the social and spatial elements of life are deeply interdependent, and draws on feminist scholars (Kemp, 2001;

Massey, 1994; Lefebvre, 1991) who describe space as highly gendered. As my research is focused on co-creating an alternative space of housing and support for women living unhoused, I was inspired by the conceptualization of space as a site of inquiry from a feminist perspective and particularly struck by Lefebvre (1991) who writes, 'any space implies, contains, and dissimulates social relationships' (p. 82). When conceptualizing space as home, Ross (2005) notes that inquiry into the spatial and social relations of home is 'an ongoing site of imagination, construction, and contention, formed by competing and complex relationships between cultural narratives and material practices' (p. 684).

During her Master's architectural fieldwork in Cape Town, Grittner (2019) coined the methodological approach of 'creative mapping', by developing a process whereby participants explore the social processes, built environment, spatial organization, and community elements of the women-driven housing development. Creating these spatial maps relied on photography, drawing, narrative explanation, and other forms of creative inquiry and proved to be an effective research tool in showing how the social and physical environments intertwine, and the ways gender, housing and community influence space and place both visually and in embodied ways. (Grittner, 2019).

Architectural research methods are spatial and multisensory by default, as architects focus on designing spaces that take into consideration use of space, material atmosphere and the way spaces make us feel (Grittner & Burns, 2020). And yet, these methods have transferability and significance for social work research, particularly for participatory projects orientated towards bringing about social justice through changing environment and space (Grittner & Burns, 2020).

By infusing architectural methods such as mapping with arts-based and qualitative approaches typically used by critical feminist researchers, there is an opportunity to generate new kinds of information about space, place, and gender – particularly in the context of research on housing and homelessness for women. Mapping connects the physical world (terrain, infrastructure, topography,

etc.) with the social world, and by doing so creates new types of analysis on the connection between the physical and social (Grittner & Burns, 2020). The methodological work of Troiani and Careless (2015) shows the potential of integrating drawings and collage within interdisciplinary architectural research as a tool for offering, "a functional analysis of the space with a history of everyday life overlaid" (p. 278). Creative mapping is an effective methodological tool for elucidating human experience in relation to the built-environment and is popular within architectural research and practice (Powell, 2010; Grittner & Burns, 2020, Grittner, 2019). More recently, scholars are beginning to argue that creative mapping could play a powerful role in social work research, by allowing service users to draw on creative and arts-based modalities to co-design supportive architectural environments, with relevance to informing a reimagining of health care spaces and therapeutic spaces (Grittner & Burns, 2020). For example, in subsequent work published by Grittner (2023), creative mapping was used as a tool for advancing social justice for/by sex workers by generating a place-based understanding of sex work, with a particular focus on the built environment, socio-structural power, and the varying geographical locations of sex work. By situating the analysis on place, Grittner (2023) was able to co-construct new knowledges about sex worker safety and policy reform that had implications for changing the built environment.

As a method or tool for data collection, creative mapping can combine a range of arts-based research techniques to connect ephemeral elements such as emotions, personal stories, and lived experience, with the physical world as well as narrative descriptive data captured via interviews or focus groups (Grittner & Burns, 2020). Using this methodological approach, creative maps "[emerge] from a careful consideration of the questions asked and documented" (Bordeleau and Bresler, 2010, p. 52); for social work, these questions can be socio-spatial, socio-political, imaginative, and meaning making. By answering questions, visual maps are created that involve an overlay of created and/or elicited images, written texts, narrative descriptions, artifacts, and other

sensory materials to depict both place and lived experience (Grittner, 2019; Grittner & Burns, 2020, Powell, 2010). Similarly to many creative methodological approaches, a qualitative component to data collection allows for the combination of both visual and narrative explanations and data. In Powell (2010)'s research, the process of creative mapping cultivated an 'embodied, sensory experience, where maps highlight the relationships between self and place and the ways in which self and place are mutually constitutive and relational' (p. 20). Moreover, Powell (2010) reflects on the use of creative mapping in her research and suggests that as a tool for research maps can offer researchers a view into how people see their world, what is important to them, what their lived social relations are and where they spend their time.

I decided to draw on creative mapping as a method for exploring my research questions, centred around housing, support, space, spatial relations, and community. As a methodological tool, creative mapping has unique analytical potential for developing a deeper understanding of both the structural built form of housing, and the emotive aspects of what makes housing both supportive and sustainable. Within my doctoral work, creative mapping was strengthened by infusing it with the principles of FPAR including co-theorizing, learning, critical reflection and action.

5.5 Developing an ethical Housing and Demographic Survey:

It was of critical importance to my doctoral project, that I collected the kind of data needed to inform broader systems planning and social change work. While creative and qualitative data can provide important nuance and depth to explore the housing desires and preferences of women experiencing long-term homelessness, I also required data that illuminated the experiences, identities and housing histories of women who experience chronic homelessness. In order do to this, I sought out to develop an ethical survey tool focused on collecting demographic data and housing and homelessness trajectories.

With permissions, I drew on existing national data collection tools that have been intentionally

designed for collecting data on the experiences of gender-specific homelessness, including the National Women's Housing and Homelessness Survey (Schwan, Vaccaro, Ali, Reid & Baig, 2022) and the This Is Not Home Survey (Paradis et al, 2022). As I was a member of both research teams, I was privy to the intentional and careful processes involved in curating questions and responses. Including collaborating with women experiencing long-term homelessness, as well as those working in gender-specific homeless serving organizations over Zoom for several months, for the purposes of survey design. A trauma-informed approach was used to develop questions and answers that did not replicate harm or reinforce deficit focused narratives.

I borrowed from these surveys (Schwan, Vaccaro, Ali, Reid & Baig, 2022; Paradis et al, 2022) to develop a ten-question housing and demographic questionnaire (APPENDIX 5: Housing and Demographic Survey) was for the WESH project. I was intentional in keeping this brief, and only collecting the data that felt pertinent to the project and important for broader advocacy work. One open-ended question was used on the survey which asked participants to tell me about the best place they have ever lived. This kind of open-ended question elicited important dialogue about meaningful past experiences of housing that has felt supportive.

Prior to beginning the creative mapping workshops, each participant was invited to complete the housing and demographic survey (APPENDIX 5: Housing and Demographic Survey). To do this in an accessible way, I shared the survey using the share screen feature on Zoom and read the questions and responses out loud. Participants were reminded that they could decline to answer any questions without it impacting their ability to participate in the creative mapping workshop. Despite this reminder, all participants chose to answer all ten of the questions asked on the housing and demographic survey.

5.6   Preparing for Creative Mapping Workshops:

This section explains the process for preparing for creative mapping workshops including pursuing funding, identifying community partner sites, determining inclusion criteria, working with a community co-researcher to refine the creative mapping workshop guide, navigating the research ethics process during the pandemic, and preparing creative mapping workshop kits for participants.

5.6 a.) Funding:

In February of 2021, I was successful in receiving funding from McMaster University's Codesign Hub ($5,000) to support the WESH project. Receiving this funding gave me the resources needed to think creatively about negotiating the barriers to virtual participation for women living unhoused. Through the funding from the Codesign Hub, I was able to purchase a laptop for the project that was used to facilitate the virtual creative mapping workshops. The laptop was loaned to community partner sites so that participants and I could meet on Zoom for virtual workshops. In addition to purchasing the laptop, funding was used to purchase the supplies for creative mapping kits, cash honorarium for participants and to pay a community co-researcher to support with some of the planning and analysis phases of the WESH project.

5.6 b.) Identifying Community Partner Sites:

Four community partner organizations were involved in the Women Envisioning Supportive Housing project. To further protect the anonymity of participants, the community partner sites will not be named within this manuscript.

Site 1 - A daytime drop-in space (open 10am- 9 pm, 7 days a week) for unhoused women (2-spirited, cis and trans) and non-binary people over the age of 18, without children in their care. This space offers a safe place to rest during the day, access meals, laundry, showers, participate in recreational activities and get connected to a range of health and social services.

Site 2: An overnight drop-in space (10pm-1pm, 7 nights a week) for unhoused women (2-spirited,

cis and trans) and non-binary people over the age of 18, without children in their care. This space offers a place to sleep overnight, access to meals, on-site addiction support and washrooms.

Site 3: A transitional housing program offering temporary accommodations (up to 12 months), access to 24-hour on-site staff and a range of on-site supports for unhoused women (2-spirited, cis and trans) and non-binary people over the age of 18, without children in their care.

Site 4: A hotel being operated as a gender-specific emergency shelter during the COVID-19 pandemic) for unhoused women (2-spirited, cis and trans) and non-binary people over the age of 18, without children in their care.

These four organizations played an important role in sharing information about the study with potential participants, facilitating recruitment and facilitating the virtual participation of women in this project. All the participants participated virtually on-site in community partner sites, using the project laptop, and receiving their art-kit from the front-line staff. Unfortunately, the limitations put on recruitment because of the pandemic meant that I was unable to recruit and engage participants who do not access community-based organizations.

5.6 c.) Hiring a Community Co-Researcher:

Some of the funding provided by the Co-Design Hub at McMaster University was used to hire a community co-researcher. One community co-researcher was invited to participate because of her experience working as a policy consultant on the Community University Policy Alliance (CUPA) focused on gender-based housing that I led as a part of my doctoral fellowship, and her interest in gaining more skills relating to research and policy advocacy. She had a long history of street-level homelessness and at the time of the project, she was living in an independent market rent unit that she did not identify as sustainable. She had a range of experiences with accessing gender-specific shelters and drop-in spaces, as well as Indigenous specific housing providers. As a Métis woman, she

also brought an important lens to her analysis of housing and support and broader systems-level issues.

Due to a limited project budget and the importance of adequately compensating people for their labour, the co-researcher's involvement occurred at two important junctions throughout the project including: preparing for creative mapping workshops and the analysis phase. This section describes the role of the co-researcher in supporting the WESH project during the preparation stage.

When I began preparing the creative mapping facilitators guide, I met with the co-researcher weekly for four weeks. During these four meetings, we co-developed activities that would be engaging and would elicit the kind of data needed to reconceptualize gender-specific housing and supports. Some of the key activities that the co-researcher assisted with included: gathering images for the photo elicitation activity (Activity 1.3), recommending, and developing the supports map (Activity 3.1/3.2) and compiling the list of 'fill in the blank' questions used during the co-designing policies and practice component (Activity 2).

Once the creative mapping guide was finalized, I dropped off an art-kit to the co-researcher and we facilitated a mock virtual creative mapping workshop with her acting as the participant, and myself, as the researcher. This was an invaluable learning experience for me and helped us to identify several aspects of the facilitators guide that needed further refinement and amendments. In addition, the co-researcher made several important suggestions on how to put the creative mapping kit together in a way that was more accessible and intuitive for participants moving through the workshop activities – including providing an art pouch to store the completed artwork in as we moved through the workshop.

In addition to co-developing and revising the creative mapping facilitators guide and kits, the co-researcher also made recommendations to the recruitment materials. It was her idea to create a brochure that could be distributed to participants, rather than just a poster to be posted within

community partner organizations. Importantly, she also assisted with refining the language and wording used to describe the project throughout the recruitment materials.

5.6 d.) Inclusion Criteria:

The WESH project sought to engage approximately twenty participants who were interested in co-theorizing about gender-specific co-housing and support. All participants needed to be 18 years of age or older; and living in Hamilton, Ontario at the time of the research. Participants needed to self-identify as someone accessing housing and support services through the 'women's' service sector. Gender diverse people inclusive of trans-women, trans-men, 2-spirited, gender non-conforming, and non-binary identities, are often served by women serving organizations given the binary gendered focus of housing and homelessness services. All participants were eligible regardless of their gender-identity, if they identified as accessing women-specific support services.

Women's experiences of homelessness had to fit the federal definition of 'chronically homeless' (Government of Canada, 2024), which means that they were currently experiencing an instance of homelessness lasting six or more consecutive months. While two participants were housed at the time of the research, they were still accessing supports in the emergency shelter system because they felt their housing was not safe or sustainable.

Only participants without children in their care were eligible to participate. This was because of the project's intentional focus on reimagining housing and support for women without dependent children in their care. Given the limitations on offering translation during the virtual creative mapping workshops, all participants had to be English speaking. It is important to note that this inclusion criteria did not exclude any prospective participants.

Most importantly, all participants must be interested in living in a gender-specific supportive housing program. To provide context around this, a definition of gender-specific co-housing was used to explain this concept. If participants identified their housing preference as being a fully independent,

affordable or market rent housing unit, they were not invited to participate in the study. This excluded two prospective participants whose preferred housing was independent market rent unit.

6 e.) – Research Ethics Considerations:

Ethical clearance for the Women Envisioning Support and Housing (WESH) project was granted by McMaster University's Research Ethics Board (MREB) (#5315). However, the process of obtaining research ethics during the COVID-19 pandemic posed unique challenges. This section describes some of the unique ethical concerns related to my research project.

COVID-19 Protocols and Precautions: Given that my data was collected during the COVID-19 pandemic (Spring 2021), the McMaster Research Ethics Board had put a pause on any in-person research activities. I had an exploratory meeting with the MREB in the Winter of 2021 to determine if there were any projections or estimates on when in-person research might be permissible, and what this would look like. During this exploratory conversation, I was made aware that once in-person research was permitted, the MREB at McMaster University was considering still mandating virtual research for people with pre-existing health conditions that placed them at an elevated risk for increased COVID-19 complications. Given the complex health conditions experienced by most women experiencing long-term homelessness, it became very clear to me that I needed to shift to a virtual approach. Although the WESH study was able to pivot to a virtual structure for data collection, there were still unique ethical concerns relating to COVID-19 transmission that the MREB requested that I think through and negotiate as a part of the ethical process.

The key concern for the MREB centred around the sharing of a project laptop, and around my going to community partner sites to drop off the art-kits and project laptop. I had to specify that all the dropping off and picking up of the art-kits and project laptop, would be done in accordance with the COVID-19 guidelines relating to social distancing and mask wearing. I was prohibited from

entering the community partner organization, and therefore had to meet the community partner designate in the parking lot, maintaining six feet of distance.

Each art-kit contained of all the necessary materials necessary to complete the virtual creative mapping workshop, therefore none of the art materials were shared amongst participants. The art-kit was kept by the participant, and only the artwork created during the workshop was picked up. I had to specify to the MREB that I would wait three days before opening the bag with the artwork in it, to limit the risk of COVID-19 transmission.

The only item that was shared amongst participants was the project laptop. Within the MREB application, I had to specify that each organization would have a front-line staff or student within the organization assisting with the virtual creative mapping workshops. It would therefore be the responsibility of the person assisting to ensure the project laptop was sanitized using Lysol wipes provided with the art kits and project laptop. As two participants used the project laptop per day, it was the responsibility of the community partner designate to ensure the laptop was thoroughly sanitized before being used by another participant.

This level of concern from the MREB about COVID-19 transmission was quite paradoxical considering that the women in my study were living unsheltered and in communal settings during the pandemic. Despite my advocacy work around this, there was no leniency from the MREB relating to the COVID-19 protocols and precautions.

<u>Navigating dual roles and conflict of interest:</u>

Another key ethical concern was negotiating and navigating perceived dual roles and conflicts of interest, for both myself, and the participants. As previously stated, I have worked in Hamilton for over ten years in gender-specific shelters, housing, and drop-in programs. While I view my long-standing relationships with the women at the centre of this project as a strength in my research

process, I do recognize how power dynamics, my intimate knowledge of women's lives and the ways prospective participants might have felt obligated to participate create complex ethical concerns. During the COVID-19 pandemic, I had stepped away from front-line work because of my own caregiving responsibilities. Not currently working within the gender-specific housing and homelessness services in Hamilton did help to minimize potential conflicts of interest with both prospective participants as well as community partner sites. Despite not holding a front-line position at the time of the research, I have had historical relationships with many of the participants. Many participants and I identified one another easily, often during the initial pre-screening phone conversation. If a participant did recognize me, I would explain that my role had shifted to research and advocacy work, and that as I focused on completing my doctoral work, I was no longer in a position where I was providing front-line services. I also let participants know that it would be me conducting the virtual workshop, and if they were not comfortable with this, it would not impact our relationship or the services they might receive from me in the future. This was well understood by participants.

My familiarity with the lives of many women who participated in the WESH project created some instances where participants would begin a story by 'you remember when X happened.' During the creative mapping workshops, I often found myself asking participants for additional explanation and clarity. I often had to remind participants that although I did remember the details of their lives, I could not use that knowledge in the research process and so, if they wanted aspects of their story included in the research, they would need to reshare the details they wanted included. Sometimes during the creative mapping workshop, these lines did blur. I often found myself reiterating that I was no longer working in a front-line capacity and ensuring that participants knew the resources available to them in the community partner sites they were accessing, and this was well understood by the participants. I also ensured that participants knew they could withdraw at any

time during the study, and this would not impact their ability to access supports or services from me in the future if I were to go back to a front-line role.

Involving a Community Co-Researcher: Hiring a community co-researcher was an important part of my research design, however it did pose some unique ethical considerations. My co-researcher had experienced homelessness for 12 years in Hamilton, and therefore knew many of the prospective participants through the communities she was a part of, and the services she has accessed. In addition to navigating potential dual roles, she was also navigating the responsibility of taking on a leadership role in research and advocacy that was very close to her own lived experiences. Prior to beginning the project together, we had a candid conversation about how to best facilitate her meaningful participation.

To mitigate potential conflicts of interest and dual roles amongst the co-researcher and the prospective participants, it was decided that the co-researcher would not participate in data collection. She knew many of the women who experience long-term homelessness, and sometimes had complicated relationships with women in the community. During the analysis phase, to protect the confidentiality of WESH participants, the co-researcher only ever viewed anonymized and de-identified data, including excerpts from transcripts and creative maps. The co-researcher was not aware of who from the community participated and did not have access to the housing and demographic survey that could easily identify participants. All participants were informed that a co-researcher would be assisting with participatory analysis and would only view anonymized data.

As the community co-researcher had worked on another participatory project focused on gender-based housing and homelessness, in the role of a community policy consultant – she had developed some self-awareness and reflexivity about how to negotiate working in such proximity to the issues that had shaped her lived experience. She was able to share with me some of what she needed to feel well supported during the project including, reading material, training, and access to technology. She

also identified some content areas that she finds extremely triggering and requested not to review transcript experts that focused in those subject areas. Furthermore, she identified some of her own strengths and together we were able to map out a way of participating as a co-researcher that capitalized on her strong analytical capabilities and skillset.

5.6 f.) Preparing Creative Mapping Kits:

Prior to beginning begin data collection, I prepared creative mapping kits that included all the material and supplies necessary to facilitate the virtual workshops. All the art supplies were gifted to participants.

Each creative mapping kit contained the following items: brown crafting paper, blue printing paper, one set of markers, one set of pencil crayons, pens/pencils, images of the external infrastructure of permanent supportive housing in Canada and internationally, two small canvas', glue sticks, blank mind map for support mapping.

In addition to the creative mapping supplies, the creative mapping kits contained the cash honorarium, the honorarium log and some comfort care supplies for women including juice, snacks, hand lotion, and other personal care items.

5.7   Doing Creative Mapping Workshops:

This section describes the process of doing the creative mapping workshops including community partners roles in facilitating access, recruitment, the initial contact with participants (including information sharing and pre-screening), gathering informed consent, the praxis of the creative mapping workshops, debriefing/supporting participants post-interview, and the honorarium.

5.7 a.) Community-Partners Role in Facilitating Access to Technology and Supplies for Virtual Workshops:

Each of the community partner sites designated one person responsible for supporting with the creative mapping workshops. At some of these sites, it was a student on placement and at other

sites, it was a member of the front-line staff team. This person served as a key contact for the project within the organization. Their willingness to support navigating the complexities of doing this project during the pandemic is what made data collection possible and is a testament to the power of strong partnerships with community-based organizations.

The role of the key community partner included helping to prepare for the workshops. We met outside for a 'distanced COVID drop off' of the project laptop, the creative mapping art kits (including honoraria) and the study brochures (APPENDIX 1: Study Brochure).

They distributed the study brochures widely to prospective participants accessing the organization and when necessary, read the brochure to women. For interested women, the community partner often supported with facilitating access to a telephone for participants to call me about the project. Following the enrolment of participants in the project, the community partner led signed participants up for a workshop time slot (often the next day) on the document I provided. During the creative mapping workshops, they were responsible for setting up the laptop and connecting to the Zoom meeting, either in a private space within the organizations or the participants private room, giving the participant the creative mapping kit, and troubleshooting technological issues throughout (and often!). When the workshop was over, their role included collecting and securely storing the returned creative mapping activities, getting the laptop back from the participant and sanitizing it in accordance with the policy agreed upon with the MREB. Following the completion of all creative mapping workshops at a community partner site, I would return for a 'distanced COVID pick up' of the laptop and the creative mapping kit packs which included all completed art activities and a signed receipt of the honorarium form.

Without the willingness of community partner organizations and the staff and students who work within these programs, the WESH project would have been logistically impossible to conduct during the pandemic. I am eternally grateful for their support, rooted our shared belief that it is worth the

effort it takes to meaningfully involve the perspectives and ideas of women experiencing complex homelessness, in research and advocacy efforts around reimagining alternative forms of housing.

5.7 b.) Recruitment:

A brochure about the WESH project was developed in collaboration with the co-researcher and copies were distributed to the four community partner sites (APPENDIX 1: Study Brochure) two days before I was scheduled to begin virtual workshops with that partner organization.

The brochure included information about the study objectives, the virtual creative mapping methodology and the focus on co-developing a model of gender specific co-housing. On the study brochure, it asked that prospective participants call me to discuss their involvement in the project, if they were interested. Community partner organizations made telephones available for women to use, as well as private spaces to make these phone calls and have these conversations.

It is important to note that I had more interest at each community partner site than I was able to accommodate given the project budget – which speaks to women's interest in participating in projects focused on social change.

5.7 c.) Initial Contact with Prospective Participants: Information Sharing and Pre-Screening

The initial phone conversation was used to provide additional information, complete the eligibility pre-screening questions, read the Letter of Information, and gather informed consent. I began the telephone call by thanking them for their interest in the study and introducing myself and my orientation to this work. Several of the participants and I were able to identify one another through this initial phone conversation. In these instances, we often spent some time having an informal conversation and catching up.

I then would provide some additional information about the study including what gender specific co-housing is, the virtual creative mapping method and the rationale for doing this work, including

how it filled the gap in broader research and that it was a required part of my doctoral work. I asked participants if they had any questions about the project or the process and answered any of the questions that they had. Many of the prospective participants had questions about the virtual aspect of the study and asked me to explain the Zoom technology. A lot of the participants had not had experience using video conferencing up until this point. All the participants were still eager to participate despite some having some questions and reservations about the technology.

Participants who interested in being a part of the project after I had the chance to answer their questions and provide additional information were then asked five pre-screening questions based on the inclusions criteria (APPENDIX 2: Pre-Screening Tool). The pre-screening tool maps onto the inclusion criteria and asks questions relating to age, length of current instance of homelessness, capacities for participating in English and whether participants had children in their care.

The fifth question was the most pivotal and was centred around gauging participants long-term housing goals and understanding if they saw themselves living in gender-specific co-housing, if this was an option available on our gendered housing continuum in Hamilton. This question elicited the most discussion from prospective participants, however only two participants were deemed illegible to participate based on their answer to this question. Both were actively seeking affordable independent housing and did not identify as needing the types of 'support' typically provided in this housing typology.

If participants were eligible based on their answers to these questions, I would invite them to hear the Letter of Information and Consent questions read out loud or receive this information printed out from a community partner site prior to signing up for a workshop. Almost all the participants wanted to hear this information read outload on the phone, which elicited more conversation and questions about the research purpose, process and how information would be shared.

Participants signed up for a workshop timeslot, typically scheduled for the day after they expressed interest in the project. Providing a day in between expressing interest and conducting the creative mapping workshop was intentional. It allowed participants to give a bit more thought to any questions they had about their involvement or the study, and it gave some time for participants to begin thinking about their ideas for gender-specific co-housing.

5.7 d.) – Gathering Informed Consent:

Each creative mapping workshop began and ended by gathering informed consent from the women who were participating. Participants were read the Letter of Information (APPENDIX 3: Letter of Information) and completed the Oral Consent Script (APPENDIX 4: Oral Consent Script) on the phone during the pre-screening, and again at the beginning of our creative mapping workshop. Participants consented to the Oral Consent Script (APPENDIX 4: Oral Consent Script) during the beginning of the creative mapping workshop. At the end of each workshop, participants were re-asked the questions on the Oral Consent Script (APPENDIX 4: Oral Consent Script), asked if there were any sections from the creative mapping workshop that they wanted me to omit from the transcript and reminded about the process for withdrawing their data from the study. Participants were provided with my phone number and made aware that they had six months to decide if they wanted to withdrawal their consent to include their findings. Participants were made aware if they decided to withdraw their consent, I would destroy their contributions (including their artwork and transcript) and they would still be able to keep the honorarium. None of the participants withdrew their data.

5.7 e.) - Praxis of the Creative Mapping Workshops:

This section explains in detail the praxis of the creative mapping workshops. I draw directly from the Creative Mapping Facilitators Guide developed for the WESH project (APPENDIX 6: Creative Mapping Facilitators Guide) to explain the process and praxis, as well as each creative mapping

activity including the creative mapping supplies provided, the educative component, the prompt or research question, and the creative activity.

Aligned with Budworth (2023)'s conceptualization of a flexible approach to researching with communities, the framework for virtual creative mapping workshops was a script that was loosely followed. In terms of the educative component, this was facilitated dialogically in a way that created intentional space for questions, reflections, and inquiry.

While the workshop was conducted using Zoom, none of the record features on Zoom were utilized. The entire creative mapping workshop was audio recorded using a handheld audio recorder that I placed beside my laptop during our Zoom meeting. Although participants were informed that they did not need to be on camera if they did not want to and were shown how to shut off the video camera, all the participants chose to be on camera for the workshop.

Workshop lengths varied with the shortest being 42 minutes and the longest being over 4 and a half hours. On average, workshops lasted about two hours. While participants were encouraged to take breaks as needed throughout, an intentional 15-minute break was offered between modules two and three, which was typically the halfway point.

Each creative mapping workshop began with introductions, and as mentioned previously, many of the participants were familiar to me because of my history working in gender-specific organizations. Introductions often led to informal conversation and processes of 'catching up', as women updated me about their lives and current circumstances. This section of the creative mapping workshop was not audio recorded. The recorder was turned on when we got to reviewing the Letter of Information (APPENDIX 3: Letter of Information) and Oral Consent Script (APPENDIX 4: Oral Consent Script).

Letter of Information and Consent: Prior to beginning the creative mapping workshop, I re-read the Letter of Information (APPENDIX 3: Letter of Information) and the Oral Consent Script

(APPENDIX 4: Oral Consent Script). All participants were encouraged to ask questions about the consent process. In addition to providing oral consent, all participants were asked to choose a pseudonym to be used when sharing the findings.

Housing and Demographic Survey: Following the consent process, I completed the ten-question housing and demographic survey with each participant. I did this by sharing the survey using the share screen feature on Zoom so that participants could see the questions and choices of response. I read each question out loud as well as the potential responses and filled the survey out for the participant during this portion of the creative mapping workshop.

Familiarizing with Zoom and the Creative Mapping Kits and Receiving the Honorarium:

The next step of the creative mapping workshop was to familiarize participants with the features of Zoom, including the feature to turn off the camera if that was their preference. All participants were also given the cash honorarium at this point in the study. The honorarium was inside the creative mapping kit, and participants signed a receipt of honorarium form that was handed in with the artwork. Participants were then encouraged to explore the creative mapping kit supplies, prior to getting started with module one.

There were four overarching modules that were covered the creative mapping workshops including: 1.) Space and Place, 2.) Co-designing Policies and Practices, 3.) Mapping Support and Conceptualizing Community, Care and Participation 4.) Key Reflections and Messages for Social Change

Module One: Space and Place - The intention of the first module was to explore participants preferred geographical location of housing, preferred infrastructure of co-housing and their ideal design of individual and communal spaces.

Activity 1.1: Geographical Location

Creative Mapping Supplies: brown crafting paper, markers, pens, pencil crayons

Educative Component: There is no clear consensus in existing research about the best place to locate permanent supportive housing. There are also very few research studies that I have found that ask women experiencing homelessness about their preferred location of housing. This means that non-profit housing developers are developing housing for women – without key insights about their geographical location preferences. In my conversations with women, some women tell me they want to live in the down-town core, close to bus-routes, available supports, and in walking distance to other amenities. Other women report wanting to live in rural areas, connected to nature and away from what goes on in the downtown of urban centers. It is important that this research addresses that gap in knowledge for housing developers by offering insights, perspectives and ideas from women experiencing homelessness about their preferred geographical location.

Prompt: I want you to imagine your preferred housing. Where would it be located? What would you want to be near-by? What kinds of places, spaces or people would you like to be close by? What would you want your neighborhood to be like?

Creative Mapping Activity: Take some time to draw a map of the geographical location of your preferred housing. Label the places, people, and things you would want to be nearby.

Activity 1.2: Infrastructure of Co-Housing

Creative Mapping Supplies: 15 printed out images of the exterior of existing co-housing programs depicting a range of images including walk-ups, houses, apartments, tiny houses, etc.), markers, cardboard, and glue.

Educative Component: You are looking at photos of co-housing programs that exist, in Canada and Internationally. There are a lot of different ways to design co-housing as you can see. Some of these images use existing infrastructure and repurpose it into co-housing, others are more traditional like apartment buildings, shared houses or walk ups. Some are very different, like tiny houses. I cannot find any research that asks women experiencing homelessness, who want to live in co-housing, about their preferences of infrastructure design. How a co-housing space is designed is important – it ultimately

impacts the ways individual and shared space is organized. Each infrastructure design has positives, benefits and draw backs – and everyone will have their own preferences in terms of the kind of co-housing building they would like to live in.

Prompt: I want you to think about how you would imagine designing a co-housing space for a group of women. I want you to look at the photos of examples that currently exist, and reflect on what aspects of each you either like or dislike? What images are you most drawn to? If there is nothing here you like, what other ideas do you have for the structural built of co-housing?

Creative Mapping Activity: Take some time to sort through the images and think about each one. If you want to make a collage on the board, you can. You might decide you want to share your initial reactions with me about each of the images- that would be great. You can use any of the photos that I have provided you with, you can also draw out your preferences, or draw/label the photos that I have provided to indicate what aspects of each build you prefer or dislike.

Activity 1.3 Designing Individual and Communal Space

Creative Mapping Supplies: Blue-printing paper, crafting paper, markers,

Educative Component: Space is expensive in Hamilton, and unfortunately it is only getting more expensive. A 1-bedroom apartment in Hamilton, Ontario costs about $1716 on average, while a 2-bedroom apartment is $2106. The reality that space is expensive means that affordable housing tends to be small. When we look at what is available in Hamilton in terms of supportive housing run by non-profit housing providers, the average size of a one-bedroom apartment is 450 square feet. Some Some supportive housing units in Hamilton are as small as 390 square feet. To visualize this, imagine a standard two-car garage – these tend to be about 400 square feet. It is not a huge space, but it can be functional and cozy. What makes limited space more manageable in supportive housing is access to on-site amenities in communal spaces. Some supportive housing programs have on-site laundry, large communal kitchen spaces, lounges, reading rooms and craft rooms. Others have gardens, outdoor space, fitness centers and spaces for cultural activities like smudging.

Prompt: I want you to think about how you would want your space to be used. How would you want your individual apartment to be designed?

Creative Mapping Activity: I want you to label how you would want to design your individual space using the blueprint provided. (ex: divide up space for a kitchen, bedroom, living space, etc.). On the outside space on the blue-printing paper, I want you to consider the kinds of communal space you would value having available to you in gender-specific supportive housing.

Reflection Questions: Can you explain what you have created to respond to each of the activities in this module? What themes do you see emerging in relation to housing and support? How does this connect to your own lived experience? What do you see as some of the most important aspects, about your preferred space and place of housing? Is there anything else that feels important to address relating to space and place that we did not cover or discuss yet?

Module Two: Codesigning Policies and Practices - The second module was focused on codesigning a set of policies and practices for gender-specific cohousing with participants. In doing so, participants were encouraged to reflect on the values and philosophies that should underpin gender-specific co-housing.

Activity 2.1: Fill in the Blanks – Tenancy and Co-Housing Agreement

Creative Mapping Supplies: Not applicable – verbal activity

Educative Component: To live in housing where you are protected by the law and have legal rights to your dwelling. you need to be living somewhere governed by the residential tenancy act (RTA). The RTA provides a framework for landlord and tenant relations and governs the rights and responsibilities that both parties have to one another. It outlines a series of legal and binding agreements including what is included in your rent, how much your rent costs, and the responsibilities of both the landlord and the tenants. Transitional housing and emergency shelters operate outside of the RTA, which is what allows these programs to ask residents to leave without

due process even if program fees have been paid. Many programs offering supportive housing operate under both a lease, and a program agreement. The program agreement outlines the ways in which you can expect to receive support and live in community. It also outlines the ways your neighbours should behave and live in community. Program agreements are different than lease agreements and often refer to things such as guests, and over-night guests, monitoring the entrance of the building, on-site support and programming and include basic expectations for individuals living in co-housing communities.

Prompt: I have put together a series of fill-in the blank questions to gain insight into your preferences around a tenancy and co-housing agreement. These questions have been drafted based on reviewing a series of lease agreements and program agreements of gender-specific co-housing programs. I am hoping to get your insight on some of the pressure points in gender-specific co-housing including policies around guests, drug use on-site, conflict between tenants and when eviction should be considered.

Creative Mapping Activity: Participants were invited to respond orally to a series of fill in the blank questions.

Reflection Questions: What themes do you see emerging in your tenancy and co-housing agreement? How do these themes and ideas connect to your own lived experience? What do you see as some of the most important aspects of the policies and practices governing gender-specific co-housing? How do your ideas for the program and policies align with (or not align!) with the values and philosophies you indicated as important to you?

Module Three: Mapping Support Needs and Conceptualizing Community This module focuses on working with participants to conceptualize the 'supportive' element of gender-specific co-housing by exploring support needs, on-site support desires, conceptualization of community

and social connection as well as imagining the role that participants could play in designing and delivering support to one another.

3.1 Mapping Support Needs

Creative Mapping Supplies: Guided Brainstorming Tool: Supports, pens, markers, pencil crayons.

Educative Component: Supportive housing is different than traditional market-rent housing because it caters to people who have support needs and desires that sometimes impact their unique preferences relating to housing, and how they meet their healthcare, practical and socio-emotional support needs. This kind of housing often caters to people who have been excluded from traditional models of housing and support.

Prompt: I want you to think about your every-day support needs. This might include practical things, support with cleaning, preparing meals, or support with monitoring your medication. Or, it might include other kinds of support, like having someone there to talk to, or a good neighbour you can rely on. We all need help and support from lots of people, places and things to sustain our every-day needs.

Creative Mapping Activity: Take ten minutes or so, and brainstorm a list of your housing, health, and support needs. Consider everything you might need. You can write or draw or share this with me verbally.

3.2 Mapping On-site Supports

Creative Mapping Supplies: Guided Brainstorming Tool: Supports, markers, pencils, pens.

Educative Component: Supportive housing is different than market-rent housing because it has on-site amenities and supports. For example, a gender-specific co-housing program in Calgary has a managed alcohol program, in-suite women's healthcare, a collective kitchen with dinner service and 24-hour on-site staff. Another housing program in Vancouver has a gender-specific safe consumption site in one of their housing buildings, a library, and an art-workshop and shop, meal-

service and on-site staff. Some other programs have on-site medical-care providers, yoga and fitness studios, and daily arts-based, therapeutic, and recreational programming. Other programs organize daytrips and transportation to the grocery shops. These are just a few examples of what exists across Canada – but anything is possible!

Prompt: I want you to look back at your map of your daily support needs. I want you to think about the kinds of on-site amenities you might like to have available to you in gender-specific housing, to meet your self-identified 'needs', and consider, what else you might like to have available to you.

Creative Mapping Activity: Develop a list of on-site supports, you can either write them down or draw them or say them out loud.

Module Four: Community and Social Connection:

4.1 Symbol for Community/Social Connection

Creative Mapping Supplies: Markers, craft paper, canvas, pens, pencil crayons

Context Setting: Very little is known about the ways women and gender-diverse people imagine community and social connection – although it emerges as an important element in good housing and support.

Prompt: I want you to think about the concept of community and social connection. Take a few minutes to reflect on what this means to you. What does it mean? What would it look like? Is it important to you?

Creative Mapping Activity: Create a symbol that depicts your conceptualization of community and/or social connection.

4.2 Recommendations for Meaningful Participation and Leadership

Creative Mapping Supplies: Crafting paper, markers, oral narratives

Educative Component*:* There is an abundance of research and advocacy work that focuses on the meaningful involvement of people with lived experience in shaping housing and support programs, through both mutual-aid initiatives (helping one another) and taking on co-leadership of building operations and other support services. For example, a gender-specific housing program in British Columbia trains women living in the building, in painting, maintenance and repairs. They receive paid work in the building they live in, and across other buildings owned and operated by the housing provider. Another program has a 'house mother' role, where a woman living in the building is hired to assist overnight with providing support to tenants as needed. Some buildings have paid roles for people who live there to take on tasks such as cooking, facilitating groups and workshops and providing peer support and others have Boards comprised of tenants who make decisions about the daily operations and on-site supports offered.

Prompt: There are many ways for residents to take on support and leadership roles within gender-specific co housing, and ways of providing mutual aid to one another. I want you to think about your role in this kind of housing, would want to be involved in making decisions, supporting other residents, and supporting with the daily operations of the building?

Creative Mapping Activity: Reflect on some of the ways you are already participating in providing support to other women experiencing homelessness in your community. Either draw, write, or talk about the role that you imagine having (if any) if you were to live in this kind of housing arrangement.

Closing Reflection Exercise The final activity was dialogical and did not involve any art creation. This module focused on inviting participants to reflect on the ideas and thoughts that emerged for them during the creative mapping workshop. In lieu of being able to do a robust participatory analysis process with participants, these questions were intentionally designed to invite participants to begin identifying some of the key themes and making connection between emerging themes and

lived experiences. Importantly, the final question invited all participants to craft a key message to policy makers, decision makers and housing developers about the development of gender-specific co-housing.

1. Look at the art that you have created during our workshop and reflect back on the conversation we have had here today, what are the main themes or messages that came across in your creative map?

2. When you consider some of the main themes you identified at the end of each of the three modules, how do you see these times connecting to your own lived experience and identity?

3. We only were able to cover a few components of what makes housing and support meaningful and sustainable for women, is there anything else that you think that is important that was not covered during the workshop?

4. What is your key message to policy makers, decision makers and housing developers, relating to developing good gender-specific co-housing?

These questions concluded the interview, and participants were thanked for their time and contributions.

5.7 f.) – Debriefing and Supports:

When the interviewed concluded, I checked in with all participants to see how they were feeling, and if they needed any additional support. I also checked in to ensure that participants were still willing to let me include their data in the study. All the participants identified not needing additional supports and re-consented at the end of the creative mapping workshop. While none of the participants left the interview in a visible state of crisis, the topics covered for some participants centred around experiences of grief, loss, and trauma. All participants were provided with a list of resources they could reach out to for additional support or debriefing if this need arose for them.

5.7 g.) - Honorarium:

All participants received $80.00 cash for participating in the Creative Mapping workshop. This amount was chosen to reflect the labour involved in participating, including for some women traveling to the community partner site to join the workshop. As interviews typically lasted two hours, this amount was justified. In addition to the honorarium, participants were able to keep the art supplies and comfort items provided to them in the creative mapping kit.

5.8 After the Creative Mapping Workshops: The Analysis Phase

This section describes what happened after the creative mapping workshop concluded, including: my process of familiarizing myself with the data, participatory analysis with a co-researcher, and approach to critical reflexive thematic analysis. The WESH project generated three distinct and interconnected types of data, including the visual data from the creative maps, survey data from the housing and demographic survey and the transcribed narrative data generated during the creative mapping workshops. Drawing on Rose (2007), Braun and Clarke (2006; 2019; 2022) and feminist scholarship (Acker, 2000; Fraser & MacDougall, 2017), I developed a critical approach for interpreting visual and narrative data through a participatory process as well as highly reflective process. This process deeply considered the intersecting identities of participants and allowed me to tell a story about each creative map uniquely, in ways that are reflective of the lived experience of its creator as well as a story about the broader themes and recommendations emerging relating to gender-specific support and housing.

5.8   a.) Familiarizing myself with the data:

The first step in Braun and Clarke's (2006) framework for reflexive thematic analysis is that the researcher deeply familiarizes themself with the research data. Bryne (2021) who draws on the work of Braun and Clarke (2006) describes familiarisation as reading and re-reading the entire data set to become intimately familiar with the data, noting this is a necessary first step towards identifying

appropriate information that may be relevant to the research questions. My process of data familiarisation took several months given the breadth of data collected during the WESH project. I began with manually transcribing each one of the twenty-one interviews, which I viewed as an important, albeit time consuming task. Bryne (2021) notes that researchers who manually transcribe their own data can often become greatly immersed in the data through this process. I read each transcript over in its entirety and similarly to Bryne (2021), took note of my initial observations and passages that I was drawn to within the transcript. I took notes in my journal to capture my thoughts and feelings about each transcript, both the data and the process, noting any key themes or messages occurring within the transcript.

As the WESH project is grounded in a critical feminist approach, it was of importance that my analysis phase was grounded in the intersecting identities of participants. To do this, I decided to compile short biographies for each of the twenty-one participants using the data gathered from the housing and demographic survey (see Chapter 6). I used a pseudonym picked by each participant to organize the biographies as well as the transcript and visual data. I began by developing an organizational template to ensure consistency across the biographies. This template provided a framework for organizing the survey data including age, length of homelessness, race/ethnicity, source of income, relationship to motherhood, interactions with institutions, disability, and health related data as well as the key message that participants would like to share with housing developers and policy makers.

Following transcribing the transcripts and developing the short biographies, I then began to compile the visual data. I began by photographing all the creative contributions made by participants. As participants created multiple creative contributions during the creative mapping workshops, I wanted to find a way to put these together in a format of a map/collage. I used an online software called Canva to put together each participants creative contributions into a 'creative map.' By

developing these creative maps, I was able to view the entirety of the participants creative map and share the maps in their entirety. Both of which were incredibly important to my analytical process. The entire process of data familiarisation took several months. It involved transcribing each of the twenty-one audio recordings from the creative mapping workshops, developing twenty-one biographies and compiling creative maps. By deeply immersing myself in this process and taking notes in my journal along the way – I was able to develop a comprehensive understanding of the data generated from the WESH project.

5.8   b.) Participatory Analysis with a Co-Researcher:

I believe that participatory analysis is a cornerstone of good FPAR, however limitations on gathering in person because of the pandemic restrictions created barriers to doing this in a robust way during the WESH project. However, I was able to develop a meaningful process where I worked closely with a community co-researcher for the purposes of participatory analysis.

Once the WESH project had concluded data collection, I was able to gift the project laptop to the community co-researcher. This allowed her to participate in the analysis phase more fully as prior to this, she was meeting with me via a tablet and did not have access to any word processing software. Given the potential conflict of interest of the Co-Researcher, she engaged with fully de-identified data that was organized using participants chosen pseudonyms and devoid of any identifiable information.

Using the broad conceptual frameworks presented by Rose (2007) for a critical approach to analyzing visual data and my previous work engaging co-researchers/peer researchers in visual participatory analysis (Vaccaro, Greene & Kaida, 2019), I developed a process of participatory analysis that was aligned with the needs of the study and the interests and expertise of the co-researcher. Rose (2007) notes that there are multiple sites of analysis for visual data, including the processes, practices and knowledge generated by the participants in arts-based research. Grounding

our analysis in a critical approach, the interpretation of visual images seeks to consider and reflect the range of legal, economic, social, and political relations, institutions and practices that surround an image and construct the ways it is created, understood, and used (Gastaldo, Magalhaes, Carrasco, & Davy, 2012; Rose, 2007).

To begin the process of participatory analysis, I uploaded photographs of all the individual art pieces created by each participant onto a shared encrypted drive. Each participant had their own folder and was organized using participant pseudonyms. Within each participant folder, the art was organized in response to the three modules including: blue printing, space, and place; co-designing policies and programs, and support, community, and care. In addition to the artwork, excerpts of the transcripts that spoke directly to the artwork were also uploaded, and any information that could identify participants was redacted. The process of participatory analysis began by the co-researcher reviewing all the creative map artwork and transcript excerpts. Following her review of the data, we had two in-depth reflexive dialogues over Zoom where we discussed some of the key themes that were emerging for us both during as we were becoming more familiar with the data.

Following this familiarization process and reflective dialogue, the co-researcher was asked to fill out an analytical template (Appendix 7: Participatory Analysis Template) for each module that participants completed. The template included the participant pseudonym, module, all drawn content, all written words, and a space to offer analysis including practical/descriptive analysis, interpretive analysis and analysis relating to similarities and differences across the modules.

Once the co-researcher had completed half of the templates, we met for a Zoom meeting to discuss emerging themes. Once she had finished with the entire data set, we met again for a longer Zoom meeting to discuss the findings, compare notes on emerging themes and discuss the implications and next steps. I found these meetings and her insight into the analysis invaluable. Importantly, she was

able to bring in her own lens and worldview as an Indigenous woman into the interpretive analysis of the findings.

Our participatory analysis meetings involved reflecting on the key themes we saw emerging including the importance of nature and green space when designing housing for women, the simplistic housing designs, the importance of communal space and community and the ways women conceptualized of a high level of embedded support services within their housing. These themes were subsequently used as I began my own process of critical reflexive thematic analysis.

5.8   c.) Critical Reflexive Thematic Analysis:

Drawing on the work of Braun and Clarke (2006; 2019; 2021; 2022), I then began my own process of critical reflexive thematic analysis. Braun and Clarke (2021) describe reflexive thematic analysis (RTA) as *'a theoretically flexible method for developing, analyzing and interpreting patterns across a qualitative dataset'* (p.4). A central component of RTA is that analysis is not a neutral process, and that the researcher's positionality, knowledges and experiences are a central and important component to analysis (Braun and Clarke, 2021). Reflexive thematic analysis is considered a reflection of the researcher's interpretive analysis of the data, the theoretical assumptions of the analysis, and the analytical skills and knowledges of the researcher (Braun and Clarke 2019).

Feminist scholars such as Finlay (1998) and Fine (1998) have also written about reflexivity as central to the analytical process, and it is often described as a process of individual critical appraisal where themes are generated and understood through the researcher's lens, subjectivity and experiences. For my work, my lens and experiences were profoundly shaped by my experiences of front-line practice and my longstanding relationships with the women at the centre of my project.

Braun and Clarke (2021) outline four central components of RTA including, an orientation to the data, a focus on semantic meaning, an experiential and critical analysis, and the theoretical frameworks the researcher uses to understand the world and subsequently, the data. Each of these

four components helped to shape my approach to reflective critical analysis as I engaged more intentionally with the data set generated through the WESH project.

Using the key themes generated through the participatory analysis process, I began a more robust coding process using the software MAXQDA. I began by creating a code book that included the initial emerging themes that were identified during the participatory analysis process and continued to build out this codebook with more specify, depth and interpretation as I further immersed myself in the data and made connections amongst the participants. The initial themes generated through the participatory analysis process and my own first review of the data represented what Braun and Clarke (2021) would describe as a 'semantic analysis', exploring meaning on a surface level, drawing themes out that were explicitly identified and as a result, producing a more descriptive analysis of the data.

I spent several months working on the coding process, where I refined and further built out the key themes emerging across the data through what Braun and Clarke (2019) would describe as a 'latent analysis', focusing on exploring the underlying, covert, and implicit meaning of the data. This process required grounding my analytical work in the participants identities, experiences and histories, and relying on the participant biographies to make notes in MAXQDA about the ways who women were was shaping what was happening within the data. Furthermore, the process of semantic analysis required more deep thought about the implications of the data and its connections to the historical, socio-political, and daily realities of women's lives. This phase of analysis helped to strengthen theory-building, connection making and resulted in making more explicit connections between women's identities, experiences and ideas for housing and support.

Following the reflexive analysis phase, I began the process of writing up the findings section of this manuscript in ways that reflected an interpretive and descriptive approach. While the findings

section is organized by creative mapping modules, each section is also organized thematically incorporating visual, narrative, and biographical data.

Once I had a draft of the three findings sections, I reconnected with the project's co-researcher for her insight and critique. She read each section of the findings section and made important recommendations and contributions for strengthening the analysis and the implications for gender-specific housing development. Her involvement, participation, and insight in the analysis phase of this project was tremendously important and helped to strengthen the final product in a multitude of ways.

5.9   Conclusion: Potentials, Pitfalls and Lessons Learned

The concluding section describes my own reflections on the process and praxis of doing virtual creative mapping with unhoused women during the COVID-19 pandemic for my doctoral work. I consider some of the potentials of this methodological approach, as well as some of the pitfalls, and offer a series of recommendations for future FPAR scholars who are exploring the use of virtual creative methodologies in their work with communities who face barriers to participation.

I want to begin by acknowledging that conducting the workshops virtually worked out better than I could have ever imagined. I was able to have meaningful conversations with participants over Zoom and gather a rich and robust narrative and visual data set. The women who participated in the virtual creative mapping workshops were incredibly generous with their time and knowledge and offered in-depth interviews and thoughtfully engaged with the creative mapping activities.

I would be remiss if I did not offer a candid reflection on some of my worries and preconceptions about how the virtual creative mapping process would play out. It is also important to acknowledge that none of my own fears about virtual participation were realized. Given the complex and constrained realities of women's lives, I worried about the ways women's survival strategies might impact the project. I worried that women might opt out of participation quickly given that the cash

honorarium was available to them prior to starting the workshop. I even worried that the project laptop could go missing or be taken by someone because of its value and the deeply marginalized economic circumstances that women were navigating. The depth of the data, the length of many of the transcripts and the thoughtfulness of the creative maps, were all a testament to the genuine participation of the women who took part in this study.

This section describes some of the potentials (strengths), pitfalls (limitations) and a series of my own reflections on key lessons learned throughout the research process.

5.9   a.) Potentials:

The pragmatic aspects of virtual creative mapping worked out seamlessly, because of the immense support from the community partner sites who played an invaluable role in recruitment, setting up and troubleshooting the technology and distributing the creative mapping kits, loaning out the project laptop and storing the completed artwork for pick up. Without their support, this would not have been possible. I am immensely grateful for their willingness to add this complicated piece of work to the already increasingly complex demands of providing front-line services in a homeless serving organization during the pandemic.

The virtual aspect of the WESH project created a space for flexible, relaxed, and comfortable research environments. Sometimes the women were in private bedrooms and able to set up comfortably, with the laptop on their bed and the creative mapping supplies on their bedside table. Other times, they were in a private space within a gender-specific drop-in program and still able to access supports during the workshop including meal service, medication management and if necessary, front-line staff who they had developed supportive relationships. This level of comfortability and flexibility was facilitated because of the virtual component and would have likely felt different if we were sitting across from each other in a boardroom of a community organization.

Using creative mapping as a method for FPAR generated unique methodological possibilities for embedding both reflection and learning into the creative process that strengthened the use of this method. Particularly given the imaginative context of the WESH project, developing a creative mapping approach within a broader FPAR conceptual framework helped to invite participants into a process of imagining, depicting, and describing their housing and support preferences.

5.9 b.) Pitfalls:

Despite the unexpected benefits, there were some pitfalls and limitations associated with this methodological approach. Many of the pitfalls or limitations were caused directly because of the virtual component and the lack of ability to engage face to face with participants. This was unavoidable and caused by the research restrictions in place during the pandemic.

The most significant limitation of my doctoral work is that given my reliance on community partner organizations to facilitate the virtual creative mapping workshop, important perspectives and voices may have been excluded. This includes women who intentionally do not access community-based organizations and instead live unsheltered or rely on their own informal networks to navigate their experience of homelessness. Without being able to advertise the study in neutral spaces such as libraries, food programs and low barrier health clinics, women who do not access gender-specific shelters or drop-in spaces were not recruited for this study.

Using a creative methodology virtually also created some difficulties. At times, it was difficult to see exactly what participants had drawn or written as a response to creative mapping activities. It would have been useful to have been sitting with participants as they created their creative map, so I could support the artmaking process more intently. When I received the creative maps back, it was sometimes difficult to know what images were created in response to activities. Although when I listened back to the transcript, this tension tended to be easily remedied.

While engaging with participants virtually worked better than I could have imagined, there was still something lost in our interactions because we were not together. I am used to working face to face with women who experience homelessness, and so I did find it impersonal at times to be connected in this virtual space. Technological difficulties, difficulty hearing one another and lags in internet connection at times, created some difficulty in the process.

One of the most significant limitations was the inability to reengage participants for participatory analysis. My reflexive conversations with the project's co-researcher were invaluable and incredibly helpful in the analysis phase of this work. I cannot help but think about how much richer my analysis of the findings would have been if I was able to design a participatory analysis process that involved the participants from the WESH project.

5.9 c.) Reflections on Lessons Learned:

My unique experience conducting virtual FPAR with unhoused women during the pandemic has given me a lot to reflect on. Designing and 'doing' this project was a rich learning opportunity and it is my hope to conclude this section, by offering some reflections on the lessons that I have learned throughout this process.

It is possible to engage highly marginalized communities in virtual research, with the support of community partner organizations. While I originally did not think this was possible, the virtual component of the WESH project was an unexpected strength of the project that yielded incredibly nuanced, in-depth, and robust data. Furthermore, it allowed for participants to engage in comfortable ways in the spaces they routinely access for support and care. However, this would not have been possible without the commitment of key staff and students working in these organizations who went above and beyond to facilitate the participation of women in the WESH project.

Dedicating resources to support co-researchers in FPAR and feminist community-based research is pivotal. Every aspect of the WESH project was strengthened because of the

involvement of a dedicated co-researcher. She helped to advise at key decision-making points throughout the project including the creative mapping facilitators guide, the compilation of the creative mapping kits and played an invaluable role during the analysis phase. In any future projects that I lead as a researcher, I will always dedicate funding to hire a co-researcher whose identities and experiences are reflective of the participants in the research.

Creative mapping as a method, offers a pragmatic approach to mobilizing the values of FPAR. As a method, creative mapping paired exceptionally well with the overall tenants and commitments of FPAR. Infusing artistic creation with conversation, reflection and learning worked together in seamless ways to create participatory potential and unique opportunities for knowledge co-creation and action. Creative mapping and similar methods have unique and exciting potentials for mergers with FPAR and other participatory and community-based approaches to knowledge building.

Asking questions about identity and experience is complicated but there are many great survey tools that have been co-developed by communities – that with permissions can be borrowed and adapted. While I knew I wanted to gather data on identity and experience, I also recognized the potentials that asking sensitive research questions has for replicating harm and trauma. Rather than designing my own housing and demographic survey, I borrowed (with permissions) a tool that had been thoughtfully and carefully co-developed by women experiencing homelessness across Canada.

Flexible research design is critical when researching with communities who face barriers to knowledge co-production. Despite having a creative mapping facilitators guide and a clear plan for how data would be collected during the WESH project, flexibility and adaptability were the most important research skills that I brought into this process. Centering and valuing the knowledge of

women also requires being flexible during the research process, recognizing that women are in control of how they participate and the knowledge they share.

Chapter 6: Introducing the Women who Participated in the Women Envisioning Support and Housing Project

6.1 Introduction:

This Chapter seeks to introduce the twenty-one women who participated in the Women Envisioning Support and Housing project.

I have come to care about these women deeply, through my decade of frontline work in gender-based housing services and community-based research. I have come to peripherally understand the web of intersecting challenges and systemic barriers that characterizes the lives of women who endure long histories of homelessness through my frontline work. I have come to understand that for many women, homelessness is not a one-time occurrence caused by a lack of affordable housing, but rather a cycle perpetuated by lifelong instability caused by navigating unjust systems that make accessing housing, health and social services nearly impossible. Many face a myriad of physical and mental health issues exacerbated by harsh living conditions and by navigating lengthy periods of homelessness. Navigating gender-based homelessness involves an ongoing struggle for safety, as many women navigate violence, exploitation and trauma.

It is through my work and my relationships with these women that I have also come to know about their strength, the contributions they make to our community and the ways in which they envision a brighter future for themselves, their children and other women in their lives. Rather than just relying on the literature to tell these stories, I wanted to share a bit more about the twenty-one women who participated in the WESH project.

I have known many of the women long before this project began. Some of these women and I first met, when I was twenty-two years old, working in the emergency shelter services they accessed. Some women I only met during data collection, when they were recruited to participate through the gender-based shelters, transitional housing and drop-in programs they offered.

The twenty-one women who participated in this project are my collaborators and co-conspirators in ongoing work together focused on improving gendered housing, support and health service delivery. Their voices, ideas, stories and artwork are the focus of my doctoral work. This project's subsequent calls to action and recommendations for gender specific co-housing development are grounded in their ideas and visions for gender-specific co-housing.

Prior to exploring the substantive findings of my dissertation, it is important that I share who the women are who participated in the WESH project, in ways that highlight a bit about their lives and the strengths and gifts that they bring to their communities. Aligned with a critical feminist approach to research, I also wanted to ground my theorizing in making visible the intersecting identities and experiences that shape the histories, and current realities of the women who participated.

6.2   Compiling Participant Biographies:

There were many ways that I could introduce the housing and demographic data collected about the women who participated in the WESH project.

I could share with you that, **thirteen out of twenty-one participants (62%) reported experiencing homelessness for ten years or longer** or **that thirteen out of twenty-one participants (62%) were homeless for the first time before the age of 19**. I might decide to share that, **fourteen out of the twenty-one participants have spent time living in jail (67%) and eighteen out of the twenty-one participants have spent time living in hospital. (85%)**. Perhaps it would be most impactful to learn that **all the participants in this project (100%) report accessing the types of community-based organizations designed to support with resolving homelessness** (gender-based shelters, transitional spaces, drop-in programs focused on serving homeless populations etc.), however also report being unable to access the kinds of support necessary to access and sustain permanent housing.

When conceptualizing the dire need for housing with meaningful support services, it is important to reflect on the consideration that **fourteen out of the twenty-one participants had chronic health conditions (66%), seventeen out of twenty-one participants identified having issues with their substance use and addiction. (81%),** and **eleven out of the twenty-one participants identified as having cognitive delays/challenges (52%).**

Sharing a statistical portrait of the housing and demographic data falls short of providing the kind of nuance needed to fully understand who the women are who participated in the WESH project. Rather than provide a summary of the housing and demographic data, this Chapter is comprised of twenty-one miniature biographies, one for each of the participants in the WESH project.

Data for the biographies was compiled using the housing and demographic survey (Appendix 5: Housing and Demographic Survey), as well as by analyzing the ways women described the strengths, talents and skills they imagined using to participate in gender-specific co-housing during the creative mapping workshops. Each participant chose or was assigned a pseudonym. Biographies include identifying the age of the participant at the time of the research, their self-identified gender-identity, their race or Indigeneity (including whether they identify as First Nations, Inuit or Métis), immigration status and source of income. While none of the participants currently had children in their care, biographies indicate their relationship to motherhood including whether they have experienced child apprehension, have adult children or have never given birth. Importantly, the biography also identifies any disability and health related concerns that the participant feels has an impact on their daily life.

Housing and homelessness trajectory data includes the age participants were when they first experienced homelessness, their route into homelessness, interactions with institutions and the best place they have ever lived. During the creative mapping workshops, participants were asked to

reflect on the ways they imagine using their own strengths, talents and gifts to participate in gender specific co-housing. This is highlighted at the end of each biography.

I also wish to acknowledge that these biographies risk oversimplifying the contextual reality of women's lives. However, by beginning my findings section in this way, it is my hope to provide a portrait of who these women are, where they have been living, and what they have been living through.

I want anyone who might read this work to begin with some understanding and appreciation of the twenty-one remarkable women who participated in this project, whose ideas, voices and visions for change are the foundation of my doctoral project and ongoing advocacy efforts related to gender co-housing development. It is my hope that by through reading this chapter, you can begin to know the twenty-one women whose voices and ideas are woven throughout the subsequent chapters of my dissertation.

6.3 The Women Who Participated in the WESH Project:

Marie:

Marie is a 29-year-old Métis woman. She has experienced homelessness and housing instability for over a decade. She was homeless for the first time at the age of 17, when she ran away to escape gender-based violence. Marie is the mother of a child currently living in the care of her family. Over the past 12 years, Marie has accessed emergency shelter services in the homelessness sector and violence against women sector. She has spent time incarcerated and hospitalized. Marie has also lived at family and friends' places, in a motel and there have been periods of her life where she has lived outside. Marie describes the best place she has ever lived as at home with her parents, in a rural part of the city. At the time of the research, she was living in market rent housing that was unsustainable given her self-identified support needs.

She has temporary work and accesses ODSP. When asked about disability/health related concerns Marie identified having vision issues, mental health challenges, substance use/addiction, learning/cognitive difficulties, pain-related disabilities, chronic medical concerns, and memory-related disabilities.

Her involvement in the community and her work helping others is central to her identity and experiences – and she imagines gender-specific cohousing where she could participate meaningfully.

Valerie:

Valerie is a 49-year-old First Nations and white woman. Valerie's partner died in the unit they shared – and this began her first experience into homelessness. She was homeless for the first time at the age of 45. She is a mother to adult children.

Over the past 4 years, Valerie has accessed emergency shelter services in the homelessness sector and in the violence against women sector. She has lived in transitional living programs. Valerie has also been hospitalized for long periods of time. She has lived at family and friends' places, in a motel, and there have been times when she has lived outside. Valerie is unsure about where the best place she has ever lived was. At the time of the research, Valerie was living in transitional housing for single women.

She currently relies on assistance from ODSP. When asked about disability/health related concerns Valerie identified having vision issues, learning/cognitive difficulties, pain-related disabilities, and substance use/addiction.

When Valerie's life becomes more stable, she wants to go back to school to become a support worker. Valerie is particularly interested in being a support worker for seniors.

Ruth:

Ruth is a 60-year-old white woman. She was born in the United Kingdom and emigrated to Canada when she was a young girl. Ruth has been homeless on and off throughout her life, but most recently for more than three consecutive years after a renoviction. She is the mother to an adult son. Over the past 12 years, Ruth has accessed emergency shelter services in the homelessness sector and in the violence against women sector. She has lived in transitional living programs. Ruth has also been hospitalized for long periods of time. She has lived at family and friends' places, in a motel, and there have been times when she has lived outside. Ruth describes the best place she ever lived as a 1-bedroom unit in a small Ontario city. At the time of the research, Ruth was living in transitional housing for single women.

She currently relies on assistance from ODSP. When asked about disability/health related concerns, Ruth shared she uses a walker because of mobility related issues and pain related disabilities and has chronic medical issues/major illness.

When Ruth imagined her preferred housing, she continued to emphasize how much she would enjoy living somewhere with a community garden. For Ruth, a garden would be a place that could bring women together and promote community.

June:

June is a 63-year-old white woman. She was homeless for the first time at 42 - when she first entered a violence against women's shelter with her young son. June has one adult child.

Over the past 20 years, June has accessed emergency shelter services in the homelessness sector and in the violence against women sector. She has lived in transitional living programs. June has also been hospitalized for long periods of time. She has lived at family and friends' places, in a motel, and there have been times when she has lived outside. The best place June has ever lived was a violence against women shelter, because of the ways she was taken care of. At the time of the research, June was living in transitional housing for single women.

She currently relies on assistance from ODSP. When asked about disability/health related concerns, June identified using a wheelchair because of mobility issues and pain-related disabilities. June also lives with mental health challenges, addiction/substance use and chronic medical issues/major illness.

June likes where she is living now because of the peer workers and the art programs. She shared that she has never felt so understood or listened to in her life – and that her schedule has never been so full of activities she enjoys. She imagines being a peer worker and organizing meaningful activities within gender-specific cohousing.

Sawyer:

Sawyer is a 26-year-old non-binary femme person who accesses services and supports in the women' sector. They have never lived independently. Sawyer first experienced homelessness for the first time at the age of 17 when they were kicked out of 'home.' Sawyer has never given birth.

Over the past 9 years, Sawyer has accessed emergency shelter services in the homelessness sector. They have stayed with friends when they've had no other place to stay, and they have stayed in a motel. Sawyer has spent time incarcerated and hospitalized. Sawyer has also spent time living outside. The best place Sawyer has ever lived was their grandfather's farm. At the time of the research, Sawyer was experiencing street level homelessness and accessing drop-in spaces.

Sawyer currently relies on assistance from OW. When asked about disability/health related concerns, Sawyer identified having cognitive/learning difficulties, mental health challenges and addiction/substance use.

Sawyer describes themselves as someone who likes to try and lift other people's spirits. Throughout the workshop, Sawyer shared the numerous ways they engage in small acts of kindness every day and how central this is to their own wellbeing.

Ife:

Ife is a 46-year-old woman who was born outside of Canada. She identifies as Black and Indo-Indigenous. Ife first experienced homelessness shortly after immigrating to Canada, when her children were apprehended by child welfare organizations, as Ife no longer had enough social assistance (child tax credit) to afford her market rent housing.

Over the past 10 years, Ife has accessed emergency shelter services in the homelessness sector and the violence against women sector. She has also lived in transitional housing. Ife has also spent a long period of time living outside. At the time of the research, Ife was experiencing street level homelessness and accessing drop-in spaces. Ife describes the best place she has ever lived as her first home in Canada with all her children.

She currently relies on assistance from OW. When asked about disability/health related concerns, Ife identified living with mental health challenges and substance use/addiction.

For Ife, learning is an important aspect of her life that has continued during her experience of homelessness. She got her licence and completed driving school while living without housing. She has completed numerous other certificate programs while homeless and continues to engage in any opportunities for learning and education.

Rhonda:

Rhonda is a 57-year-old Indigenous woman (First Nations/Métis). She experienced homelessness for the first time at the age of 16 and has struggled with housing stability throughout her life. All of Rhonda's children have been apprehended by child welfare organizations.

Over the past 41 years, Rhonda has accessed emergency shelter services in the homelessness sector and the violence against women sector. She has also lived in transitional housing. Rhonda has stayed with family and friends and in motels when she has not had somewhere safe to stay. She has also spent significant amounts of time incarcerated and hospitalized. There have been periods of time when Rhonda has lived outside. Rhonda describes the best place she has ever lived as the

transitional housing program that she was living at during the time of the research. She likes the connection to other women and staff, access to healthcare and support with daily living.

She has temporary/casual employment and relies on assistance from ODSP. When asked about disability/health related concerns, Rhonda identified as having autism spectrum disorder, mental health challenges, mobility and pain related disabilities and chronic medical issues/major illness.

Rhonda loves nature and spends a lot of time cleaning up the outdoor space where she lives. Throughout the creative mapping workshop, Rhonda emphasized the importance of nature and the connection to the land around her.

Sam:

Sam is a 33-year-old white woman. She reports experiencing consecutive homelessness for the past 13 years, after fleeing gender-based violence at home. Sam has one child who was apprehended by child welfare organizations at birth.

Over the past 13 years, Sam has accessed emergency shelter services in the homelessness sector and the violence against women sector. She has also lived in transitional housing, rooming houses, group homes and lodging homes. She has stayed with friends and in motels. Sam has spent significant amounts of time hospitalized and incarcerated. She has also lived outside. Sam describes the best place she has ever lived as at the hospital. At the time of this research Sam was experiencing street-level homelessness and accessing drop-in spaces.

She currently relies on assistance through ODSP. When asked about disability/health related concerns, Sam identified as having mobility issues, pain related disabilities, mental health challenges, cognitive and learning difficulties and short-term memory loss caused by an acquired brain injury. Sam also lives with chronic medical issues/major illnesses.

Sam finds support within gender-specific community-based organizations, describing the people who work in, and access these places as her 'family.' When imagining cohousing, Sam described

wanting the same level of care and support she receives from these organizations integrated into her housing.

Lola:

Lola is a 41-year-old trans-woman who identifies as Indigenous and Black. She reports experiencing homelessness for the first time at the age of 10 years old, when entering the child welfare system. Lola has children who have been apprehended by child welfare organizations.

Over the past 31 years, Lola has accessed emergency shelter services in the homelessness sector and the violence against women sector. She has also lived in rooming houses, group homes and lodging homes. She has stayed with family and friends and has spent time hospitalized and incarcerated. She has also lived outside. Lola describes the best place she has ever lived as at her family's home when she was a child. At the time of this research Lola was experiencing street-level homelessness and accessing drop-in spaces.

She currently relies on assistance through ODSP. When asked about disability/health related concerns, Lola identifies as having autism spectrum disorder, mental health concerns, substance use/addiction and chronic medical issues/major illnesses.

Lola plays an important role in the community doing gender-specific harm reduction work, on a volunteer basis. She describes how she has taken it upon herself to pick up used needles, distribute clean supplies and naloxone, respond to drug poisonings, and teach people about safer injecting practices. When imagining cohousing, Lola described how she could support other women who use drugs.

Ava:

Ava is a 30-year-old woman who identifies as Indigenous. She reports experiencing homelessness for the first time at the age of 16 because of gender-based violence. Ava has never given birth.

Over the past 14 years. Ava has accessed emergency shelter services in the homelessness sector and the violence against women sector. Ava has also lived in transitional housing. She has also lived in rooming houses, group homes and lodging homes and has spent some time living in the hospital. Ava describes the best place she has ever lived as her family's home. At the time of this research, Ava was living in a rental unit that was not sustainable financially and did not meet her housing needs.

She currently relies on assistance through ODSP. When asked about disability/health related concerns, Ava identified having mobility issues, hearing and vision issues, pain-related disabilities, memory issues, mental health challenges, substance use and addiction and learning difficulties. During creative mapping workshops, Ava shared about the importance of recognizing the differences between women experiencing homelessness and designing programs that respond to the diverse needs of women.

Sherry:

Sherry is a 58-year-old White woman. She reports experiencing homelessness for the first time at the age of 40 because of a relationship breakdown. Sherry has never given birth.

Over the past 18 years, Sherry has accessed emergency shelter services in the homelessness sector and the violence against women sector. Sherry has stayed with family and friends and in motels. She has also lived in transitional housing, rooming houses, group homes and lodging homes. She spent time hospitalized and incarcerated. She has also lived outside. Sherry describes the best place she has ever lived as a transitional living program for women. At the time of this research, Sherry was living in transitional housing for women.

She currently relies on assistance through ODSP. When asked about disability/health related concerns, Sherry identified having mobility issues causing her to use a walker, vision issues, pain-

related disabilities, an acquired brain injury, memory related issues, mental health challenges, chronic medical issues/major illnesses, and issues with substance use and addiction.

Throughout the creative mapping workshop, Sherry described a desire to 'get along better' with the people she was living in transitional housing with. She wanted more opportunities to get to know the women living with her in transitional housing and develop friendships.

Christine:

Christine is a 43-year-old White woman. She reports experiencing homelessness for the first time at the age of 36, after her partner died. Christine has children who are in the care of the child welfare system.

Over the past six years, Christine has accessed emergency shelter services in the homelessness sector, and she has stayed with family and friends. She has stayed in hospital for periods of time – but most frequently, stays outside. Christine describes the best place she has ever lived in a trailer with her family. At the time of this research, Christine was living outside in an encampment and accessing a day-time drop-in program for women.

She currently relies on assistance through ODSP. When asked about disability/health related concerns, Christine identified having an acquired brain injury, cognitive and learning difficulties, mental health challenges, pain-related disabilities, and substance use/addiction.

Christine is interested in going back to school to become a peer worker and is particularly interested in developing peer-based supports for sex workers because of her own experiences doing, and 'surviving' this work. This was central in her conceptualization of gender-specific cohousing.

Ashley:

Ashley is a 33-year-old White woman. She reports experiencing homelessness for the first time at the age of 15, when she ran away from the child welfare system. Ashley has never given birth.

Over the past 18 years, Ashley has accessed emergency shelter services in the homelessness sector. She has stayed with family and friends, in transitional housing programs and in lodging homes and group homes. She has spent long periods of time incarcerated and hospitalized. Ashley has also lived outside. Ashley describes the best place she has ever lived as at a seniors' building when she was staying on a friend's couch – she liked it because it was safe and quiet, and the neighbours were peaceful. At the time of the research, Ashley was living at a transitional living program for women. She currently relies on assistance through ODSP. When asked about disability/health related concerns, Ashley identified having cognitive and learning difficulties, chronic medical issues, mental health challenges and issues with substance use/addiction.

During the creative mapping workshop, Ashley shared about her experiences being banned from every emergency shelter in the city. However, at the time of the research she was receiving the kind of support she needed in transitional living and wanted a permanent housing option that replicated this type of support, community and care.

Brooke:

Brooke is a 39-year-old White woman. She reports experiencing homelessness for the first time at the age of 34. She became homeless for the first time when her husband had an accident he could not recover from. Brooke has children, who she lost custody of during involvement with the child welfare system.

Over the past 5 years, Brooke has accessed emergency shelter services in the homelessness sector. She has stayed in motels. Brooke has spent time in jail and in hospital. There have also been periods of time where Brooke has been living outside. Brooke describes the best place she ever lived as a large rural property where she lived with her husband and children. At the time of the research, Brooke was living at a hotel that was being operated as a temporary emergency shelter during the COVID-19 pandemic.

She currently relies on assistance from ODSP. When asked about disability/health related concerns, Brooke identified having cognitive and learning difficulties, chronic medical issues, mental health challenges and issues with substance use/addiction.

Brooke wants to live somewhere that will support her to reunite with her children. After that, she wants to go back to school for horticulture. Throughout her creative mapping workshop, she explained how she imagined using this skill to give back to the community.

Ray:

Ray is a 43-year-old Indigenous (First Nations) woman. She reports experiencing homelessness for the first time at the age of 14, because of violence experienced at home and in the child welfare system. Ray has children, who she lost custody of during involvement with the child welfare system. Over the past 29 years, Ray has accessed emergency shelter services in the homelessness sector and the violence against women sector. She has stayed with family and friends and in motels. Ray has also lived in transitional housing, lodging homes, and halfway houses because of her involvement with the criminal justice system. Ray has spent time in jail and in hospital. There have also been periods of time when Ray has been living outside. Ray describes the best place she has ever lived as with her dad, when he was alive. At the time of the research, Ray was living at a hotel that was being operated as a temporary emergency shelter during the COVID-19 pandemic.

She currently relies on assistance through ODSP. When asked about disability/health related concerns, Ray identified having cognitive and learning difficulties, chronic medical issues, mobility issues, pain-related disabilities, memory issues, mental health challenges and issues with substance use/addiction.

Ray is an excellent cook, and she often helps seniors who live downtown by doing their groceries and preparing meals for them that can easily be reheated. She imagines doing this for other women living in gender-specific cohousing.

Anne:

Anne is 62-year-old white woman, born in the United Kingdom. She reports experiencing homeless for the first time at the age of 16. Anne has never given birth.

Anne has stayed in emergency shelters in the homelessness sector and violence against women sector. She has also lived in motels, transitional living and spent a significant amount of time hospitalized. The best place Anne has ever lived was in a shared home owned by an older woman, Anne provided care and support to this woman for in exchange for an affordable rent.

She relies on assistance from ODSP. When asked about disability and health related concerns, Anne identified having mobility and pain-related disabilities, mental health concerns and chronic medical issues.

Anne has been a volunteer in her community for over 13 years, where she had done things like cutting hair for people living in retirement homes, assisting with daily errands for people with mobility issues and supporting by taking care of people's pets. Anne wants to live somewhere that she can play a key role in taking care of the people around her.

Danielle:

Danielle is a 26-year-old white woman. She reports experiencing homelessness for the first time at the age of 22, when gender-based violence led to involvement with the child welfare system. Danielle has a child who she lost custody of during involvement with the child welfare system. Over the past 4 years, Danielle has accessed emergency shelter services in the homelessness sector. She has also stayed at family and friends' places and in motels. Danielle has also spent time hospitalized and incarcerated. She has spent some time living outside. Danielle describes the best place she has ever lived in a hotel, converted into a temporary emergency shelter during the COVID-19 pandemic. Danielle was living there at the time of the research.

She has no income supports. When asked about disability/health related concerns, Danielle identified having mental health challenges, an acquired brain injury, cognitive/learning difficulties, and issues with substance use/addictions.

During the creative mapping workshop, Danielle shared about the way she takes care of other women experiencing homelessness by seeking out donations that they might like. She imagines she could use this skill in gender-specific cohousing.

Lisa:

Lisa is a 43-year-old white woman. She reports experiencing homelessness for the first time at the age of 16 and has experienced consecutive homelessness for the past 7 years. Lisa has never given birth.

Lisa was unable to remember all the places she has stayed while without housing. She often lives outdoors and has spent time in hospital and incarcerated. Lisa describes the best place she has ever lived as at her grandparents' place when she was a child. At the time of the research, she was living in a temporary emergency shelter during the COVID-19 pandemic.

When asked about disability/health related concerns, Lisa identified having cognitive/learning difficulties, pain-related disabilities, chronic medical issues/major illness, mental health challenges and issues with substance use and addiction.

During the creative mapping workshop, Lisa shared that if she was living in gender-specific cohousing, she would like to have a job or role there to contribute. She imagines she would be able to assist with keeping the shared spaces clean and taking out the garbage and recycling.

Coral:

Coral is a 44-year-old, Mohawk woman. She reports experiencing homelessness for the first time at the age of 13, when she entered foster care. Coral has children who she lost custody of during involvement with the child welfare system.

Over the past 31 years, Coral has stayed in emergency shelters, shelters in the violence against women sector, with family and friends and in motels. Coral has also spent some time incarcerated. Most often, Coral has lived outside. Coral describes the best place she has ever lived as in a tent with her partner. At the time of the research, she was living in a temporary emergency shelter during the COVID-19 pandemic.

She relies on ODSP and casual income. When asked about disability/health related concerns, Coral identified being hearing impaired, having pain-related disabilities and issues with substance use and addiction.

Coral shared about her desire to go back to school for counselling. She believes that it is important for Indigenous women to be supported by Indigenous women, and for counselling and healing to be connected to ceremony and culture.

Crystal:

Crystal is a 39-year-old, white woman. She reports experiencing homelessness for the first time at the age of 15 when she ran away from a foster care placement. She has experienced consecutive homelessness for 7 years after her husband passed away. Crystal has children who she lost custody of during involvement with the child welfare system.

Over the past 7 years, Crystal has accessed emergency shelter services in the homelessness sector. She has also stayed with family and friends' and in motels. Crystal has also spent time hospitalized and incarcerated. Crystal has spent some time living outside. Crystal describes the best place she has ever lived as in her home, with her husband and kids. At the time of the research, she was living in a temporary emergency shelter during the COVID-19 pandemic.

She relies on ODSP. When asked about disability/health related concerns, Crystal identified having mobility issues, mental health concerns, substance use and addictions, pain related disabilities, and chronic medical issues/major illnesses.

When Crystal was 16, she started a support group for young girls who were also survivors of sexual assault. Crystal has always wanted to go back to school for social work and if living in gender-specific cohousing imagines she could play an important role by offering emotional support to other women in the space.

Kiera:

Kiera is a 43-year-old Métis woman. She reports experiencing homelessness for the first time at the age of 12 years old when she ran away from a foster care placement. She has experienced homelessness during her youth and young adulthood, and consecutively for the past 6 years after her relationship ended. Kiera has children who she lost custody of during involvement with the child welfare system.

Over the past 6 years, Kiera has accessed emergency shelter services in the homelessness sector and the violence against women sector. She has also stayed at friends' places and in motels. Kiera has also spent time incarcerated, hospitalized and living outside. Kiera describes the best place she has ever lived as in her home, with her ex-partner and her kids. At the time of the research, she was living in a temporary emergency shelter during the COVID-19 pandemic.

She relies on ODSP. When asked about disability/health related concerns, Kiera identified having vision issues, mental health challenges, cognitive/learning difficulties, chronic medical illness/major illness, and addiction/substance use.

During the creative mapping workshop, Kiera shared her skills relating to fundraising. She used to run large fundraising events for an Indigenous childcare centre. If living in gender-specific cohousing, Kiera would want to participate in all aspects of the program.

6.4 Concluding Remarks:

My hope is that this chapter helps to illuminate that the women who participated in this project are not statistics, their lived realities are not just themes in the literature – they are real women, with real lives, and visions for their futures, who are important to our community.

While the lived realities of participants cannot be adequately portrayed through these short biographies; the intention is to give a cursory look at their intersecting identities, lived experiences and their visions for the ways they imagine contributing to gender-specific co-housing.

The pseudonyms of these women will be used throughout the findings chapters to share the women's ideas, thoughts and visions for gender-specific co-housing. As you continue to read the findings chapters and learn more about the participants visions for housing and support, it is my hope that you can keep the biographies of these women in mind, and that you return to this section as needed, to ground your understanding of this work in the context of women's lives.

Chapter 7: Place - "*I just want a place with a little bit of peace*"

7.1 Introduction:

There were four overarching modules that were covered during the creative mapping workshops including place and space, co-designing policies and practices, mapping support and conceptualizing community and key reflections and messages for social change. This chapter addresses the findings from the first module of the creative mapping workshop that focused on the place of preferred housing for participants.

Each of the creative mapping workshops began by inviting participants to brainstorm the preferred place of their housing, and to visually depict this place by drawing a geographical map. As participants created their geographical maps of their preferred location for housing, they were encouraged to think about the kinds of spaces, people and locations they would want nearby. Conceptualizing the place of preferred housing led to participants sharing stories about safety, the importance of relationship and support, and the significance of living somewhere that was connected to the land and to nature. Interestingly, contradictions and unresolved tensions emerged as participants imagined the place of their preferred housing. For example, while many participants described their preferred place of housing as rural and in nature, many participants also described the importance of living close to formal and informal supports.

7.2 Place as Safety:

The most significant theme that emerged during the geographical mapping activity were stories about desiring a place of safety. Safety was conceptualized by participants along two key interconnected threads including a place that was safe from the experiences of gender-based violence, and a place that was safe from the current realities of their daily lives, including the risks and violence associated with street involvement in the downtown core of the city. Throughout the

geographical mapping process, participants shared stories about the types of violence that have

endured, and grounded these stories in imagining, depicting and describing a place that was safe.

7.2   a.) Place as safe from gender-based violence: *"I just want a little bit of peace"*

The most significant theme that emerged during the geographical mapping process were stories

about desiring a place that was peaceful and safe from gender-based violence. Prior to drawing the

geographical maps, many participants began by sharing the impact that experiencing violence has

had on their perceptions of place and their desires for permanent housing.

For example, when Crystal was asked to draw a geographical map of her preferred place for housing,

she began by sharing about a recent experience where she was abducted and assaulted by her ex-

partner. Crystal said: "I just really want to live somewhere safe."

Crystal's geographical map reflects the desire for safety, by including what she describes as 'three

layers of protection':
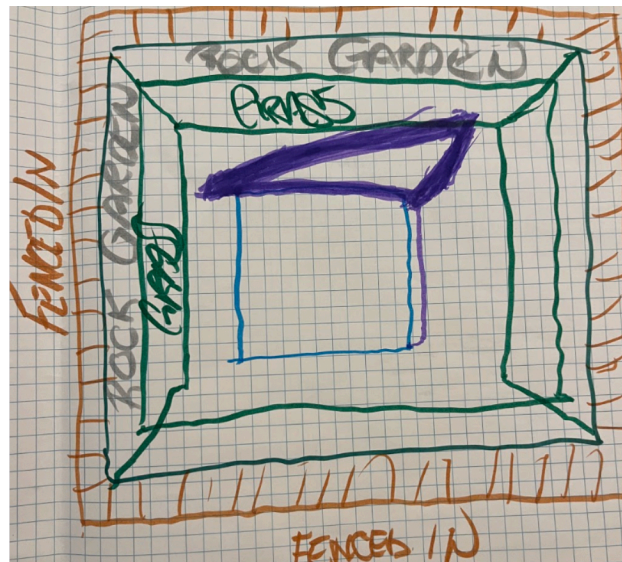
> "Okay, so you got the housing there in the middle, then around it grass and a lawn, outside
> the lawn you got a large rock garden and then a wood fence, ain't nobody getting in if it was
> designed that way. They would need to get through like three layers to get in. And that is
> where my mind goes, because of the violence I have been through and the violence I know
> these other girls have been through as well."

Crystal's visualization of 'place' includes elements such as a grass lawn, rock garden and wooden fence, all meant to serve as protective elements to deter people from 'getting in' and around the housing unit. For Crystal, her desired place was deeply influenced by her experiences of violence and her recognition that other women experiencing homelessness were also likely to have been impacted by violence and may also require a place with intentional protective factors.

The geographical map and description by Crystal vividly illustrates' that experiences of violence have a profound influence on women's housing desires and preferences and that this must be fully considered when developing gender-specific housing responses.

Similarly to Crystal, June began her geographical mapping process by offering her own reflections on surviving gender-based violence. As June began brainstorming prior to drawing her geographical map, she shared a story about the positive experience that she had living in a violence against women shelter twenty years ago, because of the ways that place contravened the violence and chaos she had experienced in her life:

> "When I think about a place that feels safe, I think about (violence against women's shelter). It was right by the water. And I could go down there and sit by the water, and watch the water, watch geese and watch the other birds. I had a bike at that time and I did the trails. They had a lot of information about abuse which I was still learning about. I did not know I was being abused until I saw the power and control wheel. I left him, but I realized I wasn't even safe at home when I was a kid, because there were things attached to it. My mom throwing a beer at my dad across the living room, and it smashed on the wall, and beers running down, that house? What he would do after… No… those memories are attached to the house."

When June shared her geographical map with me, she made a connection between the peace sign on the exterior of her house and her experiences as an aging woman who has survived significant violence over her life:

> "You see what's on my house? A peace sign. Peace only in there. No violence in my house. As I get older, I just want a place with a little bit of peace."
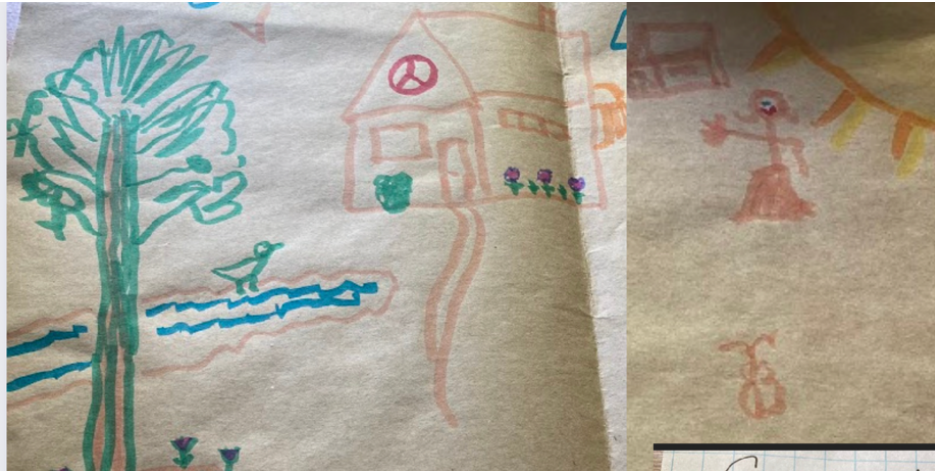
While June's conceptualization of a safe place was influenced by her experiences of violence throughout her life, she also made connections to the ways violence is experienced for her in the context of her intersecting identities and disabilities. June lives with a mobility disability and uses a mobility device, identifies as dealing with agoraphobia and is growing older. When explaining her geographical map and preferred place, June explored how all these experiences intersect with her experiences of violence, and ultimately shape her desire to have a safe place to call home:

> "I am in my wheelchair so that is a consideration. It is not healthy outside, not at all, not at all. I only leave within walking distance to the variety store. I have been doing that for years, I go grocery shopping at my local variety store. I don't like to go too far from where I live, that scares me. It all scares me, because of where I am at now. I like everything in place around me."

June's narrative description and the imagery on her geographical map highlight the importance of conceptualizing safety in ways that reflect and consider women's histories of violence along the life course, and their intersecting identities, inclusive of disability, age, and other factors.

Questions about preferred place also brought up reflections about gender-based violence from Lisa, who, when asked to describe her preferred location for housing immediately responded with: 'far away my ex-husband.' Lisa went onto describe the physical abuse and years of harassment she has experienced from her ex-husband, and how there have been times in her life where his abuse and harassment has caused her to become evicted from rental housing.

When Lisa was asked to draw a geographical map of her preferred housing, she described the location as towards the city's west-end by sharing:
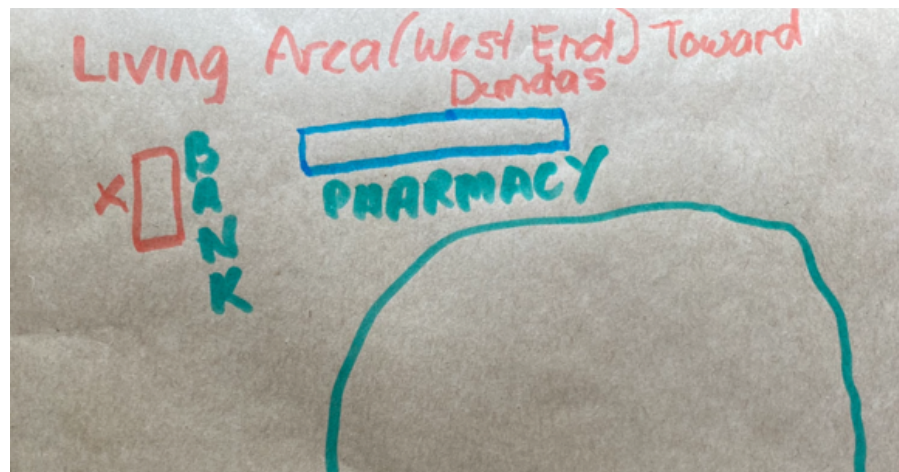
> "I got to get away from the Eastend. That's where my ex-husband lives, he's a real piece of shit. I was with this guy since I was 16. Very young. Very young. And when we had kids and that, we had problems. He was a bit abusive, drinking and abusive. So I've been in shelters in Edmonton. And when he went back in prison, I was a shelter in Burlington, he always finds me. I got to get away for good and I like the Westend, it is peaceful."

For Lisa, the desire to live in a place that was peaceful was characterized as somewhere far away from her ex-husband who has been a source of profound violence and trauma in her life. When Lisa conceptualizes her preferred place, she describes feeling drawn to the Westend of the city because she conceptualizes this location as peaceful.

Findings from the geographical mapping activity highlight the central role that experiences of violence (both historical and present-day) has on the lives and housing desires of women who experience long-term homelessness. Many participants described the importance of living somewhere 'peaceful', and this sense of peace was intimately connected to safety, and conceptualized as a place where participants could live free from gender-based violence.

7.2 b.) Place as Away from the Downtown Core: *"…because that is where all the trouble is."*

Emerging from the brainstorming conversations that accompanied the geographical mapping activity, was a deep desire amongst many of the participants to move away from the downtown core of the city. Nineteen out of the twenty-one participants explicitly expressed that their preferred place for housing would not be in downtown Hamilton. For context, downtown Hamilton has an abundance of social services, including emergency food programs, health care clinics and hospitals, emergency shelters, supportive housing programs and harm reduction services co-located in a relatively small geographical area. The proximity of health and social service providers co-located in the downtown core, make this an ideal place to develop supportive housing. And yet, findings from the WESH project demonstrate that participants have a desire to move away from the downtown core of Hamilton, for reasons deeply connected to their own perceptions of safety.

When Ashley was asked to begin brainstorming for her geographical map, she said:

> "It's not downtown actually, which is weird because I love downtown. I've always lived downtown, but I also have a lot of bad memories downtown."

For Ashley, the memories associated with downtown include experiencing significant violence, drug use, and involvement in other criminalized activity that have led to her becoming incarcerated. As Ashley brainstormed her preferred place for housing, she described her desire to get away from violent people in her life and limit her drug use, both of which did not feel possible when she is housed in the 'middle of it all' in the downtown area of the city. On Ashley's geographical map, she depicts a walking trail and a bike trail, and describes what her life could look like, if the place she lived was away from downtown:

> "I've got this, a bike trail, that's a bike, a bike trail. There is a tree with some hills, like a walking trail. Downtown, I would be afraid of using a trail because of everything I've been through, with the violence and all that. But if I lived away from downtown, I could get a bike, I would go for walks, you know, stuff to feel healthier"
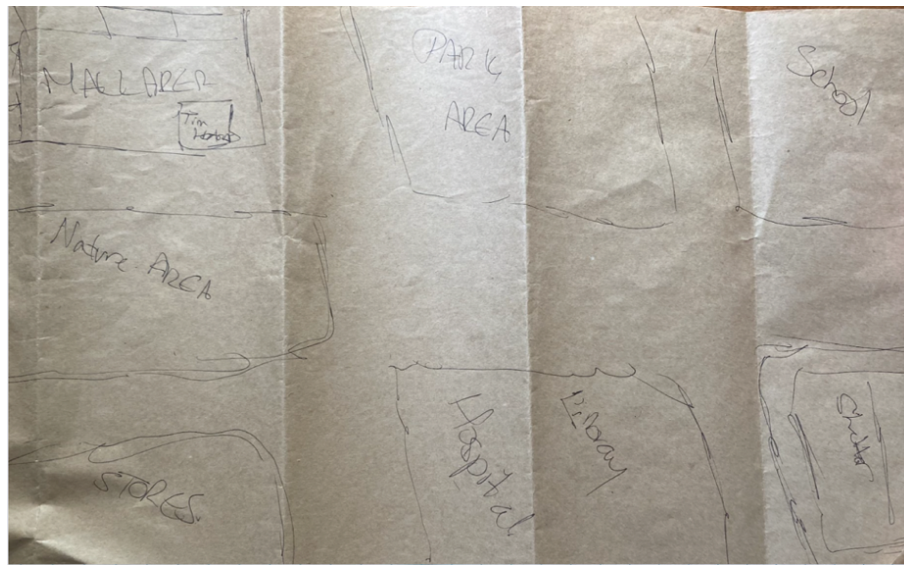
For Ashley, moving away from the downtown was an important aspect of her preferred place as she described her desires to live a life that 'feels healthier' that was free from both violence and substance use.

Similar to Ashley, when imagining her preferred place, Danielle shared: 'I would prefer it to be away from downtown because that is where all of the trouble is.' When asked to expand on what she meant by 'trouble, Danielle went on to describe the daily realities of her life living on the street of downtown, characterized by street based and gendered violence, fentanyl use, and other illegal activities.

When depicting the place that she would like for the location of her housing, Danielle described a desire to live in a place where she could leave the 'trouble' of her daily reality behind her. When depicting the place that she would like for her housing, Danielle drew a geographical map that included a mall area (with a coffee shop), a park area, a school, a shelter, a library, hospital, and some stores and shared:

> "Not being close to downtown would be a thing for me. I wouldn't want people that I know from out here to know where I was living. It just adds more of a chance that someone I may be hiding from could find me. Ya, there are a lot of supports down here, but maybe the supports could start moving more to the West-end, and we could have the housing closer to the West End. Downtown is trouble central. It is where all the trouble is at."

For Danielle, her preference to move away from the downtown was connected to both her desire to limit her drug use and to get away from people in her life that are dangerous. Danielle also imagined how living away from the downtown core could lead to increased safety, decreased fentanyl use and provide a buffer between her and people she knew from her life downtown, that she wanted to get away from.

When asked to consider the location of their preferred place for housing, many of the participants in the WESH project immediately responded by sharing their desires to be away from the downtown area of the city. For example, when asked to consider preferred place for housing, Ruth, an older woman who participated in the project, shared wanting to 'live in nature opposed to downtown' She explained that her desire to be away from the downtown was because of her son, who she described as 'involved in a lot of illegal activity downtown Hamilton and this makes me feel unsafe anytime I'm downtown.'

When Christine began brainstorming the location of her preferred housing, she shared that she is 'not too fond of downtown,' and connected this sentiment to her years of involvement in street-based sex work. Similarly, Keira said she has 'seen so much of

downtown" and will 'be glad if I never see (name of street in downtown core) again.' When I asked

Kiera why she would be happy to never see that street again, she described being violently robbed

on that street for her drugs and money, more than once.

Anne, an older woman who was experiencing homelessness, and staying in an emergency shelter

located downtown, explained her experience living downtown and her desires to find permanent

housing away from downtown by sharing:

> "I want to be away from downtown because it is frightening. Things I have never seen
> before. And since I have been here the most concern to me is the things I see in the street, it
> is so scary. Some days I just come in and I just cry. I tell them (staff at the emergency
> shelter), 'you gotta get me on that list to get out of here.' … You go outside, and it is yelling,
> and fighting and overdoses everywhere. People laying on the street and ambulances, and
> police and violence. It is just so hard. I have never been exposed to any of this before in my
> life."

While women's reasons for wanting to move away from the downtown varied, they share a common

thread around not feeling safe in the downtown area of the city. Findings from the WESH project

emphasizes the importance of developing gender responsive housing in areas away from the

downtown core of the city, because of safety considerations relating to drug use, street-level

violence, street-based sex work and illegal activities.

7.3   Place as Relational:

A second theme that emerged when participants in the WESH project were conceptualizing their

preferred place, was the concept that place is relational. As participants began brainstorming about

their preferred place through the geographical mapping, stories emerged about the necessity of living

near important people in their lives and somewhere close to informal and formal supports, including

social service and health care providers. There was an emphasis on place as a facilitator of

relationships and as being somewhere in proximity to spaces of support and social connection.

7.3 a.) Place as a facilitator of relationships: *"I must be able to get to my son."*

As participants were asked to depict and describe their preferred place for housing, stories emerged about the important relationships in the lives of the participants, and about their desires to live in places that could facilitate and deepen these relationships.

Of particular importance, was the centrality of motherhood in the lives of the women who participated in the WESH project. Although none of the participants had children in their care, several participants' preferences relating to geographical location of housing, were influenced by their desires to regain custody of their children or to remain connected to children in the care of kin, or child welfare organizations. Some participants also explored the importance of place and grandmotherhood and described wanting to live somewhere close to their grandchildren, where they would be safe to visit.

For example, throughout Brooke's participation in the workshop, she shared about the importance of her identity as a mother, and the central role that her children played in her life. She imagined living in a place, that could support her to regain custody of her children and strengthen their bond and relationship. Throughout the geographical mapping activity (and many other activities during the creative mapping workshop), Brooke's housing desires and preferences reflected her commitment to motherhood as well as the housing desires of her children.

When asked to draw a geographical map of her preferred housing location, Brooke drew a relatively rural location with lots of green space and places nearby that could be supportive to herself and her children:

> "There is a pool, there is chicken coops as well as my backyard for the kids. I want to get into horticultural therapy so gardening and all of that is huge to me. For the kids, having the chickens, and the pool, and the garden, that is all a part of a good childhood. There is my lawn. I wouldn't mind a church nearby and a park, or maybe an outdoor pool. A school of course, a Catholic school preferably for the girls. A grocery store not too far away. I wouldn't mind if it was by the beach, the girls love the beach or even in cottage country."

The place Brooke describes in her geographical map is reflective of her desires to regain custody of her young daughters. The aspects that Brooke includes on her geographical map are central to facilitating what she describes as a 'good childhood' for her daughters including a nearby school, access to a beach or pool, and a lawn and garden. When viewing Brooke's geographical map and reflecting on her narrative description, it is evident that her preferred place is deeply connected to her desires to reestablish a relationship with her daughters.

Similarly, Marie's geographical map also reflected her identity as a mother, to a son who had been adopted by a family member of hers. She described that although her son was not in her care, their relationship was of paramount importance to her life, and she desired living in a place that facilitated this relationship.

When asked to draw a geographical map of her preferred housing location, Marie drew both a bus stop and a pool in a prominent location. She further explains that while she would prefer to live back in the country, or in a forest, living in a place that facilitates her relationship with her son takes precedent over her own desires for preferred place:

> "I would rather live back in the country. You know, I would want like a forest. But then I again, I really can't because I must be able to connect to get to the mountain, up to my son. I am going to draw a bus stop as well as a pool, because my son loves to swim."


Marie's creative map showcases her desire to live somewhere rural, with trees and hiking trails, while also living on a bus route to facilitate access to her son as depicted through the imagery of the "HSR" (Hamilton Street Rail) stop in the bottom right corner. For context, Hamilton is divided into a lower city (where the downtown is located) and the upper city (commonly referred to as the 'Mountain'). For Marie, it was of central importance that her housing was located somewhere she could easily traverse to the upper part of the city, so she could visit her son.

When Anne was asked to describe her preferred place, she did so by saying: 'somewhere close to my granddaughter. Wherever she is, is where I want to be.' Throughout Anne's creative mapping workshop, she continually reflected on the importance of her relationship with her granddaughter and repeatedly made choices about her preferred housing in ways that reflected the centrality of this relationship in her life.

For Lola, a trans-woman who is an active member of her community, her preferred place was described as somewhere near places and spaces for socializing and somewhere close to her friends.

Lola's geographical map includes a coffee shop, mall, park, pool and walking trail because these were all spaces she imagined as spaces that facilitate connection and socializing.
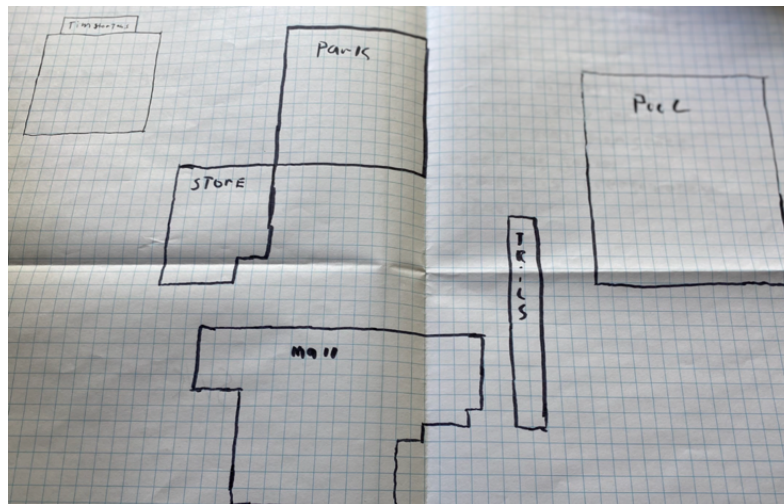
> "I have Tim Hortons, park, malls, because those are things that I love doing. It's not where I want them, but it is just something I want to have that I want around, you know? That is pretty much it, that is pretty much what I want around my area, Tim Horton's, park, store, mall, trails and a pool. Things for me and my friends to do, you know? I don't like staying home, I'm always out and I want to be close to places, so I could say to a friend, okay meet me here."

The idea of living somewhere close to places that facilitate relationship and connection was made visible through Lola's geographical map, who highlights the importance of being within walking distance to places and spaces she could meet up with friends. Similarly, Danielle, who was explicit in wanting to move away from the downtown core, described in similar ways to Lola, the importance of living in place, that made it 'easy to be around people:'

> "Nature is so important to me, but I do prefer to be around other groups of people too – but as long as there is a place nearby to buy food, go to the hospital in case of emergency or have like a library or a school area. I like to go to a place where you can just sit and be around people, a library, a coffee shop, you know, I'd be pretty solid with that."

Participants in the WESH project shared a sentiment that the place of housing, was an important facilitator of relationships, including relationships with children, grandchildren, friends and other

community members. When describing and depicting their geographical maps, places that had the

potential to facilitate social connection more broadly outside of interpersonal relationships, were

also depicted as of paramount importance.

7.3 b.) Place as nearby formal and informal supports: "*I'd want to be near the YWCA because I do get a lot of support from the girls there.*"

In addition to imagining the housing as a facilitator of interpersonal relationships, participants also

imagined their preferred place for housing, as somewhere that was nearby to the spaces where they

were already receiving informal and formal support including health and social care providers, places

of worship, and informal support networks. The juxtaposing desires to live close to informal and

formal supports, while also living away from the downtown core, was acknowledged and explored

by some participants in the WESH project.

For example, Rhonda described wanting to live away from downtown, in a rural place where she was

surrounded by nature. Yet, she also wanted a range of formal and informal supports located 'a 15-

minute walk away.'
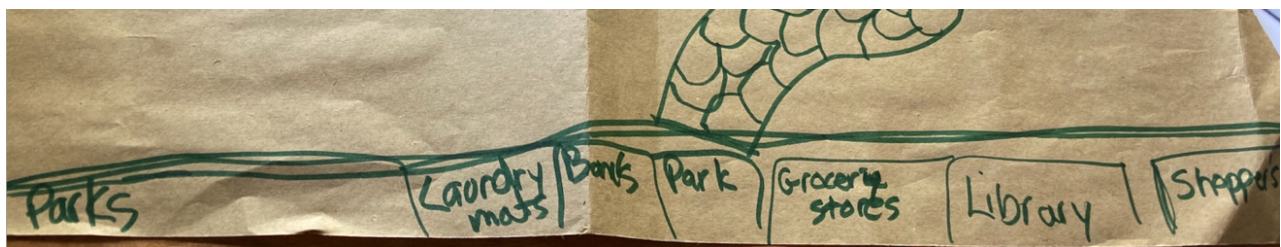
> "This is the main street where the stores are, and you've got a Shoppers maybe, and a library. And parks, lots of parks. I could go to the grocery store and do all my stuff, and then go sit at the park, the little park area before I'd walk home. It would be cool if this was only fifteen minutes or ten minutes or so away, walking. And everything you needed was on the one street. Take out places, grocery stores, a library, maybe that had programs, all close.'

When Rhonda reflected on the realities of these competing desires, she noted that perhaps this type

of 'place' could be realized in a smaller town, where things were more walkable, with less urban

density.

When Sherry was asked about her preferred location for housing, she said she was a 'city girl' and wanted her housing to be in a central place, in the downtown core of the city. She described that it was important to her to be close to amenities of convenience such as a variety store (open all the time) and shopping mall, formal supports such as health care providers and gender-specific organizations, and informal supports like friends' houses, parks, a pool for Water Fit and a theater, for watching shows.

> "There are a lot of places I would love to live, but since I am a city girl, downtown is good. Downtown would be better if there was less violence, but that's why I'd want my house to be in an apartment building, near a variety store that is open all of the time. I'd need a park by me, I'd need a pool. I'd want to be near the YWCA because I do get a lot of support from the girls there. I'd want to be near a doctor and hospital, because my health ain't good. Friends gotta live close by me, and parks, parks I want parks around me, and a theater for going to shows."
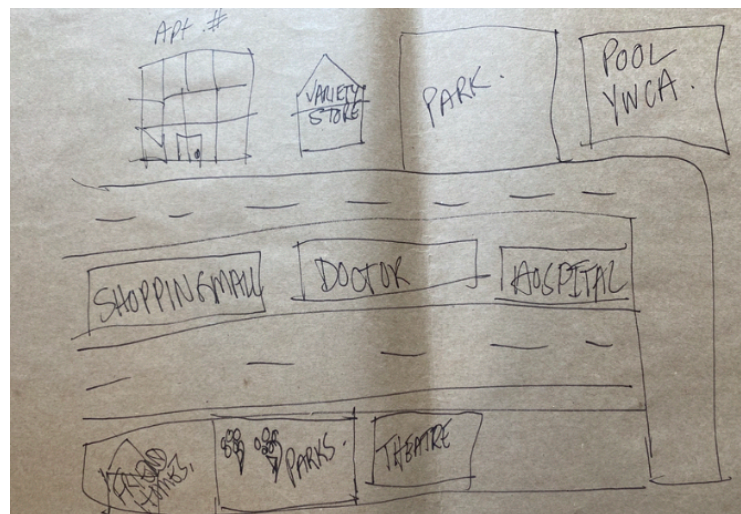

Despite wanting to remain downtown, Sherry also acknowledged that to continue living downtown, there needed to be a reduction in violence. The violence downtown, that Sherry worries about cannot be separated from the gender-based street violence that women experiencing street level homelessness endure. Sherry described needing to live in a high-rise apartment building, near friends and other social supports such as the YWCA, to enhance her own feelings of safety in the downtown core.

As Brooke thought more about her preferred geographical location for housing, she shared that she

was living with HIV and other physical and mental health challenges, which needed to factor into

her decision around preferred 'place:'

> "But because of my HIV, my doctors and health care team are a big support to me. I do see them a lot and get a lot of support from (*name redacted*) clinic, and so I also would want to be rural, but I would not want to be too far from them."

For Brooke, it was important to live somewhere rural, away from the downtown core of the city, but

not too far from the doctors and health care organizations that provide her support in managing her

health and wellness. Brooke's geographical map reflected two important aspects of her identity and

lived experience, including the centrality of motherhood in her life and the reality that her health

conditions require regular access to care.

The sentiment of wanting to live somewhere rural, while also being realistic about health and social

care needs was echoed by Keira, who only drew trees on her geographical map. Keira shared the

ways in which she imagines the housing being rural but not isolating, and still responsive to her

health and social care needs by sharing:
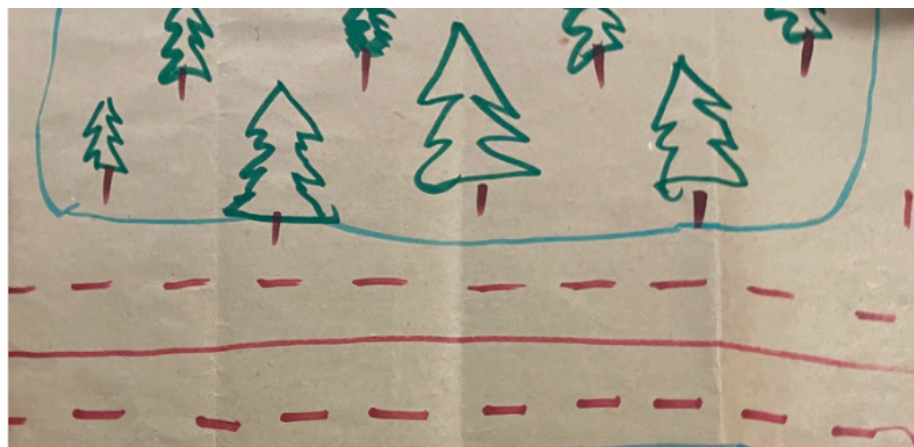
> "It is kind of rural but close enough because I do not have my license, so I could walk to the city and have stores and stuff like that and not go stir crazy – I could not be on a farm and then be stuck. I do have a lot of health appointments, and I do go to see my counselor, and I do benefit from that as well."

For Keira, a Métis woman, who described her hope to live in a tiny house community in a rural part of the city, she also considered the importance of having this location walkable, so it did not serve to further isolate her. Furthermore, Keira reflected that while she would benefit from living in a rural setting, she would not benefit from being isolated from her health and social supports.

Ife described that she did not want to live somewhere where she was expected to 'stay in a box,' and because of this she drew a church on her geographical map and described the social connection she benefits from, by being a part of her faith community:

> "There has to be a little church, you know, because church grounding, it's friendship, it's connection and religion is good or spiritual anything. Any culture. Whatever way tickles your fancy. But my main thing is where I am going to be housed, I don't want to just stay in a box, because it is a box."

Throughout the geographical mapping activity, it became evident that while participants expressed a desire to live away from the downtown because of safety concerns, they also valued the relational aspects of place and worried about being socially isolated because of the place they lived in. Importantly, many of the participants in the WESH project also acknowledged that the intersection of their health and social care needs required that they were near formal sources of support, including health care organizations, gender-specific organizations and counseling services.

7.4 Place as Wellness:

The final significant theme that emerged when considering the importance of place, was focused on conceptualizing a place that was restorative, and deeply connected to wellness and healing. For all participants, the connection between place, restoration and wellness was deeply connected to living somewhere where nature was abundant and connections to the land were meaningful. This was particularly important for Indigenous women who participated in the WESH project, who all described their preferred place of housing as deeply connected to nature and the land and made explicit connections between nature and well-being. This is aligned with Indigenous understandings of the determinants of health and wellness, that emphasize connections with the land and nature as central to well-being (Loopie & Wien, 2022).

7.4 a.) Place as Connected to Culture: *'Nature is such a big part of it, but then again, nature is a part of us.'*

All Indigenous women who participated in the WESH project described their preferred place for housing, as being near nature – with many participants describing this as an important facilitator of well-being. This is aligned with Indigenous understandings of the determinants of health, that identify Indigenous-specific determinants that go beyond the "social" and emphasise the deep interconnections that exist between the physical, spiritual, emotional, and mental dimensions of health and wellbeing (Loopie & Wien, 2022). This includes a sacred and spiritual connection to land and nature, as a facilitator of health and wellbeing (Greenwood & de Leeuw, 2007; Loopie & Wien, 2022; Stelkia et al, 2020).

For example, Coral, who identifies as a Mohawk woman, describes her preferred place as in a rural setting, connected to the land. While Coral did not draw a geographical map, she shared stories about the importance of living in a place that resembled her time spent living on a reservation, which was and continues to be a positive experience for her. When describing her preferred geographical location for housing, Coral shares:

> "Somewhere you are out in the bush, like the rez. I used to live there, and I still go back to stay at my moms, my kids and my cousins' houses are all there. It is good, the houses there, they are small, but you know, it is okay because of the land."

For Coral, her connection to the land and her Indigenous identity has a profound influence on her perception of preferred housing location. Coral shared she had many relatives and friends who still live on-reserve, but that her own life and children are now in the city. As she reflected on her preferred place, she shared about feeling conflicted between returning to the reserve (as it was her preferred geographical location) or straying in Hamilton where her children were. The conflict highlighted by Coral is significant, and reflective of the displacement that many urban Indigenous women feel, who navigate life between urban centres and reservations.

Marie, a Métis woman who participated in the WESH project described moving to the downtown core of her current city as a 'culture shock.' When imagining her preferred place for housing, she drew trees, a river and a pond on her geographical map. She shared how she grew up in a rural area, and wanted to return to that kind of lifestyle as she was not happy living in the downtown of Hamilton.

For Ife and Rhonda, both of whom identify as Indigenous women, being close to nature was described as a critical component of many dimensions of their overall wellness. For example, Ife, who identifies as Indo-Indigenous describes wanting her preferred housing to be centrally located, but she also notes the importance of having access to nature. When asked to describe her preferred housing location, Ife drew the following map:
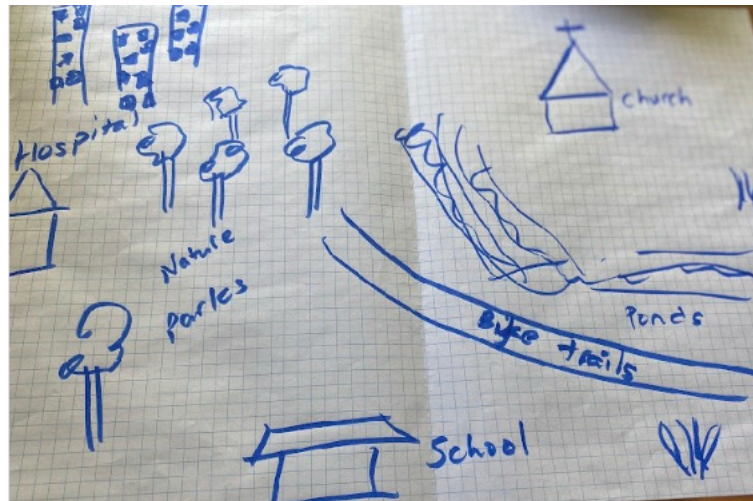
"I am an island girl… I would like a place where a human is closer to nature, more so than what we are building. But it must include everything, like church, school, hospital, but we just gotta run it different. Also a little bit of nature reserve in case I want to pull up to the bunker with my tent. Allow for bon fire. Like a little nature area off of the main area. There has to be. That is part of rejuvenating."

Ife's geographical map shows an emphasis on nature and the land, through her depiction of ponds, bike trails, trees, nature and parks. However, Ife also includes spaces of informal and formal support such as hospitals, schools and churches. Ife's desire to live in a place 'where a human is closer to nature', while also 'including everything like church, schools and hospitals' highlights a juxtaposition found across many of the geographical maps whereby participants had competing priorities that would be difficult to resolve through place.

Rhonda, a First Nations woman, draws an image of her preferred location for housing, filled with lush green grass, flowers and trees, sharing that: 'nature is such a big part of it, but then again, nature is a part of us.' Describing her geographical map, Rhonda shares the importance of nature by saying:

"I want to be able to go outside and put my feet on the grass. You can't do that when you are in a big building, and you come outside and there is all concrete around it. Lots of trees. I cannot stand it when there are no trees. And when there are no trees, we are not very healthy. And when there are no trees, I love hearing the bird, I love seeing the birds. I love seeing the colours changing, that makes me happy. When you are walking around a place with no trees, all telephone poles and cement stuff, and parking lots, and garbage bins, it is

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just so depressing."

Living somewhere connected to nature was described as both a facilitator of wellbeing and healing, and as something largely out of reach for many of the Indigenous women who participated in the WESH project. Throughout the project, Indigenous women shared about the choices they made to leave their connection with the land because of needing to move into the city to prioritize relationships with their children. Gender-specific co-housing providers that serve Indigenous women must deeply integrate a connection to nature and the land, as a key determinant of supporting health, wellness and healing.

7.4 b.) Place as a Facilitator of Well-being: '*I need like water close, but I also need like a lot of peacefulness and mindfulness.'*

The preferred place where housing was located was continually described by participants as somewhere connected to nature. Almost all participants mentioned the importance of being in nature and the perceived benefits that this would have on mental and physical wellness and overall well-being. For example, Sawyer describes how their experiences of living in hospital and on their grandfathers' farm both shape their perception of their preferred location for housing. When asked to depict their geographical map, Sawyer drew an abstract image, noting that the greenish blue left-hand corner representing the significance of water:
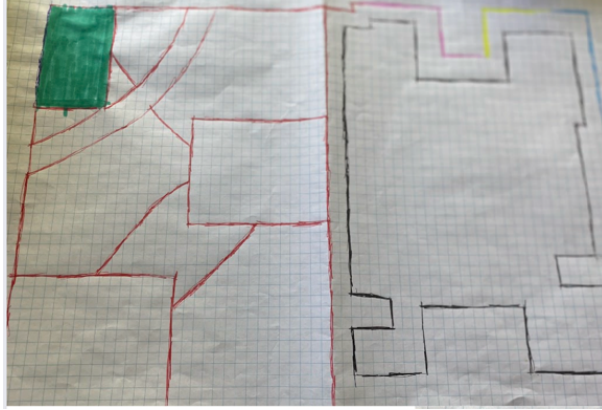
Image: Sawyer's geographical map

> "It makes sense to have like a garden and like obviously water flow, because I need like water close, but I also need like a lot of peacefulness and mindfulness. That is what I liked about my grandpa's and the farm. So right now, I'm thinking more like, (local hospital). I don't know if you know anything about (local hospital) but kinda like that, like you have a nice view out over a ledge, or like, escarpment."

By reflecting on their youth spent living on their grandfathers farm, described by Sawyer the best place they had ever lived, considerations of preferred place brought back memories of the importance of living somewhere that was close to water and nature. For Sawyer, these geographical features bring about 'peacefulness and mindfulness' for them.

In conversation with Ashley during the creative mapping workshop, it became apparent that her preferred place for housing, was connected to nature because these were the kinds of places she imagined as central to facilitating her own wellness and healing.

> "I really do want to get a dog, especially since I am going to be living alone. So I would like a park or a dog park. I've got this, a bike trail, that's a bike, a bike trail. There is a tree with some hills, like a walking trail. If I got a dog or something, plus like I said I've gained a lot of weight and I'd like to lose weight, so if a gym isn't near there or if its closed, I could just walk and bike."

The connectivity of having a pet, the ability to walk or bike in nature, focusing on self-care through walking and biking, and improving her overall health and wellness required living near nature for Ashley.

June describes the joy she gets from 'taking care of the outdoors' and throughout the imaginative process, she reflected on the importance of living in nature because of the benefit she gets to her own mental health and wellbeing. In drawing her geographical map, June drew a large tree with a garden surrounding it as a central feature on her geographical map, and shares the following reflections:

> "I don't think I got to isolate the way I do, because the outside is so beautiful. And there is lots of trees, and places to do gardening and weeding I see. I love doing that. I love to take care of the outdoors, to watch the birds. A place to grow milkweed for the monarch butterflies, and other butterflies. Oh yeah, surrounded by butterflies and trees."

For June, being outside, gardening and watching the birds were all sources of wellness in her life, and something that she would like integrated into place.

> "Vegetable gardens, flowers, somewhere where you can go and get a lot of sun. A lot of benches so people can sit apart and distancing if that stays apart of our world."

It was interesting to see the ways in which all participants in the WESH project conceptualized their preferred place of housing as somewhere that was restorative, connected to nature and a facilitator of their own well-being. For many participants, living somewhere close to water, gardens, trees and other aspects of nature was of central importance and participants acknowledged how this preferred place differed significantly from their current realities living in downtown Hamilton.

7.5   Reflections on Place:

The geographical mapping activity began to illuminate some key considerations in relation to the preferred place of housing for women who participated in the WESH project. Most specifically, the findings highlighted the importance of place as a facilitator of safety, relationality and well-being in the lives of women who have endured long histories of homelessness.

By brainstorming and developing geographical maps of their preferred location for housing, participants talked about the feelings and emotions associated with place. The use of the artwork enabled the participants to express themselves using emotion, story-telling and imagery. This level of consideration and engagement from women is generally absent from the housing planning process. Many of the women made explicit connections between how their identity and experiences including Indigeneity, disability, experience of gender-based violence and connection to motherhood, influenced their preferred place and location.

The emphasis on place as safety was significant, with most participants describing wanting to live away from the downtown core. Desiring housing that was away from downtown was an intentional choice, deeply connected to their own perceptions of safety and housing stability. However, women also conceptualized place as relation, offering considerations for how a place can be a facilitator of important relationships, and of social connectivity. While many participants were explicit in their desire to not live downtown, they also recognized the importance of being close to their children, grandchildren, friends and relatively close to the health and social supports they access. These two conflicting desires represent an important tension in the data around the desire to be removed from the downtown of the city, while also having a desire to be within proximity to important people and places.

Place as a foundation for overall wellness and well-being was also echoed throughout the geographical maps, with participants describing and depicting places that were restorative and

healing. All Indigenous participants described this as living somewhere they could easily connect to nature, and this was articulated as an important aspect of wellness and well-being. For participants who did not identify as Indigenous, nature was still conceptualized as something that has positive benefits for their overall mental health with participants noting their desire to live near walking trails, gardens and water.

The findings from this section are particularly significant as very rarely are women who endure long-term homelessness asked about their preferences relating to the place of their housing. While the findings offer some important considerations, they also highlight a key tension relating to the desire for place to be away from downtown and in nature, but also near relational supports including family, friends, health and social care providers and other sources of informal and formal support.

Chapter 8: Space *'I would like to have a little bit of space.'*

8.1 Introduction:

Once participants had created their geographical maps and spent time reflecting on what was important to them about the place (location) of their preferred housing, we turned our attention to space. This included focusing on both the infrastructure design of co-housing (exterior) and the blueprinting of individual and common spaces (interior).

To do this, two activities were used which included photo elicitation, whereby participants viewed images of existing housing buildings and offered their immediate reactions and, and blueprinting, whereby participants drew out and explained their preferred individual space as well as any shared common spaces they would like to have access to within their housing.

Three overarching themes emerged including the desire for gendered housing to look and feel like a neighbourhood home, or apartment building, the importance of having a private, modest space that reflected women's unique housing needs and conceptualizing space for community (as both responsive to community need, and a facilitator of community building).

8.2 Co-housing, designed as homey spaces: *"This looks like a regular house… it doesn't feel separated from other people's way of living"*

A significant theme that emerged throughout the blueprinting and photo elicitation activity, was an emphasis on not wanting to live in a space that looked institutional. Participants were explicit in their desires of wanting to live somewhere that blended into the neighbourhood they lived in, such as a large, shared home, small apartment building or small house.

This was evident through the photo elicitation activity, where participants routinely commented on not liking spaces because of external factors they felt resembled institutions. The emphasis on housing that does not replicate institutions is particularly noteworthy, although not surprising given

that most of the participants in the WESH project have spent time living in institutions including jails (67%) and hospitals (85%).

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8.2 a.) Exteriors: *"It just looked like a regular house, a part of the neighbourhood."*

Throughout this activity, a strong connection emerged between what a place looks like and what a place feels like. When viewing the photographs of infrastructure typology, almost all participants emphasized that they did not want the architecture and exterior to resemble an institution. Instead, participants emphasized their desire to live somewhere that 'blended into' the neighbourhood around them, with participants being particularly drawn to infrastructure typologies such as large, shared homes and walk-up apartment buildings.

Participants visions for gender specific co-housing considered the women's histories of being institutionalized in various ways - both concretely (prison) and symbolically (the stigma attached to living in a space that conveys something about the residents who live there). For participants in the WESH project, what looked 'institutional' varied, but included things like visible signable displayed

out front, large buildings that resembled hospitals and buildings without greenspace or balconies.

For example, when shown the photo below of a gender-specific cohousing building in Canada,

Ashley described it as looking 'more like a university, then a home.'

When looking at the same photograph, Danielle notes that the exterior looked sterile, and she

compared it to a hospital by saying:

> "This one looks too much like a hospital, it might make us feel like we are a little bit mentally unstable. There is nothing homey about this."

Viewing and commenting on architectural typologies became an opportunity for the women who

participated in the WESH project to make connections between what they desired in future housing,

and their past histories of institutionalization. Women considered the ways in which their already

stigmatized identities and experiences shaped their strong desires to live in housing that did not

further stigmatize them or other them.

Rhonda describes the exterior of the same building, as 'just too much', and shares:

> "It's a hospital, it's a school, it's a complex, but it's not a home. This one looks like some of the long-term mental health facilities that I've stayed at."

Ashley, Danielle and Rhonda have all spent a significant amount of time living involuntarily

hospitalized, and for these women the image above conjured up memories of living in that type of

institutional space. The importance of living somewhere 'homey' was a reoccurring concept, and for the participants in this study, that meant that infrastructure archetypes resembling hospitals or 'complexes' were not a welcomed design because of the ways these exteriors reproduced disparaging narratives about who was living in these buildings, and why.

Another image participants viewed was of a supportive housing program located in operated by a large-scale housing provider, with many buildings across the city and Southern Ontario. Many of the participants did not like the way that these buildings were designed in visually similar ways, because of the ways the similarity in housing typology made it visible you were living in supportive housing. For example, when June viewed this image, she shared:

> "See, I know exactly what that is. It's an (redacted) building. And I don't want something that feels institutionalized. They've got that look about them, you know exactly what it is, kind of like a Tim Hortons."

Other participants who viewed this building also spoke to the lack of anonymity for tenants who live in these buildings, caused by the buildings all having similar exterior designs. When Christine viewed this image, she said:

> "See, I know exactly what building this is. Supportive housing for people who struggle. There is no anonymity to this – it's like every time you walk up to the building, it's like, 'hey- I struggle.'"

The desire to live somewhere that was anonymous and that would not 'out' the residents as living in supportive housing was a significant finding. The exteriors and optics of gendered co-housing were important to participants in the WESH project, as they described shared concerns about the optics of the building, and what might be conveyed about them through the exterior design.

One of the photographs showed a supportive housing program that had a visible sign out front, and many participants reacted negatively to this, because of the way this signaled living within an institution. This type of visible signage signified that this type of housing was something 'Other' than just another house in the neighbourhood.

When Lola viewed this photograph, she shared her initial reaction:

> "Now, this looks like a corporation with the sign out front. It's like are you living here or, do you go to work here. I don't like the sign – that's a no."

When Rhonda saw the image of the housing program with the sign displayed out front, she reflected on a supportive housing program, she had visited friends at in the past and shared:

> "Unlike this one, where my friend lived… it was a house, you couldn't tell what it was. There was no sign out front, no billboard saying you know 'we are recovering addicts' or 'we are homeless' or 'we are in transition' you know, nothing like that. It just looked like a regular house, a part of the neighbourhood."

Institutional design, sameness and signage all served as features of infrastructure that served to 'Other' – making distinctions between who was living there, and the broader neighbourhood. Given

the participants institutional realities, these typologies conjured up feelings of being Othered and not of being at 'home.'

Photographs of older homes like the one pictured below were identified as a preferred cohousing typology by many participants. When Lola viewed the image below of a large home, she described it as having a 'homey feeling,' something that was important to her when she conceptualized the exterior design of gendered co-housing.

When looking at the same image, Crystal shares:

> "It's just a big house and I like that. Everyone could have a private bedroom area and then share the common areas. If we could have something like that, that is a lot more affordable than the options we have now – I would like that. That could work for me."

When reviewing the photographs, Ava points out the same image above of the larger home as her preference because of her belief co-housing models should blend into the neighbourhoods, they are a part, of as to not further stigmatize the residents who live there:

> "This looks like a regular house. So people might actually like this better because it doesn't feel separated from other people's way of living."

Ashley was particularly drawn to the image of a yellow house below, she writes:

> "The yellow Spanish style bungalow looks like it would house only a handful of women and that you would have a lot of your own private space. Also, I bet you would make lifelong friends."

During the creative mapping workshop Ashley describes being drawn to this house because it is 'just so bright', and because it 'nothing about the house would be separating you from the neighbours.'


Large homes that were already apart of neighbourhoods were identified because they did not resemble institutions, they were 'homey' and according to participants, could be easily transformed into cohousing for women experiencing long-term homelessness.

8.2 b.) Interiors: *"Sunlight is the energy of rejuvenation."*

While women had varying ideas for designing space, there were some important reoccurring requests relating to the interior design. When participants moved their attention to the interior of the space, through the blueprinting activity, natural light and big windows emerged as important spatial features across most of the participants blueprints. For almost all participants, incorporating large windows that would bring natural light into their space was of central importance, and a stark contrast to the institutional and dreary spaces that they have lived throughout their housing

trajectories. In addition to windows and natural light, some participants had other ideas on how to bring elements of nature and the outdoors into their space including incorporating house plants, and the importance of having patio and balcony space.

For Ife, an Indo-Indigenous woman who valued a connection to nature and the sun, her blueprint of individual space was a one room dwelling, with a bed, a television, and a couch. She writes that it is important to have Wi-Fi and a computer. However, in large text, Ife writes on the blueprint of her individual space, "Big windows, Sunlight in":
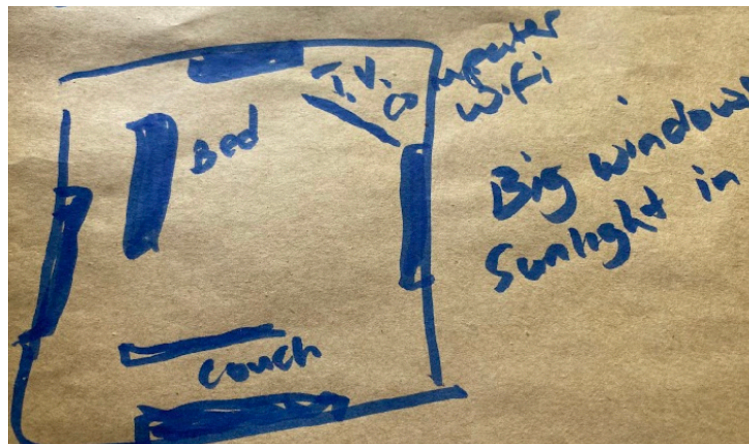

When describing this image, Ife shares:

> "Big windows. Bring a lot of sunlight, when someone is mentally ill, they cannot be in the dark. They got to come out to the light. Because the sunlight is the energy of rejuvenation. My ancestors are sunworshippers and pagans. And mother earth. The biggest thing about having a one-bedroom unit is the windows have to be really big to let the sun in. I don't care about the space. I care about letting nature into my living space."

A desire to have natural light and large windows in their individual space were intimately connected to mental health and improved well-being for many of the participants, who emphasized this as an important part of the conceptualization of space. For example, after the photo elicitation activity, Danielle, who shared her struggles with mental health and wellness throughout our conversation, reflected on the infrastructure she had viewed that had large windows:

> "I like the ones that have the big windows, lots of natural lighting. It is a very positive kinda thing – when you have the natural light coming into your apartment it helps the vibes, it helps it to feel more vibrant in that room. If you are feeling depressed, the natural light helps to wake you up a bit."

In addition to big windows emerging throughout the individual blueprinting activities, the photo elicitation activity of preferred housing typologies highlighted an appreciation for architecture that had large windows. Marie uses one of the photo elicitation images to highlight the importance of 'larger windows for natural light' and she describes this typology as something that would be 'good for her:'
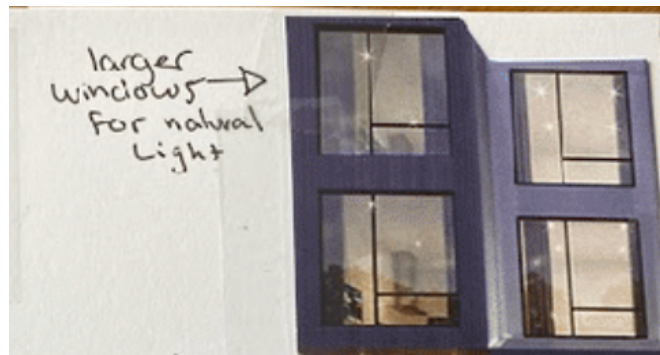
> "I like this place, how it has the bigger windows for more natural light. I like how big the windows are, that would be good for me."

Similarly, Rhonda who draws a gender-specific co-housing space with multiple bedrooms and a large row of windows, describes her imagery by sharing:
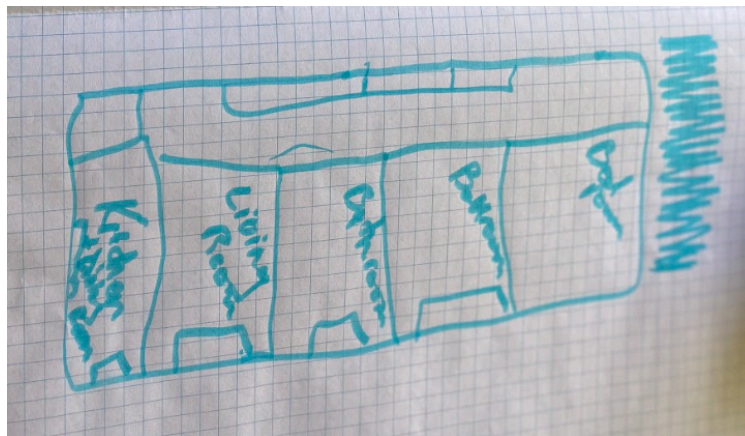
> "I got windows all upstairs. You got to have lots of windows because it helps. A lot of us having season disorders, I think they call it seasonal affective disorder and if the housing has skylights that helps. But you gotta have big windows in the bedrooms, you gotta have a window in the bathroom, a window in the living room and a window in the kitchen, somehow depending on where you are."

For Rhonda, the importance of large windows was intimately connected to her own experiences of having seasonal affective disorder, and her belief that during times in her life when she has lived in basement rentals, her mood has been significantly impacted by the lack of light.

In addition to the importance of natural light, plants also emerged as an important thing to have in individual spaces. For example, June draws her blueprint of individual space depicting plants in each room, sharing what is important to her she says:
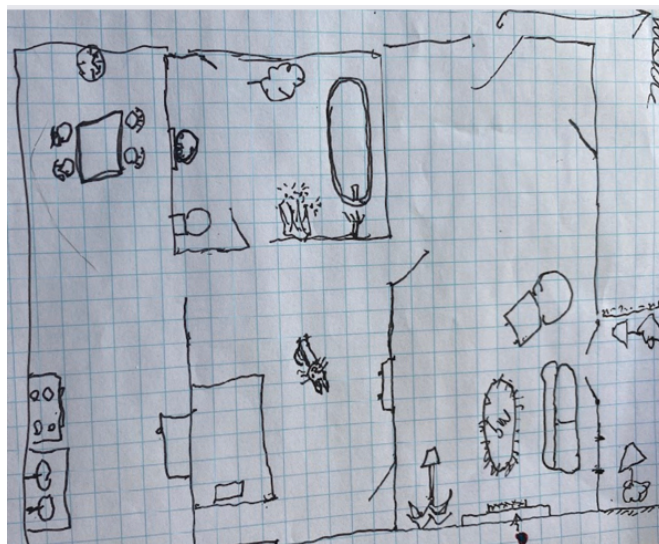

> "A balcony, and a living room with a fireplace, and a bed and a dresser and a closet, and my cat is in there. And double sinks in the kitchen, a stove and a table that will hold four chairs. And a fridge. And plants. Plants in all the rooms, that is most important."

Marie echoed June's ideas about the importance of plants in space, by sharing her ideas for a shared communal space that incorporated plants, gardening, and spending time together around greenery:

> "You know, so people have like a green space, you know. … And they can take part in watering the plants and stuff. It would be like kind of like a greenhouse but like there'd be like chairs inside there that you could go and sit in and, you know, enjoy the greenery."

Several other participants noted the importance of having plants in their housing because of several reasons connected to improving the air quality, enhancing their own wellbeing, and improving the aesthetic of their house by bringing some life in. For Christine, and several other participants, ideas emerged about the potentiality of having one's own green space, either through a small balcony, or lawn of their own:
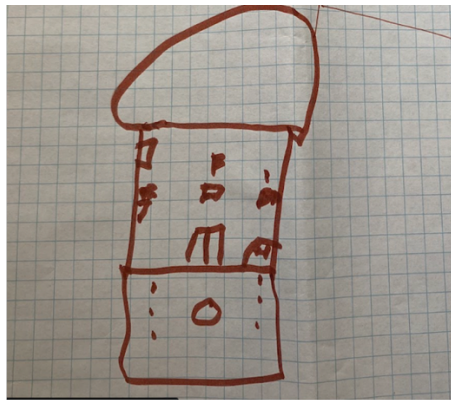
> "I wouldn't even mind if it was fake grass. Here is my little mushroom house, and my little yard, and my little pool, and my little lawn chairs. But this is actually like the little house and the little yard –I don't really need a front yard – to get out to the back there would be little sliding doors."

Bringing nature inside individual and common spaces was a reoccurring theme throughout the blueprinting and photo elicitation activities. Oftentimes, participants referred to other places they had lived naming basements, windowless rooms, storage units, or institutions such as jails, hospitals and emergency shelters that were devoid of natural light and naturistic elements. Living in a space with big windows, plants, access to a balcony and natural light contrasted their past housing experiences, and served to re-imagine how shared housing spaces could be lifegiving, and not institutional

8.3 Individual Space: *'Your own little spot'*

As we continued our exploration of space, participants were asked to brainstorm and blueprint what they would need and what they would like within their own housing space. Despite inviting

participants to imagine whatever it is they would like in relation to space on the blueprinting paper, the blueprints created by the participants were incredibly modest. Participants described wanting a private space, a door that locked and a basic functional living space that was responsive to their unique housing needs and intersecting identities. In addition to blueprinting preferred individual spaces, participants drew inspiration from the photo elicitation imagery and used this to consider how varying housing typologies could meet their needs for individual space within gender specific co-housing models.

8.3 a.) The importance of a private space: *'It's not big but it's yours.'*

As participants mapped out their individual space, the importance of privacy and private space emerged as a central consideration. Interestingly, participants in the WESH project were largely drawn to the two images of tiny houses that were included in the photo elicitation activity. Participants described being most interested in this housing typology because of their perceptions that it would offer privacy, and a space of one's own, not because they felt it was the best solution to their experience of homelessness.

When viewing a photo of tiny homes, Lisa reacted positively to this type of infrastructure sharing:

> "I like the idea that you have your own…like your own little spot. It's not big but it's yours. Like it's your spot. Like you know, it's your own little house."

The idea of a tiny home was regarded positively by many of the participants in the WESH project, because of the ways it reflected a small space of their own. Many of the participants who were drawn

to this type of infrastructure because of the autonomy having one's own small space would provide, with several participants describing the benefits of 'not having to share walls' with their neighbours, as expected in a traditional apartment building. For example, when looking at the infrastructure of tiny houses Kiera shares her own reflections:

> "I think to have your own space is huge. When you are in an apartment, you have like 100 neighbours and for me living with anxiety, that can be rough. Even in a complex, it is rough. I lived in a complex and I couldn't leave the house. I was agoraphobic until I became homeless and then I did not have a choice, but I would like to have a little bit of space."

Lisa, echoed Kiera's interest in tiny houses for the potential of having one's own space, and not having to share aspects of individual space with other tenants by noting:

> "I wouldn't mind something like that. It is personalized so you do not have to share anything. Personally, I would rather not have to share, I would rather have my own bathroom and stuff."

Understandably, tiny houses emerged as a favourite infrastructure typology amongst the participants because of the ways this model could be integrated into greenspaces, which were described as the preferred place of housing by most women in the project. For example, when June viewed this image, she thought about what it might mean for her ability to garden and shared:

> "What I like about these, is you step out the door and it's outside. you have your own little porch and places to grow flowers and fruits and vegetables. It's cute. I think that is what I like about it."

Crystal who felt extremely negative about the image of the housing unit that had been developed from an old shipping container housing, describing it as something that was both 'demeaning and undignified', felt differently when viewing tiny house imagery, sharing:

> "I really like that one. I want to just move into it. I like everything about it. I don't know how the inside is, but I like the way it looks. It is modern and I like the clean modern look. I don't

know, I like everything about it. I like the sky lights. I want to just go and start building one. I could probably build that in a week myself."

It was important to participants that they had their own space, that was private and secure, even when living in a co-housing arrangement. This was further exemplified visually by Sawyer, who drew the following blueprint of connecting individual spaces, sharing:

"As long as everyone had their own room, with a door that locked, and maybe a bathroom, we'd be good. See here, all these rooms connect, but you can't get through them, and the walls are really thick. You can't hear nothing, so it's like your alone, but you're not, but you've got your own space. Everybody's got their own space."
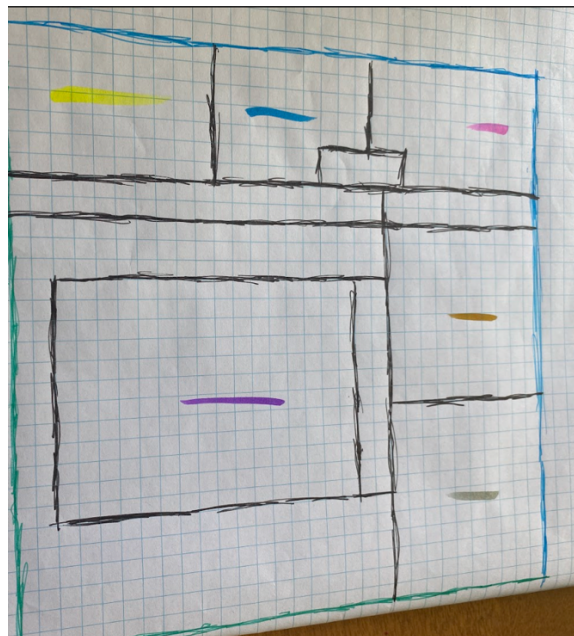

The importance of having a space of one's own was connected to the desire for privacy and private space, including one's own walls, locked door and if possible, private outdoor space. Most women who participated in the WESH project have spent years living in shared accommodations such as encampments, shelters and drop-in programs. It is not surprising that as women envision their preferred housing, privacy and a place of one's own emerged as critical considerations.

8.3 b.) Modest spaces reflecting intersecting identities: *'Just a little bit of space so I can have my bed and my little nightstand there and my walker. And that's good for me.'*

The housing desires and visualizations that participants in the WESH project created through the blueprinting activity, were incredibly modest. Despite being invited to imagine 'anything' in terms of preferred space, almost all participants described their individual space as either a studio apartment, or a one-bedroom dwelling. For participants who wanted extra bedrooms, this was consistently connected to a desire to have enough space that children could either visit or live with them again, or the desire to have visitors such as grandchildren. Requiring extra space was often connected to needing to store mobility aids such as walkers, electric scooters or wheelchairs. The spaces that were conceptualized during the blueprinting activity, were functional and were largely void of extra comforts or luxuries. Participants consistently depicted ideas and desires for a small, safe, functional space that they could call their own. Somewhere that was private, with a door that locked. Interestingly, participants conceptualizations of individual space were often a reflection of their intersecting identities and housing needs. For example, Ruth's space reflected her changing needs as she aged. Ruth drew the following image showing a two-bedroom apartment. She says two bedrooms would be ideal because as she is aging, she requires more help and it would be nice if a relative, who lives out of town, could stay with her occasionally:

> "It is a little house, you know, would be nice. Just a little bit of space so I can have my bed and, you know, my little nightstand there, and my walker. And that's good for me. And, you know, a little living room that I can watch TV. I put two bedrooms because it would be nice to have someone stay over, I'm getting older and someone to help for a night or two around the house, you know, that's good for now for me. I don't need a great big house, and I don't need the mansion. You know, I just want a little house, a little space."
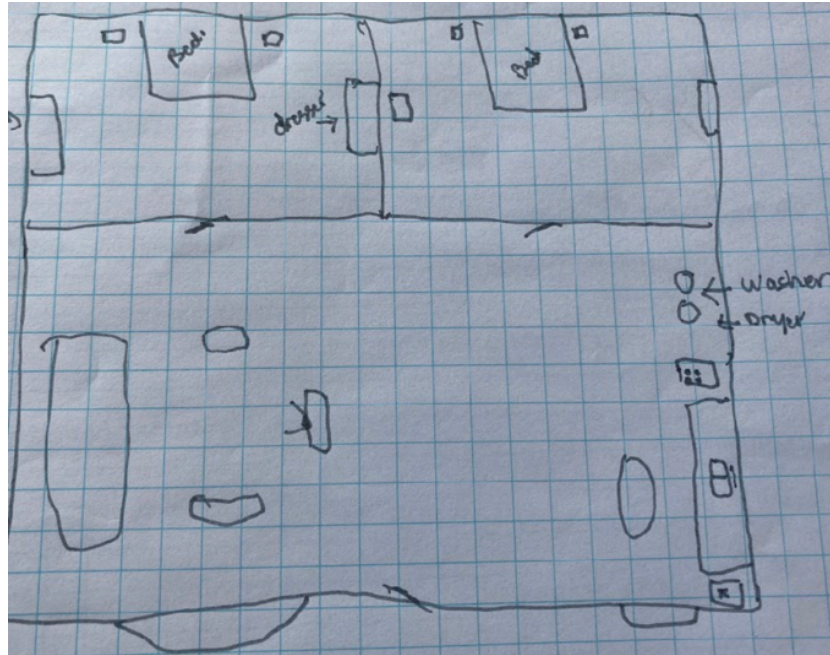
The concept of 'a little space' as Ruth described – was echoed by many participants throughout the creative mapping workshops. Coral echoes the idea of just needing a small bit of space and shares she 'does not need anything fancy.' Instead, what was of critical importance to her was in addition to a bedroom, that her own individual space had a nice living room area where she could relax, read a book, or watch television. For Coral, having a space separate to her bedroom was important because of her struggles with mental health and insomnia, and she believed that having a room to relax and unwind in that was not her bedroom would improve her quality of life and sleep. Coral depicted her desired for individual space by developing the following blueprint of individual space.
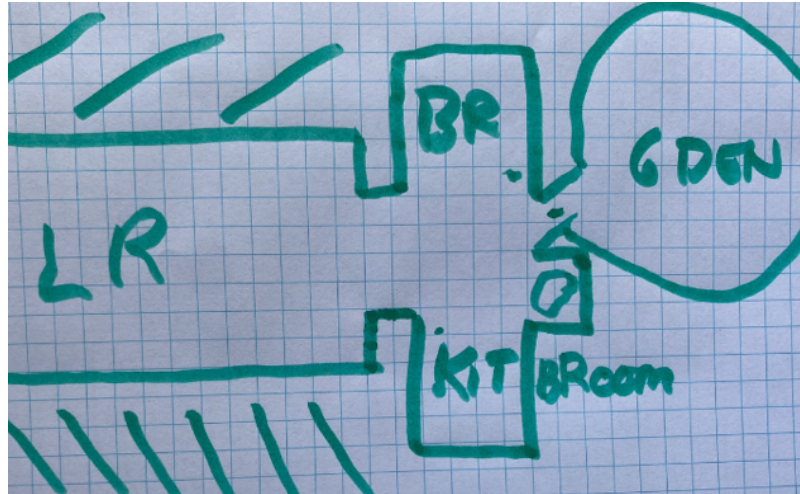
In addition to a living room, Coral would like a small bedroom, a kitchenette, and a private bathroom. Ideally, Coral would like to live on the ground floor somewhere that she could walk out of her individual space and access a private garden because she finds spending time in nature to be healing and a beneficial part of her wellness journey as a Mohawk woman.

Pam who lives with various physical disabilities described the importance of having an individual space that was accessible to her. She was particularly concerned with having a walk-in shower, as well as a bedroom large enough to fit her mobility devices. In the imagery she creates of her individual space, the large walk-in shower is the most pronounced and describes her image by sharing:


> "In my own apartment, I would like a walk-in shower, so I drew a walk in would like my own bedroom, because I have never had my own bedroom since I've been homeless or

> living in certain places. I got to store my scooter and that takes space. I've always been living on the floor or sleeping on the floor or something, but I would like to have my own bed, my own walk-in shower, because I need help to shower."

Similar to Pam, many of the individual spaces depicted by participants included considerations around accessibility needs.

When Sherry drew her individual blueprint, she shared that it was important to her that this was in an apartment building. For Sherry, this related to her own perceptions of safety and security. While Sherry really wanted a balcony, she did not want this if she was on the first floor of a building and would prefer to be higher up. Sherry connected this housing desire to her experiences of gender-based violence, and her fears of living somewhere that someone could easily gain access to.
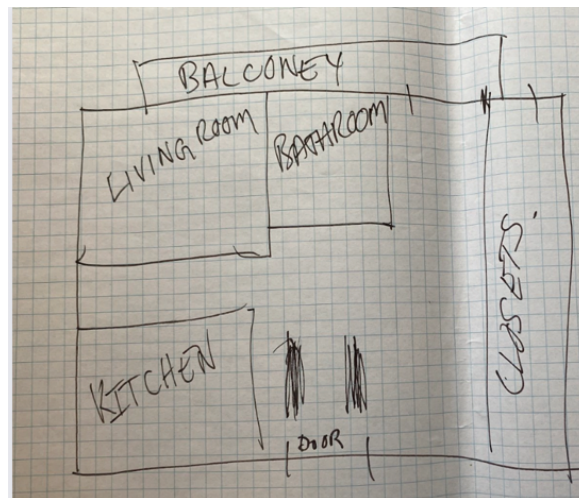

Sharing the above image, Sherry explains:

> "I like long hallways for some reason, so you cannot access my apartment right away. I like big balconies, but not if I am on the first floor or a low floor where someone could get up onto it. I like extra closets. I don't need no communal kitchen, I like my own kitchen. But a kitchen takes up space, so I could sleep in the living room and have my own bathroom and that's it. That is actually all I need."

Many participants made similar negotiations as Sherry, and despite being invited to 'imagine' anything in terms of preferred individual space, felt the need to pick between having a bedroom or having a private kitchen, or other necessary spaces. Despite framing the blueprinting exercise as an

opportunity to imagine anything in relation to preferred space, some participants did this imagining within the constraints of scarcity that underpin their current lives.

For some participants, their individual blueprint of space and their housing preferences were described as intimately connected to their current experiences and past traumas. For example, when drawing her individual space, Valerie shared with me that she had lost her boyfriend to suicide a few years ago. She told me how difficult it has been to get rid of any of his belongings, and how her current housing instability is complicated by having 'lots of stuff.' She explained how she had been evicted from her previous apartment for hoarding – and since them, has been paying for a storage unit to store her belongings in. When asked what was important in terms of her individual space, Valerie drew the following image with ample storage and closet space:
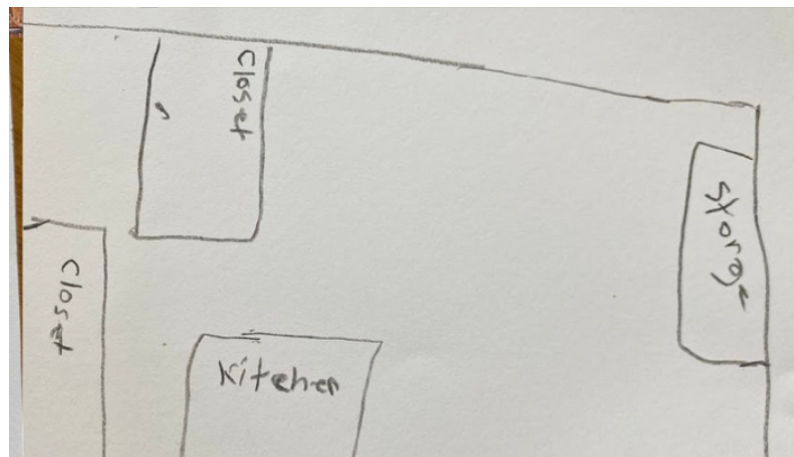
When explaining the above image, Valerie notes:

> "Mostly closet space because I've got a lot of clothes and a lot of stuff and all of his stuff. I'd actually put more closet space and a little storage room where I can put stuff in. That is what is most important – a closet space and a storage room to put stuff in."

This example illustrates the need for individual space to be designed in ways that are responsive to the unique needs of individual women. For Valerie, having ample storage and closet space might support her in housing stability and ensure her individual space is functional for her needs right now as she navigates life in the context of her grief.

Brooke described mothering as central to her identity and shared her desires for a future where her children were back in her care throughout the creative mapping workshop. When asked to reflect on her preferred 'space', Brooke intentionally designed a housing option that would not only meet her needs, but also the needs of her children should they be returned to her care by child welfare organizations. Brooke drew a two-bedroom dwelling, one bedroom for each of her children. She shared she would be fine to sleep on the couch, as she felt a three-bedroom unit was unattainable.
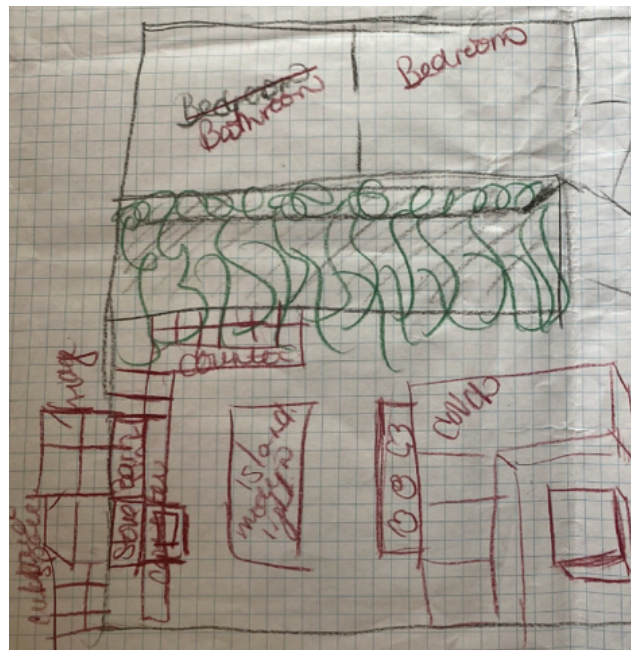
"As long as I have my family with me, I don't care where I am to be honest with you. I am really big into cooking so a kitchen is important. Sunday night dinner in my home was an every night dinner. And so, it was really nice. This will be a bathroom, this will be a bedroom, there is one bedroom. Cupboards and counter space. A window and a stove, maybe. A couch. I'm going to make a sunroom here."

Her drawing of individual space shows some important aspects that are connected to her role as a mother and caregiver as she notes the most important thing about where she lives is having her family with her. For Brooke, this includes having a big kitchen for cooking for her family every

night, a bedroom for each of her children and a sunroom that she could fill with plants and greenery.

The individual spaces depicted during the blueprinting activity depicted modest, functional spaces that were intentionally designed by each woman to meet their unique needs. Findings from this activity highlight the importance of choice in relation to individual space, reinforcing the idea that designing suitable housing for women who have endured long-term homelessness is not achieved by using a one-size fits all approach. Instead, it is necessary to be responsive to the intersecting identities, lived experiences and unique housing needs of women.

8.4 Fostering Community through Spatial Design: *"A space for connection."*

As women who participated in the WESH project were invited to think about the space and spatial design of their preferred housing, important reflections emerged that considered how community could be fostered through spatial design.

Primarily, this theme emerged throughout the blueprinting activity where participants drew a range of indoor and outdoor spaces intentionally designed to promote sharing meals together, gardening together, and space for doing arts and crafts and other activities together. It became abundantly clear that in addition to prioritizing privacy and individual spaces, it was incredibly important to the participants that gendered co-housing also had intentionally designed communal space that could foster a sense of community amongst residents.

Additionally, the theme of community emerged as participants prioritized designing responsive co-housing communities that could meet the growing needs of the community of women experiencing homelessness. While participants were asked to make choices about their housing that reflected their own preferences, what ultimately emerged was a deep consideration about the ways space could be responsive to community need. This included being drawn to larger infrastructure typologies, infrastructure that appeared to be relatively quick to build (ex: shipping container housing, tiny

houses) and women's own ideas about how co-housing communities could be designed to be responsive to the broader needs of women experiencing homelessness.

8.4   a.) Communal and Shared Spaces: *'Space if people want to sit together.'*

Throughout this section of the creative mapping workshops, ideas emerged about the ways intentional community space could be built into cohousing. This included indoor and outdoor spaces intentionally designed to promote sharing meals together, gardening together, and space for doing arts and crafts and other activities together.

For example, Ava drew a blueprint of the entire cohousing program as she imagined it. She includes individual rooms, as well as shared spaces. Ava describes her image by sharing:

> "I think the roof terrace. Yeah. People, chairs. A garden of some kind maybe to grow like fruit and vegetables, some kind of food. One of those gazebo things. Maybe have some parties up there when there's holidays. A supply room up here. A big one. Rooms in the middle. Phones, computers. A private area. A big bathroom instead of small ones. More rooms. Support 24/7. Talking, daily planning. A kitchen room/dining room. A big storage room down here. Community share lounge, table and chairs. A big pond. A tree. Nature."
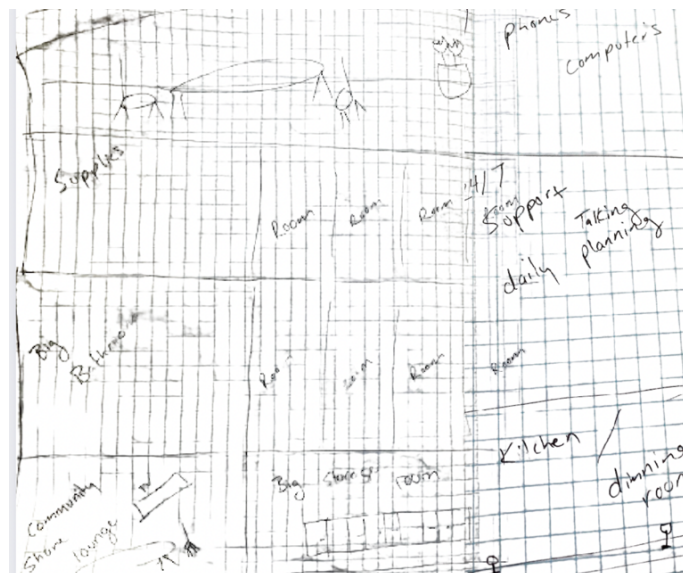
Christine echoed Ava's ideas about the importance of communal space as a facilitator of both connection between women living in cohousing and as a space of activities and celebrations:

> "If I were to put it into sections I would have one little room for crafts or whatever, and another room with a T.V or something, another space if people want to sit together and have a conversation or something, maybe some games, cooking, or arts and crafts. Maybe other things that women like, maybe if it was a little tiny housing community, maybe have a bbq so people can get together have a little bbq. Do community potlucks. That was something I really liked when I was going to school, anytime someone graduated we celebrated with a potluck."

Christine, who drew several small self-contained homes on a shared plot of land, organized around a central building she labeled as 'peer support'. Christine describes her ideas for infrastructure of gender-specific cohousing by sharing:
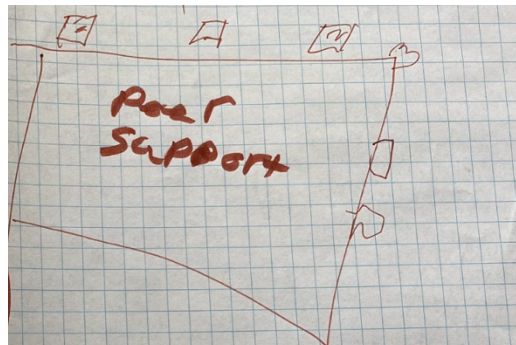
> "A tiny little house. My perfect little house would look like a little mushroom, and as soon as you walked in the door there would be a living room, and a little tiny kitchen, because I don't need much room to cook, and a bedroom. That would be it. That would work for a lot of the girls too so I drew lots of little houses around one building. I think in the middle put like a peer support crisis area, like counseling and that, and it should be kinda a 24-hour thing because a lot of girls who work the streets and that, they are out half of the night. They need someone for when they get off you know, especially if anything has happened."

Christine's idea for a tiny house community centred around one central building offering 24-hour support to the residents is an interesting model to consider for gender-specific co-housing. Christine explains the desire for a small home with a living room and tiny kitchen, but what was more important in her description and visualization was the organization of the co-housing around a 24-

hour peer support space. Keira, who was also drawn to the idea of tiny houses as her preferred

housing typology, reflected on how shared space could be built into this type of housing for women

by drawing the following blueprint and sharing:
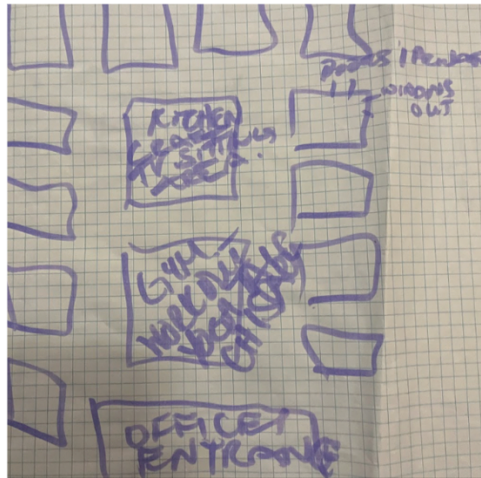
> "I think tiny houses that have a bigger building in the middle with a kitchen, staff, laundry
> and space for programs and stuff would be great. The houses around it, and then like the
> support or even maybe a gym in the middle. It would help girls get out too, right? Crafts, a
> TV, sitting room, maybe a gym, workout or yoga, tai-chi. And then the staff office is down
> there too."

Rhonda's blueprint of communal space shows a large kitchen island, with several chairs around it as

the focal point. Around the kitchen there are bedrooms and bathrooms, and off the kitchen is a

living room with an arts and crafts table. Rhonda describes her ideas for communal space in gender-

specific cohousing in this way:
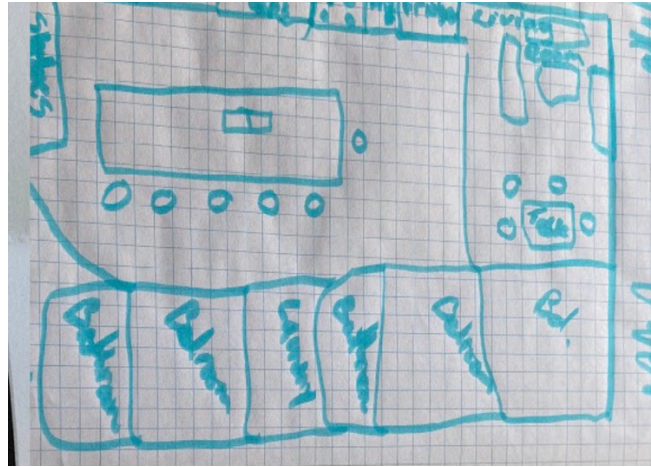
"That is the T.V room, that is the living room and the table, cause you can sit there and play cards or do art work or stuff. And this part is also big enough for people to sit here and do stuff on the table here. So there will be people doing stuff here, and people doing stuff there. And when we are all at the counter and stuff in the kitchen, the big island in the middle is another spot to sit and do crafts when no one is cooking too. So, and then they would obviously have a backyard and everything too where they could even make their own vegetables for the cooking inside."

Rhonda's depiction of communal space around a large table reflects the idea of designing space in cohousing that invites people into moments of community and social connection.

When conceptualizing the importance of communal spaces, Lola felt that this would work best if there were multiple communal spaces for people to choose from. She worried that by having only one living room, the space would not be multi-purpose which was important to her. Instead of drawing out her ideas, Lola wrote a list of what she felt was important including the following: "quiet room, 3 space dining room, 3 space living room, 3 space outdoor space, meeting room, bedrooms (1 person only) and library."
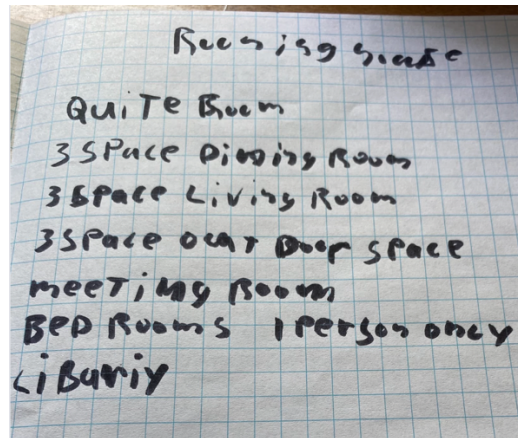
When describing how she arrived at this list, Lola shares the following thoughts:

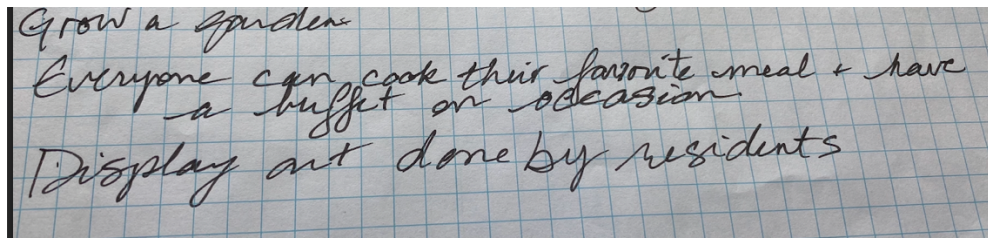> "Maybe have two or three different TV's in common rooms, like spaced out so people can watch soap operas, or someone wants Full House or someone wants Cartoons. Maybe it's better rather than having one big TV room, to have three small rooms with like four or five chairs in each room. Maybe the outdoor area is spaced out into three separate areas so people that don't smoke can actually breathe, and not breathe in that smoke. Or so the people that smoke, but don't smoke weed can't smell that, but still have their own isolated area as well. And there is actually one kind of place that could be good, it's for when someone is stressed out and having a hard day. They could go in there and have some space, there could be a guitar in there, or maybe fidget spinners, or maybe a chalk board on the wall. Or uplifting quotes, or just a spot to write out their feelings. That would be a good space to have, to take 20-30 minutes to just chill out and be by yourself and think. That would be a good idea."

Lola's ideas reflect designing cohousing in a way that considers the unique preferences of all tenants. For example, she notes that by only having an outdoor area where people are smoking, people who do not smoke may not be able to fully enjoy this space. Importantly, Lola also includes a space intentionally designed to support people who are having a 'hard day', complete with quiet activities and uplifting quotes. This idea reflects an understanding that while having communal space is important, sometimes tenants may want to be alone – somewhere other than their own unit. Rather than drawing a blueprint of communal space, June also wrote a list of some of her priorities including 'grow a garden, everyone can cook their favourite meal and have a buffet on occasion, display art done by residents.'
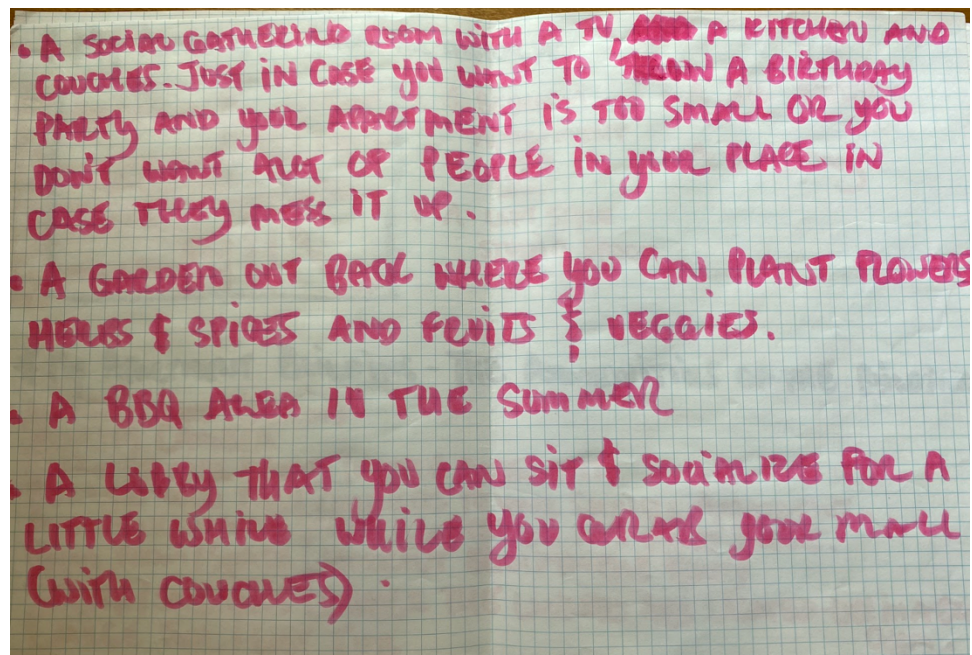
Grow a garden
Everyone can cook their favorite meal + have
a buffet on occasion
Display art done by residents

For June, it was less important how the space was designed and more important that communal

spaces could facilitate what she called 'a space for connection', for things like sharing meals,

gardening together and displaying resident's artwork. This was echoed by Ashley who also created a

list of important communal features including, a social gathering room where she imagines you

could throw a birthday party, a garden outback, a BBQ area in the summer, and a lobby (with

couches) that you can sit in and socialize for a little while.

• A social gathering room with a TV, and a kitchen and couches. Just in case you want to throw a birthday party and your appartment is too small or you don't want alot of people in your place in case they mess it up.
• A garden out back where you can plant flowers herbs & spices and fruits & veggies.
• A BBQ area in the summer
• A lobby that you can sit & socialize for a little while while you check your mail (with couches).

When considering the importance of shared space, Sawyer notes 'it would be fun to have a lot of

togetherness, but a lot of aloneness too.' This quote highlights the importance of designing

cohousing for women in a way that balances privacy with community; ensuring people can connect

and disconnect from community, depending on what they need.

Importantly, as participants in the WESH project blueprinted the types of communal space they would like in gender specific co-housing, these spaces were routinely described as being places of connection. Women were less concerned with depicting communal spaces as functional amenities, and more concerned with depicting these spaces as places for community building and connection. Designing communal space in a way that intentionally brings people together was a central theme throughout the creative mapping workshops. Participants not only drew the type of spaces that they desired, but also articulated how these shared spaces could serve as a place for bringing people living in the building together in shared activities like gardening, social gatherings, sharing meals and celebrations.

8.4 b.) Designing Space to Respond to Community Need: '*There's so many people here now that don't have a home."*

A major consideration that emerged from the women's reflections on space as addressing community need, was a focus on housing structures that could accommodate the needs of other women living without housing in the community. Interestingly, participants preferences about infrastructure typology did not only center on their individual housing needs, but also reflected a deep consideration of the needs of other women living without housing in the community. This was evidenced across the data in two distinct ways. Some participants identified larger infrastructure typologies as preferred because of their potential to house many women in one location, without offering much reflection on whether they personally preferred to live with so many neighbors in cohousing. Other participants identified their preferred infrastructure as typologies that they assumed could be built relatively quickly, cost effectively and replicated in other communities. For example, during the photo elicitation activity Valerie identifies the largest building in the photographs as her preference, because from her perception it has the potential to house more people, in turn making it more beneficial to the community:

> "This one has a lot of potential for putting a lot of people in. That's what I'm looking at, is does it house a lot of people? You know, because there's so many people here now that don't have a home."

Similarly to Valerie, Sherry also identified the above photograph as her preference because 'there are so many women in need of housing.' Sherry went on to reflect on the number of large empty buildings around the city, noting these should be explored as potential sites for gender-specific housing:

> "They have (name of School) sitting empty right now as housing, that would be a perfect place for women's housing. There is so many of us that are out there, and all of the women on the street. They could have different floors for different issues, you know? It takes a long time to build an apartment, but that could probably get done quickly."

While many participants felt the image below was too institutional, Ray noted that she really liked the architectural design, but at the same time, felt it was 'too fancy', and that resources could be better utilized by building more housing spaces for women:

> "I like this one, it is kinda pretty. They kinda look like condominium style apartments, but it's like, you're trying to make enough rooms for a lot of people, they do not need to be that expensive and they don't need to be fancy You know what I mean? You don't need to put that much money in to build like a condo, I do think that is a waste of money because with that you could build more places. Why build one thing when you could build a bigger thing and have so many people living in there at the same time and help more people?"

Ray's own personal preferences relating to the aesthetic of the building was overshadowed by her belief that resources should be allocated in a way that ensures housing developers prioritize quantity, over visual aesthetics to respond to the growing numbers of women experiencing homelessness.

During the photo elicitation activity, participants also described being drawn to infrastructure typologies that they felt would be quick to build given the urgency of the housing crisis for women. For example, participants who described liking the shipping container concept for infrastructure largely equated this to their belief that this would be the least time consuming and most economical way of building housing quickly.

For instance, when reflecting on the following image of a shipping container that had been redeveloped into a walk-up apartment building, Danielle shares:

> "These are kinda cool, I would expect these to be the most cheapest and less time consuming. The shipping containers I would probably say are one of the most basic kinda of housing that could be used to build transitional housing"

Many participants identified that because so many women are experiencing street-level homelessness in the community, infrastructure that could be developed quickly should be prioritized.

For example, when viewing the shipping container cohousing, Crystal notes:

> "I don't know why everybody has got to build these huge freaking apartment buildings. Quite honestly, it's a waste of time and money – and we don't got either. Little ones that could be put up quickly would be better."

Additionally, participants were considerate of the ways various infrastructure typologies could meet the diverse needs of the community of women experiencing homelessness. For example, Sawyer, who identifies the shipping container housing as their preference, notes that because of the metal interior walls, this type of housing would be well-suited for tenants with significant mental health concerns. Sawyer describes: 'the metal interior would kind of be like a sound proofing mechanism for people who scream all night or talk to themselves.' While Sawyer identified they do not personally experience these symptoms, they felt that this type of housing infrastructure would be inclusive to the unique housing needs of the community of women who have endured long-term homelessness.

In addition to viewing and responding to the photographs provided, participants were also eager to have conversations about their ideas for how existing unused infrastructure could be re-adapted and re-used to create cohousing for women. One of the examples shown was an example of a former commercial property that had been adapted to provide co-housing.

When Crystal saw this image, she reflected on her career and the life she used to have before her husband passed away tragically and she entered homelessness. Bringing in her expertise from her past work designing the spatial layouts of big box stores across Canada, Crystal offered important insights on how these types of commercial spaces could be pragmatically re-developed into housing.

> "Imagine it was two story units and you could walk through the hallways if you took a big box grocery store and put two story loft units in there. That would be neat. I have always wanted loft style apartments – when your bedroom is upstairs, and you look down on the living space. There would be big unused areas for creating living space we could all use. There would be enough space to also have some common areas, and probably to put a ton of individual units in there. That is a good idea."

Crystal's idea about the potential of re-adapting existing infrastructure is an important one, given the sheer amount of vacant and underused infrastructure across urban centres.

Another common infrastructure typology with potential for converting into gender-specific cohousing, identified by participants in the WESH project were motels. Marie uses the example of a 'motel' to verbally describe what she was imagining, and she also draws on an example of the architectural design of a gender-specific emergency shelter she has accessed in the past:

> "If it was like, you know, like a one or two story model place. . Like say it was like built like (emergency shelter for women), how it has like the square in the middle. Like say it was built all the way around, and it was just one story, and like their units came out on the outside so that you could walk out of your own unit. Kind of like a hotel in a way. if people wanted to be together, there's the middle part in there, you know."

Recognizing that unused commercial property and motels are common infrastructure typologies, Crystal and Marie's suggestions around investigating how these buildings could be repurposed into gender-specific co-housing both have exciting potential.

Kiera, a Métis woman reflected on a completely different housing typology not reflected in the photographs. When considering what she thinks would work best Keira shares:

> "My Auntie lives on a self-sustaining farm, it is a small community, I think she lives with like 5 other families but they even have their own electricity now. Over the past 5 years they have built it up, they have communal fruit trees, bees and gardens, their own running electricity, this is an awesome idea – building it like that would be really cool. We could have little trailers, like that is pretty awesome. I would definitely live in a little trailer – that would be so awesome. A lot of girls would really like living like that."

Kiera's ideas for gender-specific cohousing was based on her Auntie's experiences are also reflective of many participants desires to live in rural areas, deeply connected to nature., Kiera's ideas reflect the importance of housing developers to think creatively about what might be possible when we move away from preconceived ideas about what women need to be meaningfully housed and prioritize asking them instead. Furthermore, Kiera's ideas highlight the importance of 'self-sustaining' housing typologies, where women can play an active role in developing and maintaining gender-specific cohousing.

Kiera and many of the participants in the WESH study offered pragmatic and creative ideas for the type of infrastructure needed to meaningfully and sustainably house women experiencing long-term homelessness. Findings highlights the care and concern that women experiencing homelessness have for one another, as they imagined and described spaces that were responsive to not only their own needs, but also to the growing need across the community for women experiencing homelessness.

This was evidenced by several participants identifying larger infrastructure typologies for their potential to house a lot of women, not necessarily because that reflected their own preferences. In addition to identifying larger infrastructure typologies for their potential, many participants also identified infrastructure typologies that could be developed quickly and economically, including identifying buildings for re-adaptive re-use. When women identified this typology as their preference, it was often identified for their potential to urgently develop housing to respond to the growing numbers of women without housing. The ideas that emerged throughout this section reflect exciting possibilities for re-imagining how to design housing for women who have experienced long-term homelessness, in ways that meet their unique housing desires and preferences and in ways that are responsive to the growing need.

8.5 Reflections on Space:

Participants in the WESH project used their creative maps to draw several important considerations relating to designing the spatial elements of housing, for women who have experienced homelessness. This included pragmatic considerations and practical recommendations about housing exteriors and interiors, infrastructure typologies, individual space and shared communal space. Importantly, participants conceptualized how space could be intentionally designed to meet the growing needs of women who are experiencing long-term homelessness.

An important finding was that all participants felt strongly that the infrastructure, exterior and interior of co-housing was homey, and that it did not replicate the institutions that women had previously lived in. Participants took issue with buildings that looked like hospitals, had visible signage outside and looked like something 'other' than the surrounding neighbourhood homes and buildings. This desire to not be 'Othered' or 'Outed' through the architectural design of co-housing was an important consideration, and one that has practical implications for the development of gender specific co-housing. The optics of what housing looks like on the exterior was of importance

to the participants, who expressed a deep desire to live somewhere that 'fit into' the neighbourhood and provided anonymity, ensuring neighbours and community members did not immediately identify the space as 'supportive housing.' This ultimately led to many of the participants identifying large houses as a preferred infrastructure typology, because this could be repurposed into gender-specific cohousing.

While participants had varying ideas for their own individual space, participants described interiors that had an abundance of natural light, plants, and were starkly different than the institutional spaces they had lived in throughout their lives. As participants began imagining their own individual space, the blueprints reflected modest descriptions and depictions of functional, basic, housing units that could meet their needs. Many of the participants depicted one bedroom or studio apartments, with other participants describing making decisions between a kitchen and a lounge room – despite being invited to imagine anything. The housing desires of women in this project could be easily realized in a range of infrastructure typologies, with a little bit of political will and creativity.

As participants were invited to blueprint their ideas for communal and shared space, there was an emphasis on communal spaces as facilitators of social connection and intentional community. Through the blueprinting activity, participants shared their desires to live somewhere where they had access to shared kitchens, for cooking and sharing meals together, art and game rooms, for doing crafts and playing games together, outdoor spaces, for communal gardens and spaces for celebrations and get togethers. Communal spaces were consistently described by participants as spaces that would be intentionally designed to facilitate relationships, community, and social connection with their neighbours. These spaces were described as participants as areas for activities with other tenants, celebrations, and community building.

Importantly, throughout the creative mapping activities focused on space participants remained committed to designing responsive spaces that could meet the growing needs of women

experiencing homelessness in Hamilton. Many of the participants were drawn to infrastructure that they perceived could be built quickly, house a lot of women, or be built using the least economic resources. Participants in this project also shared creative housing solutions including repurposing three-story walk-up apartment buildings, motels, or other underused commercial infrastructure into housing for women.

Recommendations generated by participants in the WESH project relating to space and spatial considerations emphasize the need for housing to be developed in ways that afford women who have endured long histories of homelessness, their own space, as well as a space of connection.

Chapter 9: Co-Creating Policies and Practices in Gender Specific Co-Housing
"For this kind of housing to work, the women need to be in control of what they need."

9.1 Introduction:

After participants imagined and depicted their preferences relating to place and space, we began

exploring contentious areas of operational policy and practice within gender specific co-housing.

This was done through conversations with participants about key tensions in policy and practice

within gender-specific co-housing. Rather than draw on creative methodologies, participants were

asked to respond to questions about their ideal policies and practices relating to the key tension areas

explored throughout this chapter.

The policies and practices that emerged from the dialogue with participants centred on the following

key tension areas including, safety and security, on-site drug use, guests and visitors and evictions.

These themes were identified for exploration because they remain highly contested policy and

practice areas in the daily operations of emergency shelters, transitional housing and supportive

housing programs. Importantly, focusing on these areas of practice and policy has important

implications for operationalizing gender specific co-housing.

During the dialogue some participants identified specific and pragmatic policies and practices they

would like to see in put in place in this type of housing to respond to these key topic areas. Other

participants offered important things to consider when designing the policies and practices to

underpin the operations of gender-specific low-barrier cohousing. And some participants troubled

the complexity of all of this, reflecting on the importance of flexibility as arriving at one set of

operational policies and practices that best serves all tenants seemed impossible.

9.2 Safety and Security:

We began our conversations about operational policy and practice, with a focus on safety and

security. Violence is both an entry point, and a consequence of gender-based homelessness (Schwan

et al, 2020), and given this safety is a key consideration in gender specific housing programs. Most of the participants in this project spoke about their experiences of gender-based violence and the implications this has on their housing preferences. Therefore, designing gender-specific cohousing for women who have endured long-term homelessness requires paying specific attention to policies and practices focused on enhancing safety and security. And yet,

9.2 a.) Intentional Safety Features: *"Intercom systems for the front door and panic buttons for every unit."*

Some participants imagined safety as deeply connected to architectural features like a double locked door, bullet proof glass, an intercom system to prevent unwanted guests from entering, security cameras on interior and exterior areas, panic buttons, bright lighting, and/or a staffed front desk located in the entry.

When asked to imagine operational policies relating to safety and security, Ruth reflects on the infrastructure of an emergency shelter she had previously stayed at, and describes some of the integrated safety features there as desirable features of gender-specific cohousing that could enhance safety:

> "At (emergency women's shelter) they've got the two doors so you can't get through the one door without it being okayed. You know, you're stuck in between two doors unless somebody lets you in, they are called safety doors. There would also have to be some kind of bulletproof glass there. You know, something that they couldn't break."

During her creative mapping workshop, Ruth shared her experiences of gender-based violence in her intimate relationships, and more recently from her adult son. Ruth described the violence that her son has brought into her life because of his involvement in illegal activities and describes these experiences of violence as a contributing factor to her housing instability.

For Ruth, a double door needed to be reinforced with bulletproof glass, because of her worries about gun violence. Listening to Ruth explain the kinds of safety features she felt were necessary

highlights the importance of involving women who have experienced violence in designing operational policies related to safety for gender responsive housing.

When asked to consider operational policies relating to safety and security, Brooke shared about experiencing a significant violent attack on her way back to the emergency shelter she was staying at one night. When she thought back to the attack, and what could have prevented it, she considered the role that security cameras outside the building could play:

> "After the attack, I kept thinking, what if there were cameras out here? If I was to go outside, like the camera is not going to stop someone from attacking me, but I do feel more content knowing that there is a camera. The fact that I know someone is watching out for me on the camera, let's me know that I will get that help within seconds kind of thing if something were to happen. That is a big plus of course."

More important than the camera for Brooke, was the comfort in knowing someone was behind the camera watching out for her, and ready to intervene if she were to experience that kind of violent attack again.

When Anne was asked for her ideas on safety, she described wanting a high level of safety and security features that were intentionally integrated into the cohousing model. She shared the reason for wanting these types of pragmatic approaches, as grounded in a knowing that 'those men can come back,' through 'firsthand' experience. When asked about safety, Sherry, another woman whose life has been disrupted by violence, made it abundantly clear that she did not want anybody knocking on her front door. She described this a significant serious trauma trigger for her because of the violence she has experienced. Sherry described in detail the kinds of safety features that would mediate her fears in gender-specific cohousing:

> "Intercom systems for the front door and panic buttons for every unit, if you can. A lot of people that I know would really need a panic button. A lot of people who are stalked by people, they would need a panic button so they can push that instead of having to open the door. Especially if there is a bad stalker in the area. On-site staff would be good, something like here (transitional housing program for women)."

Danielle described living in 'all female housing' as an important aspect of the operations of the program, and deeply connected to her own perceptions of safety, because of the male perpetrated violence she has endured. Many participants made explicit connections between their experiences of gender-based violence and their desires to live in a housing program that had the built-in safety features in place that they perceived as prioritized their safety.

9.2 b.) Security: '*I think there should be security, but it should be women.*'

In the conversations about desired security features, many participants referred to policies and practices where they currently live and troubled the existing practice of relying on external security companies that employ male security guards (used by several gender-specific organizations). This specific policy was regarded by participants in the WESH project as counterintuitive to enhancing women's perceptions of safety. For example, when asked about safety and security, Coral began by sharing:

> "You don't need security guards right up your butt. Here (temporary hotel shelter), we have security guards, and they are so horrible. They follow us everywhere like a dog."

Coral reflected on the ways misogyny and anti-Indigenous racism conflate when emergency shelter providers rely on external security companies that employ primarily men. She urged gender-specific co-housing providers to find other ways of enhancing safety for women, particularly for women who are already marginalized and at risk of increased surveillance because of their identity.

Ashley describes that she is "on the fence about a security guard" in gender-specific co-housing. She described her worries about her own personal safety in the building if relying on a male security guard was her and her neighbours only option for safety and security:

> "When I think about having a security guard, I always think like what if he follows me, what if he comes upstairs and knocks on my door, I don't think I'd trust it. When you live alone, there are just so many things you need to think of, especially when you are a woman. I mean

> I guess that would be the only thing, a security guard. And I do not really trust every security guard – I have had bad experience with male security guards before, so yeah."

Ashley describes the ways that having female-identified front-line staff functions as security in the existing gender-specific program she lives in and enhances her feelings of safety within the building. Importantly, she describes the mutual relationship and responsibility between tenants and staff in enhancing safety, by sharing that: 'the women living in the building would help the staff, just as much as the staff would help the women, 'if something ever did happen.'

Crystal also reflected on the importance of not relying on male security guards in gender-specific cohousing, drawing on her stays in shelters and other spaces where this practice was commonly used. Crystal questions if gender-based violence organizations could employ a policy whereby they only hired woman-identified security by sharing:

> "When it comes to the security and stuff, I am sure some women would have preferred it being women security officers and not men. If it is for women, women who have been battered, I know security officers are supposed to be there for security, but sometimes it is actually 'them' who are hurting people."

Building on Crystal and Ashley's reflections, Kiera, who has had a lengthy history of incarceration, echoes the importance of having woman-identified security guards because of the ways trauma impact the experience of interacting with male-identified people in power, by sharing:

> "I think there should be security, but it should be women. With PTSD, I do not even have a male doctor ever, so it is hard to deal with that regularly. And they are not smiling, so – it is never a friendly interaction or anything. I know some really strong women, so I cannot see why it is male-based. Give any female a taser and she is just as strong."

Many of the participants in the WESH study offered their reflections on the ways relying on male-identified security guards is not a trauma-informed approach to supporting women who have lived through violence. This approach replicates carceral settings and institutions, both of which have been sites of gender-based violence and ongoing trauma for women who have endured long-periods of homelessness. Based on the recommendations from participants in the WESH project, there is an

urgent need to end the of hiring male security guards across gender-specific organizations, and to

not replicate this policy and practice approach in gender-specific co-housing programs.

9.2 c.) Balancing Safety and Surveillance: *"Safety's key, but sometimes safety is also being able to have privacy"*

A small number of participants raised concerns about the ways policies and practices developed

under the guise of safety and security, lead to increased surveillance and other carceral approaches,

that could be detrimental to housing security. For example, Lola, a trans and racialized woman,

shared about the ways she experiences stigma and surveillance from the emergency shelter she lives

within:

> "I am trans and I use drugs right? I immediately have got a target on my back. I don't need the staff to be following me around on cameras or anything like that. Next thing you know I am getting kicked out for this, that, or the other thing. Believe me, it has happened before."

Lola's identity as a trans-woman, and as a racialized woman who uses drugs positions her as at a

heightened risk for surveillance within gender-specific co-housing, and she worried about how safety

and security features could lead to an increase that surveillance of her. Similarly, Ray, an Indigenous

woman, shared her concerns about having security cameras in gender-specific co-housing:

> "I don't like the security cameras everywhere neither. We don't need that in this type of housing. Why would someone need to watch what I was doing? If they are watching you, they are going to find some reason to say you did something wrong and kick you out."

Ray's beliefs that surveillance will lead to eviction is informed by her own experiences of anti-

Indigenous racism and stigma against women who use drugs within the existing shelters and spaces

she accesses. It was Ray's preference that her housing provider did not engage in surveillance

practices.

Concerns also arose about security guards, security cameras and swipe cards that opened doors and

served to track peoples' movement around a building. For example, when Anna was reflecting on

the current emergency shelter she was staying at, she shared about the way she was feeling over

surveillance:

> "You see this swipe card? Everywhere you go in the building, you swipe it. Every time you go outside, you swipe to get out. Every time you go in your room, you swipe to get in. When you leave for the day, they want you to leave the swipe card. I think the staff monitor this at the desk so they know where everyone is at all times. It really is a bit ridiculous when you think about it. We are grown women."

Anne's concerns about being over monitored by staff is of critical importance. While most of the

women in the WESH project asked for intentional features in gender-specific co-housing that

enhanced their own safety, they were clear that these features not be used survey or monitor them in

ways that replicated carceral settings.

Marie, who articulated wanting a high level of safety built into her own housing described the

following tension with having an overemphasis on safety and security features, citing the lack of

privacy this could cause for tenants:

> "Safety. You know, safety's key. But sometimes safety is also being able to have privacy."

Balancing safety and surveillance remains a key challenge for gender-specific shelter providers, and

this must be considered in the policies and practices underpinning gender-specific co-housing.

9.2 d.) Drawing on community as a protective safety feature: *"We will look out for each other."*

One of the most important themes that emerged around safety and security, was the sentiment that

living in gender-specific co-housing where women had a community of other women around them

would inherently enhance safety and security. For example, when Coral was asked what was needed

to ensure safety and security she shares:

> "If you just locked the door and had a buzzer, you can't get in. No security guards. You need to have a key or a card to get in. We will look out for each other."

The concept of 'looking out for another' as a central feature of safety in gender-specific co-housing was echoed by Lisa, who when asked what would make her feel safe, shared:

> "Knowing that the people that are living there are going to protect me at least as much as I am going to protect them. You don't necessarily have that when you are living alone in an apartment building, where you don't know your neighbours, or what have you."

Lisa articulated a desire to live somewhere surrounded by neighbours that she could trust to 'protect her', something she did not feel was possible in traditional apartment buildings. When Ife was asked to describe her ideas of safety and security, she used the term 'neighbourhood watch' to describe a process whereby 'women in the building kept an eye out for each other.'

Ife, who has experienced police violence, described how a process of neighbourhood watch in gender-specific co-housing where women watched out for one another, would be more effective than relying on institutions like policing:

> "Homeless women are raped, beaten and killed. Everything bad. And believe you me, the police are not even there. This is your policing in Canada, If the police come, they tell me; 'get away from the car.' – that's how they treat us. They protect cars, buildings. We need to protect each other, if something happens in the building, we look after it. That is neighbourhood watch for you in an essence."

For Ife, it was important that gender-specific co-housing find other ways to promote safety that did not rely on carceral systems of policing, that have from her perspective, failed to protect women experiencing homelessness. When Rhonda articulated her feelings around safety and security of gender-specific co-housing, she too connected this to the importance of having people who cared about her, around her by sharing:

> "There are really not a lot of safe places. You've got to have somebody with you to keep you safe, your neighbours."

Findings from this section highlight that living in intentional community, with neighbours and people around you who care about your well-being, enhanced safety. Women who are experiencing homelessness are already 'looking out for one another', and there is an important opportunity to

harness this practice in ways that enhance safety in gender specific co-housing. There is a need for further investigation and analysis into the pragmatic ways women looking out for one another could be built into the policies and practices of gender-specific co-housing to enhance safety in ways that build on community centred care, instead of replicating institutions or carceral approaches.

9.2 e.) Tensions: *Responding to safety while not increasing surveillance*

A key tension that emerged as participants in the WESH project imagined a set of operational policies and practices relating to safety and security, was centred around balancing the need for safety while also being mindful of not replicating carceral approaches or safety features that would add to increased layers of surveillance.

Many of the participants in the WESH project described wanting intensive safety and security features built into their housing, including double locked doors with high quality glass, an intercom/buzz in system, a reception area staffed 24-hours a day, well-lit exteriors, security cameras and processes to prevent people who are not tenants from gaining access to the space. However, some participants worried that these types of practices and policies could lead to further surveillance and stigmatization. These concerns were particularly salient for Indigenous women, trans women and women who use drugs, who already experience over surveillance when interacting with health, housing, and social service providers. Participants also troubled how some practices that are intended to enhance safety, replicate carceral approaches, with a particular emphasis on troubling the practice of hiring male-identified security guards. A pragmatic and important recommendation that emerged is there should be a front desk area with female identifying staff, who can provide the same type of 'security' as a security guard.

Gender-specific co-housing providers need to balance a sense of safety while also realizing peoples' desires not to live in a cohousing space where they experience constant surveillance. In resolving this tension there is an opportunity to further explore the ways in which women will look out for each

other and keep each other safe. For the participants of the WESH project, living in community and having strong social connections to the people around them was articulated as a contributor to safety, security, and stability. There is a need to learn more about the ways women are already looking out for each other – and to find ways of building this into 'safety and security' of gender-specific cohousing.

9.3 Visitors and Guests:

When we moved onto the topic of visitors and guests in gender-specific co-housing, rich dialogue emerged from all participants with an acknowledgement of complexities and ethical tensions involved in this policy and practice domain. Participants widely recognized that being able to have guests and visitors in their home was a critical component of living somewhere where they had autonomy and control over their own environment. And at the same time, participants also recognized that guests and visitors could pose real and perceived risks within gender specific co-housing.

Findings from this section generated thoughtful reflection on the complexities of guests and visitors, with a particular acknowledgement of the ways male guests and children could unintentionally trigger and upset women living in this type of housing. Participants generated pragmatic recommendations on how visitors and guests could be supported to access gender-specific co-housing through policies and practices that prioritized safety, were trauma-informed and found a balance between negotiating risk and promoting autonomy.

9.3 a.) Acknowledging risks relating to guests and visitors: *"There has just got to be some parameters around guests and visitors."*

For many of the participants, conversations about guests and visitors began with conceptualizing the 'risk' that guests and visitors could pose in gender-specific cohousing. For example, when asked about guests and visitors, Lisa says: 'maybe family, but anyone else there, that could really be a big

problem.' However, there was also a shared understanding that being able to have guests and visitors was an important aspect of gender-specific co-housing, and a policy and practice domain that needed to be negotiated with thoughtfulness and care.

Marie believed quite strongly that guests and visitors were important to have, but she also acknowledged that without some parameters around guests and visitors, this could create a chaotic environment and an unsafe situation. Marie considered the potentials for conflict between guests and tenants, escalated drug use on-site or drug trafficking by guests and visitors and the risk of increased noise in the building if there were multiple visitors and guests. Marie suggested the following policy approach to mediate guests and visitors:

> "There has just got to be some parameters around guests and visitors… you know. For example, the policy is that your guests shouldn't be talking to other people who live in the building. Just specifically talk to the person they're there visiting. You sign them in at the front desk, and you are essentially responsible for them. If you leave to go out or something, your guests have to leave too."

From Marie's perspective, these practices would limit some of the risks associated with allowing guests and visitors. Similarly, Christine suggests having a limit on how many guests can be in the building at any given time and limiting how many guests each tenant can have over, and how long they can stay. When articulating recommendations for policy and practice relating to guests Christine shared: "A limit of people, per person and for the building, because too many people causes' chaos. And you know what? A certain amount of time that each person could be there I think is sensible." The idea that 'too many people causes' chaos', was an agreed upon theme echoed throughout the activity focused on conceptualizing policy and practice relating to guests and visitors. Many participants suggested that it would be a good practice to have all guests sign in at the front desk, so that there is an understanding of who was in the building, and a way of tracking and limiting how many people are in the co-housing building at any given time. Echoing Marie, many other

participants also noted that if the person the guests are visiting has left the building, visitors need to leave too.

Some participants brought up important considerations around tenants having some control over who enters the building, because of histories of violent experiences with community members. This process was suggested by several participants as a pragmatic process for banning guests who have caused problems in the building or been violent to other tenants in the past. For example, Ashley suggests the following concerns and process:

> 'What if my neighbour is dating my ex who was incredibly violent to me. There should be some process where I can make sure he cannot come into the building to hang out with someone else."

Recognizing the context of violence that women who experience long-term homelessness endure, it is important to ensure that women living in gender-specific cohousing have some control over the guests and visitors entering their home. Ashley's recommendation around being able to 'ban' particular guests if there have been historical experiences of violence and abuse is an important policy consideration. When considering the types of tangible policies and practice guidelines that could be in place to mediate risk in relation to guests and visitors, Danielle suggests the following ideas:

> "Don't be having people you don't know. Maybe if you are going to have guests, they should sign a consent form or something, so you know who is in the building, and so you know the guests understand their responsibilities being in the building too. If the staff asks them to leave for whatever reason, they need to leave."

Like Danielle, many of the participants in the WESH project generated pragmatic recommendations around the 'parameters' that should be in place to ensure guests and visitors to the building do not cause harm or create an unsafe situation.

A small minority of participants identified that having guests and visitors was not important to them, and that they would prefer to live somewhere that guests and visitors were not allowed because of

the risks associated and safety concerns. For example, when Sawyer was asked to articulate an ideal policy around guests and visitors, they shared:

> "Guests are important, but they are not at the same time. I don't have a lot of friends. And so I would not have a lot of guests over, right? I like to be alone – but I like to be alone because then people don't bother me."

Most of the suggestions brought forth by women focused on guests and visitors balanced a nuanced perspective of understanding the risks that guests may pose, while also recognizing the importance of being able to have guests and visitors in gender-specific co-housing.

9.3 b.). Intimate partner relationships and guests: *"We need housing, but we are not nuns… we need to be able to have male guests."*

One of the key themes that emerged in conversations about guests and visitors, was the complexities of having male-identified visitors in a gender-specific co-housing building. Many of the participants acknowledged that the presence of male identified visitors in a gendered space could be triggering and upsetting to women who have experienced intimate partner violence. And at the same time, many participants articulated the importance of being able to have their male partner visit their home. For example, Kiera describes the importance of being able 'to have a man over' while also respecting the trauma that her neighbours have been through:

> "We need housing, but we are not nuns. There has got to be something we can do to still have male guests. You need to be able to have a man over, but you also need to respect other people, if they have PTSD and stuff, you don't want your twerking out boyfriend to come and scare the piss out of them, so maybe if it was hidden away or even only happened on certain days."

While Kiera recognized that the impacts of gender-based violence and trauma, she also believes it is necessary and possible to find a way of having male visitors in gender-specific cohousing. Her suggestions include ensuring male visitors keep to themselves and do not engage in common spaces, and/or only having this happen on certain days of the week, so neighbours can know what to expect in their housing.

When asked about ideal policies relating to guests and visitors, Ife began with a critique of the ways in which traditional gender-specific organizations have kept her away from her intimate partner, in ways that add to her mental stress, by sharing:

> "I notice your programs try to keep me away from my knight in shining armor, maybe my lover. Okay that adds to my mental stress. And once again, it is based on judgment. You are gonna say, oh your boyfriends like this, or like that. You judge the guy, thinking it's domestic violence and that keeps people apart. A female needs engage fully in the freedom of her sexuality. When you put a female right, from hospital, in a lodge, and don't allow her guests. That sexuality, you take it away from her. Hey, that is not a complete happy human eh?"

Ife raised important points about the connection between engaging fully in the freedom of sexuality, and mental well-being, as she critiques the ways in which gender-specific service providers often put policies in place that are disruptive to engaging in relationships with men. Within gender specific co-housing, there is an opportunity to re-think this policy and practice approach to align with the understanding that women have the right to make decisions about their intimate relationships. When considering 'overnight guests,' Lola articulated that it should be allowed 'once in a while, but it has to be planned. It cannot happen every day.' Putting parameters around overnight guests was a reoccurring suggestion by participants. For example, when conceptualizing overnight guests Crystal suggests: 'maybe there is some sort of paper trail, and you had to get it approved or something to have a guest stay the night.'

In terms of pragmatic policies and practices relating to overnight guests, Rhonda suggests:

> "I don't think it should be all the time. I think it should be once in a while, maybe say, Saturday night, if you want to have your boyfriend over for a sleepover whatever. But that gives the other ladies a chance to know exactly when it is going to be, and they might want to go to their friends instead."

Throughout the creative mapping workshops, it was evident that many participants valued the importance of having a male partner in their lives and wanted to live somewhere that they could have male partners visit. The findings from this section foreground the need to move towards

finding ways to ensure male visitors are allowed in gender specific cohousing and to ensure women can engage in relationships of their choice.

9.3 c.) Guests, kids and caregiving: *"I'd like to live somewhere that my son could come visit me."*

When some participants were asked to consider policies and practices relating to guests and visitors, their identities as mothers and grandmothers, and their desire to be able to visit with their family and their children were central to their conceptualizations.

Some participants described their desires to host their children and extended family but described not caring about having other guests over. For example, Ray explains that she would intentionally not have anyone over other than her children, by sharing:

> "My kids would know where I lived and other than that I would not invite anybody over to my house. I would not because you know what, you cannot trust anyone. One person just ruins everything for everyone."

When June was asked about guests and visitors, it was only important to her that she could have her family over. For June, her family was her brother and her sister-in law, both of whom were positive sources of support in her life. June conceptualized her desire to be able to have them over, cook a meal for them, and sit outside in her garden.

Anne notes the importance of living somewhere that she can have her granddaughter visit and sleep over:

> "I think you should be able to have a guest. It gets boring then. It does. My kids can come see me, if not I can't see my granddaughter, you know. And she's my world. She's my everything. She would need to be able to sleep over."

For Brooke, the importance of living in an environment that was considered 'safe' to bring her children to was paramount.

> "I do have two kids, and I'd love to have them over and have a space for them to sleep. I want to live in a building that is good for them, you know, that is safe for them to come visit even if I do not get custody."

Similar to Brooke, Marie described the importance of gender specific co-housing being a safe place for children to visit and stay over at. Marie shares that she was offered housing once in a gender-specific transitional living building, but because she could not have her son there for visits, she decided to turn this offer down. For Marie having housing where her son can visit her is of critical importance:

> "I'd like to live somewhere that my son could come visit me. Even if he didn't stay overnight, just to be able to bring him over after school, do homework with him or make him dinner. That is really important to me."

However, some participants in the WESH project did consider the way children could serve as a trigger for women who had children that they were no longer in contact with because of child welfare organizations. For example, Crystal reflects on her own experience and shared:

> "I don't have custody of my kids, so they couldn't come to visit me. I honestly don't know how I'd feel if there were kids there all the time visiting or living there, you know? I obviously would want other people to be able to see their kids, but do I think it would bother me? Yeah probably."

Ruth, who had adult children and did not have child welfare involvement herself, reflected on the tension involved in having children visit this kind of housing by sharing:

> "Children are a real source of pain for a lot of these women. I think if you were going to have kids visit, maybe it's like two separate buildings, one for women and kids, and one for women who don't got their kids anymore. It might cause problems down the road to have kids running around this kind of place."

Ruth makes an important point about the necessity of considering the importance of having a separate housing building to support women and their children, acknowledging the trauma connected to children in the lives of many women. Despite most participants in the WESH project having children, considerations around having children visit came up relatively infrequently. All participants who had dependent children no longer had custody of these children, and many did not have access or visits.

9.3 d.) Tensions: *Balancing risk, autonomy and trauma-informed approaches*

As participants in the WESH project thought through policies and practices relating to guests and visitors, tensions arose relating to balancing autonomy and independence, with an understanding of risk (both real and perceived). Importantly, participants recognized the ways in which peoples own lived experience of trauma, gender-based violence and child apprehension influenced how guests and visitors would be perceived in this type of housing.

Conversations about pragmatic policy and practice recommendations were grounded in an understanding of risk on behalf of the participants. Ideas emerged about wanting policies and practices in place relating to guests including, limiting how many guests can be in the building at once, limiting how many guests each tenant can have over at once, putting boundaries in place about how long guests can stay to prevent housing take overs and having guests sign in with the front desk. Some participants also recommended that tenants must know their guests, that guests should not be socializing with other tenants, and that guests cannot stay when tenants are not in the building.

In resolving the tensions between risk and autonomy, participants largely agreed that guests and visitors should be permitted to access gender-specific co-housing, however there was also a shared understanding from participants that this is complex and should be done from a trauma-informed lens, with safety at the centre of all decisions, policy directives and pragmatic approaches.

9.4 On-site Substance Use:

Policies and practices relating to the use of illicit drugs and alcohol within the housing program was another area of rich discussion, with deep consideration of personal and collective need.

Some participants imagined their preferred housing as a place that was free from substance use. For these participants, living in a substance free environment was described as integral to their own overall wellness, their perceived sense of safety, and a critical component to realizing their hopes for the future, such as beginning a recovery journey and, or reuniting with their children. Other

participants recognized the impact that the toxic drug crisis had on people in their lives that they cared about. Although they did not conceptualize themselves at risk – or in need of harm reduction services, they described a desire to live in gender-specific cohousing that integrated harm reduction supports for tenants who used illicit substances.

Most participants in the WESH project were open about their active use of illicit drugs and were explicit in their desires of mobilizing a set of policies and practices that created the conditions where they did not have to 'hide' their substance use. Living somewhere, that was as Crystal described, 'housing designed for women who are doing drugs' was important to many participants.

9.4 a.) Abstinence focused housing: *"No drugs, No drinking"*

Not all participants in the WESH project were willing to live in a cohousing building that was explicit in their support of people actively using drugs and alcohol on-site. For some participants, this was deeply connected to their own perceptions around safety and their fears of violence. And for other participants, this was connected to their own sobriety and desires to live a life free from substance use. When Ruth was asked about what an ideal policy pertaining to drugs and substance use on-site would be, she shared:

> "No drugs, no drinking, for sure. When people use, you don't know how they're going to react to it. And they might jonse for more. And there's no more, and they got no money, no more whatever. And then they start… I seen people go nuts on somebody else. And it can turn into violence."

Throughout Ruth's creative mapping workshop, she shared some of the trauma and violence she has experienced from her adult son who has significant struggles with addiction and mental health. When Ruth described some of the violence that had occurred in her home, she was always careful to note that it was his use of crystal methamphetamine that caused his violent tendencies. Understanding Ruth's unwillingness to live in a housing program that explicitly supports drug-use on-site must be understood in the context of her experiences with people who she loves who use

drugs, and the trauma that this has caused her and her family. Despite Sherry disclosing her own long history of crack-cocaine use, she describes her preferred housing as being free from drugs. When exploring this further, Sherry said she has struggled with addiction, her preferred housing would be a place that she could begin a journey towards recovery and a life free from drug use:

> "No drugs whatsoever. I don't use needles or none of that, I just smoke crack or weed and yeah, I want to stop all that. Having drugs out in the open that is bad, and bad for people who can't maintain. Not everybody can maintain on drugs."

Sherry also acknowledged the stigma associated with drug use and shared her worries about living in a building that had a safe injection space on-site.

When Brooke was asked about policies and practices relating to substance use onsite, she questioned whether cohousing would put any restrictions on alcohol consumption. Brooke shared:

> "My biggest thing is like alcohol right? All of the scars on my face have usually come from someone who has drank opposed to someone who has used narcotics. That kinda throws me off a little bit right? It has always been that alcohol is legal and certain drugs are not, however people get violent when they drink. I don't think being under the influence of any such way is a good thing, or should be allowed in an area where you are living around other people. Like I said, drinking is legal, there is nothing that can be done about it. I've never seen a building that says no alcohol allowed."

Brooke went on to share about the ways securing housing was a path towards reuniting with their children. From her perspectives, living somewhere that had a designated safe injection site would not be their preference, because of the likelihood that child welfare services would not return her children to her care if she lived in a building with these types of supports:

> "It is a good idea, but I perhaps would not live in that building myself, because I would not want that. I am a person that uses, I don't want to carry on doing so, and being around it would not help me. But in where I want to raise my children and or, get old, and or have a place called home, it would not be a place that had anything to do with any of that kind of type of engagement."

Rhonda shared that she had historically struggled with her own substance use, and when she was asked about her preferred policies and practices related to drug use she shared: "No, no, no, but

then I'm totally against it anyway, for a lot of different reasons. Marijuana is one thing, but I'm not going to smoke that either in the house, it stinks."

Within this section of the creative mapping workshops, some participants shared that they would prefer to live in gender specific co-housing that had zero tolerance for on-site substance use. For many participants in the WESH project, living in a building that was explicitly drug free was described as connected to parenting, living a life free from violence and beginning their own path towards abstinence.

9.4 b.) Harm Reduction Focused Housing: *"People can respond and help them if they go down"*

Within the WESH project, some participants described that although they did not conceptualize themselves at risk of drug related poisonings, or other substance use related harms, they still wanted to live in harm reduction focused housing. Emerging from these conversations, were policies and practices related to drug use that was grounded in a deep concern and recognition for people who use drugs. For example, Ife, an Indo-Indigenous woman, drew an image labeled 'party house' on her geographical map. When asked to articulate policies and practices relating to drug use she shared:

> "I'll be honest with you, I only smoke my weed but we have lost so many girls. I'm an advocate for harm reduction because I don't go around judging people's pain. Put a party house where the girls can do their drugs and be monitored in case they get sick, and make sure there is a sheltered area outside for them to smoke, and for us to smoke our bongs!"

Ife conceptualizes cannabis as central to her own wellness and does not identify as using other substances. Reflecting on the number of women who experience homelessness, whose lives have been cut short due to fatal drug poisonings, Ife suggested the importance of having a safer drug use space on-site and an area outside for women who smoke their substances, including cannabis. Anna disclosed not knowing much about drugs before she entered the shelter system, when she was asked the question about ideal policies pertaining to drugs on-site. She shared she was 62 years old, and hardly ever even drank alcohol, however through living in the shelter system for multiple years

has meant that she has witnessed and responded to several drug poisonings. When asked how to build on these experiences to articulate a set of policies and practices, Ann shrugged, sharing: 'drug use in the building, that's always going to be right?'

When Anna learned that several gender-specific cohousing programs that have safer use spaces integrated on-site, Anna asked 'Could they just do the drugs in there then?' After explaining a bit more about the ways these programs operated and their purpose, I asked Anna what she thought of that idea, and she responded:

> "That would be a lot better than doing it just anywhere, obviously. People can respond, help them if they go down."

While Anna does not use substances herself, she recognized the importance of living somewhere that was supportive and responsive to the risks of substance use. Similarly, Sawyer described wanting to live somewhere with a safe consumption space, despite never experiencing a drug poisoning themselves. Sawyer discloses only using methamphetamine, but designed policies and practices grounded in a deep concern and recognition for the people they cared about 'using down:'

> "I only use uppers, but people who live in this kind of housing and use down should have to use a safe consumption space. It just makes sense. Downs are a lot."

Although most participants in the WESH project self-identified as actively using substances, some participants who did not see themselves at risk of drug related harm still articulated a desire to live in harm reduction focused housing.

9.4 c.) Housing that responds to on-site drug use: "*Housing designed for women who are doing drugs.*"

Most (81%) of participants in the WESH project shared that they were using substances at the time of the research. For many participants, concerns around their substance use emerged in various ways when they conceptualized their preferred models of housing and support. Some participants shared

the ways their substance use had caused them to be barred from emergency shelters, and others

described the ways their addiction had impacted their housing stability in the past.

When participants were asked to consider operational policies and practices relating to on-site

substance use in gender-specific co-housing, conversations centred the need for housing

intentionally designed for women who use drugs. For example, Danielle, who disclosed years of

intravenous fentanyl use shared:

> "I don't know if this is possible, I don't know if it is even legal or not, but what about a
> room where we could all use together, and like, look out for each other? Maybe even have
> staff in there too?"

When Danielle learned that this was not only possible, but that this exists in several gender-specific

cohousing programs across the country. She replied: "It is wonderful to hear they have that; it gives

me hope for what could be possible here." By learning about what was happening in other parts of

the country, Danielle described feeling hopeful that women who use drugs, including herself, might

be able to receive the types of care and support they need within housing.

Crystal articulated the importance of housing being explicitly 'designed for women who are doing

drugs' as a way of counteracting the limited supports that exist for women who use:

> "I think a safe injection site in the building is good, because you already know that they are
> doing it. This housing is designed for women who use drugs, it is not like someone is going
> to say, oh I want to go live in that building to try all the drugs I want, right? This housing is
> designed for women who are doing drugs or around that lifestyle, they already have that
> mindset, at least somebody could be there for them to make sure they are safe."

Crystal shared at length during the creative mapping workshop about the ways intravenous drug use

has complicated her life and her health and has led to her being barred from emergency shelters. At

the time of the research, Crystal was working towards her goal of abstinence from fentanyl, however

she still felt strongly that there needed to be housing options explicitly designed to support women

who use drugs. When she was asked about a policy for drug use on-site, Crystal used this as an

opportunity to draw attention to the incongruent policies that currently exist within many emergency

shelters and transitional housing programs for women by sharing:

> "I don't agree that you can give someone their own place and then tell them that they are
> not allowed to use in there. How can you give somebody supplies to go and use drugs and
> then punish it? That is what I did not like about (emergency shelter) – like they would give
> the supplies, like you are allowed to have them, but then you expect us to go out off
> property to go and use. And then you would have people right outside the front door
> ODing and nobody is going out to check on them. At least if you do have those supplies and
> stuff, and have a safe injection site or whatever, like maybe just have a room."

The practices of giving out clean needles and safer smoking supplies, but not allowing women to use

their drugs inside contravenes public health advice around not using alone during the drug poisoning

epidemic. Despite Crystal describing wanting to abstain from illicit drug use, it was important to her

that gender-specific cohousing spaces had fulsome supports for women who use drugs, including

access to on-site safe injection sites.

When Kiera, who uses fentanyl, was asked to consider her ideal policies around drug use in her

preferred housing and she shared her reflections and ideas:

> "It is when you are hiding that you die. If you do not get found right away, and that is the
> scary reality of it. We do not want to disappoint people because we are always supposed to
> be quitting right? And for legal reasons, so we are always hiding in stairwells and stuff, and
> that is terrifying to me, not to be found. So, maybe like a safe using spot – and then a place
> you can go to chill out for a bit before you go back to your room. When we still want to use
> – we should not have to leave the place we live. A safe using spot, something that is
> semiprivate for the people who are trying to quit, so it is not a trigger."

Kiera articulates quite poignantly the worry that many women who use drugs feel, when they live

within housing programs that cause them to hide their substance use for fear of reprisal and

consequence. Living somewhere with a 'safe using spot' and a 'place you can go chill out before

going back to your room' would enhance safety for women who use drugs within gender-specific

co-housing and create the conditions where women who use drugs can be honest about their

substance use and support needs. Kiera's desire to have a space on-site in her housing to use safely

with other women living there was echoed by many of the participants in the WESH project.

9.4 d.) Tension: *Balancing abstinence and harm-reduction approaches*

The most significant tension that emerged as participants imagined an operational policy and practice framework relating to on-site drug and alcohol use, was around conflicting desires for abstinent focused housing, and housing explicitly designed to support women who use substances. Stories were shared by women who use drugs about the need for policies and practices that are non-punitive and increase their access to safety and support. On the other hand, women seeking not to use drugs spoke about the perceived risks that living in harm-reduction focused housing could have on their sobriety or their goals of reuniting with children.

While the policy and practice recommendations that emerged differed in their approach, they shared values around centering safety and creating of culture of care instead of punishment relating to drug and alcohol use. However, the findings here highlight that perhaps this tension cannot be resolved in one housing building, but rather there is a need to have a range of housing options along a continuum of gender specific harm reduction and recovery/abstinent focused approaches. Further investigation is needed to consider how, and if these dichotomous perspectives could be supported within the same housing space.

9.5 Eviction:

To conclude the section on pragmatic and policy tensions, all participants were asked to consider the circumstances in which someone living in gender-specific co-housing, could be at risk of eviction. While gender-specific co-housing is meant to be highly supportive, there may still be instances where people living in this type of housing are evicted. This section of the workshop was meant to explore the participants perspectives on when eviction might be necessary.

A strong consensus emerged within this section regarding zero tolerance relating to violence, and an agreement amongst participants that violence could be grounds for an eviction. Participants also

offered a series of pragmatic recommendations on how to mediate conflict between tenants, and between the housing provider, staff, and tenants to prevent and limit instances of eviction.

9.5 a.) Zero tolerance for violence: *'Violence, it should not be there and there should be no exception.'*

Almost all participants used the term 'violence' when conceptualizing when eviction should be considered, however, participants descriptions of what constituted as violence and violent acts varied greatly. Some participants described racist and transphobic language as violence, where other participants described constant verbal conflict and threats between tenants as 'violence', and therefore grounds for eviction. Most participants articulated that only physical violence, including using or threatening to use weapons, and/or sexual exploitation would be worthy of an eviction. Sawyer provides a powerful contextualization of 'violence' by sharing that while some people's violent tenancies can be controlled, others cannot and people unable to control their violent tenancies would be ill-suited for this type of cohousing environment:

> "Violence sometimes can be controlled and sometimes it just can't be. I know my violent tendencies can always be controlled, so I usually hit walls. But if you can't control your violent tendencies or you can't take an anger management class for it – then that should be 'get the fuck out'. This is not for you."

Sawyer acknowledges that cohousing is not an appropriate housing option for everyone. They note that cohousing would be particularly ill-suited for people who have a history of unprovoked and severe acts of violence against others, and those unable to control or manage their violent outbursts. When Ife was asked to conceptualize the type of circumstance that could lead to a tenant facing eviction, she also offers a poignant conceptualization of why violence cannot be tolerated in gender-specific housing:

> "Obviously if they are like trying to stab someone. Obviously, it's basically just violence. If you are being violent, go away, because we are running from the same thing. A lot of people are pointing fingers because they don't practice what they preach. I'm running from some guy punching me, I don't want to live somewhere where a female is trying to knife me. Same concept."

For Ife, who has experienced gender-based violence in her life, there was a recognition that this type of housing is meant to be a place of safety. She acknowledges that many women accessing gender-specific cohousing may be doing so to escape a violent relationship, and therefore there should be a no tolerance policy for physical violence within the housing.

Lisa, who also shared about her experience of gender-based violence, was adamant that violence should led to eviction. When asked what circumstances could lead to eviction she shared:

> "Violence. You should not be violent with anybody. That should not be tolerated. anywhere."

Similar to Lisa, Crystal simply says: "Violence, it should not be there and there should be no exception, or second chance once people get violent with each other."

For Ashley, violence was conceptualized as something that exists on a continuum. She acknowledged that tenants who are consistently disrespectful in ways that were underlined with racist or transphobic attitudes as something that could lead to violence by sharing:

> "Calling somebody a racist slur or being ignorant and transphobic. Or bullying. Anything that shows you just don't respect the people you live with, that is unsafe and leads to violence."

Ashley acknowledged that the violence she has witnessed amongst women, often originates from racist and transphobic rhetoric. She felt that this type of disrespect, ignorance and bullying where a precursor to violence that needed to be taken seriously by gender-based housing providers.

When designing cohousing for women who have experienced gender-based violence, it is of critical importance that policies and programs are grounded in an anti-violence framework. When Christine reflects on policies and practices that should exist around eviction, she echoes the concerns around violence, suggesting people should have warnings prior to eviction:

> "I think everybody is going to have their differences and at the end of the day, it is okay to have your own opinion, but it is not okay to get violent about it. I think there should be a zero-violence policy, if you start a fight, or you engage in a fight, there is going to be consequences, third strike you're out type of thing."

Having no tolerance for violence emerged as key theme throughout this section of the creative mapping workshop focused on eviction. Understanding that many women may be living in this type of housing after experiencing gender-based violence in their own lives, it is critical that this type of housing does not tolerate violence against tenants or staff.

9.5 *b.)* Impacting Safety: *'Anything that negatively impacts the safety of someone else.'*

In addition to 'violence,' participants described varying ways tenants could negatively impact the safety and security of other tenants, that could possibly lead to eviction. For example, Lola describes sexual exploitation as something that feels should lead to an immediate eviction, including being propositioned by other women to do sex work – an experience she recalls happening to her in another shelter she stayed at.

Ashley conceptualized risks of safety associated with guests and visitors as something that could eventually lead a tenant to be evicted by sharing:

> "Being caught doing drugs with their buddies in the stairwell, them letting their buddies in just do to drugs all night long, them letting their buddies come in and play music all night long. I know I sound like a stickler, but drugs, and theft, and name calling, it all rolls into one and it leads to violence and it is horrible. Doing drugs in the hallway or your partying all night and having the music blaring all day and night imagine that? It's like, get out! That's how I feel."

For some participants who wanted to live in housing that was free from substances, the use of drugs and alcohol would be grounds for an eviction. For example, Ruth begins answering this question by stating:

> "Anything that negatively impacts the safety of someone else, any form of violence or physical fighting. Drug and alcohol use, constantly. I mean if they do it once, you can, you know, give them a warning and that. I think if it continues, that they should lose their housing. I mean you can't have somebody partying, you know, every day, that's for sure. If you say fuck you, you know, I'm not going to listen to anything you have to say, well, then I don't think that's the right kind of person you want in there."

Keira and Danielle, both shared that they use drugs, and both articulated the desire for a safe consumption site on-site in cohousing. When asked about grounds for eviction both Keira and

Danielle said using alone in your room instead of in the safer use space provided could be grounds for eviction.

> Keira said: "Violence or smoking in your room, or using in your room, or having boys over without telling anyone. Basically, putting yourself at risk and not using the supports."

> Danielle said: "If they start renting out their unit, if they are caught continuously doing something that is against the policies. Let's say it's not a safe injection site, if you are caught repeatedly, and you're overdosing all the time, I would say they are kind of abusing the help there. Or, if you get violent with the staff members or other people living in the building."

Both Keira and Danielle express similar ideas about the importance of using the supports available in this kind of housing, particularly around safer substance use practices. Keira describes any situation where you are putting yourself at risk and not using the supports as grounds for eviction, which she describes as a way of keeping people accountable. Danielle also raises another important point about tenants being at risk of eviction if they are renting their unit out to someone else – including co-habituating with someone not on the lease.

Safety was a reoccurring theme throughout the WESH project, so it is not surprising that some participants felt that negatively impacting the safety of other tenants should be grounds for a potential eviction. However, more exploration is needed here to ensure that this policy is not used to unjustly evict tenants who face barriers to traditional market rent housing.

9.5 c) Eviction Prevention: *"We can talk in a mediated fashion before it escalates to eviction."*

When discussing eviction and the circumstances that might lead to eviction, participants expressed a strong desire for a process of mediation to help resolve conflict that occurs between tenants and between staff and tenants, to prevent eviction. For example, Marie imagines that on-site social workers could be responsible for helping to support a process of mediation between tenants, to prevent conflict from escalating to a place where she would need to involve police, the landlord tenant board, or a lawyer:

> "I'd go to the social worker first and then, you know, see if the social worker and the mediator could talk to the landlord. And if that doesn't work with the social worker mediating, I would, you know, take it further to the landlord tenant board, or talk to that free lawyer or maybe have to call the cops, but we can talk in a mediated fashion before it escalates to eviction."

Similarly, to Marie, Danielle also described a process whereby an on-site staff person or other neutral party could help mediate conflict before it escalates:

> "Have a sit down with, if it is the tenant, have the person that runs the building there to help neutralize the situation and discuss it. People should not try and deal with stuff on their own and you should always have a neutral party there to help defuse it before it explodes into something it doesn't need to be and someone can be a witness."

When Ife considered resolution policies and practices, she also echoed the idea around having a mediator. However, she did so in a way that acknowledged some of the barriers participants might face in communicating with one another in ways that are respectful and productive:

> "They should have a place to go to with a counselor, where they should be able to communicate. You know in this kind of housing, conflict and problems is coming, because the human does not know how to communicate properly and correctly. You cannot blame them, they are very angry. We are very angry. Of course, we will not know how to communicate until we are happy. Key factor. You need to provide an environment where problem solving is civil. Not fighting, not police are coming, not evicting to the streets again."

Ife wants to live in an environment where problem solving is civil, and where fighting does not escalate to the point that the police are called. Ife believes that if tenants are happy, communication amongst one another will be improved.

The idea of involving a process of a mediator to address issues that emerge within cohousing including interpersonal conflict was reoccurring. There is a need for gender specific cohousing to have clear policies relating to the steps taken by the housing provider prior to pursuing an eviction, and prioritizing mediation and conflict resolution practices aligns with participants desires for this type of housing.

9.5 d.) Tensions: *Violence, safety, mediation and eviction*

Importantly, participants largely agreed on violence as being a potential cause for eviction. However, participants also explored other instances where eviction might be necessary including instances whereby a tenant's actions were impacting the safety of the building and other people living there. At the same time, participants spoke about the need for mediation, conflict resolution and processes in place to prevent eviction whenever possible.

More exploration is needed into what participants in this project conceptualize as instances impacting overall safety, that should lead to the housing provider pursuing eviction. Furthermore, despite wanting to be co-creators of policies and practices in gender-specific cohousing, very few participants imagined a framework that invited tenants to take on leadership roles as mediators and conflict disruptors. There is a need to better understand how women living in cohousing can take on leadership roles in mediation and communication, when a tenant is at risk of eviction.

9.6 Concluding Reflections:

When I introduced this section of the creative mapping workshop and explained that we would be turning our focus to co-creating policies and practices, one of the participants, Christine said she was hesitant to participate in this module. Christine explained to me that while she had been without housing over the past six years, she had also been banned from multiple women serving shelters across the city for failing to comply with their policies. Christine shared that the organizations she had attempted to access for support had policies in place that: "stripped away any self-dignity that I might have had, by designing programs and rules that made me feel like a caged animal."

After sharing some of her negative experiences in these types of programs, Christine notes:

> "Nobody wants to lose control; we have already lost control of enough."

Throughout the creative mapping workshop, Christine remained adamant that gender-specific co-housing would be a solution to her housing instability, so I asked her to consider how and if, this type of housing could exist in ways that did not further stirp women of control over their own lives. She responded by saying:

> "For this kind of housing to work, women need to be in control of what they need. If you make the girls feel like they have the power to design the housing in ways that they need, then they will open up to you about what it is they really need. You just need them to open up, then you'll know what they need, whether they know what they need or not. When you turn around and say, 'what can we do to make your life better?' You give people that power back… and they feel like they are in control"

It is evident throughout the findings shared within this chapter, that the participants in the WESH project did not reach a clear consensus on a set of policies and practices to inform gender-specific co-housing. During this component of the creative mapping workshop, participants shared stories and generated pragmatic recommendations to inform policies and practices. Participants also made clear connections between their own identities and experiences, and how this shaped what they needed from operational policy and practice in gender specific co-housing.

While consensus on the specific policies and practices in gendered co-housing was not reached (nor was this the goal of this activity), what did emerge were a shared set of values that centred safety, a recognition of the ways trauma impacts lived experiences, the importance of feeling cared for and caring for one another, and a desire to feel connected to ones' neighbours. Using a value-based framework to develop policies and practices may provide an opportunity to address some of the tensions explored throughout this chapter. For example, safety was a guiding value informing many of the policies and practices that women identified throughout this workshop, even when the actual policies and practices they were suggesting were in tension with each other. By using safety as shared value and an entry point, there might be an opportunity to have further discussion on tensions relating to policies around guests and visitors, harm reduction supports for women who use drugs and the potentiality of eviction if compromising the safety of the building and other tenants.

Women living in this type of housing need to have power to co-create and co-design the policies and practices that govern where they live. By involving women in co-creating policies and practices, there is an opportunity to meaningfully address some of the tension areas that emerged throughout this chapter. To resolve these tensions, there is an opportunity centre shared values, while also recognizing the diversity of lived experience and identity and reflecting on the different things people need from their housing provider. Importantly, as Christine (and many other women who participated in the WESH project) note, women must have the power and control to meaningfully and authentically shape the policies and practices of gender specific co-housing.

Chapter 10: On-site Support *'It is more than just housing…it is about the support too.'*

10.1 Introduction:

Following a discussion about operational policy and practices, participants in the WESH project were invited into a brainstorming process focused on the types of supports they would want available in gender specific co-housing. As all the women in the WESH project had been without stable housing for a long period of time, the supports that women identified were focused on what they perceive they would need to maintain and sustain their housing.

Each participant created a brainstorming map, outlining the specific types of supports they would desire being co-located in gender-specific co-housing. Meaningful discussion and reflection emerged about the types of on-site support perceived as most beneficial through this visual brainstorming activity. This included identifying several spheres of relevant support including physical health, parenting, food security, addiction and substance use, daily living and so forth. Additionally, and of significant importance, participants also reflected on the ways they imagined how the supports they identified would be delivered, with an emphasis on responsive, community-based and participatory forms of support where women were not the passive recipients of support, but rather actively involved in shaping and delivering on-site supports.

This chapter explores the type of supports women in the WESH project described wanting co-located in gender-specific housing and offers pragmatic recommendations for actionizing these types of supports in gender specific co-housing.

10.2 Co-located Health Services: *'Someone who can come right up to the apartment, if you are not feeling well.'*

Fifteen out of the twenty-one participants (71%) described wanting health related supports available in their housing.

Throughout the creative mapping workshop participants shared their desire to have health care providers co-located in the building, most commonly nurses and doctors. By co-locating these services within housing, participants believed there would be an increase in their ability to access health related supports. For example, June who uses a mobility device and lives with agoraphobia describes the benefits she has experienced since living in a transitional living program that has a doctor come on-site a few times a week by sharing:

> "I probably wouldn't go if it wasn't on-site. I would probably just put up with the pain, which I usually do anyways. But she is right in the building, and it is just so easy to go to her. … The more I think about it, the more importance I see with having these things around. Not getting on the bus to go. I've got agoraphobia. I don't like to leave my house. It makes it really hard some days. Like I just won't go to the doctor because I cannot get on the bus and leave my boundaries, you know? So it is good that I can just go downstairs."

The sentiment of having co-located health supports was echoed by Ruth, an older woman who also uses a mobility device. Similarly to June, Ruth reflected on the benefit that living somewhere with an on-site doctor has had on her own healthcare access and well-being.
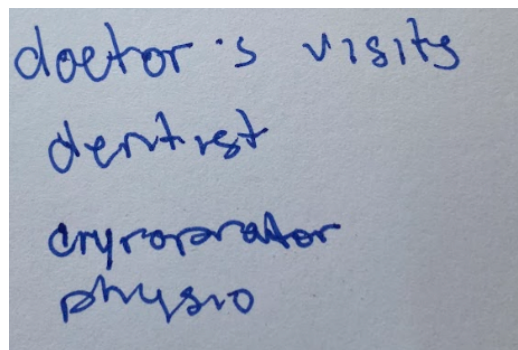
> "If you need help with a doctor issue, you can go and see that doctor. And you have that availability there, you know. If you don't…you don't go and see them…. There was a lot of times where I didn't go and see the doctors. But here, I can go right downstairs to the doctor there, you know. And it's a big help. You wouldn't believe how much of a help it is to the doctor right there. It would be good to have other health care on-site too, a dentist because many people don't bother to go, a chiropractor because many people have pain and problems and a physio. All of that would be helpful for us older girls."

Sam also shared about her various physical disabilities and chronic health concerns, and the ways the intersection of these needs created specialized support needs in housing that would require access to an on-site doctor, nurse, and psychiatrist. She shared the following image and reflection:
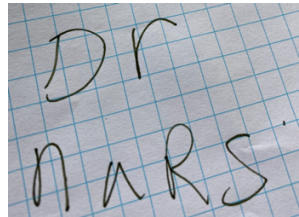

> "I am very sick right now. There are some people who are on the street rights now and they don't have a doctor, they don't have a nurse, and they don't have a psychiatric team and I'm going through the exact same thing those people are going through. Having a doctor coming straight up to the apartment to help you out when you are not feeling well, or something like that. I can put a couple things down I've got in my head right now. Doctor, Nurse, and I'm going to put S for Psych, in this housing, there should be people that are Doctors, nurses, psychiatric."

Kiera was living in a hotel, converted into an emergency shelter during COVID-19 pandemic, and did not have access to an on-site doctor the same way that Ruth and June did. Throughout the creative mapping workshop, Kiera shared at length about her physical and mental health concerns and the ways this had impacted her life and her housing stability. When reflecting on the types of supports she would like available to her in gender-specific co-housing, she also echoed the importance of co-located health supports by sharing:

> "I have some stuff that I was supposed to follow up about from like 5 years ago and I really should be doing it. Living somewhere that had a Doctor come in would be huge for me."

Ife, an Indo-Indigenous woman, shared that she imagined gender specific co-housing would have a health-care worker, who was 'in the community', and focused on preventative health care, by organizing things like healthy meals to share, sports and exercise, nature walks and healthcare

education workshops. Ife shared the following image on her creative map, and describes how she

conceptualizes the role of a community health worker in gender specific co-housing:
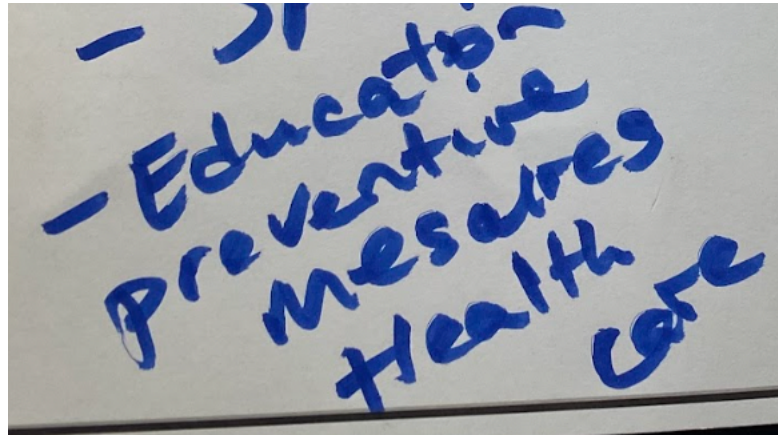
> "Instead of running to the doctor, train the people on preventative measures. Education, education, education, and preventive measures. The healthcare worker needs to be walking around in the community, cook a healthy meal, say to the people let's play a sport. and have a symposium for teaching better ways of being healthier. Put up some preventative measure talks for the community."

Other participants thought about and described health and wellness as more than just having a

doctor or nurse available on-site. For example, Lisa wrote 'yoga and music' under 'health' on her

brainstorm. When asked to describe this further she shared:

> "Health is about feeling well right, it's about being well, feeling well, for me, yoga, music, relaxing, they do those things for me. More than going to the doctor to hear about what the hell is wrong with me!"
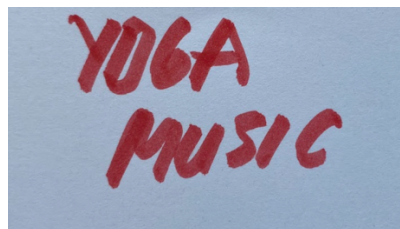
The idea of offering basic first aid and CPR training to residents in gender specific co-training was

brought up in the creative mapping workshops by Crystal, Keira, Ashley, Sawyer and Marie. This

pragmatic idea is grounded in the concepts of community care and participatory approaches to care,

centering the idea that women should be able to respond to health-related emergencies, and could

do so with proper training. Interestingly, these five participants all self-identified as women who use

drugs, and Keira made this connection by sharing:

> "I use drugs right, so I'm always thinking am I going to go down? It would be reassuring to know that people living in the building knew how to respond, like basic CPR, naloxone trained you know? But not just for me, say someone got a cut, like people around her should know how to treat it, like basic first aid stuff."
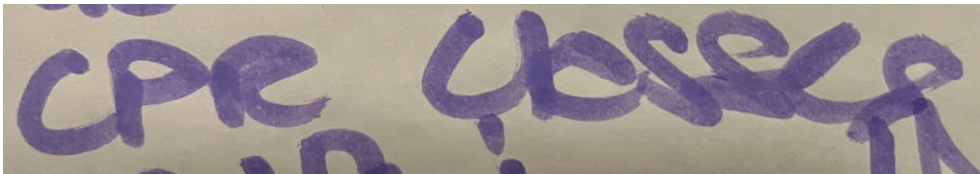
As women in the WESH project were asked to brainstorm the types of health-related supports they

would like available in gender-specific co-housing, it was evident that there was an emphasis on the

importance of co-locating health supports, with varying definitions of what constituted health-

related supports.

PRAGMATIC RECOMENDATIONS: HEALTH RELATED SUPPORTS

Co-located health supports: Build partnerships with healthcare providers (including Doctors, Nurses, Psychiatrists, and other allied health professionals) who are willing to run on-site clinics in gender-specific co-housing, and when necessary, visit residents in their housing units.
Community health worker: Engage a community health worker whose focus is to provide healthcare education and health-focused activities (such as preparing healthy food and exercising).
**Holistic view of health and wellness:** Ensure that conceptualizations of health-related supports recognize and respond to the varying ways women identify their own health needs, specifically Indigenous women.
Train Women living there in CPR and First Aid: Offer basic first aid and CPR training to the residents to ensure that there is a community of care relating to health-related emergencies.

10.3 Support with Daily Living: *'Somebody just helping you with your day-to-day.'*

Eleven of the twenty-one participants (52%) described wanting support with activities of daily living including medication management, support with housekeeping, showering /bathing, and support with access basic needs.

A strong theme that emerged for many of the participants was requiring support with activities of daily living to sustain their housing. When articulating the types of support needed in relation to daily living, participants made connections to various aspects of their identity to articulate a specialized set of support needs relating to disability and health related concerns, aging, using a mobility device and other considerations. For example, Ruth who uses a mobility device, is older and lives with pain related disabilities shared about how the intersection of these aspects of her experience have limited her from maintaining independent housing. When asked about the types of support she would like to see in gender-specific co-housing, she included the following text on her creative map and shared:
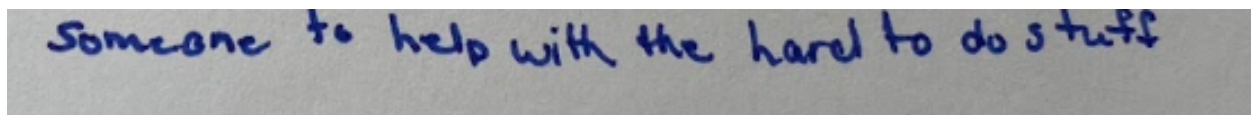
> "When I put someone to help with the hard to do stuff. And then that could be like, you know, housework. You know, a little bit of housework, you know, if you can't do it that week or something. Because there's sometimes, I can't do it, I can hardly walk now, I am an old fart, you know how bad my pain gets. Someone to help do the hard stuff would make things so much easier on me."

When asked to further explain what was considered as the 'hard stuff' Ruth explained her limitations in relation to cleaning, taking the bus to do groceries, and showering independently. Ruth also explained during the workshop about the type of support she currently receives from other women living in the shelter to manage her daily needs. It would be beneficial to consider the role that supportive peer staff could play in gender-specific co-housing fill some of the specialized support needs of women.

Sam drew the following image of a shower on her creative map, and described her unique support needs in relation to her disability and health related concerns
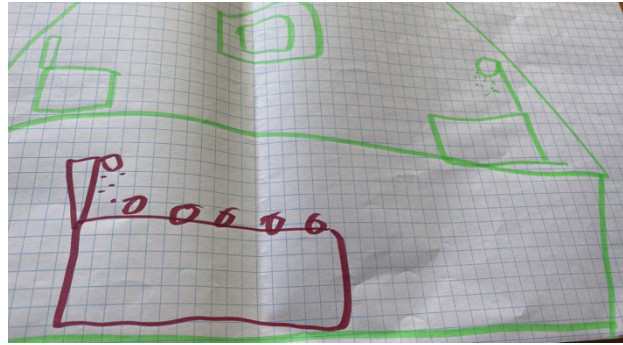
"I need people to help me shower, people to give me my medication, like a PSW. I am going to be totally honest; I don't hide things, I overdose. If I don't take my meds properly, I get very sick. And right now, my arm is infected, and I got a screwed-up liver, if I don't take my meds properly, I'm very sick. I'm already sick, I don't want to be sick anymore."

Sam reflected on her physical disability and mental health concerns and considered how the intersection of her needs positions her as needing a higher level of support in gender specific co-housing. Sam would benefit from someone overseeing her medication because of her self-identified overdose risk and would also require support with showering and other daily activities. She considered the usefulness of having on-site Personal Support Workers (PSW) dedicated to supporting managing some of her specialized needs.

Having a dedicated person to support with medication management was echoed by a few participants, and this theme is explored more in-depth in the section focused on mental health as many of the medications are connected to mental health. Ava wrote the text 'time, meds' on her creative map and shared the following reflections on her own daily support needs:
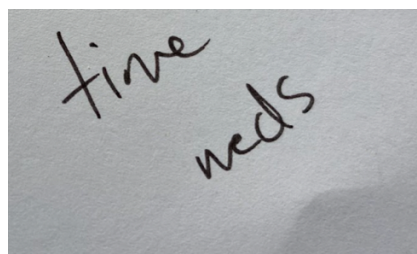
"Well, I would like to talk to somebody about how I could manage my time to do that. Like take my medication at a certain time. I don't know, like boost your confidence into cleaning or going outside and getting some fresh air."

For Ava, the need for support with time management and medication management were paramount, and she imagined a supportive front-line staff person could support with these aspects of her daily living. Lisa echoed the importance of having support to navigate everyday tasks and activities by sharing: 'And then also to have somebody just helping you with your day-to-day, just everything that you need to get through every day.' The idea of having someone to support with the 'day-to day' was echoed by many participants who expressed a desire for support with cleaning, grocery shopping, transportation, laundry and food preparation.

The need for supports that were responsive and flexible emerged as an important consideration for a few participants in the WESH project, who noted that while they did not currently need support with activities of daily living, this could shift. Crystal, for example, who was dealing with a significant injury to her leg at the time of the workshop mentioned that her support needs relating to things like showering, cleaning, and taking care of other activities of daily living were different now than they were before her injury. Crystal notes, 'the types of support people need changes, if they are sick, or injured, it is important that the program can adapt to that. Ife builds on this idea by sharing that: 'I'm getting older, I want to be able to stay living where I am living even when I'm an old lady. I would want somewhere that would help me as I got older.'

The importance of living somewhere that is responsive to changing support needs and prioritizes ensuring people can age in place without having to move is critical. Some participants also considered the role that other women living in the building could play in supporting one another with activities of daily living throughout the workshop.

PRAGMATIC RECOMENDATIONS: ACTIVITIES OF DAILY LIVING

Peer Workers Supporting with Activities of Daily Living: Build on the ways that women are already taking care of one another, and hire peer workers (women with lived experience of homelessness) to assist in the building with activities of daily living.

Individualized and Responsive Support Plans: Work individually with each tenant in an ongoing way to develop individualized and responsive support plans that attend to activities of daily living.

Specialized Supports for Aging: Recognize that women have a desire to age in place, and ensure this type of housing has the supports in place to support women as they age.
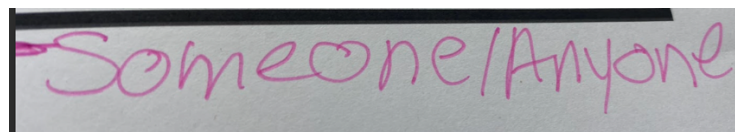
10.4 Mental Health Support: '*Anyone that you could talk to and ask for assistance about mental health.*'

All (100%) of participants described the importance of having mental health supports on-site, and this type of support was conceptualized in various ways.

The importance of mental health supports emerged for all participants, however the way this was described varied and included medication management for mental health symptoms, counsellors on-site, grief specific supports and social support to combat feelings of depression and isolation. For example, Sawyer shared that what would best support their mental health was someone available within gender specific co-housing to support them with medication management for their mental health diagnosis, sharing:

> "I really should have to do my meds for me, I either forget to take them or I OD on them because I take too many. I might feel like I was at (name of hospital) but it would probably be good for me."

Sawyer further reflects on their own mental health struggles, and writes the following text on their creative map:
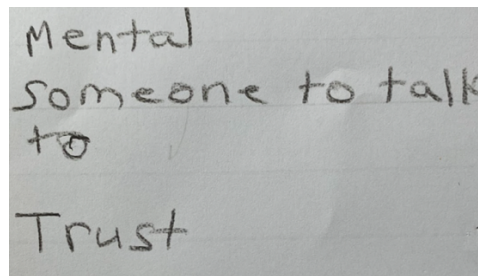
Explaining this text, Sawyer identifies that in addition to medication management, having someone

who was 'down to talk whenever' would be helpful, particularly when they are experiencing suicidal

ideation:

> "I don't know, truthfully probably, just a lot of people that would be down to talk whenever. Mental health is a huge ordeal. So many lives are lost to it every fucking day, to suicide, I have attempted suicide a lot. I don't want to go down like that, and that is a lot."

During the creative mapping workshop, Valerie shared about the grief they were experiencing after

losing her partner to suicide. She writes the following on her creative map, and shares that what

would be most impactful for her own mental health right now, would be grief counselling:

> "A grief counsellor, or someone to help with dealing with the losses instead of running to the alcohol and the drugs. Because that's what I do when I'm hurt like that. I'd like to find something else to run into. And losing my boyfriend, like I had no one to talk to. I haven't talked to anybody about it yet. I didn't like that – finding him like that, hanging. I had to cut him down."

Echoing Valerie's sentiment about the importance of grief counselling to improve mental wellbeing,

Christine shared about her own struggle losing her mother and her desire to live somewhere where

grief counseling is available:

> "They (gender specific co-housing provider) should have grief counsellors come in - because 9 times out of 10, people turn to dope because of shit that has happened in their life. They can't deal with it, like me with my mom."

Grief and loss were reoccurring throughout the creative mapping workshops, and therefore mental

health supports for women who experience homelessness should consider grief and loss specific

services. In addition to grief and loss, trauma also emerged as a significant theme in the lives of

women who participated in the WESH project and some of the participants identified having specific trauma supports. For example, Ife, who disclosed experiencing police violence shared the importance of having trauma counselling available on-site in gender specific co-housing.

> "Trauma counseling, hey anything to bring those senses of those traumatized people, back to a balance. Hey, I cannot go to work if I am traumatized, I cannot be on my ace if I am traumatized, you have got to put Humpty Dumpty back together, emotionally, health, everything."

Lola explains her own struggles with mental health and for her, it was less about having a qualified professional and more about having people around who are there to support her when she was struggling. Lola, a trans woman, spoke about the stigma and discrimination she has faced in healthcare settings and was more interested in seeking emotional support for her experiences of depression from people she had trusting relationships with:

> "When you need emotional support and have psychotic depression like I do, yes. You do need someone to talk to for your mental health, sometimes at all hours of the day or in the middle of the night. And no, with everything the health care system has put me through it doesn't need to be a shrink. Just someone you can trust in the building, and at least you know if you need people, you know where to find them."

This contribution from Lola further highlights the importance of exploring the role that peer-led and community-based forms of mental health support can play in supporting women living in gender specific co-housing. Similarly, Marie, an Indigenous woman, shared her own negative experiences with health and social care providers when she has struggled with her mental health in the past. She shared about being involuntarily hospitalized, when her intention was just to share how she was feeling with a trusted social care provider. When considering mental health supports, Marie writes the following on her creative map and shares:
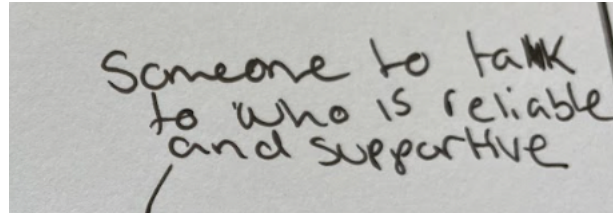
> "I would really want somebody I can rely on that's not going to backfire on me. Someone to talk to who is trustworthy. Somebody you could talk to that, you know, isn't going to backfire on you. Someone reliable and supportive"

The idea of being able to rely on support for mental health without the fear of carceral approaches such as police involvement, involuntary holds in hospital settings and other punitive approaches was central for several participants involved in the WESH project. This further underscores the importance of community care and the role this can play in supporting the mental well-being of women living in gender specific co-housing.

Danielle identified living in this kind of housing as something that would significantly impact her mental health. She shares that for her 'mental health is the biggest struggle', and when describing the types of supports that would be beneficial to her she notes:

> "Counsellors or people on-site to talk to. Some other mental health services, maybe a gym. Or even like a group of people you could join, who do like activities outside to help with exercise if there is no gym. I need someone to help with keeping me on the right path and definitely having a stable environment with support would be a bigger help for a person like me, who has mental health."

Danielle raises important considerations about the range of supports that could be put in place in this type of housing to support mental health, and calls attention to the ways living in a supportive environment could improve her own feelings of mental wellbeing.

The ideas generated relating to mental health supports were deeply reflective of women's own experiences relating to trauma, grief, and managing significant mental health diagnoses. There was a shared sentiment that mental health supports in gender-specific co-housing were necessary, and participants offered pragmatic recommendations for how to mobilize this as an important component of the available on-site support.

PRAGMATIC RECOMENDATIONS: MENTAL HEALTH SUPPORTS

Co-housing as a Facilitator of Well-being: Fostering social connection, relationships and community through this type of housing can contribute to improved mental well-being of tenants.

Grief & Trauma Counseling: Build partnerships with grief and trauma counsellors and ensure this type of service is available to women living in this type of housing.

Medication Management: Ensure there is an option for residents to receive support with medication management from on-site staff - at the woman's request.

Non-Medicalized Mental Health Supports: Recognize the need for non-medicalized approaches, and offer a spectrum of support including - individual and group-based peer support and wellness activities.

10.5 Substance Use and Addiction: *'I want drug counsellors on-site or people I could talk to.'*

Twelve out of the twenty-one participants (48%) identified wanting supports embedded in gender-specific co-housing focused on substance use and addiction.

On-site support related to substance use and addiction was an important consideration for almost half of the participants in the WESH project. For a few participants, these supports were conceptualized as recovery orientated supports including things like substance use counselling, Narcotics Anonymous (NA) groups held on-site and other abstinence-based supports. Other participants described desiring harm-reduction focused support, including on-site safer use spaces. Sherry wanted to quit using substances once she was permanently housed and shared that she needed to live somewhere that had supports on-site focused on supporting recovery and abstinence:

> "I want drug counsellors on-site or people I could talk to. Hire workers who have had experience of addiction, being homeless, because they are not judging anybody and they get it. Maybe look into doing an NA (narcotics anonymous) or CA (crack anonymous) group there once in a while for the girls."

Sherry's ideas around having on-site addictions counselling was conceptualized as being led by peer support workers who were in recovery. She also refers to having on-site substance use support groups. Both ideas represent important considerations around the role that women can play in supporting one another relating to issues of substance use and addiction.

Danielle writes the words safe and harm reduction' on her creative map and shares the following

reflections on the importance of having this in her housing, reflecting on the gendered dynamics

that have caused her to feel unsafe in co-ed safe injection spaces:

> "Yeah, it is needed in the housing or people will feel like they have to hide in their room
> alone to use. This way the girls can feel like they are supported, because it is scary out there.
> I would like if there was a time where I could go get high and not have to worry if someone
> is going to get turned on because I'm going to shoot a needle right? Cause some guys are
> fucking perverts."
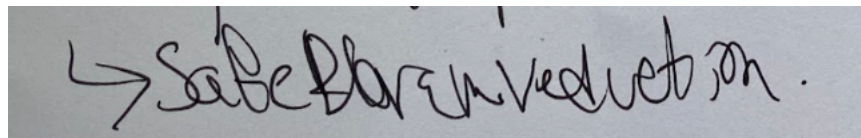
The importance of having gender specific harm reduction supports was another reoccurring theme,

and it the desire for gendered spaces was deeply connected to the experiences of gender-based

violence that women have experienced in the community. The desire to have a safe injection site

within the housing program was described by several participants as something that could keep

women who use drugs safe, prevent using alone and offer a gendered option for receiving harm

reduction support.

For example, Christine who also writes 'safe injection community' on her creative map shares the

following ideas for gendered harm reduction support services:

> "They need a women's only safe consumption site. A lot of these women have been beaten
> by the guys they are with…I think a women's only safe injection site would be a good thing,
> it would be more relaxing for women because we wouldn't be around the pressures of a guy
> being around."
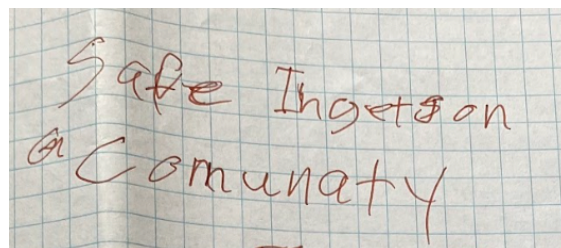
However, for Christine, gender specific harm reduction services are not just about a safe place to use

substances but rather about providing harm reduction education to women who are actively using

drugs. She goes on to describe her ideas for the types of supports that could be offered to women

who are using substances within this type of housing by sharing:

> "Even if these girls are going to do drugs, maybe make them a little bit more aware of the
> risk, and smart use. If they are going to use it, they are going to use it whether you like it or
> not. Teach them how to use it safely, inform them, because that is the main thing. A lot of
> these girls are not informed about what these drugs can do to them. A lot of them have their
> guys inject them, so they don't know how to do it on their own and get abscesses and
> everything else like that. People's main approach is like, this drug is bad, and it's like okay,
> yeah, we know this drug is bad. Tell them why this drug is bad. If you tell someone this is
> bad, they are still going to do it but take the time to tell them why it is bad, what the risks
> are, inform them, and then maybe they will be less likely to do it."

Christine's ideas for harm reduction education focused on ensuring that women are made aware of

the risks associated with drug use and have support to learn harm reduction practices including how

to inject. Her ideas reflect a desire for comprehensive gender specific harm reduction services that

respond to the gendered risks of injection drug use. For Kiera, safe injection and harm reduction

services should be coupled with the option for counselling. Kiera describes accessing safe

consumption spaces in the city she lives in and not having the option to receive support or

counselling.

> "I would go to Vancouver – just saying. I also heard they have a lot of services and stuff for
> addicts out there – it is not like it is here. You are offered counseling every time you go to
> use the safe injection site, and it is not just like here you go, go use, no one even talks to you
> about stopping."
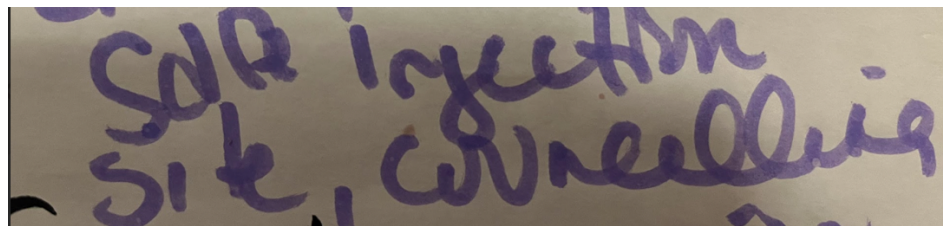
Kiera's contribution highlights the importance of viewing harm reduction and recovery based

supports as a part of the continuum of addiction and substance use support offered, by having

counselling embedded in harm reduction services to offer support and explore willingness to

consider detoxing or seeking treatment.

The ideas and recommendations that emerged relating to embedded supports for drug use highlight

the importance of offering a continuum of support services, including recovery orientated and harm

reduction focused supports such as safe consumption spaces on-site in gender specific co-housing.

Importantly, substance use, and addiction services described by the women in the WESH project

centre the role that community can play in supporting each other through peer work and therapeutic

groups. There is a need to further investigate how to best support women who are actively using

drugs to maintain their housing, as this remains an underdeveloped area in research, policy and

practice.

PRAGMATIC RECOMENDATIONS: SUBSTANCE USE SUPPORT

On-site Substance Use and Addiction Counselling: Offer on-site addiction counselling.
Hire People with Lived Experience of Substance Use & Addiction: Ensure staff and peer workers are people with lived experience of addiction and substance use.
On-Site Substance Use Groups: On-site groups focused on substance use and addiction, from both recovery orientated and harm reduction lenses.
Embed Safer Use Spaces into Housing: Priortize the safety and well-being of women who use drugs, by embeding Safer Use Spaces into co-housing, to prevent using alone or hiding.
Gender-Specific Approach to Substance Use Support and Harm Reduction: The importance of gender-specific approaches to substance use support and harm reduction services was echoed - as women troubled having to access co-ed spaces.

10.6 Gender-based Violence Support: *'A lot of us have trauma from violence or are still in violent situations, that has got to be a key consideration.'*

Seventeen out of the twenty-one (80%) of participants described wanting on-site support that would be responsive to current and historical experiences of gender-based violence.

Throughout the creative mapping workshop, considerations emerged focused on how to design

gender-specific co-housing that supports women to live life free from violence. As we turned our

attention to mapping on-site supports, participants identified a range of pragmatic recommendations

for gender-based violence support services that should be integrated into gender-based co-housing. For example, Lisa expressed an interest in having psycho-educational groups focused on better understanding the dynamics of gender-based violence by sharing:

> "A lot of us have trauma from violence or are still in violent situations, that has got to be a consideration. There needs to be more programs like groups, so people understand what abuse is. Like myself, I need to understand what that is."

Building on Lisa's idea, a few other participants mentioned wanting on-site gender-based violence support groups as a space to learn from one another's experiences and cultivate a community of healing and support.

Christine shared about her experiences of violence with dates during periods in her life she has worked in the sex trade, and her ideas for supporting other women at risk of violence working in the sex trade within this type of housing. She shared:

> "I started sleeping with a date who would bring an axe with him, and it's like holy fuck. God, get me out of here. Another one of the girls he was doing dates with said the same thing, she felt like she was going crazy. I wish I could have warned her, I know they do like bad date lists or ugly trick lists or whatever it's called. If the housing program had something like that, where working girls could report violence, that would be helpful."

Christine's ideas of a way to report violent men through a 'bad date list' is a common practice used by organizations that support sex trade workers, and something that could be integrated into gender specific co-housing. The idea for a way of keeping other women informed and aware of men in the community who have been violent is an important strategy for keeping one another safe and builds on the concepts of community care.

Christine however reflected on her own experience working in the sex trade, and the violence and crisis she has experienced in the middle of the night. Reflecting on these experiences, she describes twenty-four hour a day on-site staff as critical to gender specific co-housing:

> "I think a crisis area, like counseling and that, because you know what? And it should be kinda a 24-hour thing because a lot of girls who work the streets and that, they are out half

> of the night. They need someone for when they get off you know, especially if anything has happened. At night is when the violence happens."

Another important consideration for gender-based violence supports was access to low barrier trauma counselling. This idea was brought forward by several participants who expressed an interest in being able to access counselling for the trauma and violence they had experienced but felt that traditional forms of counselling were inaccessible due to their cost or their waitlists. For example, Ashley shares:

> "What about a trauma counsellor? So many of us have been through violence, abuse, so much shit. I know trauma counselling costs money, it is not cheap, believe me, I have looked into it. But what if someone who was trained was willing to come and do this for free for the building? That is an idea worth looking into."

In addition to trauma counselling, participants in the WESH project also identified the presence of front-line staff as a protective factor to cope with the aftermath or immediate risks of gender-based violence. This was articulated in several ways including having someone who could watch the entrance way to prevent unwanted guests from entering, as someone to talk to if women were having a rough time and as someone who could intervene if violence was occurring in the building between guests.

Throughout the creative mapping workshop, women described the ways living in a community such as the one they were imagining, would act as a protective factor against violence. For example, Coral shared:

> "Living in a building with all other women would surely keep some of the trouble men away. Who is going to start trouble if there are like 20 strong women living there? And if girls know who to keep an eye out for, there you go, another support for the girls who have bad exes."

When conceptualizing safety from violence in this type of housing, Ashley reflected on the role that on-site staff could play in supporting safety, and wrote the following text on her creative map, that says:
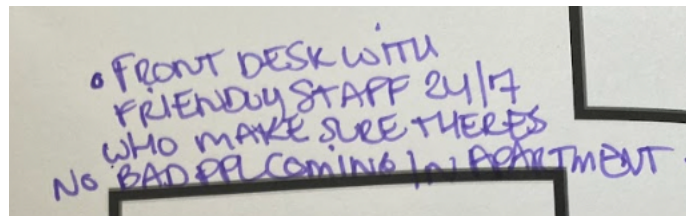
> "A front desk with friendly staff, 24-7 who make sure there is no bad people coming in the apartment building."

The functionality of staff supports as being organized around a 'front desk' was a common theme that emerged throughout the creative mapping workshops. This was envisioned as a space and place that would promote safety, through having staff present who would be able to monitor who was coming into the building.

It is not surprising that gender-based violence related supports emerged as an important consideration for many participants when designing the type of gender specific co-housing they would like to live in. The women who participated in this study developed a series of practical suggestions focused on how to promote safety for those experiencing or at risk of gender-based violence, and design responsive services to support with healing from experiences of gender-based violence.

PRAGMATIC RECOMENDATIONS: GENDER-BASED VIOLENCE

Therapeutic Group Counselling: On-site therapeutic and peer-based groups for women who have had experiences of gender-based violence.
Bad Date List (and other sex work specific supports): Build intentional supports for sex workers who experience violence in the context of their work – including a bad date reporting system to keep other women aware of violent men.
Gender-based Violence Counselling: Form a partnership with a counsellor who can offer gender-based violence specific counselling to women living in this building.
**Co-Housing as a Protective Factor:** Build on concepts of community care as an intentional protective factor to support women living in the housing building who are experiencing violence, and ensure on-site staff are preventing violent people from entering the building.

10.7 Food Related Support: *'Good food is connected to emotional and daily wellness.'*

Eighteen out of the twenty-one participants (86%) described wanting food related supports in gender specific cohousing.

When brainstorming supports in gender-specific co-housing, creative ideas emerged about how food related support could be mobilized within this type of housing program. It became clear that participants desired both practical supports to promote food security, as well as opportunities to cook and share meals together, as a way of fostering connection and community.

For example, Marie described transportation as one of the biggest barriers to getting food. As someone who relies on the bus, she shared that it is often difficult to carry groceries home and taking taxis adds an unmanageable expense to her budget. Marie shared her ideas relating to food supports by saying:
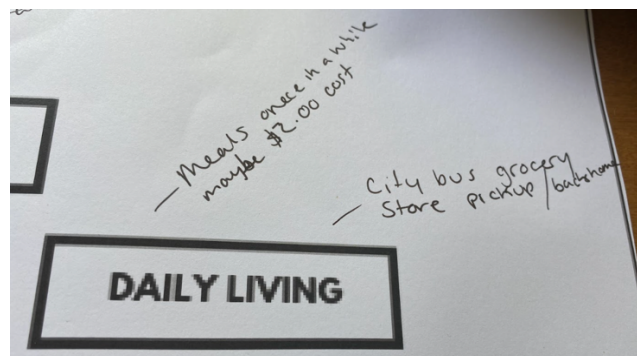
> "Okay, so like Hamilton has the HSR that helps out with the elderly to get to the store. So I'm thinking maybe like they could possibly do the same for like housing people. You know, a bus they're not using. So like a city bus. Grocery store pick-up and then back home. That's all help with daily living, right?"

Ava shared similar concerns about the barriers she faces in obtaining food, and her desire to live somewhere that had on-site food related supports. Ava's idea for on-site food support was: "They should have a little pantry thing, like their own personal food bank sort of, so you don't have to leave and go anywhere if you're having one of them days."

Ife spoke a lot about the importance of having access to nutritious food during her creative mapping workshop, describing this as a central component to physical health and overall wellness.

"I was thinking about food because good food is connected to emotional and daily wellness. We need a kitchen to cook good food, instead of peanut butter bullshit. Access to good food from the farm, Green belt for a reason. Make connections with the farmers. Make it go green, everything has to be like, hello organic. Don't tell me organic is four times what I can afford on $10 a day, and then make me come to your hospital so you can give me a pill, so you can give me, I don't know, three more side effects. This is why that doesn't work. I was standing at the soup line at the Sally, everywhere, for a peanut butter sandwich."
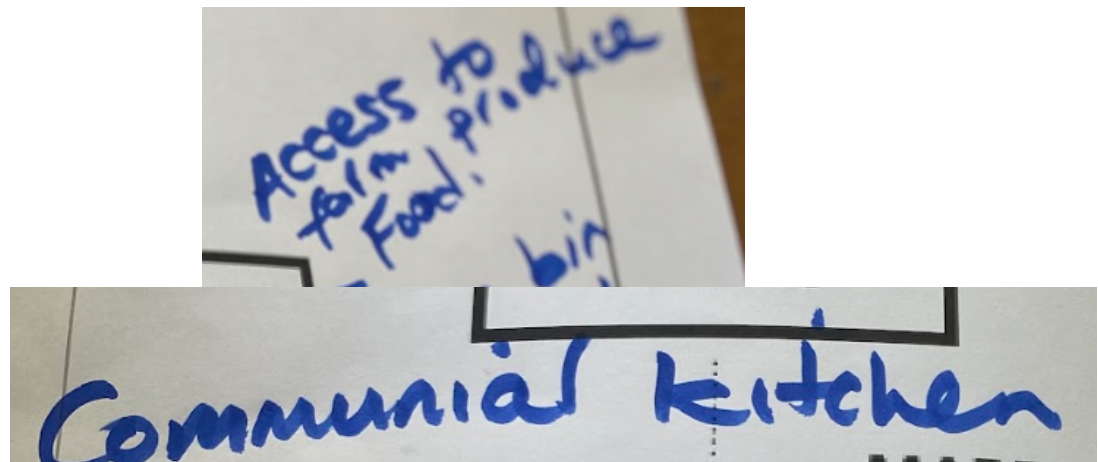
When June was asked to brainstorm the types of support she wanted in gender-specific housing, she wrote: "everyone could cook their favourite meal and have a buffet on occasion." When sharing her ideas for food related supports, June says:

"One on one night, one on another night. Give us a break once or twice a week and have meals come in. On the other nights, every lady could cook a different dish you know, we could all sit down together and have a meal. That would be really nice. A lot of people don't see their families, and we do make these people our second family. To sit down and have a meal would be really nice."

June described the importance of food support as not only a practical support, but also as something that would help to facilitate connection amongst the residents living in the building. Food was routinely articulated as a vehicle for social connection by the participants in the WESH project. The idea of sharing meals and eating together was described not only as something that would help to alleviate food insecurity, but something that would increase social connection and decrease isolation

and loneliness by many participants. For example, Danielle offered the suggestion of having a 'open

kitchen' where the responsibility for meal preparing could be shared, new skills relating to cooking

could be learned and explored and neighbours could connect and get to know one another over

shared meals and cooking:

> "The open kitchen thing is a good idea. There are people who don't know how to do certain things, maybe they can bake but they don't know how to cook dinner. Have like an open kitchen where you could learn how to make stuff. I know how to make homemade pumpkin pie from scratch and biscuits, I don't know how many people know how to do that, but that could always be something that I could teach people, especially around Christmas time. An open kitchen is also a good idea because it gives a way to keep everyone in touch with people, and a way for people to get to know their neighbours."

Sharing food and meals is an important finding that offers tangible and pragmatic recommendations

to gender-specific housing providers who are looking to foster intentional community within the

housing building. Reflecting themes of community care and participatory approaches to support,

participants also shared how they imagined contributing to food security throughout the building.

For example, Ray shared that she used to be a chef, and imagined how she might be able to use her

skills to contribute to food security for her neighbours:

> "Before I went into the hospital, I used to, like instead of doing meals on wheels because it does cost a lot of money, I used to go there (seniors apartment building) for them and make meals and put them in the freezer for them to eat. I am a certified chef. I could do that again say if there were ladies in the building who couldn't do the cooking for themselves. A couple days' worth of freezer meals, hey at least then they are eating."

For Ray supporting people who faced barriers to preparing their own food was something that she

imagined she could contribute to her neighbours living in gender specific co-housing. Building on

the idea of participating actively in food security, Brooke included the following text on her creative

map and shared:
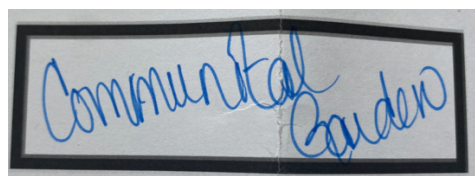
> "We need a garden because we can grow food, and we can take care of each other that way. If we grow food all summer and can it, or make sauces, or freeze fresh vegetables and fruit, we can share that amongst the ladies living there. People used to do that, plan for the Winter, but you don't see that as much anymore. My grandparents used to do that. Gardening is important, it makes you self-sufficient. I would love to live somewhere that has a garden, farm fresh food, shared amongst the ladies."

Brooke's idea relating to a communal garden and working together to preserve and then share food further highlights women's desire to participating fully in providing support to one another in gender specific co-housing.

Ideas and recommendations that emerged about food security and food-related support shared a sentiment that food was a source of connection and could be used as a vehicle to build community. Importantly, women developed pragmatic recommendations to address food insecurity that centred their own participation in developing community-led food supports, such as a communal garden, collective kitchen and by using their own skills to prepare and share food with other women living there.

PRAGMATIC RECOMENDATIONS: FOOD RELATED SUPPORT

Sharing Meals: Opportunities for shared meals to both enhance food security and to provide opportunities for social connection.
Collective Kitchen: Host a regular collective kitchen, as a space for sharing responsibilities around food preparation, learning new skills relating to cooking and sharing meals together.
Food Pantry and Communal Garden On-site: Have an on-site food pantry and communal garden available to the residents to combat food insecurity.
Transportation Support to Grocery Stores and Food Banks: Organize regular transportation to grocery stores and food banks for residents to ensure access to food.
Community-led Food Support: Involve residents in supporting one another with food security through meal preparation, gardening and sharing resources.

10.8 Indigenous Cultural Supports: *'Somewhere that brings that culture to the girls.'*

Four of the nine (44%) Indigenous participants shared their ideas about the importance of having Indigenous specific cultural supports embedded on-site in gender-specific co-housing.

Women who participated in the WESH project, who identified as Indigenous, identified specific cultural supports that they would like to have embedded in gender-specific co-housing. This included a desire to have Indigenous women represented on the staff team, including Indigenous women with lived experience of homelessness. For example, Christine described the importance of having Indigenous staff represented in the organizations that women who experience homelessness access. She notes that there may be Indigenous staff on-site, but because of the organizational structures they work within, they do not bring it into their work.

> "There needs to be Native staff, maybe some of the girls who work here are Native, but they don't bring it into their work. They don't say to us, okay anyone who wants to smudge, let's go smudge. They don't, it's so white here. I have my smudging stuff here, but I cannot do that here because I will get in trouble. There needs to be somewhere that brings that culture to the girls, because it helps, believe me, it helps."

For Christine, connection to her Indigenous culture and traditions is central to her own life, and she believes that gender specific co-housing should focus on integrating Indigenous specific cultural supports for women who have been disconnected from their culture. To do this, organizations need to hire Indigenous women who can bring this into the work and support offered. Rhonda describes the importance of being connected to Indigenous specific supports in gender-specific co-housing by sharing the following text, and her reflections on the importance of having cultural supports as they are central to her healing:
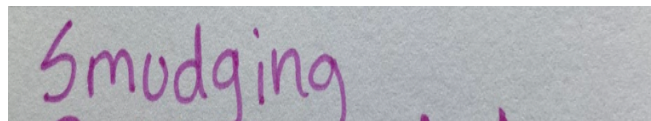
> "I would like to be able to smudge. I would like that, to me the healing that I usually need and go for, is like I got to go to the water somewhere, or I've got to go to the woods. I don't believe in medicinal anymore, because I had so many problems in the past, and I am so much healthier without it."

An intersectional feminist approach to developing gender specific co-housing requires recognizing the disproportionate number of Indigenous women experiencing long-term homelessness and

developing culturally relevant supports, rather than replicating Eurocentric models of healing and care. During the creative mapping workshop, Ray described the support and healing that she derives from connecting with her Indigenous culture and community. Ray shared attending ceremony on the reservation and about her ideas for how to embed aspects of Indigenous culture into gender specific co-housing by sharing:

> "I went to a sweat on the reserve. It was really healing for me. I talk to the Elder on the reserve there. I smudge every day expect for when I am on my Moon time. I am a very alone person when I am here (transitional living program), but when I go to the reserve is when I open up more. There are a lot of Native girls who live here, they could have an Elder come, or someone to smudge, or bring them to ceremony."

Many participants described the ways they seek out Indigenous specific cultural support in their lives and highlighted that these types of supports are largely not available in the gender specific housing and shelter programs they access. Non-Indigenous housing providers must be committed to working collaboratively with Indigenous women and Indigenous communities to ensure that Indigenous women living in gender-specific co-housing have access to culturally relevant supports in their housing.

PRAGMATIC RECOMENDATIONS: INDIGENOUS CULTURAL SUPPORTS

Indigenous Staff: Intentionally hire Indigenous staff to ensure that Indigenous perspectives and worldviews are represented in the on-site staff support within gender-specific co-housing.

Access to Smudging and Ceremony: Incorporate space for smudging and access to ceremony (including facilitating transportation to the reservation when necessary) into the types of support available within gender specific co-housing.

On-site Elder: Ensure that gender-specific co-housing has an on-site Elder who attends the housing program regularly to provide culturally relevant support and teachings to Indigenous women living there.

10.9 Mothering Supports: *'I'm a good mother. I just needed some support.'*

Eight out of the twenty-one participants (38%) described wanting support with mothering, specifically focused on facilitating access to, and reunification with children.

Over one third of participants identified wanting supports related to mothering and mother-child reunification. Many participants expressed a belief that living in this type of supportive environment might be appealing to child welfare organizations and could be a place where visits with children could happen as a step toward reunification. However, unlike other sections of the support mapping, participants offered fewer pragmatic recommendations for how to make this a reality. This is not surprising given the complex relationship many of the participants had with mothering, and with family and child services. For example, Ife notes the importance of 'open access to family, sharing that this type of communal setup should be enough to facilitate access to children who have been removed from care by child welfare organizations:

> "Open access to family, and I'll tell you why. These children they took from us from CAS, okay, why can't we have access to our kids in our communal set up now? Now that we are not on the streets anymore. So, your access to visitors is a key factor for family, because family and anyone who has a good intention and way of helping hands must be available to have access to you."

For Ife, living in this type of housing with communal space and on-site support, was viewed as something that could possibly facilitate reunification with her children who had been apprehended by child welfare services.

While Ray's children are adults now, she described losing custody of them when they were infants. When reflecting on the types of supports needed in this type of housing, she considered how this could be a space to support other women experiencing similar concerns and complexities relating to children's aid involvement by sharing:

> "My children grew up in foster care, they are grown now. But maybe for some people living somewhere with the supports, it could help stop the children's aid from getting all involved. You know, you got a supportive worker here, or someone to take an eye. That should be enough to get children's aid to fuck off."

Danielle expressed a strong desire to reunite with her son, who is in the custody of Children's Aid, and who she has not had contact with for several years by sharing:

> "I have a 7-year-old and I would like to have him around. I would like to get to know him again. I know obviously right now I can't because of my life but if I lived somewhere like this, maybe the CAS would let him come for visits or for dinner."

Echoing Danielle, Crystal also shared her desire, once housed, to reunite with her children who have been apprehended by child welfare organizations. She shared that after her husband passed away, child welfare organizations got involved because of her declining mental health. She imagines that this type of housing could facilitate reunification with her young children:

> "I want my kids back. They are not getting any younger, they are 9 and 13 now.
> His school actually created an award and named it after my son, and they said that they have never ever in the history of the board of education seen another kid be as selfless as my child. And my grandma said to me 'see, that is you, that is you coming through him.' I am a good mother; I just needed some support after my husband died."

When considering parenting supports, participants imagined that this type of housing, with on-site supports and staff, could be a starting point to supporting renunciation with children who have been apprehended by child welfare organizations. Participants did not explore the specific types of parenting supports or supports for children that they would like to see embedded in this type of housing, nor did they explore the role that the community of women could play in providing mothering support. It was however abundantly clear that support around mothering was desired, and for many women, reuniting with children who had been apprehended by child welfare organizations was deeply important.

PRAGMATIC RECOMENDATIONS: SUPPORTS FOR MOTHERING

Facilitating On-site Visits with Children: Work with child welfare organizations to explore if/how this housing program could be a place that facilitates on-site visits with children.
Work towards Reunification: Develop a comprehensive set of supports that intentionally support reunification between mother and children who have been apprehended by child welfare organizations.
Support for Mothers whose children are parented by others: Recognize the central role that motherhood plays for many women, whose children are parented by others and design and deliver responsive services to respond to this grief and loss.

10.10 Reflections on On-site Supports:

Through visual brainstorming and dialogue, the participants in the WESH project identified a range of critical supports and services that should be embedded in gender-specific co-housing. There was a consensus amongst participants that embedding on-site supports was foundational to housing stability and overall wellness. This activity led participants to reflect on the ways they perceive their own health, housing and support needs. Some participants shared worries about managing their own medication, while other participants shared the impact that their aging bodies have on completing activities of daily living. For other participants, sustaining housing was deeply connected to being able to manage their own physical and mental health needs. Responsive on-site supports focused on addiction and drug use, mental health, gender-based violence, mothering and connections to Indigenous culture were discussed, with participants offering several pragmatic recommendations for how to implement the types of supports they desired.

Throughout this activity, it became abundantly clear that participants did not imagine themselves as passive recipients of support, but rather as active participants in creating a supportive space for one another. Ideas emerged about the importance of peer-based support, the role women could play in supporting one another with activities of daily living, and how the features of co-housing such as social connection and community could be protective factors for mental well-being and living free from violence.

The findings from this section and the pragmatic recommendations that emerged offer gender specific co-housing providers insight into the types of support services to consider embedding when planning and operationalizing supportive gender-specific housing. Significantly, these recommendations offer insight into the ways women who experience long-term homelessness imagine playing an active role in developing and providing support within this type of housing.

Chapter 11: Community Centred Care *"We are stronger together."*

11.1 Introduction

As a way of combatting social isolation, co-housing models integrate intentional community into the design, function, and operations of the housing program. Intentional community and social connection are key features of this type of housing, ensuring that people living in gender specific co-housing feel well connected to one another, and their housing environment.

As the final activity during the creative mapping workshop, participants were asked to consider the kind of community they wanted to live in. Participants did this in several ways, including developing visual symbols representing the kind of housing community they wanted to live in, and sharing stories about the ways they are already finding meaning from mutually caring relationships with other women experiencing homelessness, and the impact this was having in their lives.

I want to begin this section by highlighting a story that really stood out to me, shared by Crystal. Throughout the entirety of Crystal's creative mapping workshop, she talked about the immense care and support she provides other women experiencing homelessness. She explains that this interest in caregiving and mutual aid started for her as a young woman, supporting other victims of gender-based sexual violence:

> "Even when I was 16 years old, I opened a rape support group in a school. I ran it for two years, every week for two hours, for young girls who had been sexually assaulted or raped or whatever. Just place to talk about what happened, so they knew somebody would be there. I was pretty much acting like the Social Worker, I was only sixteen years old. This was right after I was brutally raped and left for dead. Two years later, I opened the support group. All of the group homes I lived in, all of the social workers would always say to me, if you ever go and get your degree we want you to come back and work with us. My life did not go that way, but I have always, always been there for people."

For Crystal, caring for other women began during her youth where she used her own experiences of sexual violence to provide a basis of peer support, mutual aid and care to others who had experienced similar trauma. Crystal explains how she has been discouraged from engaging in caring

relationships with other women in the emergency shelters and drop-in programs she has accessed in

the past by sharing another story:

> "This girl was all stressed out and having a bad day and acting nuts, and sure, I lent her twenty dollars. She went and bought drugs with it, but whatever, instead of her getting kicked out, I lent her the money so she could go take a cab and go wherever she had to go. I said to them (the staff), if you are going to kick me out for doing that, then do it, because you are not going to stop me from being nice. I have never changed for anybody, and I am not going to change for the staff here. They tell me I shouldn't be there for these people because they are addicts and if that is the way that they look at them, but I look at these girls as somebody."

Participants in the WESH project described the importance of community centred care through

storytelling, the creation of symbols and descriptive narrative. In doing so, several important themes

emerged including the existing ways women are caring for one another, and the ways these informal

care arrangements could be mobilized in gender-specific co-housing, the importance of social

connection, a desire to live in responsive caring environments, the importance of respecting

difference and a desire for teaching and learning in/and from community.

11.2 Caring for One Another: *'I have like 15 street daughters… they call me 'mom' because I take care of them'*

Throughout this project, women shared about the informal care that happens among women

experiencing homelessness, in gender specific emergency shelter, transitional housing programs and

on the street. Of particular significance, stories about caring for one another led to considerations

about how to build on these caring relationships in gender-specific co-housing.

For example, Crystal, talked about the ways she is already taking care of younger women

experiencing homelessness by sharing:

> "I have like 15 street daughters, and four are working girls. They look at me like I am their mom. They call me 'mom' because I take care of them and they know they can come to me if they are hungry, if they need anything, like, anything. I will give them money for a fix because I know that is going to protect them or save them. I don't look at it like enabling them, I look at it like at least they have someone they can come to for anything and they

> know no matter what, they can talk to me about it. I am that person; I will drop everything I am doing to help them out."

When Crystal was asked how she imagined herself participating in gender specific co-housing, she shared her desire to play the role of an advocate and support for the women living there. She described advocacy and supporting people as her strengths, and something she had been doing for others throughout her life:

> "I could totally help out. Girls need someone that they feel comfortable with to go to if something goes wrong, someone to advocate for them, someone to watch over them. I would be there for these girls. I would totally advocate for them, and I would be on their side. That is how I am everywhere. I speak my mind."

Upon further reflection on her own skills and capacities for supporting other women, Crystal asks: "What do I have to do to be called a social worker? Like I want to work on one of these teams." During and after the creative mapping workshop, Crystal was connected to opportunities to explore getting a peer support certificate as a starting point to begin her journey of working alongside women who have had similar experiences as her, including homelessness, addiction and violence.

Similarly to Crystal, Ashley also spoke about the ways she provided informal care to an older woman who previously lived in the same transitional living program she lived in. She shared that while the on-site staff are helpful, she imagines her role as 'filling the gap' and doing the things that staff cannot. In explaining the care she provides, Ashley notes:

> "She was a disabled lady. And I used to go to the store with her twice a week, and I would help her get her food. And I would walk her dog for her around the block. I'd help her get her groceries. And there was a cart that I would help… I would push the cart for her, and I would walk her to the store and back. I could do that again, I really like helping the elderly."

When asked how she imagined the ways she might participate in gender specific co-housing, Ashley notes that she would be interested in supporting people who are aging in gender specific co housing. When asked to consider what she might be able to do, she shared that she would: "Even just to sit

and talk with them, read to them, help them cook, help with their plants, their houseplants, stuff like that."

Christine also described the care she has provided during her time as a street-based sex worker, conceptualizing her role as 'looking after the younger girls, who sometimes got themselves in trouble.' She shared about an experience of sexual violence while engaged in sex work, and describes how she was then able to warn other women of this violent man and in turn keep them safe. Building on this story, Christine shared about her desire to live in gender specific co-housing that had intentional care and safety build in for women engaged in sex work. Her idea for mobilizing this type of care included a 24-hour crisis centre in the building, staffed by tenants of the building who had an experience of sex trade work. She imagined the purpose of the crisis centre as a peer-led first response to instances of violence, and to warn women about bad dates and violent men.

Coral described the importance of her Indigenous community and culture in her life. She shared that for her, being a part of community meant 'living in a place where I could help people.' Coral describes being a volunteer since she was 13 years old, in long-term care homes and with people living with developmental disabilities on the reservation she grew up on. When Coral describes the type of community she wants to live in, she shares about how she imagines participating in this community:

> "I would rather be in a place where I can help other people like we were talking about. I'd rather take a lady to the store every other day and walk with her and help her get her groceries – then just sit around. And you know, I used to do people's hair. I used to massage their shoulders and do their fingernails for them. And go to the store with them and get their groceries. I loved it, and I would love to do that again."

Coral's reflections here highlight the importance of meaningfully involving tenants living in gender specific co-housing in caring relationships and roles, if they are interested. Building off this sentiment, Lola, who uses drugs, described the pragmatic ways she cares for other women who use drugs and how she imagines bringing this type of care into gender specific co-housing:

> "I take my drug supplies with me. And if someone needs something, I have it on me, and I can give them clean supplies to use. And if I see that their crack pipe or their crystal meth pipe is dirty, I pick it up. If I was living in housing like this, I would keep a lot of clean supplies to make sure no one was reusing and I could go around and pick up needles or pipes or whatever, keep the place nice. I always carry naloxone too and I know how to use it, soi can respond you know, if someone goes down."

Lola's ideas highlight ways of involving tenants in providing peer-led harm reduction care and supports. When women were brainstorming on-site support for addiction and substance use, peer-led gender-specific harm reduction services emerged as a critical consideration. There is an opportunity to consider the role that people with lived experience, particularly women living in this type of housing could play in mobilizing these types of supports. Danielle also noted her interest in exploring working in gender specific co-housing in a peer support capacity. She shared she was already involved in some peer led initiatives at an HIV clinic she accesses, and felt that there was an opportunity to thoughtfully incorporate peer led roles in gender specific co-housing:

> "At the HIV clinic they had a group meeting about how to do more peer stuff and how it could be changed to add more peer support stuff, and I think they were talking about programs in Vancouver. Since then I have been starting to look into that. Peers are able to help, it would be a very big encouragement for the people that they help. I think peers should be involved in the harm reduction stuff in this type of housing."

For Danielle, staffing roles held by peers (people with lived experience) are an important part of gender specific co-housing and have unique potential to provide harm reduction focused support within this type of housing. Danielle, similarly, to Crystal, went on to ask questions about how to get involved in a certificate program for peer support, learning to provide peer support in community organizations.

Kiera began by sharing her reflections on the concept of community, by sharing: "We are stronger together." She then took a few moments to draw the following image that conceptualized her vision for community, sharing:
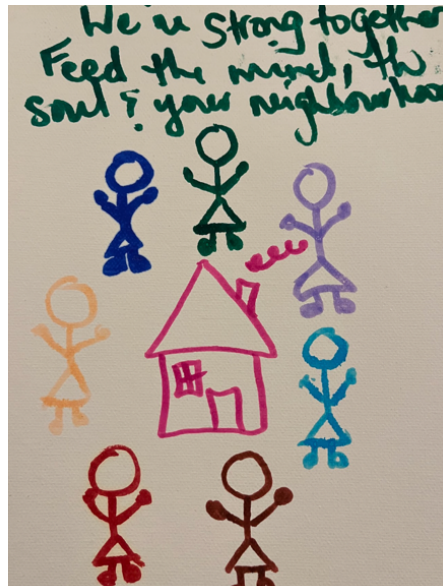
> "We could take care of ourselves and each other. It would take a little bit of hard work but sometimes when you are an addict that is what you need. I am not different than nobody. If we had big enough gardens, we could give what we grow to foodbanks and other people. we are all in such different spots and age groups, and that is the awesome part."

Kiera's image of community includes the text 'We're stronger together. Feed the mind, the soul, and your neighbour.' Her conceptualization of community connects to her larger creative map that centres sustainable living in tiny houses and offers tangible ideas for how to take care of each other including growing gardens and sharing the food with one another and with food banks. Throughout Kiera's workshop, she spoke about taking care of one another in ways that connected to keeping one another safe from drug poisoning, violence, and other harms. For Kiera, the idea of being stronger together was an important sentiment that could enhance safety in gender specific cohousing and improve the overall wellbeing of the women who lived there.

I was particularly impacted by the stories that participants shared about the ways they were already taking care of one another in the community, and in the gender specific shelters and transitional living programs they stayed in. Importantly, participants described the acts of care they were already providing to other women, particularly those who were aging, living with disability, and women

conceptualized as at risk because of their involvement in sex work and/or drug use. As participants shared these stories, they also shared their imaginings of how to harness these informal care arrangements into gender specific co-housing to strengthen community, and build in intentional forms of peer support, aid, and care.

11.3 Social Connection; *'I would rather have one cake, one night, with four or five other people, than a piece for myself alone every night.'*

The importance of forming community as a source of social connection emerged as a significant theme throughout all sections of the mapping workshop. The importance of social connection was made visible as participants blueprinted communal spaces for gathering, and considered the types of supports they imagined. Within this section, participants explicitly described wanting gender specific co-housing to be somewhere that fostered intentional community and reduced social isolation. For example, when Rhonda was asked to consider the type of community she imagined living in, she reflected on her current experience living in a women's transitional housing program. Rhonda shared that when she was living in her apartment prior to being evicted, she was 'in a really dark place.' She described there being "lots of times, when I would get depressed, and I was by myself, with nobody to lift me up." Now, when she is feeling depressed, things are different:

> "Here when I get depressed, you cannot go very far without someone trying to make you feel better, even just giving you a smoke or an Easter egg or something, you know? It makes you feel a lot better, and we all do that for each other. That is kind of what the community means to me."

Building on the experience of social connection and the sense of belonging she feels in her new community of women living in transitional housing, Rhonda drew the following symbol for the kind of community she imagined in gender specific co-housing, and shared the following reflections:
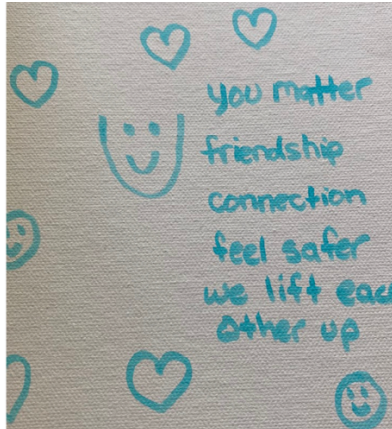
"To me, being a part of community means that we matter, and everybody wants to see each other smiling. When we see each other around here down or upset, we automatically just go 'what's wrong, how can I help?' And that is showing them that they matter. When you don't have that community, there is nobody there to help you, and there is nobody there to share with. I love sharing with the ladies, I mean I can buy a lemon meringue pie at Wal-Mart for $4, and they all act like 'oh my God, this is so amazing, oh my God I love it.' …When I had a home, I bought myself one cake a week, and I had a piece by myself every night, but I would rather have one cake, one night, with four or five other people, than a piece for myself alone every night. I finally feel like there is connection to people. Connection, we have connection. We have each other's back, we have protection kind of in a way. It feels safer. There is safety in numbers. We lift each other up."

Sharing a cake with the women around her, having protection because of social connection, safety in numbers and lifting each other up, all highlights the feelings of social connection leading to overall well-being that are associated with being in a positive community. The protective factors of having one another's back, keeping one another safe, and lifting one another up, as described by Rhonda is the foundation to developing gender specific co-housing communities that foster social connection as an anecdote to loneliness.

Crystal's symbol for community was the written text 'get togethers', and she shared the following reflections on the importance of prioritizing facilitating activities that bring people together:
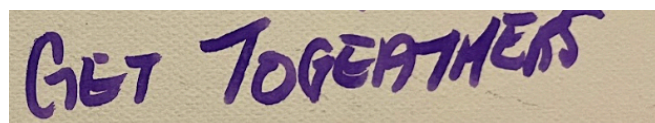
> "Social connection, support and community. Get togethers. It sounds corny, but like let's actually do stuff together. Make dinner, share a meal, plan a movie night, do a spa night, you know, things like that. I like doing stuff like that, I could even help plan it or get the stuff we needed. Say one night we wanted to watch a movie, it's like everyone's invited, we could make popcorn get pop or whatever. Stuff like that, bring people together, make people know they are not alone."

Crystal describes a range of activities that could be planned in gender specific co-housing to 'bring people together, and make people know they are not alone,' Perhaps most importantly, she goes on to offer her support to make this happen by sharing she would be willing to help plan these types of activities in gender specific co-housing. This reinforces the importance of developing roles and responsibilities for tenants in gender specific co-housing, such as planning and facilitating recreational programming.

When asked to draw a symbol for community, Ruth drew an image of a community garden and shared the following:

> "Okay, this is a community garden. A community garden to help people, you know, to do things together. A garden is something different. It's out there, you know, you're outside. And people like doing that in the summertime. Gardening Okay, that's where people can surely get along."

A community garden symbolizes something that people can gather around and be involved in, according to Ruth. Having intentional ways of building community, like gardening and other

activities, is a central part of gender specific cohousing and are all key factors in reducing social

isolation and loneliness.

When Anne was asked to conceptualize community, she reflected on her own tendencies to isolate

herself and describes needing to be encouraged to reach out and become involved in her

community. She described what she needs by sharing:

> "What community means to me is somebody that's constantly trying to reach out and being
> in touch, you know. Sometimes phones aren't enough because you need somebody to
> actually… You know, newsletter, anything it takes just to keep the connection going, you
> know. Because you can… You could get isolated very easily. So it's important to have a
> constant flow of communication, whether it's through newsletters or a knock on the door
> every 24 hours. Whatever it takes to keep the communication flowing."

Anne's acknowledgement around the barriers to social connection when combating depression, or

other health and social concerns are important to consider and respond to. Anne offers pragmatic

suggestions for fostering social connection including a newsletter, or a knock on the door every 24-

hours, showing her desires to be socially connected to the community in her housing program.

Christine shared a powerful story about the ways in which women experiencing homelessness are

already an important source of social connection, for one another by saying:

> "A lot of the women I've noticed in the homeless community do stick together so, you
> know what, even the women don't realize it, but they are their own support group. I've
> heard a lot of them, they sit there and like they are crying and talking, saying they have
> nobody in their corner. And sometimes I would say, what's that? You've got ten women
> right here, right now – and they are listening to every fucking word you're saying. There is
> your support group, they can identify with you because most of them have been through the
> same crap you've been through, and sometimes worse. So, I think we need to build on that,
> build up what already exists."

Drawing on her own experiences of accessing gender specific drop-in programs, she notes that

women are already socially connected and supporting one another based on shared lived

experiences. It is the role of gender-specific co-housing providers to build this type of care,

connection and support into the fabric of the housing and support model. Throughout this section,

participants offered reflections on the importance of social connection, stories about the ways social

connection already exists amongst women experiencing homelessness and actionable

recommendations for strengthening social connection in gender specific housing communities were

identified by participants.

11.4 Responsive Caring Environments: *'When you are down, somebody is there to listen, or to help you get back up.'*

As participants described the type of community they wanted to live in, it was evident that while

they wanted to engage in caring for others and have meaningful social connection, but they also

imagined this community would be responsive to their own care needs. For example, Danielle drew

the following image to symbolize the type of community she wanted to live in, describing for her

that being in community meant, 'you have people around you who care enough to support you

when you are down, and who want to help you get back up.'
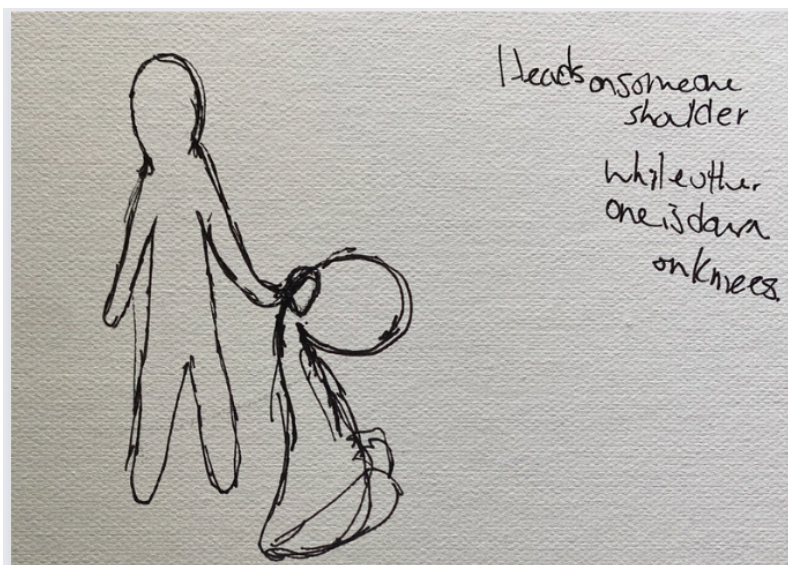
As Danielle reflected further on the symbol she drew and its significance, she offered the following

reflections on her conceptualization around the importance of community:

"My drawing is supposed to be somebody on their knees, with somebody else standing there with their hand on her shoulder. That is my symbol for community and connection. I wrote hands on someone's shoulder, while the other is down on their knees. It is like when you are down, somebody is there to listen, or to help you get back up. And there is too hands, and it symbolizes lifting somebody up when they are down on the ground."

During the creative mapping workshop, Danielle shared her own patterns of isolating and disconnecting from supports and people in her life when she's feeling depressed, something she identifies struggling with for most of her life. When considering the type of community that she would want to live in, Danielle reflects on her experiences of receiving connection and support from gender-specific community-based services.

"I get support from places like (gender-specific drop-in space), and I worry if I got housing, I couldn't go there anymore. I get the chance to communicate with people, because not having anybody to talk to really sucks. I feel like someone cares about me when I go there, and they are always there when I need someone to talk to."

For Danielle, the responsive care she receives from the gender specific services she accesses has been exceptionally important to her life, and something that she identified as needing embedded in her housing moving forward.

When Ife was asked to consider the kind of community she wanted to be a part of in gender specific co-housing, she reflected on her own trajectory into homelessness by sharing how the loss of her role as a mother ultimately impacts what she needs from housing and support going forward:

"Here is what happened, I was in a home, filled of like seven people, then children's aid came, and I should really be honest, manipulated the court system and the law to get in there and took everyone away. Now I am alone. So, when I go through transitional and all that, and shelter, I'm still traumatized because I am not used to being in a box. You see what I mean? And I don't think any medical profession understand that. It is not humanly possible. So, the community comes in and it takes the place of the loss of family. The community of women comes in and takes the place of the loss of my auntie, my uncle, my heritage. Now I come to Advocate, I go to counsellor, I go to my church."

Ife's journey into homelessness has been marked by significant loss and grief, because of the loss of her children to child welfare organizations. Ife goes onto explore the responsive care she receives from the community she has found in the absence of her family, including women experiencing

homelessness, staff within gender-based organizations, counsellors and her faith community. Ife's considerations here highlight the importance of community as a caring and responsive space that can support people in healing from significant trauma and grief.

For Valerie, the kind of community she wanted to live in was somewhere that: 'you can feel like you can go and talk to somebody if you need something, or just to talk.' Valerie left her apartment and entered homelessness after her boyfriend completed suicide in their shared space. Throughout the workshop, she shared about the grief and trauma she was experiencing and how this impacted her housing and support needs. At the time of the research, Valerie, was living in transitional housing for women and shared she has found it beneficial to live somewhere where there are women around who care about her, and supportive staff to talk to at all hours of the day and night.

When Brooke was asked to reflect on the type of community she wanted to live in, she contributed the following image:
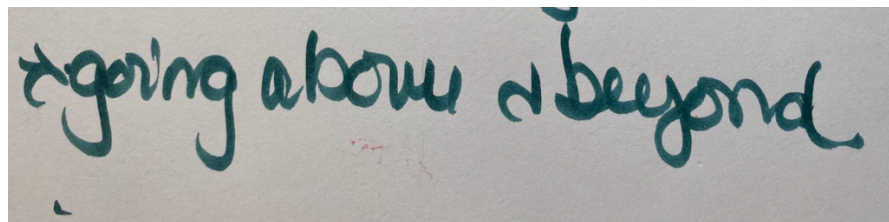
When asked to explain her thoughts behind 'going above & beyond', Brooke drew on an example about the ways she perceives her healthcare team as going above and beyond for her, in ways that are not reflected in their organizational or operational policy:

> "For example, my health care team, they don't just work within the policies, they truly go do above and beyond. It's the communication that (doctors name) allows. I have his cell phone number; I can call him anytime I need. He makes it easy for me to get to the appointments, he will either pick me up, have his nurse pick me up or have a cab paid for me to get there. There is no policy that says he has to do that, but he does that because he is willing to do that for me."

For Brooke, the value of 'going above and beyond' meant that the supports offered in gender-specific cohousing for women would be designed in a responsive way, making it possible to support women in whatever ways are necessary. Brooke's conceptualization here alludes to the importance of living in a responsive caring community, where approaches to support prioritize meeting people where they are at.

Findings from this theme underscore the importance of gender specific co-housing as being a responsive community, capable of providing care to women across a diversity of needs and experiences. Building on the concepts of caring for one another and social connection, women also shared a deep desire of living in a community where they were cared for, both informally by one another and by a range of health and social care providers who were willing to go above and beyond for them.

11.5 Respecting difference: *'Not all women are the same, and we need to have and open mind when we do this'*

Another important theme that emerged in the conceptualization of community, involved creating a space where differences are respected, grounded in a recognition that not all women are the same. Attention to the uniqueness of women's housing and support needs came across throughout the creative mapping workshop, as participants continually reflected on how to design this type of housing in ways that responsive to differing needs. This theme was further refined and considered by participants in our conversations about the kind of community they wanted to live in.

For example, when Ava was asked about the concept of community, she reflected on a time in her life when she was housed, but she would make almost daily visits to the shelter she had stayed at previously. Although she did not need emergency shelter, she found joy in having conversations with other women and learning about their lives.

When conceptualizing her symbol for community, Ava drew the following image of a bird standing

on a heart and shared a list of her ideas. Ava identifies living with a cognitive delay and shared that

she finds tremendous support in accessing a gender-specific drop-in space for women experiencing

homelessness. Ava went on to share about the lessons she has learned through interacting with

women in the shelter system whose experiences are different than her own, and how this has

enriched her understanding of the unique struggles faced by women who have barriers because of

their race, age, and ability.
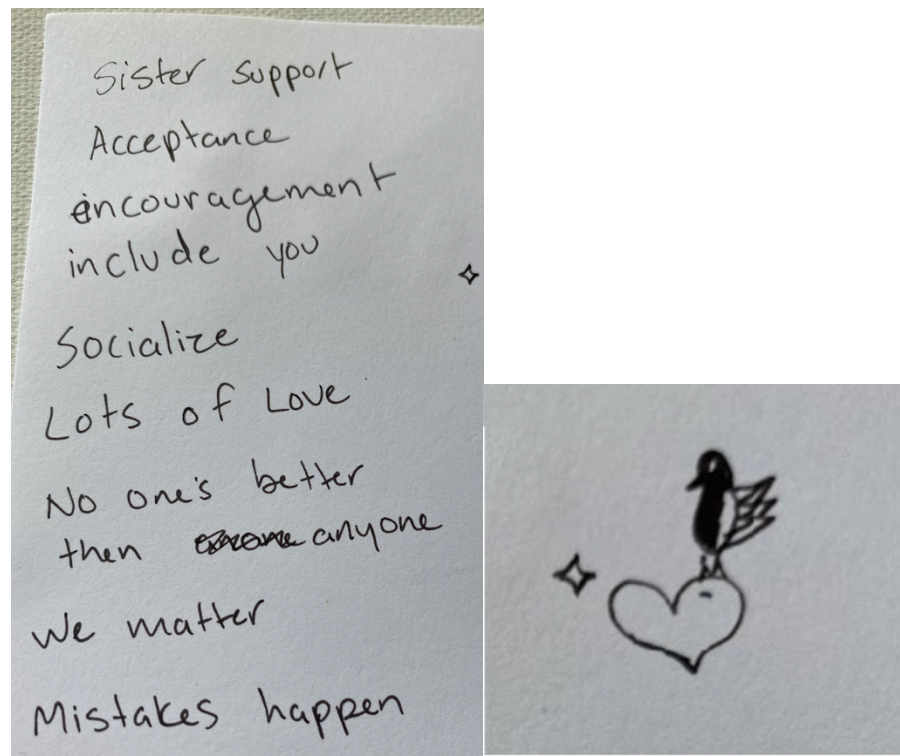
"I drew a tiny bird and a heart. Not all women are the same. No matter what age or race.
And we need to have an open mind when we do this. And then I wrote, sister support,
acceptance, encouragement. They include you. Social lives. Lots of love. No one's better
than anyone. We matter. And mistakes will happen."

For Ava, cultivating community requires an open mind and an acceptance of one another's

differences. The values that Ava depicts on her conceptualization of community highlight the

importance of living in a space where difference and diversity is celebrated and mutual aid, community and encouraging one another are key guiding principles.

When Ife described the kind of community she wanted to live in, she reflected on the importance of recognizing that women experiencing homelessness in Canada come from all over the world and have a range of lived experiences when they arrive to Canada. Ife shared her experience immigrating to Canada from a small Pacific Island and explained the shock that followed such a significant life transition. When asked to conceptualize the kind of community she wanted to live in within gender specific housing, Ife drew an image of a compass to symbolize what community meant to her and shared the following reflections:
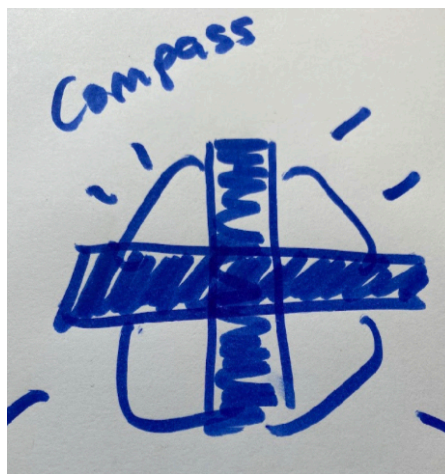
> "All of us in our plights. We are from all parts of the world, and from the four corners of the earth. We actually can see each other and say 'hey, buddy over there Is Canadian – but she is just like me.' And buddy over there can look over and say 'oh my God, she came all the way down under – but look, she is just like me."

Community as described by Ife, reflects seeing ourselves in the people around us, and understanding that our plights are not that different. Ife believes that an important part of community involves recognizing our similarities and our differences and working towards finding common understandings. She goes on to explain this symbol further by sharing:

> "Simple, it's the compass Because we come from all four corners and meet in the middle. To eradicate civilly, and correctly apply ourselves, for prosperity, and peace and harmonious living. That's the kind of community I want."

She identifies the importance of 'meeting in the middle' and recognizing similarities while also celebrating and acknowledging differences.

When Sam was asked to consider the kind of community she wanted to live in, she shared about the discrimination she has experienced in various community settings, because of her identity as a lesbian woman who lives with significant disabilities. She describes how these intersecting identities have led to her being excluded from community in the past, and even excluded from the emergency shelter system that has been designed to support women experiencing homelessness. Sam drew a heart with the text 'hope' inside of it to symbolize her conceptualization of community, where everyone is accepted:

> "I think a heart would actually do it, but I'm putting hope in it. You have to have hope, you have to have faith. People who are lesbians, or bi-sexual, or turning from a man into a woman, they don't get housing, they just get thrown aside because they are different. But some people don't have that hope anymore because people put them down every time they try and find a place, it's like oh, I'm a lesbian, I date a girl, and it's like, oh then I can't take you because you are too disabled, and you need too much from the shelter. It's something that I'm going through, and my girlfriends going through, like we are going through the

exact same thing. In a good community, everyone would be accepted even if they are
different."

For Sam, a good community is a space where everyone is accepted, where no one would 'need too

much' and where both hope and love is felt by everyone.

When Sherry was asked to conceptualize the kind of community she wanted to live in, she reflected

on the importance of peace, sharing the following image:

"Peace! I just want everyone to be peaceful with each other and I want to feel peace where I
live. No fighting, we are all different but let's get along."

Sherry acknowledges that women living in gender specific co-housing are 'all different', and yet she

shared a desire to get along with the other women living there. While drawing this image, Sherry

shared about her current experience living in gender specific transitional housing, where getting

along is not always easy. For Sherry, the benefit to living in gender specific co-housing is the

community aspect, however for this to beneficial there is a need to 'get along' despite one another's

differences.

Participants in the WESH project occupied a range of intersecting identities and had varied lived

experiences. As the women thought about the importance of community in gender specific co-

housing, it was apparent that there was a shared desire to celebrate and recognize difference, and to

'get along' despite it all. Gender-specific co-housing can be a space where women who have been marginalized and excluded are able to find community, safety, and social connection and see themselves and their needs recognized and responded to.

11.6 Community as a space for learning, teaching and new experiences: *'It would be nice to live somewhere that you could learn some stuff.'*

An interesting and unexpected finding that emerged throughout the creative mapping workshops was participants desire for opportunities for learning, teaching and experience. Although participants were not directly asked about desires to pursue education, teach, or engage in experiential activities, this emerged as a consistent theme throughout the creative mapping workshop.

For example, Brooke, who identifies the outdoors and nature as central to her own well-being imagined how impactful it would be for gender-specific co-housing to focus on outdoor and nature-based experiences, and she explains the role she could play in facilitating opportunities for this in gender specific co-housing:
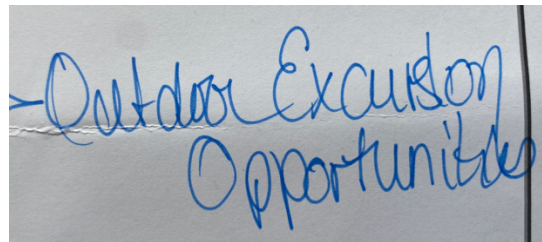
> "I think having something to take people on outdoor excursions would be kind of cool, like, to have that as an opportunity you know? This month we are going horseback riding if anyone wants to join. There are a lot of people who were raised without those opportunities, who do not know that things like that are out there. My cousin, she has a farm, and she does special programming for abused women. I could probably even help to arrange something like that. Women can come there and ride the horses and its like a form of therapy for them. I think outdoor adventures or excursions would get people out there, to give them an opportunity to do something they've maybe never done in their life."

Brooke's idea highlights the importance of involving women living in gender specific co-housing in co-developing and facilitating enriching experiential opportunities for one another. She reflects on

the importance of inviting people into opportunities that they may not have historically had access

to and reflects on the potential personal growth that could come from that.
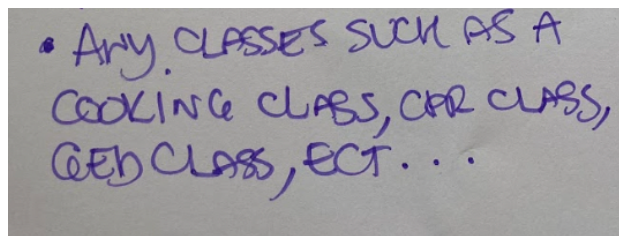
June shared about her experiences living in transitional living, and the important role that the peer

support workers were playing in facilitating meaningful, experiential activities across the program.

Importantly, June reflected on what she was learning by attending these programs, and imagines her

own capacities for doing peer work in gender-specific co-housing:

> "I really like what the Peer Support workers are doing here and offering us all of this
> wonderful art and outlets through art. I really like it a lot. We did painting to a thing online,
> easy steps for beginners, it was cool. We decorated tote bags; it's been so much fun. I didn't
> want to miss any of the classes. If I lived somewhere like this, I could probably be a peer
> support worker, because I am learning a lot from them and these are some of the things I
> would do with the ladies."

Several of the participants in the WESH project included classes and learning opportunities as

important supports they would like to see integrated in gender-specific co-housing. Ashley, Keira,

Danielle, Brooke, Rhonda, Coral and Crystal were just a few of the women who spoke about their

desires to engage in educational opportunities in gender specific co-housing, recognizing that this

would add meaning and purpose to their lives once housed.

For example, Ashley shares the following text on her creative map, explaining it by sharing:

> "I am going to put like any class, cooking class, a CPR class, a GED class, etcetera. I don't
> just want to sit around; I want to do something."

Danielle also expressed desires for learning, primarily focused on her goal of completing her high
school diploma and exploring opportunities for peer support certificates. Danielle explained a range
of courses and learning opportunities that she felt would be beneficial for herself, and other women

living in gender specific co-housing, particularly if these courses were offered on-site in the housing program:

> "If we could do like CPR training or smart serve or something like that. It could also help us to get a job and off of social assistance and off of the streets. I think programs that could lead to certificates would be good, especially if they were happening in the housing. Or even a program for the GED, heavy machinery training, like trade training. Getting your Smart Serve, CPR and First Aid, peer support certificates– all of that stuff would be so great and really help us."

Danielle's desire to explore a range of learning opportunities including CPR and First Aid and peer support certificates reflect her desire to not only improve her own life circumstances through education, but also learn skills that equip her to support her community. Similarly, Ashley also expressed a desire to live somewhere that had courses available on-site, including: "Maybe an EMS on call full time who can teach CPR classes. That would be cool. For free in the building, to those who don't have experience with it."

Rhonda expressed an interest in learning the types of skills required to live independently in the community by sharing:

> "It would be nice to live somewhere that you could learn some stuff, like somewhere that teaches you about stuff, even about how to make cheaper food, or how to make casseroles and stuff so you can stretch it out, like cooking tips. I've met a lot of people who just have no clue what to do."

Valerie, who had recently lost her partner to suicide, shared her desires for returning to school once she was housed: "I really would want to go back to school, do my art, get a job. I'd like to be a personal support worker. I think I could go to school for that."

Coral, who had shared throughout the creative mapping workshop about the importance of her Indigenous identity, shared her desires to return to school to learn how to merge Indigenous teachings with counselling:

> "I'd like to find a program for Native counselling and go to school for it. The teachings from my culture can be very good for people and I would love to learn more about it and then teach other people, because there is no real programs for us or anything like that."

Throughout the creative mapping workshop Coral shared about the ways she is already supporting people in her community to reconnect with culture. Her desires to return to school highlight her commitment to continuing to do this work in ways that are recognized by the institutions she is trying to have influence within.

Ife shared that she has done a lot of training and schooling during her experience of homelessness, and reflected on the benefits this has had on her own well-being: "When I was homeless, I was in driving school, I was in all kinds of schooling. I felt good about myself. I felt like I could participate in a civil society." Ife went on to explain that she had participated in a range of trainings while experiencing homeless downtown by sharing:

> "The city centre is geared towards education, so you can't really be in a college when you are your over there in boon county hunting rabbit's, you have got to be like downtown. That is where I got my health and food safety certificate. It took four hours. It was one of the programs of the YWCA. People like me need upgrade skills training, and that can be done in the infrastructure that is already set up here."

Importantly, Ife notes that not all education needs to be tied to a formal course or certificate and shared: 'I think we could learn a lot from each other. Everyone has got something they could teach someone.' This sentiment was echoed by Ray, a certified chef, who shared her willingness to teach other women how to cook, or at least how to make some basic freezer ready meals if living in a gender specific co-housing program.

Christine describes the importance of contributing when living in a community setting, and notes that whether you get paid or not, by contributing, women will be able to see that they have skills that are useful:

> "I think if you are going to have a community living, there are always things around a building or community setting that needs to be done. It helps people to learn that they can do things to help out. Most of the girls are not going to have any money, so maybe do chores in place of rent, help them see that they have skills to use."

Conceptualizing community as a space for learning, teaching and experience, was an interesting and unexpected finding. Women in this study explored their desires to participate in taking courses, learning new skills, teaching one another what they know, and finishing high school or other forms of formal education. Echoing Christine, a part of living in a community, involves helping everyone living there to recognize they have unique and important strengths, skills and talents to contribute.

11.7 Reflections on Community Centred Care:

When participants in the WESH project were asked to consider the kind of community they wanted to live in, care was at the centre. Themes relating to caring relationships, the importance of social connection, responsive community care and acceptance of difference emerged as most important to the kind of community women wanted to co-create in gender specific co-housing. Interestingly, participants also described a desire for living in a community where they could teach and learn, and experience new things.

Participants offered thoughtful reflections on the ways in which they were already caring for one another, and built on this to offer tangible ideas on how they could participate in providing care and support in more structured ways in gender specific co-housing. The findings within this section, also demonstrate that community is an important protective factor in gender specific co-housing leading tenants to feel an additional layer of support, safety and connection within their housing. More research is needed on how gender specific co-housing providers can intentionally build and foster community through the design of the infrastructure, policies and practices, and available on-site supports. Further exploration into the role that women living in gender specific co-housing can play in co-creating the kind of community they want to live in is necessary.

Interestingly, few participants explored how they could make decisions, lead, and shape the housing community they lived in in a meaningful way. And yet, throughout WESH project, it was evident

that women want to participate in gender specific co-housing in meaningful ways, including in the

decision-making processes that shape the housing program. There is a need for further exploration

around the ways women imagine taking on leadership roles in gender specific co-housing.

It is important that women living in gender specific co-housing not only participate in community

centred care, but also that they have decision making power and leadership roles within this type of

housing. Christine highlights the importance of this by sharing:

> "For this kind of housing to work, women need to feel like they are in control of what they
> need. If you make the girls feel like they have the power to design the housing in ways that
> they need, then they will open up to you about what it is they really need."

Echoing Christine, there is an urgency to develop gender specific housing where women hold the

power to design the type of housing they need, and the type of community they want to live in.

Chapter 12: Discussion and Implications

12.1 Introduction:

The Women Envisioning Support and Housing project (WESH) explores the housing and support needs and preferences of twenty-one women experiencing long-term homelessness in Hamilton, Ontario. The findings from this project make important contributions to the ways gender-based homelessness is understood, and the ways pragmatic solutions to long-term homelessness for women are imagined by emphasizing lived experience perspectives. The twenty-one women who participated in this project shared generously about their lives, about what is important to them in relation to housing and support, and about their visions for their future. In doing so, they contributed to developing new ways of thinking about the location, space and design of gender-specific housing and the type of support that would enable them to stay housed. Importantly, what emerged throughout the WESH project was the underlying values that women illuminated through their stories and artwork about the type of housing they would like to live in, and the ways they imagine receiving and giving support.

Within this Chapter, I discuss the main contributions that emerged from the findings' sections, including a set of guiding interconnected values that emerged throughout the creative mapping workshops with participants, as a foundational framework to inform the development of gender specific housing and support. I consider the new directions and insights that the findings from the WESH project have contributed to contemporary understandings of gender-specific housing and support more broadly. I reflect on some key lessons learned relating to the methodological approach of feminist participatory action research with women who endure long histories of homelessness. Finally, I conclude by acknowledging some of the limitations of the WESH project and highlight next steps and future directions for research and action.

12.2 Guiding Values to inform Gender Specific Housing and Support:

It was not the objective of the WESH project to co-create a universal standardized approach of gender specific housing and support with the women who participated. Rather than seek consensus on various aspects of housing and support, I invited women into a participatory process where they could reflect on their own housing needs and preferences, and share in ways that were grounded in their own identities, experiences and histories. As a result of this approach, the ways women envisioned housing and support throughout the findings chapters are rich with inconsistencies, tensions and contradictions. I consider this a strength of this project, as it is through these tension points that the full extent of the diversity of the participants, and what they need, can be understood, realized and honored.

As I continued to deepen my own critical analysis of the findings, it became visible to me that underneath these tension points and inconsistencies were a shared set of interconnected values that women largely did agree upon. The shared values that the women in the WESH project highlight throughout their envisioning of gender-specific support and housing include safety, community, care and participation. These values emerged as deeply connected to all of the creative mapping modules, including conversations about place, space, policies and practices, on-site supports and community and social connection. Importantly, these values were grounded in an intersectional analysis of the women's own perceptions of their distinct and ever-changing needs based on contextual factors such as identity, lived experience, historical context and hopes for the future.
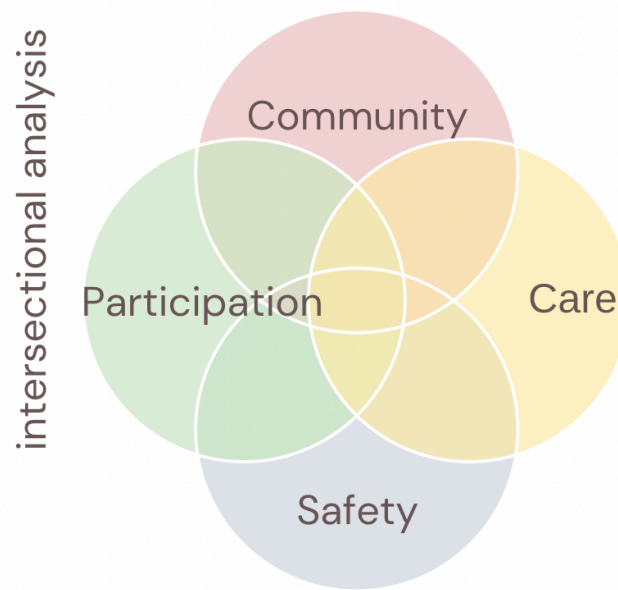
When designing gender-specific housing and support programs, the interconnected values of safety, community, participation, and care must be at the core of the approach. In each of the creative mapping workshops that I completed with participants; these four interconnected values were visible in the ways women described their ideas for housing and support.

As women responded to the creative mapping activities and envisioned housing and support, they did so in ways that were grounded in their own interpretation of an intersectional feminist analysis – making important connections between who they were, where they had come from, what they needed from a housing and support program, and what they could contribute to this program. Women made connections between their housing and support needs, and the contextual factors of their lives, including their aging bodies, their experiences of gender-based violence, the various disabilities and health conditions that impact their daily life, their relationship to motherhood and their own struggles with mental health and addiction. It was fascinating to witness the ways women articulated their housing and support needs, in ways that were deeply grounded in an intersectional feminist understanding that put their own identities at the centre.

For example, women who were growing older considered how their housing and support needs would change as they aged, considering things like the physical accessibility of the space as well as the ability to have responsive care, as their own support needs changed with age. Women who had experienced violence considered how this impacted what they desired from the physical infrastructure including things like intentional safety features embedded in the design of housing, as well as imagined types of on-site supports that were responsive to gendered experiences of trauma and violence. Indigenous women reflected on the ways their own housing desires were connected to their Indigenous identity including their desire to live in places that were rural, in nature and connected to the land, as well as the need to have community and care that centred on connection to culture, ceremony and Indigenous ways of knowing. Women reflected on how their past experiences living in institutions such as jails, hospitals, emergency shelters and group homes influenced the type of housing they desired, both in relation to wanting to live in infrastructure that was 'homey' and their desire to live somewhere where they had control and input over the policies and practices. Significantly, throughout the creative mapping workshops were stories shared by women about the ways they imagined using their own strengths, to contribute to gender-specific co-housing, through caring for one another, as well as helping with the day-to-day functionality of the space.

While the interconnected values of safety, care, community and participation were reoccurring throughout the creative mapping workshops, what differed were the pragmatic ideas women had on how to realize these values in the day-to-day housing environment and support practices. Many of the differing ideas were impacted by how women's identities and experiences shaped their perceptions. For example, some participants were explicit in their desire to live in housing free from drugs and substances – while other women preferred to live in housing intentionally designed to support women who use drugs, with robust harm reduction services on-site. At first glance this

seems like an irreconcilable tension point, however at the crux of what both groups of women are asking for is safety, care and the ability to have their intersecting identities (as women choosing abstinence, and as women using drugs) meaningfully responded to.

Similarly, when women were asked to consider their preferred place for the location of housing, almost all participants explicitly described wanting the place and location of their housing to be somewhere they felt safe. However, as women began to map out what this place would look like and feel like, safety was conceptualized quite differently. For some women safety was symbolized as living somewhere surrounded by nature and far removed from the contextual realities of their current lives in the downtown core of Hamilton. For other women, a sense of safety was conceptualized as being downtown, near the health and social care providers they relied on for life saving and life sustaining services, oftentimes connecting this desire to their health-related needs. Other women described a sense of safety as living in a place close to family, children, friends and their community. While the findings from the WESH project did not arrive at a consensus for where gender-specific co-housing should be located, all participants contributed to a reconceptualization of place and safety, illuminating important considerations for community-based organizations seeking to develop gender-specific housing programs.

Women's stories throughout the WESH project helped to re-author understandings of women who experience long-term homelessness, as their identity as 'carers and caretakers was made visible through the stories they shared about their lives. For example, Crystal shared about her life as a teenage girl, where she started a support group for survivors of sexual violence at her school, Christine talked about the informal safety planning she does, and the support she gives to women working in street-based sex work and Ray had to cut our interview short, so she could go and deliver food to a senior living alone in the community. These are only a few of the ways that women's identities are carers emerged. Throughout the creative mapping workshop, as women envisioning

the kind of housing and support, they would like to live in, they continually envisioned their own role within the housing program, as both a carer and a contributor.

The concept of 'care' emerged as a central value throughout the creative mapping workshops, as all participants in the WESH project envisioned a housing and support program that was deeply caring – in ways that extended past the ways care is institutionalized in traditional supportive housing programs. Importantly, most participants explicitly described wanting to live somewhere where care was bi-lateral, where they would both give and receive care.

Conceptualizing care as a value intersects with the values of community and participation, as many women strongly emphasized throughout their creative mapping workshops that support would come from the community of women living in the building. For example, Coral, one of the Indigenous participants, spoke about how she imagined being able to bring culture and ceremony into the space. When Coral considered this, she considered the importance of living in a place that was more rural where connections with the land could be abundant, and she also depicted her desire for on-site supports to include Indigenous specific support and ways of healing. Ray, who had gone to school for culinary arts shared she would be willing to cook meals for other women living there. When Ray was considering the types of spaces she would like to have available in gender specific housing, she considered the importance of a big kitchen for cooking and sharing meals together. Ruth, a skilled gardener spoke about her desire to lead a community garden in this type of housing, and she drew a community garden when considering the types of communal spaces she would like to have in her housing. Through these three examples, the values of care, community and participation become visible as women draw on their own identities to consider what it is they might be able to do to make this type of housing a better, more caring space, for the women living there.

The intersecting nature of care, community and participation was also visible in conversations around safety. When women were asked to consider built in, or intentional safety features of the

infrastructural build of the housing, many women described the ways women would look out for each other, and how the communal, and caring essence of this type of housing was a feature of safety. Women offered tangible ideas about having practices in place whereby women living in the building could offer nightly support for street-based sex workers, look out for violent men who might be trying to gain access to the building, respond to drug poisonings in community-based ways, and prevent guests and visitors from becoming escalated and violent within the housing program. Gender-specific housing can be a safer place by putting emphasis on the importance of creating caring communities where women play a meaningful role in keeping one another safe.

This sense of care for one another was further demonstrated throughout the creative mapping activities focused on preferred policies and practise around key tension areas. While women were asked to offer their own preferences around policies and practices, the ways in which they responded to the prompts and questions made their deep consideration for the needs of other women visible. For example, when women were asked to consider policies around guests and visitors, women who recognized the importance of having male overnight guests also considered the emotional impact that this might have on other women who have experienced violence and women who wanted to be able to have access to their children in this type of housing, considered the impact that child guests might have on women who have lost custody of their children. When asked to consider policies around eviction, many of the women grounded their analysis in an understanding of the ways women's housing stability is impacted by their mental health and called for low barrier tenancy agreements that viewed eviction as a last resort.

Connected deeply to the concept of care, was the value of community – as all participants described wanting to live somewhere that had a vibrant sense of community, by fostering social inclusion and friendship. Living in ways that was interconnected to the lives of others was described as vital for many of the participants, but similarly to all the values, this was conceptualized in varying ways

throughout the creative mapping workshops. As participants imagined the 'space' of their housing, many participants made explicit recommendations for shared spaces that fostered nurturing connections with others. For examples, participants spoke about wanting shared large kitchen and dining areas where they could cook and share meals together, space for celebrating birthdays and other holidays, a communal garden, and indoor and outdoor space for women to just 'be' together. For women in the WESH project, cultivating community and relationships with one another was regarded as of central importance, and this informed much of their decision making about various aspects of housing and support during the creative mapping workshops. Many participants spoke about what they would be able to contribute to this community through using their own skills, knowledge and caring capacity to make this a more inclusive, warm and welcoming space. Underlaying the values of care, community and safety, was the importance of participation. There was a strong emphasis from most participants that gender-specific housing and support programs must be co-created and influenced by the people who live there. For some participants, this was described as wanting to have active participation in decision making processes around policies and practices, for other participants, this was described as participating in the day-to-day operations of the housing program or the caring aspects of the supports provided. The importance of participation as a value was underscored by the methodology,

In gender-specific housing programs, it is critical that participants have influence over the design and creation of the program. This will help ensure that their unique needs and concerns are addressed, and that women feel a sense of shared ownership over the community that they live in.

The four core values that emerged throughout the findings of the WESH project must be used to inform the development of any gender-specific housing and support program. Integrating the values of safety, community, participation, and care into gender-specific housing and support programs is the foundation of developing housing and support programs that are reflective of the needs of

women who have endured long histories of homelessness. By ensuring that these values are present, there is an opportunity to design housing and support programs that are deeply responsive to the intersecting identities and experiences of the women living there.

It is also important to note that these values are not surprising nor are they unique to women who experience homelessness – this is what we all want. A safe place to live, somewhere we feel cared for, and can care for others, a sense of community and social connection, the ability to participate and a place to have our voices heard, where our full selves can be understood, responded to and appreciated. While the WESH project does not offer a blueprint for the development of gender-specific co-housing and support, it does offer these core values – as fundamental components of creating environments and support programs to respond to gender-specific homelessness.

12.3 Gender Specific Co-housing: New directions and insights

The WESH project offers new directions and insights into the important work of developing models of gender specific housing and support. Very few studies exist that focus on the ways women, who experience long-term homelessness imagine and describe their preferred models of housing and support. The few studies that do exist provide some important foundational understandings, but the WESH project offers detailed and nuanced descriptions of women's ideas relating to space, place, policies, practices, supports and community.

In the few studies that do exist, women routinely describe their ideal long-term housing as having; a high level of support, integrated safety features including women-specific housing and a balance of independence and intentional community (Bucerius, Haggerty, Dunford, 2021; Elizabeth Fry Society of Toronto, 2014; Darab et al, 2018; Devlin et al, 2015; Salem et al, 2021; Vaccaro, 2018, Vaccaro & Craig, 2020; Yeo et al, 2015). Participants in the WESH study echoed these themes, however the methodological approach of creative mapping created space for participants to provide the kind of specificity needed to move from broad theoretical concepts to a nuanced

discussion of these themes. For example, women considered how integrated safety features had both the potential to make women feel safer while also risked making women feel surveilled, and conversations about support included pragmatic considerations on the meaningful ways women could support one another.

The Elizabeth Fry Society of Toronto (2014) interviewed women transitioning out of incarceration into homelessness about the ways they imagined their ideal housing, and noted participants described wanting to live somewhere that offered an integrated model of housing and support. Women interviewed in this study described wanting on-site supports built into housing models, that were designed to address women's mental health, substance use, advance educational, vocational and employment goals and reunify mothers with children lost to child welfare agencies (Elizabeth Fry, 2014). Women who participated in the WESH project build on the insights offered by Elizabeth Fry (2014), elaborating on the type of integrated support they imagine, including things like grief counseling, supervised visits with children who are in the custody of child welfare organizations, opportunities for paid peer work within the building, groups focused on recreation, skill-building and creativity, and trauma-related counseling.

In a report published on the collaborative design of a co-housing project for older women in England, Devlin et al. (2015) describes a process whereby a group of women participated in planning their own preferred housing project. According to Devlin et al (2015), the women designed a co-housing model which involved small homes with some common facilities to allow for 'a blend of privacy and communal life' (p. 189). Findings from the WESH project, particularly relating to space (Chapter 8) build on the idea of a 'blend of privacy and communal life' (p. 189) described by Devlin et al (2015)'s, as participants offer both blueprint designs and infrastructure typology recommendations for the kind of spatial design that could best realize this shared priority, of privacy and community. Specific ideas were generated relating to the kinds of spaces that could

facilitate communal life, such as shared gardens and outdoor spaces, shared kitchens and dining areas and large spaces for hosting recreational activities.

Other studies note that older women often describe wanting housing that has available on-site supports to foster their ability to age in place, including healthcare, support with daily living and social support, and an intentional building design that is responsive to changing accessibility needs as they age (Darab et al, 2018; Devlin et al, 2015; Vaccaro & Craig, 2020). Findings from the women in the WESH project build on the concepts presented in Gonyea and Melekis (2020) describing in practical terms the kinds of support needed to age in place a reality. This included things like having storage for mobility devices, personal support workers available to assist with activities of daily living and a space that is accessible even if mobility needs shift.

Available literature on gender specific supportive housing designed for women who have experienced gender-based violence, exploitation and trauma, often has intentional built-in safety features and supports that focus on supporting residents to live life free from further violence and exploitation (Atira, 2017; Sakamoto, 2010; Schwan et al, 2020; YWCA, 2016). For some women, living near men, including in market rent and social housing apartment buildings, is described as an additional barrier to housing permanency (Atira, 2017; Sakamoto, 2010; YWCA, 2016). For these reasons, some housing providers are exploring the usefulness of gender-specific housing buildings, that only rent units to women, gender-diverse individuals and women-led families as a promising practice approach to ending gender-based homelessness (Atira, 2017; Kirkby & Mettler, 2016; Schwan et al, 2020; YWCA, 2016). Findings from the WESH study offers additional considerations for the development of housing for women who have experienced violence, as participants highlight several ideas and practical recommendations. This included recommending that the place of gender-specific housing be located outside of the downtown core, offering pragmatic suggestions for how to negotiate guests and visitors in the context of gender-based violence and

providing insight into the types of supports women require including support around familial violence and violence in the context of the sex trade.

The twenty-one women who participated in the WESH project, all expressed their desires to live in gender-specific co-housing with support and intentional community. This is consistent with the limited body of literature on the housing preferences of women who have endured long histories of homelessness, that demonstrates how oftentimes, independent affordable housing is not viewed as the pinnacle housing option. Instead, ideal housing is often conceptualized by women who experience chronic homelessness, as a place of connection, community, safety and support (Elizabeth Fry Society of Toronto, 2014; Schwan et al, 2020; Vaccaro et al, 2018; Vaccaro & Craig, 2020; Yeo et al, 2015). Gender-specific single-site permanent supportive co-housing is recognized as a promising approach for women who endure long-term homelessness, offering housing, health, social care and intentional community (Fotheringham, Walsh, & Burrowes, 2014; Sagret, 2017; Yeo et al, 2015). By incorporating a gendered lens into permanent supportive housing (PSH) women can be well-supported to live lives free from violence, regain custody of their children, improve their physical and mental health, engage in harm-reduction and recovery orientated care and increase social inclusion (Barrow & Laborde, 2008; Devlin et al, 2015; Fotheringham et al, 2014). Within existing literature and in community-based organizations, women who experience homelessness are rarely asked about their own housing and support preferences. As such, there perspectives remain largely absent in the planning of new housing and support programs. The WESH project fills a significant gap by inviting women who are experiencing long-term homelessness, into a process of imagining and co-creating their preferred model of gender-specific housing and support. The level of detail through which various aspects of gendered housing and support were explored during the creative mapping workshops builds on existing literature and provides new direction and insight for housing providers. It is my hope that the kind of knowledge

generated by the women who participated in the WESH project provides the specificity needed to bring conceptual ideas into praxis, by providing pragmatic recommendations for the development of gender specific housing and support.

Gender-based homelessness in Canada is a growing and urgent socio-political and health issue that requires significant investment and direct action. Now more than ever, there is a need to come together at all levels of government to develop responses to gender-based homelessness that address both the extent, and the complexity of need. The women in the WESH project generously gave their time and energy to help envision something new – a model of housing and support that is grounded in the lived realities and perspectives of women who have endured long-term homelessness. It is our sincere hope that this project provides new insights and directions forward on the path towards ending homelessness for women in Canada.

12.4 Lessons Learned about Researching with Women who Experience Long-term Homelessness: Reimagining Participation and Action

It is important to note that the twenty-one women who participated in the WESH project are not typically represented in research projects, and their voices and ideas very rarely influence policy decisions. The realities of their lives and the multitude of systemic barriers that they face limit their access to opportunities for participation in knowledge co-creation and policy advocacy work. I was able to draw on my knowledge and relationships from my frontline practice with this community of women to build the kind of trust necessary to make this research possible.

The opportunity to move beyond theory toward developing applied outcomes with the twenty-one women who participated in the WESH project is an experience that I will always be grateful for. The women who participated in this project made important contributions to the ways gender specific housing and support is understood, offering both tangible recommendations and nuanced consideration of some of the tension points in delivering this type of housing model. Importantly,

the recommendations generated are actionable outcomes that have the potential to impact the development of housing for women.

By approaching participation as an ethic, as opposed to a rigorous methodical process, I was able to dismantle some of the barriers women face when engaging in traditional participatory action research projects. By creating a caring and nurturing research space that adhered to a flexible methodological approach, I was able to meaningfully include the perspectives of women who endure long histories of homelessness, who would have faced barriers to a more rigorous participatory process. This project makes important contributions to reimagining a participatory research ethic when mobilizing FPAR with overburdened communities, who are operating in survival mode. Webber (2007) notes that through drawing on FPAR approaches, there is an opportunity to bring women's subjective realties into conversations about varying levels of health and social policy, in ways that may lead to actual change for women. It is my belief that using a feminist lens can help to re-author the ways action and social change become conceptualized, creating space to honor small-scale and large-scale changes that occur because of FPAR. In the WESH project, I saw what Coy described as 'the process of participation, casting women as the experts and giving space to talk openly without fear of punitive action' (p. 424).

There were many documented changes that occurred during the WESH project – both big and small. Some of the changes that occurred were shifts in thinking about housing and support for the participants. For example, one of the participants, June, described that by participating in the WESH project and reimagining her preferred housing she began to realize that she would prefer to live in a rural area despite always thinking she wanted to live in the city. Another participant, Pam, shared that by participating in the creative mapping workshops she was able to reflect on the best place she ever lived as being in group homes and decided to pursue an application to a home she had formerly lived at. Christine said that the creative mapping workshop process helped her to realize that the

most important source of support for her was other women experiencing homelessness – and because of that she wanted to explore living in transitional housing, something she had never thought she would like, because she would be surrounded by her support network.

Some of the participants shared how much they valued the experience of participating in the creative mapping workshop. For example, when the workshop ended Kiera shared: "If you need me for anything to advocate or do anything let me know, because this is a great idea and like I said, participating is a part of my social responsibility. It could help a lot of women." Brooke shared that she has participated in a lot of research projects, primarily through the health care services she access and went on to share: "Thank you for allowing me to do part of this, I think it is always useful to be a part of research projects. Let me know if there are any other projects like this and I appreciate meeting you." Christine shared similar sentiments about enjoying the process of participating by noting: "This has actually been really fun; I like doing this kind of thing. I love interviews, I have a big mouth and loved putting it to use." These three reflections on the process of participating in the research process reaffirm the value of participation in gender-specific housing, highlighting that women want to be involved in shaping the type of housing they live in.

While some participants expressed their appreciation for participating, other participants went on to consider how they might continue being involved in research and advocacy work. Although it is outside the confines of the WESH project, I will share (with their permissions!) that Marie, Danielle, and Ife have all gone on to hold co-research roles on other community-based and participatory projects that I have been a part of. Their desire to take on a leadership role in community-based research was something they shared with me after the WESH project concluded, and something that was made possible given their expertise, advocacy skills and community leadership. By creating a safe and caring environment where participation was made possible, women began to imagine

themselves in new roles and take on leadership work in their community centred on advancing housing, safety and support for women experiencing long-term homelessness.

The findings and recommendations generated by the participants in the WESH project have also led to larger social changes. Lessons learned about preference around space, service delivery and the values of safety, care, participation and community from the WESH project have been influential in shaping two programs that I have developed in the community while completing my doctoral studies including: the Safer Use Space (Ontario's first gender-specific safe consumption space), and the Emergency Reproductive Care Bed Program (a housing and support program for pregnant people experiencing homelessness).

It is my hope that the findings from this project will be used to inform the development of gender-specific housing and support programs locally and more broadly, as I look towards opportunities for sharing the findings with non-profit housing developers, gender-specific organizations and all levels of government.

12.5 Study Limitations:

While the WESH project offers valuable insight into gender-based housing and support, there are several limitations that could be addressed through future research.

Perhaps most notably, limitations were related to pandemic restriction that shifted the ways I was able to engage with the women who participated. While engaging virtually worked better than I could have imagined for the women who did participate in this study, I wonder if some women chose not to participate because of their perceived limitations to computer literacy.

I was also only able to recruit women who were actively accessing community-based organizations – because participants would need to access the project through a laptop at the organization. There are many women who experience long-term homelessness and make intentional choices not to access emergency shelters and drop-in programs, because of a myriad of reasons. There perspectives are

missing from this project and would have undoubtedly strengthened this work by adding a critical lens to the 'support' that social service organizations provide.

Traditional approaches to participatory action research bring participants together in small groups, and this was prevented during the COVID-19 pandemic. As I reflect on some of the tension points within the data generated, I wonder if we were allowed to be together in a small group, if women would have been able to come to a consensus on some of the key tension points grounded in their shared values and care for each other. For example, I wonder what the conversation would have been like if in a small group, if one woman expressed her need for safety as living somewhere away from drug and alcohol use, and another woman expressed her need for safety as living somewhere with intentional harm reduction supports to keep her alive. If I was able to facilitate a group discussion, where we focused on safety as a shared value – I wonder if the findings would have looked different – or perhaps had additional nuance and consideration.

Additionally, pandemic related restrictions also prevented me from bringing women back together for participatory analysis, something that I believe would have added a lot of nuance and depth to the project and its findings.

Despite the valuable insights provided by this study, there are limitations that should be addressed in future research. For instance, this study focused primarily on women in urban settings, and findings may differ in rural or suburban contexts. Further studies should also consider the housing and support desires of women with children in their care, or those who are explicitly seeking housing as a pathway to regaining custody. Additionally, future research should focus on intentionally involving communities of women that were underrepresented in the WESH study, particularly Black women, and newcomers, both of whom have unique housing and support needs.

12.6 Future Research and Next Steps:

The WESH project is one of very few participatory research projects that intentionally involves the perspectives of women who experience long histories of homelessness in reimagining gender-specific housing and supports. And yet, across Canada the federal government, municipalities, policy makers and community-based organizations are working to address issues of gendered homelessness, without the perspectives and voices of the women most impacted, who hold expert knowledge. By positioning women who experience long-term homelessness as the experts, developing a flexible and creative methodological approach, and remaining committed to viewing participation as an ethic, the WESH project draws the perspectives of women who endure long-term homelessness into a conversation about solutions.

The WESH project offers several pragmatic recommendations towards the realization of gender-specific housing and support, including new insights into place, space, policies, practices, on-site support, care and community. It is my sincere hope that these pragmatic recommendations will be considered in the development of gender-specific housing and support. Importantly however, the WESH project contributes the development of a values-based framework that must be at the core of gender-specific housing and support programs.

Resolving homelessness for this group of women, who have experienced lifelong histories of instability, is not easy – but with some political will and significant investment, it is not difficult. The women who participated in this project have charted a path forward towards the development of gender-specific housing solutions that prioritize care, community, safety and participation and that are responsive to the intersecting identities and experiences of women.

The following and final chapter of my dissertation concludes by the twenty-one women who participated in the WESH project each offering a message to housing developers, community-based organizations and policy makers about the realization of gender-specific housing and support.

Chapter 13: Final Messages from the Women who Participated in the WESH Project

13.1 Introduction:

At the end of each creative mapping workshop, I asked participants the same question; **'As you think about the workshop today, what would your key message be to policy makers, decision makers and non-profit housing developers about gender-specific housing and support?'**

It is my intention to end my doctoral work in a way that centres the perspectives and voices of the women who participated and elevate the key messages they wish to share with policy makers, decision makers and non-profit housing developers about their experiences and housing and support needs. It is my sincere hope that these messages will be heard and reflected upon in the development of gender specific housing and support for women who endure long lasting homelessness in Hamilton, and beyond.

13.2 Final Messages from the Women who Participated in the WESH Project:

Marie:
> "I like to be able to dream like what would be like safer and just easier for people so it's less…you know, less draining. You know, living shouldn't be draining. You should be able to live and be happy and, you know, be able to be you. Housing like this would have helped me get on my feet. Because no shelter really wanted to take me in because of my drug issue."

Ruth:
> "They [non-profit developers, policy makers, decision makers] should get off their ass and do it. You know, like there's a lot of talk about it, but you don't see anything happening. You see things happening for people that have money. But for the little person that doesn't have any money, they don't see anything really going on for them. It's kind of stagnant. So they should get off their duff and do something. That's what I think."

Valerie:
> "A lot of women get housing, but then they don't like it because they feel very isolated, and they feel like very alone. Like they're just living in a bachelor apartment somewhere with none to talk to, so for people making housing they got to think, 'we got to make it feel like home.'"

June:

"So many of them (women experiencing homelessness) need a home, they are living in the street, day after day after day, and it messes with their mental health. And I know that from being out there for 27 hours, I had been homeless for a year, couch hopping and renting a room and stuff like that. But being out there, and not having a home, it just messes with their mental health, badly. I know how some of them are so far gone, I don't even know how they could get housing. They'd be screaming in the middle of the night, yelling at nobody. Because that is what the street does to you, living out there. For a lot of those women, it is much more than an apartment."

Sawyer:

"There are three important things in life that we all need. Clothes on your back, food in your belly, and a roof over your head. If you've got those three, you might be okay. After that, that's all kind of privilege, if you have more than that, than your fucking rich. That is kind of how I look at it and this housing could do all of that."

Ife:

"You come to the people. Government for the people, by the people. In order for a government, or nation or people to be built correctly, they need to ask me what do I need? And then, make policy accordingly, appropriately, and correctly, with your insight and your intel, but don't sit there and act like you're going to have all the answers."

Rhonda:

"People get onto drugs for all sorts of different reasons, and to say just because people got on that, they don't deserve anything is not true. The policy makers don't seem to understand anything that we are going through, because they don't have to go through it. When you've got 100 safety nets around you, so you don't slip or fall, and then you are trying to say you know what to do best for somebody who has no safety nets… you cannot give us three or four and then say 'there you go, your fine' because we still don't have all the other ones."

Sam:

"Special needs people need more help, and people that are lesbians and bi-sexual and that, need more help on housing. Like here (drop-in space for women) there is a lot of help for special needs people, that's why I come here a lot, if I didn't come here a lot, I don't know where I'd be."

Lola:

"Nobody should be discriminated against for who they are, or how they identify. You are what you are, you are who you are, and nobody should be discriminated against. You are who you are for a reason, and everybody has their own reasons. Basically, I've been through the programs so I kind of know what to do, and how to do it as a trans-woman."

Ava:

"Don't be cheap on the buildings. Imagine like bigger spaces, nicer spaces, so we can think and dream more, so we can be motivated to go. Whether or not that be leaving the building or to go and get our career or our lives back or started."

Ashley:

"Everyone has their own personality. Don't be so, so, so strict because like homeless people are people too. Keep in mind the feelings of the people and the homeless women you are trying to help, don't just think of them as numbers. Think of them as you know, the only reason you are building these places is for them."

Ray:

"I'm empathetic, people always just come and talk to me. If I see someone and they are hurting, I will go and say something, I think everybody should be like that, especially when it comes to people with mental health or drugs, because sometimes just being there for someone is the difference between someone being alive or dead."

Sherry:

"How would they want to live? That's what I say. If they were homeless, and in our spot, without knowing that they have the riches that they have now, and that is about it. If they've got the big screen T.Vs and everything like that in their houses, we don't need the big screen T.Vs, but how would they want to live if they were in our spot and not even getting proper food every day? They need to put their feet in our shoes".

Brooke:

"Home is where the heart is, home is where the family is, I think the family dynamic is huge. I think having your family together is massive and having a place where you could have your family together in a safe environment is what you live for. That is what we are supposed to do in life. We have kids, we teach our children, and we have a safe environment for our children, or a safe environment for a female to say, work on getting her children back and them making it easy for her to facilitate her family, if that was to ever become an opportunity again for her. I think that is really big. I think right now, we make obstacles for people – it is very hard."

Danielle:

"I have not had anyone who ever gave a fuck about me, or how everything was going with me, and because of that the things that I said today are things I know would work for me because they don't have it now. I know if they did have housing like this, it would help me and it would help other women a lot."

Christine:

"Basically, listen to the girls because you'll know exactly what to do, by doing exactly what you and me have done today. Talk to the women and find out what they need, what is lacking in the community, and then you will know how to build the housing and have all the

information they need. All they got to do is ask, and make the girls feel like their opinion matters."

Lisa:

"They need something like this for women that is more permanent. We need housing for the women that are out there who suffer with addictions as well as suffer with mental illnesses and they need somewhere to go."

Coral:

"We need Native housing, for Native girls, both on and off the rez. That has got to be a top priority, there are too many of us out here with no housing and no support."

Anne:

"Just to keep in mind that all their needs are met, there health and social needs, and this can all be done through proper housing."

Crystal:

"There is a lot more places for men than there is for women. I think even in a women's place like this, it would be good for everyone to work together in keeping it clean or whatever. Kind of like a co-op but not. I feel like the men have their places, there is really nothing like that for women."

Kiera:

"I think it would be important for us to give back. We could have our own personal responsibility and then community responsibility, we just need help getting there. There is a whole generation of us, never mind the women that are up and coming who are in foster care or group homes or who have addict parents. We need help, but we are not asking for a vacation. We have the ability to take care of ourselves, but we need help to get there and that takes funding. I am sure we would help too; we would volunteer and everything. We are not all too lost."

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Appendices:

APPENDIX 1: Study Brochure

WESH

WOMEN ENVISIONING SUPPORTIVE HOUSING

Let's re-imagine supportive housing for women in Hamilton!

McMaster University

This study has been reviewed by and received ethics clearance from the McMaster Research Ethics Board (Project #5315).

To learn more about the project & to find out if you are eligible to participate

contact me:

Mary Vaccaro
905-933-9150
or
vaccarm@mcmaster.ca

Women Envisioning Supportive Housing

Virtual Arts-Based Research Project

ABOUT THE PROJECT

This is a virtual arts-based project that seeks to investigate how to develop supportive housing for women + gender-diverse people experiencing long-lasting homelessness.

We will meet over Zoom using a lap-op borrowed from the project. You will receive an art-kit that will be yours to keep to develop a 'creative map' or blue-print, of your preferred housing.

WHAT IS SUPPORTIVE HOUSING?

Supportive housing is a kind of housing that combines deeply affordable rent, with optional on-site support services.

WHY PARTICIPATE?

The WESH project is a unique opportunity to participate in developing and shaping a blue-print of gender-specific supportive housing.
The findings will be shared in Hamilton with decision makers, and Nationally.

WHO IS ELIGIBLE TO PARTICIPATE?

Any woman or gender-diverse person who is currently accessing housing + support services in the women's sector.
18 years old or older. Without children in their care. Living in Hamilton, ONT. English speaking
Experiencing homelessness /housing instability for 6+ months (or 6+ months sometime in the past 2 years)
Interested in living in/re-imagining gender-specific, supportive housing!.

What can I expect from participating in WESH?

You will meet with Mary over Zoom.

You will borrow a project device and participate in a private space at the organization you found out about the study through.

You will first complete a housing + demographic survey.

You will then respond to 'arts-based activities' and describe your preferred supportive housing - focusing on four areas of housing: blueprinting, negotiating a lease/program agreement, mapping support needs & on-site supports and cultivating a sense of community.

You will receive an honorarium of $80.00 for completing the workshop -.

If you provide a way to get in touch with you, I will update you on the study findings & share with you the ways your contribution is being shared to influence change!

Women Envisioning Support and Housing Project: Pre-Screening Tool:

1. Do you access housing and supports in the 'women's' –service sector?
o Yes *(eligible)*
o No *(not eligible)*

2. Are you over the age of 18?
o Yes *(eligible)*
o No *(not eligible)*

3. Do you have dependent children under the age of 18 in your care, currently?
o Yes *(not eligible)*
o No *(eligible)*

4. Are you currently living in Hamilton, Ontario?
o Yes *(eligible)*
o No *(not eligible)*

5. For the purposes of the research, we will communicate in English and translation services will not be made available - are you able to speak English?
o Yes *(eligible)*
o No *(not eligible)*

6. Are you currently experiencing homelessness (lasting six or more months) OR have you experienced homelessness lasting six or more months in the past 2 years?
o Yes *(eligible)*
o No *(not eligible)*

7. Are you currently experiencing homelessness (lasting six or more months) OR have you experienced homelessness lasting six or more months in the past 2 years?
o Yes *(eligible)*
o No *(not eligible)*

8. The WESH project is focused on re-imagining (through art and conversation) gender-specific, supportive housing. This kind of housing is available across Canada (but not in Hamilton). It is where women and gender-diverse folks live in one building or specific site, with on-site support, intentional community and other features that are different than market-rent apartments. Is this something you might be interested in living in?
o Yes *(eligible)*
o No *(not eligible)*

LETTER OF INFORMATION:

Research Study:
Women Envisioning Supportive Housing

Research Team:
Student Investigator:
Mary Vaccaro
School of Social Work, McMaster University
Tel: (905) 933-9150
Email: vaccarm@mcmaster.ca

Co-Researcher
One woman who has
experienced long-term
homelessness in the
community. Name withheld.

Supervisor:
Dr. Stephanie Baker Collins
School of Social Work, McMaster University
Tel: (905) 525-9140 ext. 23779
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Introduction:
You are being invited to participate in a virtual arts-based research study to envision a model of supportive housing, for women, and gender-diverse people, who have experienced long periods of homelessness in Hamilton.

Supportive housing is an approach to solving homelessness that combines affordable rental units, with on-site health, social and community supports. I am interested in learning more about the ways women (inclusive of trans, non-binary and gender diverse

individuals who access housing & support services in the 'women's sector) imagine, envision and describe ideal supportive housing arrangements.

More specifically, I am interested in understanding how supportive housing could be developed for women, in ways that reflect their lived experience, preferences and self identified housing, health and support needs. It is my hope that this research will help influence decision makers and funding priorities, who are directing their attention to developing housing for women experiencing homelessness in Hamilton, and in other communities across Canada.

The Women Envisioning Supportive Housing research project is my doctoral research at the School of Social Work (McMaster University). It is being funded through the CoDesign Hub at McMaster University. It is my hope that by putting the voices and ideas of women experiencing homelessness at the centre of this research, this study will generate new knowledge and ideas about how gender-specific housing could be developed in Hamilton.

Taking part in this study:

Given COVID-19 and the restrictions put in place on meeting in person, the entire project will happen virtually over Zoom. If you are interested in participating, you will be able to borrow a tablet from the organization you found out about the study at and we will have a video call. You will also receive an art-kit in advance – with all of the materials needed to participate in the creative mapping aspect of this research!

You can decide if you want to be part of this study. Taking part in this study is totally voluntary and choosing to participate will not affect your right to receive housing, social services or healthcare. You do not have to join this study if you do not want to.

In order to participate you must:
- be 18 years or older
- not currently have children in your care
- identify as a woman, or as a person who receives housing and support services within the women's service sector
- currently experiencing 'chronic homelessness' (6 or more months of consecutive homelessness) **or** have a recent history of chronic homelessness (past two years)
- be interested in co-designing 'supportive housing'
- be willing and able to participate in approximately 2 hours of 'virtual' workshops.

Before you agree to take part in this study, it is very important for you to understand the information in this consent form. If there is anything that is not clear to you, I am here to answer your questions. You will provide verbal consent to participate in this project.

About the Women Envisioning Supportive Housing Project:

With a push towards *'Housing First'* in the housing/homelessness sector, permanent supportive housing is being regarded as a promising practice approach to addressing long-term homelessness in Canada. This research seeks to involve the perspectives of women who experience long periods of homelessness in co-designing alternative models of supportive housing.

The Women Envisioning Supportive Housing project will use a method called Creative Mapping to invite you to participate in a series of arts-based activities to explore four central components of housing and support:
a.) blue printing (physical design of housing and space in the city)
b.) negotiating program agreements and tenancy agreements
c.) mapping supportive elements of housing and
d.) imagining community

Creative Mapping is an arts-based and qualitative research approach that invites participants to respond to a series of prompts, using mixed-media approaches such as drawing, writing, eliciting photos, doodling, writing, collaging etc., and narrative description. The final Creative Map will be a collage-like image, that will compile your artistic outputs and reflect your ideas for a preferred model of supportive housing.

Creative Maps generated from this project, will be used to promote discussion about alternative models of supportive housing for women, and will be shared with decisionmakers, policymakers and service providers who can facilitate social change.

What will happen during the Creative Mapping Workshops?

You will first meet with Mary over the telephone for approximately twenty minutes. During this phone conversation, you will find out if you are eligible to participate in this study, learn about the study, and review the format of the creative mapping workshops. You will have an opportunity to ask any questions about your rights and responsibilities as a research participant.

We will then book two times to complete the Creative Mapping workshop virtually. The Creative mapping workshop has four distinct modules- we will book virtual appointments each lasting 2-hours. The entire workshop will take approximately 4 hours to complete.

Module One: Blue Printing:
The first module will invite you to complete four arts-based activities focusing on exploring: geographical location of housing, preferred infrastructure of co-housing, design of individual and communal spaces and preferences relating to intentional safety features.

Module Two: Negotiating tenancy, program agreements and co-housing: The second module will invite you to reflect on, and draft your preferred tenancy agreement, program agreement and co-housing agreement. This module will ask you to consider the values, philosophies and operational policies that should underpin gender specific models of supportive housing.

Module Three: Mapping Housing, Health, Practical and Socio-emotional Support: The third module explores the unique housing, health, practical and socio-emotional support needs that can be met through gender-specific supportive housing. You will be asked to draw / map out your self-perceived support needs and imagine the kinds of support services you would want available on-site in housing.

Module Four: Imagining a Sense of Community
The final module is centred on imagining a sense of home and integrates some of what is known to contribute to meaningful housing for women and gender-diverse people such as, liking the physical space they live in, engaging in meaningful activity, having support to mother or engage in caregiving, and safety, social connection and community.

Your role during the Creative Mapping workshops will be to complete a series of arts based activities and narrative descriptions, that help to answer the research questions about envisioning supportive housing.

What will happen with the Creative Map you create?

The Creative Maps will be used as part of the analysis process to understand women's ideas for supportive housing, and will be viewed as research data. With your permission, I will share your images in my doctoral research, in other publications, at a local exhibit and co-design workshop, and at conferences and other virtual and inperson events. Your Creative Map will only be shared with your permission and with a name/label that you choose (e.g. with or without your name, using nick name or pseudonym).

It will be up to you whether you want to keep the creative map you create, or you want to have the hard copy stored as a part of the study data. If you decide you would like to keep the creative map, I will pick it up and photograph the art-work and drop it back off to the organization. All of the photographs of your art work will be stored on a password protected electronic Drop Box folder.

One woman with lived experience of homelessness in Hamilton has been hired as Co-Researcher assist with the project. They will view the creative map you created – but you will remain anonymous. They will not know you participated, or that you developed the art they are viewing. Their role will be to help inform recommendations for

supportive housing through participatory data analysis and will be to help with sharing the data in public forums.

What if I change my mind about being in the study?

Your participation in this study is voluntary. You may decide to stop participating and you have the right to withdraw from the study without consequence at any time. If you withdraw from the study, your housing, healthcare, or access to other services will not be affected.

Any information gathered from you during the recruitment process and the research will be destroyed and will not be used in the study.

If you chose to withdraw from the study during the Creative Mapping Workshop series you are free to do so. If you do withdraw during one of the Creative Mapping Workshops, you will still receive your honorarium for that day.

If you decide to withdraw from the study after you have completed the study and finished your Creative Map, you can decide not to have your Creative Map and narrative included in the study data.

We ask that you inform Mary of your decision to withdraw your findings by the end of June 2021, to ensure your findings are not included in any of the project activities such as analysis or sharing of study results. If you choose to withdraw from the study after you have participated in any or all of the Creative Mapping workshops, we will delete your findings.

Are there any risks or harms to doing this study?

There are some risks to consider when deciding whether or not you will give your consent to participate in this study.

You may feel distress, uncomfortable or anxious when answering some of the questions about your experiences, and your preferences relating to supportive housing. Some of the questions you will be asked to think about and discuss during the Workshops are personal and may make you feel emotional or upset. Some questions ask you to think about your own support needs, and may ask you to disclose information relating to your social and health care needs/experiences.

You are not required to answer any questions that make you feel uncomfortable and you are not required to share any information that you wish to keep private. You are welcome to withdraw from the workshop at any time and/or skip particular questions/activities that you would prefer not to answer.

You might also worry about disclosing your honest feelings, ideas and opinions about supportive housing. You may also worry about perceived implications that might result from being open about your ideas for supportive housing. You may worry that by being honest about your ideas, the researcher might react to what you are saying. You may also worry about perceived implications that might result from being open about gaps in housing services, and ideas for alternative models or supports.

Please know that the intention of this research is to generate new ideas and involve women and gender diverse people experiencing homelessness, in 'co-designing' supportive housing. Your ideas are important and your critiques of existing systems can help us to reimagine alternative possibilities!

You will receive a list of resources that you can connect with if you require further emotional or social support, as a result of engaging with the study.

Although it is not likely that the researcher will breech your confidentiality, they may be required to if you share information that legally requires them to disclose the risk of harm to self-and/or others.

Your permission will be sought to use the artistic outputs you have contributed to the Creative Mapping workshops and direct quotations from the transcripts. The researcher will not publish direct quotations with identifiable information (for example, names of people in your life, service providers, addresses, dates, etc.) Artistic outputs with identifiable information (such as faces, personal information, addresses, etc.) will be edited before shared.

Legally Required Disclosure
Although your privacy will be protected in the ways outlined previously, if the law requires it, I may be required to reveal certain personal information. If you report information about you harming yourself, harming others, or situations where your children may be in need of protection, social services or appropriate services may need to be contacted to intervene and respond to these risks.

It also cannot be guaranteed that the information that you share in the workshops could not be used in a legal proceeding such as a custody proceeding or child welfare investigation. It is possible for data collected through research to be subpoenaed and used in legal proceedings. While the chances of this occurring are extremely low, you should be aware of these potential risks.

Are there any benefits to participating?

It is unlikely that there will be any direct benefits to you through participating. Your participation will not impact the housing, clinical care or social services that you currently receive.

By participating in this study, you are contributing to developing research on women's supportive housing. It is our hope that the study will be used to inform and improve supportive housing development for women and gender-diverse people who experience long-term homelessness.

Will I receive an honorarium?

You will receive a cash honorarium of $80.00 for completing the four modules associated with the creative mapping workshop. The cash honorarium will be distributed by the person at the organization who is distributing the art-kits (front-line worker). You will also receive an art-kit of supplies that will be yours to keep!

How will my privacy be protected ?

This study will use the video-conferencing platform of Zoom for us to meet virtually, which is an externally hosted cloud-based service. A link to their privacy policy is available here (https://zoom.us/privacy). Please note that whilst this service is approved for collecting data in this study by the McMaster Research Ethics Board, there is a small risk with any platform such as this of data that is collected on external servers falling outside the control of the research team. In order to safe-guard your confidentiality, I will send the link to the organizations email and it will be password protected. I will also turn on the waiting room feature, so I can control that it is only you and I in the Zoom call. If you are concerned about this, we would be happy to make alternative arrangements for you to participate, perhaps via telephone. Please talk to the researcher if you have any concerns."

You do not have to provide any information that will identify you during the Creative Mapping workshops. Throughout the study, including during the workshops and on the consent form, you can use a nick-name or a pseudonym that you make up, instead of your real name. All of the artistic outputs you create during the Creative Mapping workshops will not have any identifying information on them. If there is a chance you could be identified by the art you create, the art will be edited prior to being shared as a part of the study findings.

Some parts of the Creative Mapping workshop will be recorded on a digital recorder. This is to make sure that we do not miss any of your valuable ideas and opinions. The recordings will be transcribed by Mary (the researcher). Mary will remove any information that identifies you from the transcript. (For example: if you mention any details such as your name, the name of your child/friend, we will remove this information from the transcript and all written notes).

How will my information be stored?

Your identifiable data will not be shared with anyone except with your consent or as required by law. Only the pseudonym or nick name you choose will be stored with your identifiable data. We will never request your full-name, birthday, or any other identifying information.

We will store all the audio-recordings, transcripts and arts-based data (your creative map) on an encrypted, password protected electronic platform to which only Mary (the researcher) has access to.

The information you share including during the Creative Mapping workshops, including your audio-recorded discussion and artwork will be stored using a participant numerical code that will be linked to the pseudonym/nick name you provide. The master linking log of participant information will be stored on a secure, encrypted, password protected electronic platform to which only the research team has access.

I will destroy the audio recordings when we complete this study. I will keep the transcripts, study notes and Creative Maps for ten years to be able to widely share the material in the pursuit of advancing supportive housing for women.

If the results of the study are published, your name will not be used and no information that discloses your identity will be released or published without your specific consent to the disclosure.

Will the data I share be used in future research?

The data collected during the Creative Mapping workshop will be used in my doctoral research. I will use the findings from the WESH project to write my dissertation.

I will also share the research widely within Hamilton, and in other communities, to advance knowledge relating to women's supportive housing. This will include a virtual exhibit that will be shared Nationally, with the hope of advancing knowledge on how to develop supportive housing. You can decide whether you want your art and your voice featured in this exhibit.

This might include in-person exhibits, publications and conference presentations that share what we have learned about supportive housing for women through the WESH project. Any opportunities to share the findings will be focused on advancing the development of housing and support for women experiencing long-term homelessness.

How do I find out what was learned in this study?

I expect to have the study completed by September 2021, and the full dissertation completed by approximately December 2022. If you would like to receive a brief summary of the results, please let me know how I can contact you and I will send you the findings by October 2021.

I am hoping to share the research findings through a community forum in Hamilton. If you are interested in participating and/or attending any local events where the findings are being shared, please let me know how to contact you.

Questions about the study:
If you have questions or want more information about the study, please contact Mary Vaccaro at (905) 933-9150 or vaccarm@mcmaster.ca

Alternatively, you can contact my supervisor Stephanie Baker Collins at sbcollins@mcmaster.ca

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:
McMaster Research Ethics Secretariat
Telephone: (905) 525-9140 ext. 23142
C/o Research Office for Administrative Development and Support
E-mail: ethicsoffice@mcmaster.ca

Women Envisioning Support and Housing

Introduction:

Hello. I'm Mary Vaccaro. I am conducting research about the ways women who experience homelessness, imagine their preferred housing and support. I am interested in understanding how supportive housing could be developed for women, in ways that reflect their lived experience, preferences and self-identified housing, health and support needs. It is my hope that this research will help influence decision makers and funding priorities, who are directing their attention to developing housing for women experiencing homelessness in Hamilton, and in other communities across Canada.

This project is part of my PhD studies at McMaster University School of Social Work in Hamilton, Ontario. I am working under the supervision of Dr. Stephanie Baker Collins, a professor in McMaster University's School of Social Work. It is being funded through the Co-Design Hub at McMaster University. It is an arts-based project and you will receive an art-kit to participate, and we will connect via Zoom (on a computer provided for you to borrow from the project!) It is my hope that by putting the voices and ideas of women experiencing homelessness at the centre of this research, this study will generate new knowledge and ideas about how gender-specific housing could be developed in Hamilton.

Thank you for your interest in participating in my research.

I have provided you with the Letter of Information about the project in the art-kit. But I would like to take the time now to go through it together. You can ask me any questions about your role, rights and responsibilities as a research participant – and my roles as a researcher!

Confirm the following to the participant:
- Your participation in this study is voluntary.
- If you do not want to answer some of the questions you do not have to, but you can still be in the study.
- You can decide to stop at any time, even part-way through the virtual arts-based workshops for whatever reason.
- If you decide to stop during the virtual workshop, we will ask you how you would like us to handle the data collected up to that point, whether returning it to you, destroying it or using the data collected up to that point.
- You can ask to remove your data from the study up until approximately end of **June 2021.**
- This study has been reviewed and cleared by the McMaster Research Ethics Board.

Do you have any questions or want me to go over any study details again?

Oral Consent Questions:

Do you agree to participate in this study?

<u>If yes,</u>

1. What is a first name or pseudonym you wish to use for the research?

2. Do you understand your rights as research participant? Yes/No

3. I would like to audio-record our meeting today, so that I can transcribe what you say, and use it as data for a part of my research. Do you agree that I can audio-record our meeting today?
   Yes/No

4. Do you agree that I can use your direct quotations when I write up my findings for my dissertation and in reports advocating for supportive housing? I will not use quotations that identify you (ex: your name, the name of people of you know, or other identifying information) Yes/No

5. Do you agree that once you are done creating your 'creative map' for the art portion of this project I can use it as a part of data in my study?
   Yes/No
   It is up to you whether you want to keep the art work or not. I can either pick it up from the study site, or pick it up (photograph it) and return it back to you at the study site.
   a. **Pick it up**
   b. **Photograph it and return it.**

6. Would you like to receive a summary of the study findings, and be kept informed of any additional opportunities?
   Yes/No

   If so, please provide an email address or phone number where it is safe for me to reach you.

Oral Consent Log:

Consented by:	**Mary Vaccaro**
Read the Letter of Information:	**Y/N**
Agree to Participate:	**Y/N**
Understand Rights as a Research Participant:	**Y/N**
Agree to Audio Recording:	**Y/N**
Permit Use of Direct Quotes:	**Y/N**
Permit Use of Images of Creative Map:	**Y/N**
Agree to Photograph or Provide Creative Map:	**Pick it up/ Photograph and return**
Interested in Receiving Copy of Report:	**Y/N**
Chosen Pseudonym:	

**Women Envisioning Support and Housing:
Demographic and Housing Survey**

<u>**Demographic Survey:**</u>
1. **What year were you born?**

2. Where were you born?
- ○ Canada
- ○ Outside Canada
- ○ Not sure
- ○ Prefer not to answer

2A. If **you were born outside of Canada, where were you born?**

1. **How do you identify your race? (select all that apply)**
- ○ Black, African
- ○ Black, Caribbean
- ○ Black, North American
- ○ White, North American (e.g., Canadian)
- ○ White, European
- ○ East Asian (e.g. Chinese, Korean, Japanese)
- ○ Indian
- ○ Caribbean
- ○ Indigenous / Black
- ○ Latina, Hispanic
- ○ Middle Eastern (e.g. Syria, Iraq, Iran, Afghanistan)
- ○ South Asian (e.g. East Indian, Pakistani, Sri Lankan)
- ○ Mixed heritage
- ○ Not Sure
- ○ Prefer not to say
- ○ Other

3A. If applicable, please specify your Indigenous heritage *(Check all that apply).*

- ○ First Nations
- ○ Métis
- ○ Inuit
- ○ Prefer not to say
- ○ Other (explain) (e.g., Latin American Indigenous, urban or non-status, mixed heritage) – Papu New Guinea

2. **Do you experience any disabilities or chronic health issues that have an impact on**

your daily life? *(Check all that apply)*

o Mobility issues

o Deaf or hard of hearing

o Vision issues

o Environmental sensitivities (e.g., to smoke, perfume)

o Psychiatric or mental health challenges

o Cognitive or intellectual disabilities, learning difficulties

o Brain injury

o Pain-related disabilities

o Problems with substance use, addictions

o Chronic medical issues or major illnesses e.g., cancer, asthma

o Memory issues

o Prefer not to say

o Not sure

o No disabilities

o Other (please specify):

3. **How do you identify yourself in relation to your experience of motherhood? (select all that apply)**

o Never given birth
o Dependent children under the age of 18 – in the care of their biological family or friends
o Dependent children under the age of 18 – in the care of the Children's Aid Society
o Child apprehended at birth
o Child given up for adoption at birth
o Adult children – who were your dependents
o Adult children – who were not your dependents (because they were in the care of family/friends/CAS)

6. **What are your sources of income?** *(Check all that apply)*
o Full time employment

o Part time employment

o Casual employment (for example, contract work)

o Informal income sources (for example, bottle returns, panhandling)

o Money from family or friends

o Employment insurance

o Disability benefit (for example, ODSP)

o Seniors benefits (for example, CPP, OAS or GIS)

o Welfare or social assistance (for example, Ontario Works)

o Veteran or VAC Benefits

- o Child and family tax benefits
- o GST or HST refund
- o Other money from a service agency
- o No income
- o Prefer not to answer
- o Other

Housing

7. When was the last time you had a legal agreement for housing?

8. How old were you when you first experienced homelessness?

9. Since first becoming homeless, please check off all of the places you have stayed.
- o My own place
- o Someone else's place because I did not have somewhere else to stay
- o Shelter or drop-in in the homeless service system
- o Shelter in the Violence Against Women system
- o Place of worship such as a church, mosque, or synagogue
- o Motel or hotel
- o In a public place or a place not meant for living in (vehicle, coffee shop, abandoned building, transit station, hospital waiting room, etc.)
- o Outside, in a tent, encampment, or self-built shelter
- o Hospital, rehab, or other health facility
- o Jail, detention centre, prison, or police station
- o Transitional housing
- o Long-term care facility, nursing home, group home, or lodging home
- o Supportive housing/rooming house/halfway house
- o Prefer not to say
- o Other **(please specify):**

9A. Where did you stay last night?
Carole Anne's Place

10. Please describe the best place you have ever lived.

Creative Mapping Facilitators Guide:
Women Envisioning Support and Housing (WESH Project)

Pre-Screening Process:
Step One: Pre-screening questionnaire (completed when the participant contacts Mary indicating interest in being involved in the study – completed over the phone)
Step Two: If eligible, participants will be read the Letter of Information (over the phone)
Step Three: If eligible, participants will book two dates and times to complete the Virtual Workshop.

Beginning the Virtual Art-Based Workshop:
The study sites and Mary will pre-determine times/dates to book virtual workshops. Volunteers, students and/or front-line staff will support participants by providing them with a private space for the virtual workshop, the art-kit and the borrowed tablet/laptop and helping them to log-into Zoom and connect to the internet.

Step Four: Reviewing Letter of Information (About the WESH Project) - Oral Consent Script / Oral Consent Log – **15 minutes**

Step Five: Housing and Demographic Survey – **15 minutes**

Module One: Space and Place:
The first module explores geographical location of housing, preferred infrastructure of co-housing, design of individual and communal spaces and preferences relating to spatial layout and design.

Step Six:
Activity 1.1: Geographical Location

Creative Mapping Supplies: brown crafting paper, markers, pens, pencil crayons

Educative Component: There is no clear consensus in existing research about the best place to locate permanent supportive housing. There are also very few research studies that I have found that ask women experiencing homelessness about their preferred location of housing. This means that non-profit housing developers are developing housing for women – without key insights about their geographical location preferences. In my conversations with women, some women tell me they want to live in the down-town core, close to bus-routes, available supports, and in walking distance to other amenities. Other women report wanting to live in rural areas, connected to nature and away from what goes on in the downtown of urban centers. It is important that this

research addresses that gap in knowledge for housing developers by offering insights, perspectives and ideas from women experiencing homelessness about their preferred geographical location.

Prompt: I want you to imagine your preferred housing. Where would it be located? What would you want to be near-by? What kinds of places, spaces or people would you like to be close by? What would you want your neighborhood to be like?

Creative Mapping Activity: Take some time to draw a map of the geographical location of your preferred housing. Label the places, people, and things you would want to be nearby.

Step Seven:
Activity 1.2: Infrastructure of Co-Housing

Creative Mapping Supplies: 15 printed out images of the exterior of existing co-housing programs depicting a range of images including walk-ups, houses, apartments, tiny houses, etc.), markers, cardboard, and glue.

Educative Component: You are looking at photos of co-housing programs that exist, in Canada and Internationally. There are a lot of different ways to design co-housing as you can see. Some of these images use existing infrastructure and repurpose it into co-housing, others are more traditional like apartment buildings, shared houses or walk ups. Some are very different, like tiny houses. I cannot find any research that asks women experiencing homelessness, who want to live in co-housing, about their preferences of infrastructure design. How a co-housing space is designed is important – it ultimately impacts the ways individual and shared space is organized. Each infrastructure design has positives, benefits and draw backs – and everyone will have their own preferences in terms of the kind of co-housing building they would like to live in.

Prompt: I want you to think about how you would imagine designing a co-housing space for a group of women. I want you to look at the photos of examples that currently exist, and reflect on what aspects of each you either like or dislike? What images are you most drawn to? If there is nothing here you like, what other ideas do you have for the structural built of co-housing?

Creative Mapping Activity: Take some time to sort through the images and think about each one. If you want to make a collage on the board, you can. You might decide you want to share your initial reactions with me about each of the images- that would be great. You can use any of the photos that I have provided you with, you can also draw out your preferences, or draw/label the photos that I have provided to indicate what aspects of each build you prefer or dislike.

Step Eight:
Activity 1.3 Designing Individual and Communal Space

Creative Mapping Supplies: Blue-printing paper, crafting paper, markers,
Educative Component: Space is expensive in Hamilton, and unfortunately it is only getting more expensive. A 1-bedroom apartment in Hamilton, Ontario costs about $1716 on average, while a 2-bedroom apartment is $2106. The reality that space is expensive means that affordable housing tends to be small. When we look at what is available in Hamilton in terms of supportive housing run by non-profit housing providers, the average size of a one-bedroom apartment is 450 square feet. Some

 Some supportive housing units in Hamilton are as small as 390 square feet. To visualize this, imagine a standard two-car garage – these tend to be about 400 square feet. It is not a huge space, but it can be functional and cozy. What makes limited space more manageable in supportive housing is access to on-site amenities in communal spaces. Some supportive housing programs have on-site laundry, large communal kitchen spaces, lounges, reading rooms and craft rooms. Others have gardens, outdoor space, fitness centers and spaces for cultural activities like smudging.

Prompt: I want you to think about how you would want your space to be used. How would you want your individual apartment to be designed?

Creative Mapping Activity: I want you to label how you would want to design your individual space using the blueprint provided. (ex: divide up space for a kitchen, bedroom, living space, etc.). On the outside space on the blue-printing paper, I want you to consider the kinds of communal space you would value having available to you in gender-specific supportive housing.

Reflection Questions: Can you explain what you have created to respond to each of the activities in this module? What themes do you see emerging in relation to housing and support? How does this connect to your own lived experience? What do you see as some of the most important aspects, about your preferred space and place of housing? Is there anything else that feels important to address relating to space and place that we did not cover or discuss yet?

Module Two: Codesigning Policies and Practices

The second module was focused on codesigning a set of policies and practices for gender-specific cohousing with participants. In doing so, participants were encouraged to reflect on the values and philosophies that should underpin gender-specific co-housing.

Step Nine:
Activity 2.1: Fill in the Blanks – Tenancy and Co-Housing Agreement

Creative Mapping Supplies: Not applicable – verbal activity

Educative Component: To live in housing where you are protected by the law and have legal rights to your dwelling. you need to be living somewhere governed by the residential tenancy act (RTA). The RTA provides a framework for landlord and tenant relations and governs the rights and responsibilities that both parties have to one another. It outlines a series of legal and binding agreements including what is included in your rent, how much your rent costs, and the responsibilities of both the landlord and the tenants. Transitional housing and emergency shelters operate outside of the RTA, which is what allows these programs to ask residents to leave without due process even if program fees have been paid. Many programs offering supportive housing operate under both a lease, and a program agreement. The program agreement outlines the ways in which you can expect to receive support and live in community. It also outlines the ways your neighbours should behave and live in community. Program agreements are different than lease agreements and often refer to things such as guests, and over-night guests, monitoring the entrance of the building, on-site support and programming and include basic expectations for individuals living in co-housing communities.

Prompt: I have put together a series of fill-in the blank questions to gain insight into your preferences around a tenancy and co-housing agreement. These questions have been drafted based on reviewing a series of lease agreements and program agreements of gender-specific co-housing programs. I am hoping to get your insight on some of the pressure points in gender-specific co-housing including policies around guests, drug use on-site, conflict between tenants and when eviction should be considered.

Creative Mapping Activity: Participants were invited to respond orally to a series of fill in the blank questions.

> I believe an ideal policy/practice around guests and visitors should consider:
> I believe an ideal policy/practice to ensure safety should consider:
> I believe an ideal policy/practice around substance use on-site should consider:
> I believe an ideal policy/practice relating to eviction should consider:
> I believe an ideal policy/practice around pets should consider:
> <div align="center">Etc.</div>

Reflection Questions: What themes do you see emerging in your tenancy and co-housing agreement? How do these themes and ideas connect to your own lived experience? What do you see as some of the most important aspects of the policies and practices governing gender-specific co-housing? How do your ideas for the program and policies align with (or not align!) with the values and philosophies that are important to you?

Module Three: Mapping Support Needs and Conceptualizing Community
This module focuses on working with participants to conceptualize the 'supportive' element of gender-specific co-housing by exploring support needs, on-site support desires, conceptualization of community and social connection as well as imagining the role that participants could play in designing and delivering support to one another.
Step Ten:
3.1 Mapping Support Needs
Creative Mapping Supplies: Guided Brainstorming Tool: Supports, pens, markers, pencil crayons.
Educative Component: Supportive housing is different than traditional market-rent housing because it caters to people who have support needs and desires that sometimes impact their unique preferences relating to housing, and how they meet their healthcare, practical and socio-emotional support needs. This kind of housing often caters to people who have been excluded from traditional models of housing and support.
Prompt: I want you to think about your every-day support needs. This might include practical things, support with cleaning, preparing meals, or support with monitoring your medication. Or, it might include other kinds of support, like having someone there to talk to, or a good neighbour you can rely on. We all need help and support from lots of people, places and things to sustain our every-day needs.
Creative Mapping Activity: Take ten minutes or so, and brainstorm a list of your housing, health, and support needs. Consider everything you might need. You can write or draw or share this with me verbally.

Step Eleven:
3.2 Mapping On-site Supports

Creative Mapping Supplies: Guided Brainstorming Tool: Supports, markers, pencils, pens.

Educative Component: Supportive housing is different than market-rent housing because it has on-site amenities and supports. For example, a gender-specific co-housing program in Calgary has a managed alcohol program, in-suite women's healthcare, a collective kitchen with dinner service and 24-hour on-site staff. Another housing program in Vancouver has a gender-specific safe consumption site in one of their housing buildings, a library, and an art-workshop and shop, meal-service and on-site staff. Some other programs have on-site medical-care providers, yoga and fitness studios, and daily arts-based, therapeutic, and recreational programming. Other programs organize daytrips and transportation to the grocery shops. These are just a few examples of what exists across Canada – but anything is possible!

Prompt: I want you to look back at your map of your daily support needs. I want you to think about the kinds of on-site amenities you might like to have available to you in gender-specific housing, to meet your self-identified 'needs', and consider, what else you might like to have available to you.

Creative Mapping Activity: Develop a list of on-site supports, you can either write them down or draw them or say them out loud.

Module Four: Community and Social Connection:
This module focuses on learning more about the type of community women want to live in, and the importance of social connection within their housing and supports. Both of these are

Step Twelve:
4.1 Symbol for Community
Creative Mapping Supplies: Markers, craft paper, canvas, pens, pencil crayons
Context Setting: Very little is known about the ways women and gender-diverse people imagine community and social connection – although it emerges as an important element in good housing and support.
Educative Component: There is a lot of evidence and research that suggests that being a part of community increases social connection and decreases social isolation and loneliness. We know that loneliness and social isolation is bad for our overall well-being – however, there is very little research that considers the kind of community's women who have endured long-term homelessness want to live in – and the importance of community and social connection, from their perspectives.
Prompt: I want you to think about the concept of community and social connection. Take a few minutes to reflect on what this means to you. What does it mean? What would it look like? Is it important to you?
Creative Mapping Activity: Create a symbol that depicts your conceptualization of community and/or social connection.

Step Thirteen:
4.2 Recommendations for Meaningful Participation and Leadership
Creative Mapping Supplies: Crafting paper, markers, oral narratives

Educative Component*:* There is an abundance of research and advocacy work that focuses on the meaningful involvement of people with lived experience in shaping housing and support programs, through both mutual-aid initiatives (helping one another) and taking on co-leadership of building operations and other support services. For example, a gender-specific housing program in British Columbia trains women living in the building, in painting, maintenance and repairs. They receive paid work in the building they live in, and across other buildings owned and operated by the housing provider. Another program has a 'house mother' role, where a woman living in the building is hired to assist overnight with providing support to tenants as needed. Some buildings have paid roles for people who live there to take on tasks such as cooking, facilitating groups and workshops and providing peer support and others have Boards comprised of tenants who make decisions about the daily operations and on-site supports offered.

Prompt: There are many ways for residents to take on support and leadership roles within gender-specific co housing, and ways of providing mutual aid to one another. I want you to think about your role in this kind of housing, would want to be involved in making decisions, supporting other residents, and supporting with the daily operations of the building?

Creative Mapping Activity: Reflect on some of the ways you are already participating in providing support to other women experiencing homelessness in your community. Either draw, write, or talk about the role that you imagine having (if any) if you were to live in this kind of housing arrangement.

Step Fourteen:
Closing Reflection Questions:
Following the last creative mapping activity, participants responded to the following four reflection questions:
1. Look at the art that you have created during our workshop and reflect back on the conversation we have had here today, what are the main themes or messages that came across in your creative map?
2. When you consider some of the main themes you identified at the end of each of the three modules, how do you see these times connecting to your own lived experience and identity?
3. We only were able to cover a few components of what makes housing and support meaningful and sustainable for women, is there anything else that you think that is important that was not covered during the workshop?
4. What is your key message to policy makers, decision makers and housing developers, relating to developing good gender-specific co-housing?

These questions concluded the workshop, and participants were thanked for their time and contributions.

APPENDIX 6: Participatory Analysis Template

Participant Pseudonym:	
Module:	
Drawn Content: (type out what they have drawn)	
Written Words: (type out what they have written)	
Any analysis you have: (ex: **practical analysis:** hard to make out the text, hard to know what the participant meant, or **interpretive analysis:** nature seems important to her, she wants a high level of support - (connections between other activities)	.