Finally Home: Housing that Works for Women Who Have Experienced Homelessness

by

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Ethics Statement

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

a. human research ethics approval from the Simon Fraser University Office of Research Ethics

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Abstract

This research explores the question: What makes housing work for women who have experienced homelessness on Vancouver’s Downtown Eastside (DTES)?

Eleven women were interviewed, both in-depth interviews and tours of the women’s sleeping places. During the interviews and tours, trends and priorities were identified in terms of the housing type, choice, housing with or without a partner, design of the space, accessibility, safety, guidelines and policies, repairs and cleanliness, support from staff and programming.

Interviews were also completed with experts in housing or homelessness to supplement the information heard from women. Experts included people involved in planning, finding, providing, or researching housing. Information from experts expanded on, confirmed and provided context to the findings from the women’s interviews.

Engaging with women allowed them to provide this project with their experience and recommendations in the planning, design, management and provision of housing. Through this research, functional solutions were uncovered to provide better housing that works for women. The information gathered is useful to inform policy, planning, funding, design, and support services in order to better provide women with more than a roof over their heads, and to help them find a place to finally call home.

Keywords: Women and homelessness; housing for women; solutions to homelessness; City of Vancouver’s Downtown Eastside; design solutions for social housing; housing planning
Dedication

To my partner and husband Noah. You have supported me in completing this research from start to finish. You are home to me. This project is dedicated to you and the home we are privileged to create together.
Acknowledgments

This work took place on the unceded territories of the x̱məθkwəy̓əm, Skwxwú7mesh, and SélliełwətaɁɬ nations. I acknowledge, honour and thank the stewards of these lands and waters.

To the Urban Studies program, thank you for the opportunity to be a student in such an excellent program. My supervisor Meg Holden encouraged me to take on this research despite the possible hurdles, providing me with thoughtful insight, timely guidance and ‘nudges’ in the right direction. Thank you Meg! To my secondary supervisor, Karen Ferguson, thank you for the suggestions, input and helpful comments. To Terri Evans, Peter Hall, Matt Hern, Paddy Smith and Lisa Freeman, you have provided me with encouragement and a rich learning experience throughout my time at SFU.

To the many colleagues and volunteers whom I have had the privilege of working alongside in the areas of housing and homelessness, I appreciate your wonderful collaboration and mutual learning. From Building Opportunities with Business to Working Gear Clothing Society, Lookout Housing & Health Society, Binners Project and CitySpaces Consulting, thank you for sharing your wisdom and experience with me.

To the each of the experts who shared their understanding and know-how, thank you for taking the time to be involved in this research. This includes Dr. David Hulchanski, Jodi Sturge, Kate Lumsdon, Mary Ellen Glover, Masami Tomioka and Dr. Trevor Hancock.

To the 11 women who shared their stories and their homes with me, thank you. You have changed how I think about housing and what it means to call a space home. I hope that your wisdom will shift how housing is planned and designed in the future for women who have experienced homelessness. Your input has been incredibly valuable, and your voices have been heard.
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<tr>
<td>CMHC</td>
<td>Canadian Mortgage and Housing Corporation</td>
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<tr>
<td>DTES</td>
<td>Vancouver’s Downtown Eastside neighborhood</td>
</tr>
<tr>
<td>LGBTQ2S</td>
<td>An evolving acronym for lesbian, gay, bisexual, transgender, queer, questioning and two spirited and additional identities</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>PRHC</td>
<td>Provincial Rental Housing Corporation</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-traumatic stress disorder</td>
</tr>
<tr>
<td>SRO</td>
<td>Single Room Occupancy Hotel</td>
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## Glossary

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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Common Washroom</td>
<td>A washroom that is shared by tenants.</td>
</tr>
<tr>
<td>Couch Surfing</td>
<td>People are described as couch surfing when they stay with friends, family or strangers, and they have nowhere else to live. They do not pay rent, and it isn’t a sustainable long-term living arrangement. People who couch surf may be considered to be the hidden homeless (“Homeless Hub”, n.d.a).</td>
</tr>
<tr>
<td>Hidden Homeless</td>
<td>People who are considered hidden homeless are provisionally accommodated. They are living temporarily with others with no guarantee of continued accommodation or immediate options for obtaining housing. They do not usually access services and are not counted in homeless statistics (“Homeless Hub”, n.d.a).</td>
</tr>
<tr>
<td>Homelessness</td>
<td>The situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability to acquire housing (Canadian Observatory on Homelessness, 2012)</td>
</tr>
<tr>
<td>Minimal Barrier Shelter</td>
<td>A minimal barrier shelter is an emergency shelter with minimal requirements for entry to accommodate the most vulnerable people with the most need (BC Housing, n.d.b).</td>
</tr>
<tr>
<td>Non-Binary</td>
<td>People whose gender identity is neither male nor female (Trans Care BC, n.d.).</td>
</tr>
<tr>
<td>Non-Market Housing</td>
<td>Housing that is subsidized for low to moderate income individuals and families. It may include types of housing such as supportive housing, co-operative housing, social housing and low-income market housing such as single-room occupancy (SRO) hotels or rooming houses (Vancouver Agreement, n.d.).</td>
</tr>
<tr>
<td>Non-Market SRO</td>
<td>Single-room-occupancy housing (SRO) that is subsidized (City of Vancouver, 2019a).</td>
</tr>
<tr>
<td>Private/Market Housing</td>
<td>Privately owned housing that is not subsidized. The private market sets the prices (Government of British Columbia, 2018)</td>
</tr>
<tr>
<td>Private/Market SRO</td>
<td>Single-room-occupancy housing (SRO) that is not subsidized (Vancouver Agreement, n.d.).</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-traumatic stress disorder (PTSD) is a mental health condition that is triggered by a terrifying event that is either experienced or witnessed. Symptoms may include flashbacks, nightmares and severe anxiety, in addition to uncontrollable thoughts about the event (Mayo Clinic, 2018).</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Sheltered Homelessness</td>
<td>The situation when people who do not have permanent housing and are accessing emergency shelter and system supports (Canadian Observatory on Homelessness, 2012).</td>
</tr>
<tr>
<td>Sixties Scoop</td>
<td>The sixties scoop refers to the mass removal of Indigenous children from their families in the 1960s. They were put into the child welfare system, in most cases, without the consent of their families or bands (“Sixties Scoop,” n.d.).</td>
</tr>
<tr>
<td>SRO</td>
<td>Single Room Occupancy hotels are rooming houses and residential hotels with a small room, shared bathroom, and typically lack a cooking facility (City of Vancouver, 2017b). SROs can be BC Housing subsidized or operated privately and are often the last resort of housing for people before homelessness.</td>
</tr>
<tr>
<td>Unsheltered Homelessness / Sleeping Rough</td>
<td>The situation when people who do not have permanent housing and are not accessing emergency shelter and system supports except during extreme weather conditions. Usually, these people are staying in places that are not designed or fit for human habitation. This may include public spaces, squatting in private space or vacant buildings, vehicles, garages, attics, closets, makeshift shelters, shacks or tents (Canadian Observatory on Homelessness, 2012).</td>
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Chapter 1.

Introduction

“When I would turn off the light, I would hear ‘click, click’ on my blankets. It was the cockroaches.” Velma

Over 47 years ago, when Velma was first homeless on the streets of Vancouver, there were no homeless shelters or housing for women. When it was too cold to sleep outside, friends would sneak her into the men’s shelter or any other space they could find. Eventually, her community of homeless people found her a more permanent place to live. Her new home had no kitchen, the bathroom was shared, and in her words, “It was disgusting.” Despite the terrible conditions, Velma was thankful she no longer had to sleep outside. This space saved her life.

Today, there are shelter options for women, including women-only shelters. The City of Vancouver provides low-cost and supportive housing in partnership with service providers and government partners. Outreach programs assist women in finding appropriate housing that they can afford. However, there are still not enough resources to go around, and women who are in need find themselves living in places they would not choose. Many of these spaces are without a kitchen, bathroom or necessary supports. Women try to make housing work despite the issues.

Two years ago, Velma’s deteriorating and infested home was demolished, and she once again found herself homeless and sleeping outside. Her pet dog kept her company while she slept in a tent in Oppenheimer Park in Vancouver’s Downtown Eastside (DTES) neighbourhood.

Some things had changed since the last time she was homeless. Outreach workers identified her needs and found her housing right away. They ensured it was pet friendly, offered Indigenous services and community programming. Once again, she was thankful not to sleep outside.
However, the new situation had some of the lingering problems she had battled before. The space is temporary housing (a hotel converted into temporary housing for people who are waiting for permanent housing) and offers little stability. It has no kitchen for Velma to prepare her meals. According to Mary Ellen Glover, an outreach worker on the DTES, this type of placement is a typical solution. The majority of women who are placed in housing on the DTES are placed into an SRO, a Single Room Occupancy hotel. This housing has a single room, sometimes a sink, no kitchen and a shared bathroom. Glover said, “One woman that we housed in an SRO recently is still paying rent because her stuff is there, but she is back outside because she feels safer there.” Outreach workers like Glover do the best they can, but the options for housing are scarce.

For Velma, things are better, but it is clear that her current situation is not a long-term solution to her housing challenges. Creating successful housing outcomes for women requires planning, development and operation of housing that considers women’s needs and listens to their input. Women who have been homeless know what they need and do not ask for much. Women often come from complex backgrounds. They have experienced trauma, face mental health and addictions issues, and have complex health needs. In order for them to stay housed, these factors must be taken into account.

This research finds answers to the question: *What makes housing work as a home for women who have been homeless on Vancouver’s Downtown Eastside?*

The inspiration for this research comes from a question used by Judy Graves, a retired City of Vancouver Homelessness Advocate. Judy regularly walked the streets of Vancouver as an outreach worker and asked this important question to each homeless person she met. The answers she heard provided Judy with the information she needed to begin looking for housing that worked for people. With Judy’s permission, I have followed in her footsteps (metaphorically speaking) during my interviews and asked her question, “What makes housing work for you?” to each woman who participated (Graves, 2016).

My research specifically focused on women as they are underrepresented recipients of services and research on this topic. The majority of homeless people on the
DTES are men, and most housing is not for women specifically (BCNPHA & Thomson, 2017). Women are often placed into housing not designed with them in mind, and that may not be appropriate or safe for them. It may be a space to sleep, but it is not a space they can call home. There are specific services and housing available for women on the DTES, but there is not enough supply for the number of women who are homeless in the neighbourhood (“Downtown Eastside Women’s,” n.d.).

For this research, I completed in-depth interviews and toured the sleeping places of 11 women who have been homeless. I listened for trends and priorities in what makes housing work for them in terms of housing location, size, affordability, access to services, accessibility, type of housing, design, inclusion, operations, choice, safety, and comfort. Interviews were also completed with experts in homelessness to supplement the information I heard during the interviews with women. Experts included staff who are involved in planning, finding, providing, or researching housing. The analysis from this research highlighted priorities in planning, designing, access, and supporting housing for women who have been homeless.

In this thesis, chapter 2 will provide background information on homelessness in Vancouver, including how the City of Vancouver has responded to the need, the DTES neighbourhood context, and current housing options for people who are homeless.

Chapter 3 will explore the literary and research context. In particular, I am exploring the meaning of the word ‘home’, the research about the unique needs of women who are homeless, and research on the engagement of people who have experienced homelessness in housing design and policy.

Chapter 4 will outline the study methodology, recruitment methods and data analysis. Chapter 5 describes the results of analysis, including the profiles of the women, women’s personal factors and the types of housing toured and photographed.

Chapter 6 provides the findings of this research. The findings include details on housing types that work for every woman, and alternatively, the types of housing that work best when women have a choice. I explore the findings around safety and security, the design of the space, accessibility, the importance of repairs and cleanliness, staff support, and programming. The findings will lead us to chapter 7, and this chapter will
summarize the discussion points into five considerations that will help planners, design teams, and funders to create housing that works for women.

Through this research, I uncover functional solutions to providing housing for women who have experienced homelessness. Engaging with women allowed them to provide this project with their recommendations in the planning and provision of housing. My hope is that the information gathered through this research will inform policy, planning, funding, design, and support services in order to better provide women with more than a roof over their heads.

Velma is content with very little, but she is hopeful for a place to finally call home.
Chapter 2.

Background Information

“Having a home is the foundation to everything.” Jules

Each city has its own context and struggles when it comes to homelessness. This chapter provides background information on homelessness in the City of Vancouver in order to provide an understanding of the environment in which the women interviewed for this study live.

The background information will start with the demographics of who is homeless in Vancouver, then information on the DTES context, followed by what housing options are available and finally, how the City responds to homelessness with current policy and programs. This chapter covers:

- Homelessness in Vancouver;
- The DTES context;
- Missing and murdered women on the DTES; and
- The opioid crisis.

2.1. Homelessness in Vancouver

The number of people who are homeless in Vancouver, including women, has risen. There are not enough emergency shelter measures in place to help everyone who is experiencing homelessness. With an increasing number of people who are elderly, experiencing health and mental health issues among the homeless, the need for support in housing increases as well.

The cause of homelessness is not usually singular; rather, it is the cumulative effect of a number of factors. There are economic and social issues such as lack of income, access to affordable housing, health supports and discrimination. There are also system failures such as lack of support for immigrants and refugees or the transition
from child welfare, people leaving hospitals, involvement in the criminal justice system, mental health and addictions facilities. On top of this, there are individual factors such as traumatic events, mental health and addictions challenges, health issues, or disabilities. Relational problems can be a factor, such as family violence and abuse, addictions and mental health problems of family members and extreme poverty (Gaetz, Donaldson, Richter, & Gulliver, 2013).

There is no definitive list that provides us with an exact number of how many people are homeless in Vancouver. The best we have is the information from the homeless count supplemented by information from the service providers who work closely with people who are homeless. The homeless count is a point-in-time count, a 24-hour snapshot of how many people are experiencing homelessness. Although the count is considered an undercount, because it only includes people identified during the 24-hour period, it is an accepted tool providing an overview of the on-going trends. Metro Vancouver conducts a homeless count every three years since 2002 and the City of Vancouver conducts homeless counts in the years between since 2010 (Mauboules, 2019). The count is completed by volunteers, community service providers, government partners and outreach workers who go out into the community and survey people who are sleeping outside or staying at emergency shelters. Taking part in the count is voluntary, and an anonymous questionnaire is filled by volunteers.

During the count, participants must be able and willing to be interviewed during the 24-hours. Despite its limitations, the homeless count provides insight into the number and characteristics of people who are experiencing homelessness. The homeless count gives us insight into how many women are homeless on the Downtown Eastside, their basic demographics and current needs. This information provides insight into the type of housing, and supports available in housing, is needed in housing for women (BC Non-Profit, 2017). Point-in-time counts are understood to be an undercount of as much as 20% (Mauboules, 2019). This gives rise to this study, to better understand the needs of women who have experienced homelessness.

On March 13, 2019, the City of Vancouver completed its 13th annual point-in-time homeless count. The count found 2,223 people were homeless in Vancouver (as represented in Table 1). Of those who participated in the count in 2019, 1,609 people were sheltered, and 614 were unsheltered (City of Vancouver, 2019b). A person is
considered sheltered homeless if they have no fixed address and are staying in an emergency shelter, safe house, transition house, detox, hospital or jail. An unsheltered person refers to someone who has no physical shelter and stays outside or is staying at someone else’s place (Urban Matters CCC & BCNPHA, 2018). Housing is needed for all 2,223 people who are homeless, but the situation is more desperate and potentially dangerous for the 614 people, including women, who are unsheltered and sleeping outside.

The number of people identified as homeless in the 2019 count has risen by 63% since 2005 (see Table 1). The largest increase has been among people who are sheltered. This indicates that homeless services in Vancouver have improved in their capacity to provide shelter for people who are sleeping outside (Urban Matters CCC & BCNPHA, 2018).

Despite this increase in services, Vancouver still needs more shelter beds. There are 27 homeless shelters in Vancouver with approximately 1,178 beds (BC Housing, 2019). Of these beds, 15% are for women only. (BC211, n.d.). As of the 2019 homeless count, the City of Vancouver is short a minimum of 1,045 shelter beds in order to provide emergency shelter for everyone who participated in the homeless count.¹ There are 329 women-only shelter beds still needed to ensure all women who participated in the homeless count are sheltered in women-only beds. As this study is exploring what makes housing work for women, these statistics highlight the reality of women who are homeless. Without enough emergency shelter beds available, many women are forced to be unsheltered or couch surf in potentially dangerous circumstances.

The 2019 homeless count report acknowledges that the number of women experiencing homelessness is likely an undercount for women, as they represent only 23% of the homeless population identified in the homeless count as seen in Table 1 (City of Vancouver, 2019b). According to the 2016 Census, the percentage of women in the total Vancouver population is 51%, which is a much higher percentage than the

¹ The number of additional shelter beds needed is equated by subtracting the total number of shelter beds available in the City of Vancouver (1,178) from the total number of people identified in the homeless count (2,223) in 2019. The resulting number of shelter beds needed (1,045) exceeds the number of unsheltered homeless (614), as seen in Table 2. Also of note is that the number of sheltered homeless in Table 2 (1,609) exceeds the number of shelter spaces available (1,178). These numbers could be explained if shelters were over 100% capacity at the time of the homeless count or if the 120 extreme-weather response spaces were open at the time of the count.
number identified in the homeless count (Census Profile, 2018). Many women are excluded from homeless research as they do not fall within the scope of the current methods of assessing how many people are homeless (Bretherton, 2017). As seen in Table 1, the percentage of women who are homeless is comparable to previous years, remaining fairly steady since 2005 (City of Vancouver 2019). In order to have a better understanding of how many women are homeless and in need of housing, there would need to be a change in how the homeless count is conducted. This highlights the need for additional research that sheds light on the specific needs of women who are experiencing homelessness, are considered hidden homeless, and are not captured in a point-in-time count.

Indigenous people are overrepresented in the counted homeless population, especially Indigenous women. Survey respondents who identified as Indigenous were 39% of the homeless population (see Table 2.1) compared to only 2% of the total Vancouver population (Census Profile, 2018). Indigenous women are overrepresented as the homeless count identified 53% of the women as Indigenous, compared with 35% of homeless men (City of Vancouver, 2019b).

Table 2-1 City of Vancouver Homeless Count Changes from 2005 to 2019

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2019</th>
<th>CHANGE IN #</th>
<th>CHANGE IN %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHELTERED</td>
<td>773</td>
<td>1609</td>
<td>836</td>
<td>108%</td>
</tr>
<tr>
<td>UNSHELTERED</td>
<td>591</td>
<td>614</td>
<td>23</td>
<td>4%</td>
</tr>
<tr>
<td>WOMEN (#)</td>
<td>330</td>
<td>511</td>
<td>181</td>
<td>55%</td>
</tr>
<tr>
<td>WOMEN (%)</td>
<td>26%</td>
<td>23%</td>
<td>-</td>
<td>3%</td>
</tr>
<tr>
<td>SENIORS (# OF 55+)</td>
<td>75</td>
<td>534</td>
<td>459</td>
<td>611%</td>
</tr>
<tr>
<td>SENIORS (% OF 55+)</td>
<td>10%</td>
<td>24%</td>
<td>-</td>
<td>14%</td>
</tr>
<tr>
<td>INDIGENOUS (#)</td>
<td>352</td>
<td>867</td>
<td>515</td>
<td>146%</td>
</tr>
<tr>
<td>INDIGENOUS (%)</td>
<td>35%</td>
<td>39%</td>
<td>-</td>
<td>4%</td>
</tr>
<tr>
<td>TOTAL HOMELESS</td>
<td>1364</td>
<td>2223</td>
<td>859</td>
<td>63%</td>
</tr>
</tbody>
</table>

Note: Percentage of women, seniors, and Indigenous people are based on the number of people who responded to the survey question, not the total count of people who are homeless. Data is from the City of Vancouver. (2019, June 12). Rapid Response to Homelessness Through Partnerships [PDF]. Vancouver: City of Vancouver.

The number of homeless seniors is rising at an unprecedented rate. As seen in Table 2.1, seniors over the age of 55 make up 24% of the counted homeless population, up from 10% in 2005. The number of seniors has changed by 611% from the 2005
homeless count (City of Vancouver). The number of homeless seniors is steadily rising to represent 28% of Vancouver’s total 55+ population (Census Profile, 2018).

Health issues are major concerns in 55% of the homeless count respondents. 38% identified having a physical disability, and 44% have mental health issues. Respondents indicated that addiction is also a major issue, with 69% saying they have one or more addictions. Respondents are addicted to opioids (33%), methamphetamines (29%), alcohol (22%), and marijuana (21%) (City of Vancouver, 2019b).

![Health Conditions Identified by 2019 Homeless Count Participants](image)

Figure 2-1 Health Conditions Identified by 2019 Homeless Count Participants
Note: Data is from the City of Vancouver. (2019, June 12). Rapid Response to Homelessness Through Partnerships [PDF]. Vancouver: City of Vancouver.

The Vancouver homeless count statistics show us that the number of people experiencing homelessness is on the rise, and there is a need for increased appropriate and affordable housing. The high percentage of Indigenous women, respondents with health issues and seniors who are homeless calls attention to the need for appropriate design, supports and programming, along with housing, to make housing work for women.

2.2. DTES Context

Vancouver’s Downtown Eastside (DTES), like the rest of Metro Vancouver, is within unceded Coast Salish territory and is a community with a diverse and colourful
history. The neighbourhood is one of the city's oldest, with Chinatown, Gastown, historic Japantown, Railtown, the Industrial Area, Victory Square, Strathcona, Thornton Park and Oppenheimer District within its bounds (as shown in Figure 2-2 Map of the DTES). Once the heart of the city, a gradual marginalization of this community started in the 1950s followed by a new city centre being built away from the DTES in the late 1960s. In the 1970s, a combination of a lack of affordable housing and deinstitutionalization of thousands of psychiatric patients drove low-income people to the neighbourhood (Newnham, 2005).

![Figure 2-2 Map of the DTES](Note: Map from Downtown Eastside Plan [PDF]. (2015). Vancouver: City of Vancouver. Copyright City of Vancouver, used with permission.

The neighbourhood has a mixed-income socioeconomic make-up, with singles, families, and low-to-moderate-income people living in a variety of accommodations. The population as of 2016 was 18,716 (Census Profile, n.d.). More than half of the residents are living in poverty, and are considered to be a part of a vulnerable group such as the Indigenous community. They are children, women, youth, drug users, people who are homeless, people affected by mental illness, disabled persons, seniors, and sex
workers. The median income of the neighbourhood is $13,660 a year, the lowest in the city (Census Profile, 2016 Census, V6A and British Columbia, n.d.).

The neighbourhood is known as one of the poorest postal codes in Canada and during the past decade has been subject to rapid gentrification (Burnett, 2014). Despite persistent poverty, the neighbourhood continues to exhibit features of a tight-knit community, with people who advocate for resident health, housing and safety. In the Red Women Rising report Stella August says, “The hidden truth of the DTES is that despite the poverty, criminalization, and trauma, we all care for each other and socialize with one another… Whether we are sober or high on drugs, we listen to each other’s truths and dreams” (Martin & Walia, 2019, p. 87). When someone in the community needs help, there are others who are willing to lend a hand and give what they have despite the hardship they may face personally.

Social Struggles on the DTES

People in the DTES commonly use drugs and alcohol, and the community continues to struggle with a high concentration of social problems. According to the UBC Learning Exchange, struggles of the neighbourhood include: Poverty, mental illness, open substance use and addiction, drug dealing, prostitution, crime, inadequate and insecure housing, high prevalence of diseases such as HIV/AIDS, hepatitis and tuberculosis, and lack of access to meaningful employment (UBC Learning Exchange, 2005). Efforts by government and nongovernment service providers to respond to these struggles have resulted in a neighbourhood with a strong concentration of social services and social housing (City of Vancouver, 2014).

Many of the women living in poverty on the DTES face multiple social problems and turn to the sex trade as a means of survival. They exchange sex acts for basic necessities such as money, food, shelter, clothing or protection (Sanson & Yun, 2015). According to the DTES’s WISH Drop-In Centre Society, “Women who engage in sex work are some of the most vulnerable in our society. Those who engage in street-based sex work are even more at risk of social stigma, violence and health crises” (WISH, n.d., para. 2). According to WISH, 60% of women in the sex trade are homeless, and 50% are Indigenous. On average, sex workers in the neighbourhood enter prostitution at age 14 and have a life expectancy of only 40 years old (WISH, n.d.). There is a need for a
women-centred and trauma-informed continuum of services to support vulnerable women on the DTES (Vancouver Coastal Health, 2016).

Missing & Murdered Women on the DTES

Historically, the DTES has been a place of disproportionate sexual assault, murder, and serial predation of women. This continues to be a serious and pervasive problem despite interventions and supports available (Oppal, 2012b). In a DTES women’s safety audit in 2014, 87% of women living in the neighbourhood reported feeling unsafe, and 48% of women had experienced violence within the past two years (Women’s Coalition, 2014).

Indigenous women and girls are murdered or go missing at a rate of four times higher than their rate of representation in Canada. In the DTES, incidents of violence on Indigenous women are double the rates of the rest of the city (Martin & Walia, 2019). The report Red Women Rising states: “Indigenous women are over-represented in statistics on poverty, homelessness, child apprehensions, police street checks, incarceration, opioid overdose fatalities, and health inequities as part of an infrastructure of gendered colonial violence” (Martin & Walia, 2019, p. 25). Sadly, Indigenous women are more vulnerable to all forms of violence, including going missing when foul play is involved, especially on the DTES (Oppal, 2012b).

Between the late 1970s and the early 2000s, over 65 women from the DTES were either reported missing or found murdered. A third of these women were Indigenous. After being suspected of killing 48 women in 2007, Robert Pickton was convicted of six counts of second-degree murder (Oppal, 2012a). There are still women who have not been found and others whose killer has never been convicted or brought to justice.

In 2010 the provincial government of BC struck the Missing Women Commission of Inquiry and appointed Wally Oppal, Q.C. as the Commissioner. A final report, Forsaken, was released with 63 recommendations. In the 2016 Follow-Up on the Missing Women Commission of Inquiry, the authors found that although some recommendations were implemented, many of them were not. Of the recommendations that have been implemented, a few help vulnerable women on the DTES, including a
new Missing Persons Standards and Missing Persons Act, SisterWatch, additional funding to WISH and the DTES Women’s Centre. SisterWatch was started on the DTES to strengthen the relationship between police and the DTES community (Vancouver Police Department, n.d.). The WISH drop-in centre was provided with additional funding to expand their hours to 18 hours a day, but not the 24 hours recommended by Forsaken (Ministry of Public Safety, 2018).

The follow up report noted that shortfalls to implementing the recommendations were due to a lack of ongoing funding investments, failure to engage with stakeholders, reporting and accountability that stopped in 2014, and the provincial government’s decision not to appoint a champion to manage the implementation process (Bellringer, FCPA, FCA & Auditor General, 2016). Without needed preventions and supports for women, there is a risk that the assault and predation of women will continue.

The Opioid Crisis

In 2016, the Provincial government declared the opioid crisis a public health emergency in BC. Fentanyl is a powerful synthetic opioid found in street drugs. Even a small dose of fentanyl can be deadly (Hurst & CTV Vancouver, 2018). The BC Coroner’s Service reported 1,452 fatal overdoses due to illicit drugs in 2017. The number is three times that of deaths in 2015 and four times the 2014 amount. The DTES is being hit particularly hard by the overdose crisis because of the large number of individuals with substance dependency (The Opioid Crisis, 2016). For the women interviewed in this study, all of them spoke of the effects of the opioid crisis on their lives. For some, there was a fear of overdose if they were sold drugs tainted with fentanyl. For others, the impact was mourning the loss of friends and family who have died.

There is a tapestry of challenges on the Downtown Eastside that are as varied as the people who live there. Understanding the DTES context and history is important when creating housing that works for women who have lived in the community. The social struggles that women face are complex, and the dangers are real. The number of women from the neighbourhood who are missing, murdered, or have died of an overdose brings home the reality that a home with the right supports is not simply a luxury. It can save lives.
2.3. Housing Options for the Homeless

Many factors contribute to the availability of housing for people who have experienced homelessness. All levels of government, along with private sector partners and the non-profit sector, are involved in providing housing. In the context of this research project, it is the City of Vancouver that is the central player in providing the strategy, building approvals, zoning, and often, the land needed for different types of housing that are appropriate and affordable for people who have been homeless.

Housing options for people who are homeless are very limited in their choice of housing, especially with a limited income that excludes them from most market housing. Vancouver has a population of 631,486, according to the 2016 census (Census Profile, 2018), with a vacancy rate of 0.9% as of 2017. The average rent for a condominium is $2,086 a month (“Rental Market Report”, 2017). Typically, a little over a third of people who are homeless in Vancouver receive their income from provincial income assistance; in fact, 42% of the homeless population receives income assistance. In terms of the rest of the homeless population:

- 31% receive disability assistance;
- 16% have full-time or part-time employment;
- 10% receive income from binning;
- 9% have no income; and
- 7% receive CPP or other pensions (City of Vancouver, 2019b).

The Canadian Mortgage and Housing Corporation (CMHC) considers housing to be affordable when it is no more than 30% of a household’s income (About Affordable Housing, 2018). As seen from Table 2.2, if a woman is on income assistance or disability assistance, the designated amount for rent (the shelter rate) is $375 per month. This amount is 53% of her income (Ministry of Social Development and Social Innovation, 2018). If a woman is earning minimum wage ($12.65/hour), 30% of her income is $607.20 (Ministry of Jobs Tourism, 2018). This amount is well below the average rent in Vancouver, and with low vacancy rates, it can be impossible for people who are homeless to find housing in the private market (Travis, 2016).
Table 2-2  Income Assistance and Rent Affordability

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Person</th>
<th>Total income</th>
<th>Designated rent ($375) % of total Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Assistance</td>
<td>Single under 65 years</td>
<td>$710</td>
<td>52%</td>
</tr>
<tr>
<td>Income Assistance</td>
<td>Single under 65 years, Persons with Persistent Multiple Barriers (PPMB)</td>
<td>$757.92</td>
<td>49%</td>
</tr>
<tr>
<td>Income Assistance</td>
<td>Single over 65 years</td>
<td>$1,006.42</td>
<td>37%</td>
</tr>
<tr>
<td>OAS/GIS &amp; Seniors Supplement</td>
<td>Single over 65 years</td>
<td>$1,537.15</td>
<td>N/A</td>
</tr>
<tr>
<td>Disability Assistance</td>
<td>Single under 65 years</td>
<td>$1,133.42</td>
<td>33%</td>
</tr>
</tbody>
</table>


Without additional rental assistance (subsidies) or access to non-market housing, homeless individuals are unlikely to find housing in Vancouver. Single Room Occupancy (SRO) hotels are often the only type of private market housing that people can afford. However, the number of SROs available are insufficient for the demand. In fact, SROs are steadily declining as a housing option for low-income people. This decline is happening through a combination of circumstances, including SRO redevelopment, the increasing cost of running and maintaining SROs and the raising of rents for tenants. Many of these buildings are over 100 years old and nearing the end of their useful life. They need considerable reinvestment to maintain a level of livability, privacy, safety and dignity for tenants, but at the same time, these reinvestments also tend to drive up the rents that they charge (City of Vancouver, 2017b). The result is that some of the SRO buildings are in a state of ill-repair and are in poor condition. Research on the DTES has shown that some women indicate that their health status is compromised by the high rates of pests, rodents and unsanitary conditions that they experience in SRO buildings (Lazarus et al., 2011).

Aside from SRO housing, the options for people to find housing for $375/month rent are slim ("Single Room Occupancy," 2017). This low amount for rent means that most people are dependant on the non-market housing stock. As seen on the Housing Continuum in Figure 2-6, non-market housing includes publicly-owned SROs, supportive
housing, and non-market rental housing (Ministry of Social Development and Social Innovation, 2018).

Figure 2-3  Housing Continuum


Non-market housing is subsidized and operated by a non-profit or by the government. There are two ways for people to access subsidized housing. The first way is to apply directly to the non-profit societies that have subsidized housing and manage their process. The second way is to apply to the BC Housing Registry central database, managed by BC Housing. With a single application, a person is considered for all available units that are either managed by BC Housing or by the non-profit and co-operative housing providers that are a part of the registry. The different types of non-market housing, subsidized housing, and rental assistance programs along the Housing Continuum (Figure 2-3) are the following:

Supportive Housing:

- **Transitional Housing**: Temporary housing for between 30 days and three years (BC Housing, n.d.b). Units have subsidized rent, and many of the buildings also provide ongoing support.

- **Second Stage Housing**: Temporary housing for between 6 to 18 months (BC Housing, n.d.b) for women and children fleeing violence. Units have subsidized rent, and many of the buildings also provide ongoing supports (BC Housing, 2015).

- **Temporary Modular Housing**: In 2017, the provincial government announced funding for 600 units of temporary modular housing in Vancouver. The interim units are a mix of permanent and temporary
housing with subsidized rents, are self-contained, and provide 24/7 staff support (BC Housing, n.d.d; Urban Matters CCC & BCNPHA, 2018)

- **Supportive Housing:** Housing with subsidized rent and ongoing support for people who cannot live independently because of health problems or other disabilities.

**Rental Housing:**

- **Single Room Occupancy Hotels (SRO):** SROs are typically one room with a shared bathroom and minimal or no cooking facilities (Urban Matters CCC & BCNPHA, 2018). This type of housing is available as private (non-subsidized), non-profit, or publicly operated housing. Typically, the publicly or non-profit operated units are available for $375, the income assistance shelter rate. The private market units available are often more expensive.

- **Rental Assistance:** BC Housing provides rental supplements for eligible low-income households moving into private market housing. There are two programs to access rental assistance, Shelter Aid for Elderly Renters (SAFER) and the Rental Assistance Program (RAP). SAFER is for people over the age of 60 and paying over 30% of their income on housing (Shelter Aid, n.d.). The second program is the Rental Assistance Program (RAP) for low-income working families with children. There are no long-term rent subsidies for adults without children, although the Homeless Prevention Program can provide some temporary housing assistance (BC Housing, n.d.b).

- **Affordable Housing:** Non-market rental housing, subsidized so that it is affordable. Housing is affordable when 30 percent or less of a household's gross income goes towards paying for housing costs. There are no supports attached to this housing (BC Housing, n.d.b).

Private market housing is out of reach for people who are living in poverty. For people who are homeless, living on Income or Disability Assistance, private market
housing is not an option unless it is an SRO in the DTES. This leaves them dependant on non-market housing, run by any number of non-profit or government agencies.

There are a variety of non-market housing operators and there is some variety in types of housing that can differ in the level of support, location in the community and guidelines enforced by the operator. However, due to the inadequate amount of housing stock, non-market housing has very long wait lists. With such scarcity of appropriate housing, people take whatever housing is available to them, whether or not it works for their situation. For women, this can leave them living in situations where they are unsafe, unsupported and without a clear path to more appropriate housing.

2.4. City of Vancouver’s Response to Homelessness

The City has several strategies and plans that guide their response to homelessness in the City and the DTES, in addition to being a part of the Metro Vancouver Regional Homelessness Task Force. Documents include:

- Healthy City Strategy’s Poverty Reduction Plan (2012-2021);
- Vancouver’s Housing and Homelessness Strategy (2012-2021);
- SRO Revitalization Action Plan;
- Downtown Eastside Plan; and
- Housing Vancouver Strategy (2018-2027).

The DTES Plan was approved in 2014 to improve the lives of residents, including those who are low-income or homeless. The plan has goals to improve access to affordable housing, improve existing conditions of housing, and provide a range of basic needs and supports for people (City of Vancouver, 2014).

The City of Vancouver partners with the Province (BC Housing and the Provincial Renal Housing Corporation (PRHC) and private and non-profit partners to provide a multi-layered response to people experiencing homelessness and to respond to the housing crisis. The responses include:

- Homeless outreach programs;
- Temporary shelters and warming centres;
• Protecting and improving SRO hotels;
• Housing for people who are homeless;
• Vancouver rent bank;
• Homeless services for women; and
• Homeless Services Grants.

**Homeless Outreach Programs**

For people who are street homeless, or not accessing any homeless services, there is a provincial Homeless Outreach Program. Staff meet with people where they are at and help them connect to an emergency shelter or to secure income, housing, and other services, including case planning (BC Housing, n.d.c). Outreach workers on the DTES will go into the streets and alleys; sometimes they work with peer outreach workers, who have lived experience in homelessness, to connect with people who need their services (City of Vancouver, 2016b). In 2018 outreach teams supported 5,180 individuals, 930 of whom they assisted in finding secure housing (City of Vancouver, 2017c).

**Shelters, Transition Houses, Temporary Shelters & Warming Centres**

Emergency shelters for women come in two different forms:

- **Emergency Shelters**: Temporary accommodation to prevent people from being street homeless (BC Housing, n.d.b).

- **Transition Houses**: Temporary housing for women and children who are fleeing violence. This housing includes 24/7 meals, staff support, and other services (BC Housing, 2015).

To provide additional shelter space and to supplement emergency shelter spaces during the coldest part of the year, temporary shelters open in November. These beds or mats are available every night during the winter season. The City partners with the Province to open 298 beds across 10 locations during the coldest and wettest months of the year.
Warming Centres are not open every night but are activated by the City when the temperature reaches -5 degrees Celsius. The centres are opened up in community centres and other public buildings. The centres typically do not have beds or mats, but they provide a safe, warm space for people to stay. Centres are opened in five sites with 100 spaces (City of Vancouver, 2018b, 2017c).

Protecting & Improving SRO Hotels

SROs are an essential part of the available low-income housing stock in Vancouver, especially in the DTES. The City has created a Single Room Accommodation (SRA) Bylaw, that prevents tenant displacement and regulates the alteration, conversion, and demolition of SROs (City of Vancouver, 2016a).

As many of the SROs are deteriorating and are no longer liveable, the DTES Local Area Plan, adopted by Council in 2014, set a target to replace 5,000 SRO units with self-contained social housing over the next 30 years. In the plan, SROs that are lost must be replaced on a 1-for-1 basis with social housing. At least one-third of all new social housing projects are required to rent units at the $375 shelter component of income assistance rate (City of Vancouver, 2017b).

The City has created the Single Room Occupancy (SRO) Revitalization Action Plan to replace the SRO stock and improve and securing the existing SROs. The City will do this by increasing funding, enhanced regulation, and renewed partnerships (City of Vancouver, 2017b). In 2018, 80 units were secured with upgrades in order to improve livability and improve their affordability (City of Vancouver, 2017c).

Housing for People who are Homeless

The City of Vancouver has a history of partnering with other levels of government to build supportive housing for people who have been homeless. In 2011, City Council adopted the Housing and Homelessness Strategy 2012-2021 to respond to street homelessness and affordable housing needs (City of Vancouver, 2017a). One of the outcomes of this strategy was a Memorandum of Understanding (MOU) between the City of Vancouver and BC Housing to use 12 City-owned sites to build supportive housing for people who were homeless or at risk of homelessness (Gray, 2007). The
result was 14 new supportive housing projects across the city with 1,400 new affordable rental units for people who are homeless. Of these housing projects, two of the 14 buildings, with a total of 255 units, are for women only, women with children or women-led families (City of Vancouver, 2017c).

In 2017, the City of Vancouver and BC Housing approved building over 600 new temporary modular housing units for people experiencing homelessness. This housing includes supports, two meals a day, and opportunities to connect with the community. Of these buildings, one is for women only. Atira Women’s Resource Society operates Aneki Housing for Women with 39 studio homes (City of Vancouver, 2018a).

The most recent housing to be completed is the Olivia Skye building, which opened its doors in 2018 with 198 units, 72 of which are for single women and women-led families and 20 of which are dedicated to older women who are eligible for rent subsidies.

**Vancouver Rent Bank**

The Vancouver Rent Bank provides one-time interest-free loans to low-income people in temporary financial crisis who are at risk of losing their housing. The City of Vancouver, Streetohome Foundation and Vancouver Foundation fund the rent bank.

**Services for Women**

The City of Vancouver has Sex Worker Response Guidelines to promote consistent, non-discriminatory, and respectful treatment by City staff or services of people engaged in sex work.

The City has adopted the Women’s Equity Strategy (2018-2028) to ensure that all people who identify as women have access to resources and can fully participate in the political, economic, cultural, and social life of the city (City of Vancouver, 2018c).

The City supports the DTES Women’s Centre (DEWC)’s 24-hour drop-in and renovations of the women’s shelter. DEWC provides advocacy, Chinese seniors outreach, cultural programming and Elders council, HIV community case management,
housing outreach, food program, skills development, victim services and healing circles, and the Power of Women action group.

Other homeless services for women only on the DTES include:

- UGM Women and Families Centre;
- Powell Place Shelter for Women;
- WISH Drop-in Centre Society; and
- SisterSpace Overdose Prevention Site by Vancouver Coastal Health.

**Homelessness Services Grants**

City of Vancouver’s Homelessness Services Grants supports service providers in delivering services that line up with City priorities to address homelessness. In 2018, the City awarded $150,000 to the Streetohome Foundation, $46,000 to service providers for Homelessness Action Week Grant program, and $20,000 towards welcoming tenants into temporary modular housing (Urban Matters CCC & BCNPHA, 2018).

Rather than relying on a single approach to solve the issue of homelessness, the City of Vancouver has plans that have been created by listening to a range of voices and created a variety of services to solve this problem. There is a large number of programs in place that continues to grow with the assistance of non-profit and government partners.

Unfortunately, as the homeless count numbers show, the number of people who are experiencing homelessness is also growing, and the current services available are proportionately falling farther behind. For women in particular, if they are able to connect with the services available and access appropriate housing, it is possible that they will be successfully housed and supported on a path towards health and safety. However, with the waitlists for housing and the sheer number of people needing services, not every woman is so lucky.
2.5. Background Information Conclusion

With homelessness on the rise in Vancouver, the need for appropriate and affordable housing is increasing. The DTES presents a unique backdrop, especially for women who are homeless. The DTES is a neighbourhood with a multitude of social issues that are complicated by the safety concerns of women who are working in the sex trade, at risk of an overdose in the opioid crisis and who face safety concerns when so many people, especially Indigenous women, have been murdered or are missing.

The City of Vancouver is working with non-profit and government partners to provide supports, but there is no one size fits all solution. So far, the number of people needing housing far exceeds the amount of affordable housing available. People who are living in poverty cannot afford private market rents, and so non-market housing or DTES SROs are the primary housing solutions available. Despite the large number of supportive housing and modular housing units built in recent years, there is still not enough housing available for the number of people who need it.

Due to the shortage of available housing, women often accept whatever housing they find, even if it is the wrong fit, as it is preferable to sleeping outside or in a homeless shelter. The purpose of this research is to explore the housing options that work for women who are or have been in precarious housing situations. The information from this study can be used to place women into housing that is appropriate for their needs and takes into account relevant demographic, social and health factors. New housing that is built and operated can be designed to not simply be a roof over a woman’s head but can function as a home, and support her to be healthy, safe and stay successfully housed.
Chapter 3.

Literature Review & Conceptual Framework

“You make your own home. Cardboard box or house, you make it.”
Marcia

This chapter will explore the conceptual framework of this research, providing examples from literature to better understand the context of what makes housing work for women who have been homeless. I have chosen three concepts to consider in this literature review. Unfortunately, some of these areas do not have a large body of research to pull from, which further shows the need for this study. I investigate the following concepts in this chapter:

- The meaning of ‘home’ and the stability it brings;
- Unique needs of women who are homeless; and
- Engagement of the homeless in research and planning.

Section 3.1 will conceptualize the meaning of home and the stability it brings. This section explores what a home means to people, especially in contrast to the meaning of housing. People who are experiencing homelessness often think of home in a different way than people who are housed. Having a home, not just a place to sleep, is a crucial factor in bringing safety, stability, healing, and a sense of place. This section will show that we need to go beyond a roof over people’s heads and create spaces that feel like home in order for housing to be successful.

Section 3.2 explores a few of the unique needs of women who are homeless. In this section, I will examine how services and housing are often male-centric, the family violence and abuse that women experience and what hidden homelessness looks like for women. When research and planning includes the unique needs of women, the result is housing and solutions to homelessness that better meets women’s needs.

Section 3.3 looks at the value of including people who have experienced homelessness in the engagement process for research and planning that is about them.
This literature demonstrates that the homeless themselves understand their needs best, and can provide valuable input that would otherwise be missing. When including people who have experienced homelessness in engagement, there needs to be a thoughtful effort to reduce the barriers to participation.

3.1. The Meaning of Home

There is a need for more than just housing to successfully house women who are homeless; they need a place that feels like home. According to Tomas, “Home is understood to provide protection, privacy and refuge from the chaos outside, whilst its stability in geographical space, its 'situating' properties, are said to provide a predictable and recognizable context within which the individual can come to an understanding of self and others over time” (Tomas, 1995, p. 496). Women who are experiencing homelessness are hopeful that they will find a space to call home that is safe, secure and all their own. In order to keep that housing, many of them need a sense of place, autonomy, and permanence that is functional and is a space to invite friends and family. This helps them to feel like they belong.

In this section of the literature review, we will look deeper at the following areas in the discussion of home:

- The definition of home;
- The meaning of home when homeless;
- Housing does not always make a home; and
- Home and a sense of place.

The Definition of Home

Hand in hand with understanding housing is the definition of what home means. The meaning or definition of home can be different than the meaning of housing for people. In order to look at the definition of home, I have drawn on resources that describe the psychological framework of a home. Home is a multi-dimensional concept, often with various meanings that are interdependent and subjectively experienced (Parseli, 2012; Sexsmith, 1986). Home is said to be a refuge; it is private, an intimate space that provides context for close and caring relationships (Mallett, 2004). Drawing
on Sixsmith’s research, there are 10 correlating categories that are used most frequently (listed here in order of the frequency in which they are used) within her research in describing the meaning of home:

1. **Belonging**: comfort, relaxation, familiarity;
2. **Happiness**: feeling and experience of happy events;
3. **Self-expression**: doing what you want and personalization;
4. **Type of relationship**: choice if you want to be with people;
5. **The extent of services**: light, temperature, garden, internet and phone;
6. **Spaciality**: space with room to allow the right activities;
7. **Time perspective**: home in the past, present or future;
8. **Permanence**: continuity of home;
9. **Friends and entertainment**: space for people to visit; and
10. **Physical structure**: enduring physical characteristics (Sexsmith, 1986).

For most people, home is a very personal idea, and so the above categories may not describe what home means for everyone, but they do seem to resonate with many people as they try to describe what makes a physical space feel like home to them.

### The Meaning of Home When Homeless

When a person does not have housing, the word ‘home’ can have a different meaning than it does to people who have housing. Tomas and Dittmar interviewed 12 women who were regular users at Brighton’s First Base Day Centre for Homeless People in England and compared their housing experiences to 12 securely housed women. The study found that women who were experiencing homelessness had a harder time defining the difference between a house and home than did the securely housed women. The women defined “home” as a place where they can be independent and have control over their own space (Tomas & Dittmar, 1995). The idea their own independent housing is synonymous with what they expect will feel like home.

Parsell came to a similar conclusion in her ethnographic research with people who are homeless and sleeping rough (sleeping outside in public places) in Brisbane.
Australia. She found that the concept of housing and home were interchangeable for people without housing. The people she interviewed believed they would be home when they had housing that was safe and all their own, that they had control and autonomy over (Parsell, 2012). For people who are experiencing homelessness, the idea of having housing is a concept wrapped up in the hope of having a place to call home.

**Housing Does Not Always Make a Home**

The definitions of 'home' listed in the above section, do not apply to all housing that people live in. For people who have housing (as apposed to people who are experiencing homelessness), there seems to be a clear distinction between a house and a home. Home is more than a house, a bed or shelter from the elements. Home is a state of being but a house is a place that is “unrelated to this experience of self or inner movement” (Horwitz, 1982, p. 340). Housing is a physical structure (Parsell, 2012). A person may have housing, but this does not mean they have a place to call home.

The difference between a house and a home is especially clear for people who experience violence or abuse within their housing. Home is said to be a place that feels secure, safe, free and regenerative, and people who are living in abusive situations do not experience this. Instead, their housing is a place where they experience fear, the absence of autonomy, isolation and can even feel like a prison (Mallett, 2004). In order to find a place to call home, these women have to leave their housing, often at the risk of homelessness, in search of a place that is free of abuse, and that they can call home.

**Home & the Sense of Place**

Home is also used to describe a sense of place in a geographical area. A sense of place can be important for someone who has been homeless because their attachment to place is central to self-identity, their sense of belonging and self-efficacy – the ability to be and do in the world (Vandemark, 2007).

Attachment to place is an important factor in our health and well-being, "It is the emotional significance that geographic spaces can take on in human experience that transforms them into "places" “ (Giuliani, 2003, p.146). Giuliani’s research also shows that attachment to place is considered a fundamental human need (Giuliani, 2003).
Breaking the attachment to one place, and building it up for a new place is an emotional experience. Emotional, physical and mental health are often taxed beyond what most people can handle, “Displacement provokes anxiety and depression and reduces social, functional, and self-management skills” (Vandemark, 2007, p.6). Limiting displacement can “reduce uncertainty in the lives of the homeless and promote their ability to manage daily life and participate meaningfully in society." (Vandemark, 2007, p. 3) Having a home that is line with a person’s sense of place can have a positive impact as someone adjusts to life off of the streets, transitioning out of homelessness and subsequently addressing health issues.

**Indigenous Definition of Homelessness & Home**

Indigenous people face cultural homelessness that is beyond current understandings of homelessness and is more than being unhoused. It includes any self-identifying Indigenous person who is, “lacking a permanent nighttime residence and appropriate cultural reconnection supports” (Aboriginal Standing Committee, 2012). Jesse Thistle describes it as existing in a world without a meaningful sense of home or identity. It is an outcome of, “Historically constructed and ongoing settler colonization and racism that have displaced and dispossessed First Nations, Metis and Inuit Peoples from their traditional governance systems and laws, territories, histories, worldviews, ancestors and stories” (p.6, 2017). It is being without “All My Relations.” Thistle has written the National Definition of Indigenous Homelessness in Canada for the *Canadian Observatory on Homelessness* and says that Indigenous homelessness is about not having one’s Indigeneity. It is not having healthy social, physical, spiritual and emotional relationships. In the Anishinabek worldview, these relationships are known as All My Relations (Thistle, 2017).

Many Indigenous women have been displaced from the relationships, on reserve or the land they call home. The DTES Women’s Centre released a report called Red Women Rising, where they say, “Compounding colonial socio-economic injustices such as loss of land, legislated sexism, poverty, over-crowded housing, food and water insecurity, family violence, child apprehension, inadequate services, and lack of educational opportunities and jobs, displaces Indigenous women and their children from their lands and home communities” (Martin & Walia 2019, p.64). Indigenous women who have ended up homeless on the DTES often rebuild relationships and attachment to
their current community. For Indigenous women to have a choice in the location of their housing, reduces the chance that they will be displaced once again and lose their sense of place and cultural connections.

### 3.2. Unique Needs of Women who are Homeless

My research specifically looks at women who are homeless. The issues that women face when homeless can be different than those faced by men and are often not taken into account when planning services and housing. Women are oftentimes more vulnerable to sexual, physical, and emotional abuse, and many end up sleeping in unsafe situations before choosing to sleep outside.

Even though the root causes of homelessness happen fairly equally among both men and women (poverty, lack of affordable housing, traumatic events, mental health and addictions challenges, health issues, etc.) women face additional obstacles that men do not encounter as commonly (Gaetz, Donaldson, Richter, & Gulliver, 2013). These obstacles will be expanded upon below:

- Women making do in male-centred services and housing;
- Increased instances reported of family violence and abuse;
- Hidden homelessness (Hill, 1991; Gaetz, Donaldson, Richter, & Gulliver, 2013)

For the sake of this research, the definition of a woman is anyone who identifies as a woman.

### Women Making Do in Male-Centred Services & Housing

Current homeless research indicates that there are more homeless men than women, and most homeless services are not designed specifically to meet the needs of women (Lazarus et al., 2012). These research numbers do not include Violence Against Women (VAW) shelters which are predominantly female (Homeless Hub, n.d.c). This results in services that do not always work for women, as they are not designed with them in mind. According to the 2019 Vancouver Homeless Count, only 23% of the homeless population consisted of women. The higher numbers of homeless men in point-in-time counts result in male-centric services and research, despite evidence that
women are more vulnerable to poverty and violent victimization (Duchesne, 2015; Lazarus et al., 2011). Although there are more women-only services than there have been before, they in no way are enough to fill the need of all women who are homeless. The result is that many women are left with the option of using co-ed services that are not designed with them in mind. This lack of women-centric planning of services leaves women-specific services lacking and in need of additional research (Duchesne, 2015).

SRO’s can be especially inadequate for women because they lack a private bathroom. Even though SROs do not have their own bathroom, most have a private sink. This means that men are able to urinate in their room because they choose to use the sink. Women do not have this option, and have to leave their room and go into the public space every time they have to use the washroom. This diminishes their privacy and exposes them to likely unwanted attention or harassment from people in the hallways (Graves, 2019).

**Family Violence & Abuse**

Poverty, combined with an abusive home life, often results in homelessness for women who are unable to turn to extended family for financial support, and many women continue to experience violence after they become homeless (Hill, 1991; Murray, 2011). Women are more likely than men to experience issues such as childhood abuse, physical violence, partner abuse, and sexual assault contributing to the reason they are homeless (Evans & Forsyth, 2004; Tutty et al., 2009). The link between domestic violence, housing, and homelessness remains one of the leading barriers for women escaping violence to leave dangerous situations. Women who are escaping violence are at high risk for housing instability and homelessness.

Abuse is one of the main causes of homelessness among Canadian families and women (Maki, 2017). In the USA, researchers Tessler, Rosenheck and Gamache (2001) conducted a study exploring the reasons for homelessness with 4,997 men and 2,727 women. They found that men were more likely to identify job loss, release from an institution, mental health or addictions issues as the reason for being homeless. Women were more likely to indicate the reason for homelessness as the violent behaviour of others, in particular, their intimate partner (Tessler, Rosenheck & Gamache, 2001). The 2014 point-in-time survey of women staying in homeless shelters by Statistics Canada...
has found similar results. Of the women surveyed, 66% said they sought shelter because of emotional abuse and 50% because of physical abuse (Beattie & Hutchins, 2015). For many women, by choosing to leave an unsafe situation, with no other options for housing in place, homelessness became the solution for escaping further abuse (Tomas & Dittmar, 1995).

In addition to violence being the cause of homelessness for most women, many women also experience violence while homeless and as they exit homelessness. When they are homeless, women are at greater risk of violence, especially sexual violence, than men who are homeless and people who are housed (Murray, 2011). In the research of Wenzel, Leake and Gelberg (2001) who studied 974 women from sixty shelters and eighteen meal programs in Los Angeles County, they found that “the average homeless woman experienced as much major violence in a year as the average American woman experiences in her entire lifetime” (Jasinski, Wesely, Wright et al., 2010). On the DTES, where the most common way to exit homelessness is to move into an SRO, women still do not feel safe from violence. Research completed with women in Vancouver’s DTES in 2012 with 73 women found that they feel vulnerable to violence and sexual assault when staying in co-ed residences, “These narratives of violence and sexual exploitation were associated with co-ed SRO environments” (Lazarus et al., 2012, p. 1603). In this research, women described feeling unsafe around male residents within their housing. For many women, the cycle of violence does not stop. It is the reason they are homeless, their experience while homeless, and for many women, the threat of violence continues as they move into certain types of housing.

**Women & Hidden Homelessness**

Many women are excluded from homeless research as they do not fall within the scope of the current methods of assessing how many people are homeless (Bretherton, 2017), and they are not accessing services. When researching women in Vancouver’s Downtown Eastside, Lazarus et al., said, “The plight of homeless women continues to receive little attention in the research literature, with women often included in male-centered homeless research. However, current methods of research do not reflect the true number of homeless women” (2011, p. 1601). They are considered to be hidden homeless, which is estimated to be 75% of the homeless population (Gaetz et al., 2013; Crawley et al., 2013). Hidden homelessness describes people who are not typically
paying rent and are staying with friends, family, or even strangers (Gaetz et al., 2012). When women are hidden homeless they are hard to find within the current scope of point-in-time counts and not included in the majority of homeless research (Maki, 2017).

Although there is no reliable data on hidden homelessness in Canada (Gaetz et al., 2013), most researchers estimate that it is typically women who are more likely to be hidden homeless and they are harder to find and research (Bretherton, 2017; Novac et al., 1996). It is estimated that the actual number of people who are experiencing homelessness is 2.5 to 10.2 times greater than can be obtained using a point-in-time count (National Law Centre, 2017).

Women become a part of the hidden homeless population when they do not have options for housing. Instead of sleeping on the streets or in a shelter, they choose to sleep in unsafe housing situations, couch surf or stay temporarily with friends, family or acquaintances (Maki, p. 13). Women may not become street homeless or approach homeless services until all other options are exhausted (Bretherton, 2017). Research with women on the DTES has shown that some women begin couch surfing when they are forced to leave homes that are unsanitary, unsafe or infested (Lazarus et al., 2011).

Women experience added risks in addition to the insecurity of lodging when they are hidden homeless. Research with women on the DTES indicates that women who stay with friends or acquaintances feel financially exploited, and are often pressured to provide drugs or sexual favours in return for temporary accommodation (Lazarus et al., 2011). The friends or acquaintances with whom women stay are often described as older men, which further reinforces gender-power inequities that women are experiencing when homeless.

3.3. Engagement of People Who Have Experienced Homelessness in Housing Design & Policy

Engagement with people who have experienced homelessness is valuable because they are uniquely qualified to give input into research, planning, developing policies, housing, and solutions for homelessness as they have experience and understand the issues personally. Without including the input from the people who are homeless themselves, there is a risk that some solutions will not come to light that could
otherwise and important information will remain unknown (Norman et al., 2015; Gehlert & Mozersky, 2018). The reality is that as of yet, too few studies are conducted which ask homeless individuals directly about the types of assistance they would find most beneficial (Acosta & Toro, 2000; Gehlert & Mozersky, 2018).

Many people who are homeless experience social exclusion from the research and planning process (Norman et al., 2015). The journal article, “Taking a Leap of Faith: Meaningful Participation of People with Experiences of Homelessness in Solutions to Address Homelessness” asserts that social exclusion often happens because people who are experiencing homelessness encounter marginalizing factors such as lack of income, housing and supports. Without the necessities of life, they must spend the vast majority of daily life meeting their survival needs. They may have little time or energy to participate in other activities (Norman et al., 2015). When people do participate in engagement, it can re-marginalize them if they are not seen as credible or if they encounter stigma, stereotypes, or myths about homelessness. Social exclusion is rooted in structural and underlying power imbalances that drive and maintain social inequities (Norman et al., 2015).

Engagement with people who are homeless is possible; however, their voices must be valued, there should be minimal requirements for participation, and there need to be strategies to address the power imbalances that often exist (Norman et al., 2015). Marginalizing factors need to be addressed. Taking care of survival needs and not adding additional hardship by providing honoraria, food, and bus tickets or transportation, will reduce barriers to participation (Norman et al., 2015; Anderson & Hatton, 2000). Meeting people where they are or giving them a choice of location increases the possibility of participation, and allows people to feel a sense of control and even comfort throughout the process (Anderson & Hatton, 2000). It creates an environment that fosters respect, gives people control of the process, and addresses unequal power in the engagement process (Norman et al., 2015). When women who have experienced homelessness are included in the planning process, they can share their experiences so that researchers, planners and housing providers have the information needed to create housing that works for women who have been homeless.
3.4. Literature Review Conclusion

Women have unique and unmet needs as they transition out of homelessness, particularly because of abuse and the violence they have experienced. The majority of women who are homeless are fleeing abuse and have had to leave their home because it is unsafe. These circumstances make the need for finding housing that is not just a bed but is a safe and secure place to call home, even more important. The input of women into the research, planning and design of housing, policies and services is often missing even though it can potentially provide valuable information into what makes housing work for them.
Chapter 4.

Methodology & Research Design

“People look at you differently if you are different. Your opinion is brushed off. They can ignore you if they feel like it.” Janelle

This chapter will outline the methodology used for this study, including research design, recruitment methods, and methods of data analysis. It will also give a big picture overview of the results of the analysis. This chapter also includes the profiles of each woman interviewed, their demographic factors (as voluntarily shared), and a description of the different types of housing where they live. An overview is provided of the experts interviewed, to provide additional information and context and the risks faced by everyone who was involved in this study. This chapter will cover:

- Research methodology;
- Recruitment methods; and
- Data analysis.

4.1. Research Methodology

The primary method I used for gathering data was a series of in-depth, one-on-one, semi-structured interviews with women and experts. In all the research for this project, I took a qualitative approach. To answer my research question, I interviewed women who have been homeless on the DTES and toured and took photographs of where they are sleeping. I supplemented the interviews with women by speaking with experts who have been involved in planning, finding, or providing housing for women who have been homeless.

The majority of women interviewed for this research identified as Indigenous, and this was unexpected. This study was not designed explicitly using Indigenous research methods. However, I have incorporated Indigenous concepts of homelessness and
home as per Thistle’s (2017) definition in order to amplify the particular situation and needs of Indigenous women who have experienced homelessness.

My project was reviewed by the Full SFU REB board on January 11, 2018, and my responses were reviewed through a delegated review process. The project was approved and designated above minimal risk. The project was also reviewed by Vancouver Coastal Health (VCH) Research Institute for operational approval to conduct a research study, as participants were referred partially through a VCH funded program. The project was approved by the VCH Research Institute to move ahead.

**Interviews with Women**

I conducted in-depth, one-on-one, semi-structured interviews with women who have been or are homeless on the DTES. In total, I completed 11 interviews. The interviews allowed women to explain, clarify, and describe housing that works or does not work for them. I created an interview guideline (see Appendix B) that covered specific conversation themes I wanted to cover. The interview guide was informed by input from service providers who provide outreach or housing to women in the DTES, by BC Housing, housing planners, and from my own experience. During the interviews, the priority was to listen to the story and experience of the participants. Probing and clarifying questions were used to follow up on potentially significant information. Before completing each interview, I reviewed the interview guide to ensure that all topic areas had been discussed before ending the interview. The questions were not standardized for each participant because the data collected was not intended to be used in statistical analysis. Interviews took place for 45 minutes to two hours. All 11 interviews took place in a private room or space provided by the service provider that referred women or in a common area of the building where they live. All interviews were recorded.

Interviews with women were the bulk of my research and provided the majority of the data for analysis. The goal of the in-depth interviews was not to focus on generalization of research findings, but rather to look at the “process or the meanings” that individuals give to their own situations (Hesse-Biber & Leavy, 2011). By only completing 11 interviews, I was able to dedicate enough time to each interview to fully explore my research question with each woman. Similar sample sizes have been used in similar qualitative studies on the DTES with women (Ravn, 2015).
Housing Tours & Photography

In addition to the interview, in-depth interview participants were invited to provide me with a tour of where they are sleeping. All 11 women agreed to the tour. The tour happened at the location where they are sleeping, which was either outside or in a variety of types of housing units. Tours lasted 30 minutes to one hour. With each woman's consent, photographs were taken of her housing to show the type of housing and details about what works or does not work for her. I did not take photos of any identifying factors.

During the tour, the interview continued, and I was able to learn more about women’s housing, the services they need, and interesting details about their living situation. I continued to follow the interview guideline questions and asked women shared specific examples from their own housing situation. All housing tours were recorded.

Honorarium

With funds from an SFU Travel and Minor Research Award, I provided women participants with honorariums of $20 for in-depth interviews and $20 for the tour of where they sleep (a total of $40 per participant). The payment was not dependent on the completion of the interview. Women could decide at any time to stop the interview, and they would still receive the honorarium. All 11 women decided to complete the interview.

Providing honorariums to women indicated that I respected their time and acknowledged that by taking time to be interviewed for this study, they might not have sufficient time to access food, walk to appointments, or earn money.

Inclusion

Women were included in the study if they are currently homeless or have been homeless in the past. They identified as a resident of the Downtown Eastside or spent time there regularly. My sampling methods helped me be purposeful in finding women who represent the demographics of those who are homeless in Vancouver, as identified in the 2019 Metro Vancouver Homeless Count (City of Vancouver, 2019b). The results of the 2019 count are summarized in Chapter 2: Background Information. Representative categories included women who identify as Indigenous/Aboriginal,
LGBTQ2S, have been in the care of the Ministry, have a health condition (addictions, medical, mental health, physical disability), and have pets.

I did not always ask women directly if they fit into these categories out of a concern for their privacy, although many of the women self-disclosed this information throughout an interview and tour. As I recruited women, I found women to interview who fit each of the categories above, except for LGBTQ2S. An agency that houses women who are transgender assisted me in the recruitment of a woman who self identified as fitting this category.

Expert Interviews

I conducted in-depth, one-on-one, semi-structured interviews with experts who have a high level of skill or knowledge and are involved in planning, finding, or providing housing for women who had experienced homelessness. The purpose of the expert interviews was to supplement the information learnt during the interviews with women to better understand the factors relevant to housing women at risk of homelessness in Vancouver.

In total, I conducted six expert interviews. I created an interview guideline (see Appendix C) and asked questions specific to each person’s expertise area and allowed the interviewee to share additional information I may not have known to ask.

I did not provide an honorarium to the experts I interviewed. Many of the experts have a vested interest in being involved in this type of research and learning the results of this research to serve better women who are homeless.

Experts are from a diverse set of backgrounds, including the field of housing, working directly with women who are homeless, outreach, planning, and healthy communities. Expert participants for this study include the following:

**Masami Tomioka, Program Manager, DTES Women’s Centre**

At the DTES Women's Centre, Masami oversees the Housing First Program and the Housing Outreach Program. The organization has a Drop-In Centre and Emergency Night Shelter offering a wide variety of services and programs to a diverse community of women and children living in the Downtown Eastside of Vancouver.
Jodi Sturge, Director of Non-Market Housing, City of Vancouver

After years working in the housing field at the Lookout Housing and Health Society and The Elizabeth Fry Society of Greater Vancouver, Jodi became the Director of Non-Market Housing at the City of Vancouver. Her focus is on placing the City's non-market housing portfolio in a positive position for the future, modelling the City's role in co-op and non-profit housing oversight.

Kate Lumsdon, Manager, RainCity Housing’s Budzey Building

Kate is the manager of the studio units for single women at RainCity Housing’s Budzey building. The Budzey is in the DTES with 106 studio units for single women (including transgender and non-binary women) and 41 units for women-led families. In addition to providing housing, Budzey staff provide connections to programming and support services.

Mary Ellen Glover, Housing Relocation Officer, Carnegie Outreach Program

Mary Ellen oversees daily operations of the Carnegie Outreach Program, located on the DTES, to deliver housing services to individuals and families in need. In partnership with the Ministry of Social Development and Poverty Reduction (MSDPR), the program assists individuals without a stable income to apply, secure, and maintain income and transition into appropriate housing.

Dr. David Hulchanski, Professor, University of Toronto

David Hulchanski is a professor of housing and community development at the University of Toronto and since 1997 holds the Faculty of Social Work’s endowed Dr. Chow Yei Ching Chair in Housing. He served as the director of the Centre for Urban and Community Studies from 2000 to 2008. His Ph.D. is in the social and community aspects of urban planning. His work is often referenced and found on the website for the Homeless Hub, a website by the Canadian Observatory on Homelessness with a web-based research library and information centre.

Dr. Trevor Hancock, Vice-President, BC Healthy Communities

A Professor and Senior Scholar at the School of Public Health and Social Policy at the University of Victoria, Dr. Hancock is a public health physician and health promotion consultant. Nationally, he is a member of the Canadian Council on the Social
Determinants of Health and on the Advisory Council of the Arts and Health Network Canada. In BC he is the Vice-President of the Board of BC Healthy Communities.

**Ethics, Consent, Confidentiality & Personal Statement**

*Full SFU Research Ethics Board Review*

The Full SFU Research Ethics Board approved this study and designated it to be above minimal risk. The nature of the risks to participants was keeping their identity confidential, women feeling like they did not have a choice but to participate and their emotional safety.

Several factors could expose a woman’s identity. The person who referred them may be familiar with their story and thus be able to identify them in this thesis. Housing buildings and service providers are named in this research, which could provide clues to the identity of the women interviewed. The photographs taken of women’s living space could also be a means of identifying her, even though photos were not taken of her name, face or items that could directly identify her (like personal photos) and women approved each photo for use. If someone is familiar with her story or her home, seeing these photographs could identify her.

Women may feel that they have no choice, but it participate if service providers were involved in referring them. For women who are dependant on the agency for services, they may feel like they have to participate and could not say no without putting their access to services at risk.

Women’s emotional safety could be at risk as they talk about their story and housing. It could remind them of traumatic events or stress associated with their situation. Women were offered a list of counselling and support that they could access. All of these risks are outlined in the consent form.

*Vancouver Coastal Health (VCH) Certificate of Operational*

In addition to going through a full ethics board review at SFU, the project also received a Vancouver Coastal Health (VCH) Certificate of Operational Approval through the VCH Research Institute. This approval was necessary as some of the research took place at a VCH funded program, the Powell Street Getaway on the DTES. Several of the
women were referred to participate by staff at the Powell Street Getaway, and some of the in-depth interviews with these women took place in a private room at this location.

**Ongoing Consent**

Consent was an ongoing, revisited process with each of the participants. Participants could withdraw their consent at any time during the interview. Women completed two consent forms, and experts completed one form. Women completed the first form before the in-depth interview and the second form before the tour and photos of where they live.

Before women signed the consent form, I discussed the purpose of the study, risks, and benefits of participation. Women were given an opportunity to ask questions and decide whether they wanted to participate. I assessed whether or not the interviewee was capable of giving consent before they signed the consent form. There was the possibility that potential participants lacked the capacity to consent for themselves due to cognitive impairment and other mental health issues or illness. I looked for indicators that women appreciated the possible risks and benefits, understood how the conditions of the research may affect them (e.g. time required, the difficulty of tasks) and if they were able to evaluate whether participation in the project was in their best interest. I looked for indications that participants took the time to fully listen to or read the risks of the project in the consent form and if they gave me verbal or written consent that they understood the risk and agreed to take part in the research.

Women were given the option of providing either verbal or written consent. The verbal consent option was intended to help decrease any barriers to participation. All of the women opted to provide written consent. Women had the option to consent to an audio recording of the interview, and all participants agreed to it.

The second consent form was filled out by women before the tour and photos of where they lived. This consent form included questions specific to the increased risk of being in their home and for permission to take photos of where they live. All photos were shown to the participant for their verbal consent of use in addition to their initial signing of the consent form. This form also included the risk that if they revealed information about an incident that involves abuse and/or neglect of a child (or that there is a risk of such occurring) I must, by law, report this information to the appropriate authorities.
**Confidentiality**

In order to keep women participants’ information confidential, I used anonymized information and kept their information confidential during the analysis and writing of the thesis. I did this by changing women’s names to a pseudonym. Once recordings of all of the interviews were transcribed, the recordings and any other documents with confidential information were deleted.

Despite the risks of taking part in this project, many of the women informed me that they are proud of their story, and they want it shared. One of the women asked me not to take measures to protect their identity as they do not want to hide anything about who they are.

**Personal Statement**

For ten years I worked on the DTES for non-profit organizations providing services for people who experienced homelessness, struggled with mental health issues and addictions, had involvement in the criminal justice system or worked in the sex trade. My work included economic development at Building Opportunities with Business Inner-City Society (BOB), developing solutions to homelessness at the Lookout Housing & Health Society, providing work clothing or gear to low income individuals through Working Gear Clothing Society and developing staff training for the Homeless Services Association of BC. Through my work at BOB, I was involved close to 1,000 program intake interviews with vulnerable people in the DTES who were interested in re-entering the workforce. At the Lookout Society, I regularly partnered with homeless shelters, outreach programs and the homeless themselves across Metro Vancouver in engagement, needs assessments, research, training, funding and program development. During this time, I was invited to bear witness to the struggles people experienced and was constantly inspired by the hope people have despite the odds.

When I first began working on the DTES, I met Judy Graves as the Advocate for the Homeless with City Hall. Over the years Judy would contact me to help her find the right housing for a friend (Judy always referred to people she met on the streets as ‘friends’ and not ‘clients’) who was sleeping in a park or tent city and was ready for housing. I experienced firsthand the thoughtfulness she put into listening to what people needed and her creativity in finding the right housing. It was during one of our
conversations that Judy shared the question she would ask each person who needed housing and explained how it helped her to find the right fit so that housing really worked for people. It was this question that inspired me to begin this research, with a focus on women who have experienced homelessness.

Since beginning the Urban Studies program at SFU, I have been hired by CitySpaces Consulting as a Social and Community Planner. I am now involved in development consulting, both project management and developing design guidelines for shelters and housing for women, including women who have experienced homelessness, women fleeing abuse and Indigenous women. I also work with the province, municipalities and non-profits in the planning and design of affordable housing and other social infrastructure. One of my values as a planner is to include the community and stakeholders in the planning process, especially people who are considered to be vulnerable populations and not always included in meaningful ways. This value has influenced the methodology of this thesis, as the primary voices who provided input for this research, is the women themselves who have experienced homelessness.

**Risks to Participants**

There were risks for women who chose to participate in this study. Traumatic events and emotional stress are associated with homelessness and housing. It is possible that as women talk about their story and housing, it could trigger emotional stress. I informed the women of this risk before taking part in the interview, and all of them chose to proceed. Because I met with women referred through a service agency, many of them already have a support system in place through that agency. If the service agency did not provide the support or counselling they needed, I offered them the contact information for local counselling and support services that they can access. There is a list of counselling services on the Sheway website (Sheway, n.d.). I had the contact information for these and other services available for women upon request. None of the women requested this, although some mentioned the support that they have through the agency that referred to them to take part in this research.

For expert participants, I informed each of them of the risks of taking part in this project and obtained permission to use identifying information, including their name, title,
and workplace. There was the risk that if they shared information that would reflect negatively on themselves, their employer or other partners in the sector, it could have a negative impact on them. Each of the experts gave permission to use identifying information, agreed to the audio recording of the interview, and reviewed and signed the consent form.

There were potential risks to myself as the researcher, especially when I was touring women’s homes. During this time, I was often alone with women, in their building and their suite. To counteract this risk, I informed someone of exactly where I was, and the time of my visit. When I was visiting someone’s home, I arranged to contact someone to let them know when the interview was finished. I had my cell phone with me at all times. I did not encounter any situations that were unsafe for me.

There is an overdose crisis in BC, and a high number of overdoses occur in the DTES. As the majority of interviews took place on the DTES, there was a chance that I could have been the first on the scene when someone was experiencing an overdose. I am trained in the administration of Naloxone, and either had Naloxone with me or was at a location where Naloxone was readily available so that I could act quickly if I encountered an overdose situation. I did not encounter this situation.

4.2. Recruitment Methods

Recruitment of Women Participants

Recruitment of women for in-depth interviews was purposive and happened primarily through third-party recruitment and extreme case sampling methods. Referrals came from service providers who work directly with women on the Downtown Eastside.

Third party recruitment referrals came from several avenues, including staff and peers who work for various service providers. Staff informed women about the opportunity to be interviewed. After a woman expressed interest, staff introduced the women to me in person, over text, or by phone. Through this method, I aimed to obtain a purposive sample of women that included women who exemplify the demographics of the 2017 Metro Vancouver Homeless Count (BC Non-Profit, 2017)
Purposive sampling was a goal of recruitment in order to have information-rich cases despite a limited number of interviews with women (n=11). The homeless count identifies characteristics and demographic profiles of people who are homeless. By purposefully including women who were available, willing and identified with each of the homeless count characteristics, this thesis presents an opportunity to learn from the knowledge and experience of women across these demographic groups.

Third-party recruitment referrals came through the following service providers:

- **Lookout Housing & Health Society’s Powell Street Getaway.** A mental health and addictions drop-in centre on the DTES.
- **Vancouver Aboriginal Friendship Centre’s Skeena House.** A former hotel converted into temporary housing for the formerly homeless and under-housed.
- **RainCity Housing and Support Society’s The Budzey.** A housing facility for women and women-led families on the DTES.
- **Binners’ Project.** A group of waste-pickers aided by support staff dedicated to improving their economic opportunities and reducing stigma.

As the third party recruitment method progressed, I did not find a participant that identified as LGBTQ2S. I felt it was important to include an LGBTQ2S person in the study as they are not only one of the characteristics identified in the homeless count, but because women who identify this way are underrepresented in research. The research that does exist identifies that they have unique health and mental health challenges (Ecker, 2016a, 2016b). I used Extreme Case Sampling as a method of ensuring that someone who is LGBTQ2S was included in my research. Extreme Case Sampling is a type of purposive sampling that is used to focus on special cases that are useful to provide significant insight (Purposive Sampling, n.d.). Using this method, I decided to seek out a participant who specifically identifies as LGBTQ2S. A service provider indicated they had several transgender women who lived in their building. I put up a poster inviting transgender women to participate and one woman contacted me directly. The total number of women recruited for participation in this study was 11.

**Recruitment of Expert Participants**

To select experts to interview, I used expert and snowball sampling techniques. I defined an expert as someone with a high level of skill or knowledge who is involved in
planning, finding, researching or providing housing for women. I invited experts to be interviewed based on my knowledge of the industry professionals and in consultation with service providers. I also used the snowball method and asked the experts if they recommended others who would be informative to interview.

4.3. Data Analysis

The analysis process began by gathering data during the interviews and tours with women, and during the interviews with experts. Data was collected by taking extensive notes during the interview and recording my observations after the interview and tours. I audio recorded each session with each participant’s approval and transcribed the notes.

Thematic analysis, with coding, was the method used to analyze the data gathered during the interviews. After data collection was complete, the process for thematic analysis began by familiarizing myself with the data. I read through the initial notes, observations of each interview, and the transcriptions from the data gathered from all sources including the interviews with women, the tours of their housing, and the data from expert interviews.

Analysis continued by open coding and summarizing each woman’s interview. Open coding was used to ensure that the themes came directly from the interviews with women; that is, the codes were not pre-determined ahead of time. I created a preliminary list of codes to describe the content, primarily from the interviews with women. Once codes were identified, I analyzed the number of instances each code occurred to determine the priority of each code, and if it was something that affected most women or just a few. From the coding, themes were identified, named, and defined. I re-listened to specific sections of women and expert interviews to ensure that I captured the correct tone.

In addition to creating codes and themes about what made housing work or not work for women, I compiled demographic information that was volunteered by each woman interviewed and about the housing she currently lived in or where she was sleeping.
The codes and themes from the expert interviews were compared to the themes found in women’s interviews. This information was used to confirm, expand on, and add additional detail and context to what was heard during the women’s interviews.
Chapter 5. Results of Analysis

By analyzing data gathered during the interviews, I found eight themes that describe what makes housing work for women who have been homeless. Through these findings, I identified specific priorities and preferences that make housing work for women who have been homeless in Vancouver’s DTES.

5.1. Women Participant Profiles

This section will give a summary of each participant’s story and housing situation as shared with me during each woman’s interview and tour of her housing. These relevant details are provided to give the reader an understanding of participants’ backgrounds and the diverse housing histories that many of the participants have had. The women’s names and identifying details have been changed to keep their identities confidential.

Dorothy

“Being homeless is scary. It is not good for the mind or the soul. I thought I would have a nervous breakdown and wanted to give up. What kept me going was friends that would invite me over to couch surf.” Dorothy

Dorothy is a single Indigenous woman who appears to be in her 50’s or 60’s. Five years ago, Dorothy was living in social housing, and it was no longer working for her. She gave notice and tried to find new housing. Unfortunately, she could not find anything she could afford and ended up couch surfing with friends and then became street homeless. She found housing with the help of the DTES Women’s Centre. Dorothy works part-time at the Binners Project, collecting redeemable containers and other goods from bins to make a living (Binner’s Project, n.d.). She smokes cigarettes and some pot. Dorothy accesses services from WISH, which supports people involved in Vancouver’s street-based sex trade (WISH, n.d.).
Dorothy now lives in permanent housing operated by a non-profit society. The housing is for people who are chronically homeless and have mental health issues. Her suite is a small furnished studio with a full-size kitchen and bathroom. There is support staff available, a computer room, occasional food donations, and optional cleaning support for those who need it. She appreciates her housing and the staff who run it, even if her suite is a little bit small for her.

Louise

“When I was homeless, I kept telling myself this is happening for a reason.” Louise

Louise is a single, 63-year-old Cree grandma who loves her teddy bears. Three years ago, Louise became homeless. After couch surfing with her mom, she was sleeping outside on the DTES by the International Village Mall. Staff from the DTES Women’s Centre found her a bed at their emergency shelter and then helped her find housing. Louise is on Disability Assistance because she has trouble walking. She has the feeling of pins and needles in her feet and legs. Louise drinks alcohol, four drinks a day, but she does not feel that she overuses and she does not use drugs.

Louise lives in supportive housing run by an Indigenous non-profit. Her unit is a bachelor suite with a full kitchen and full bathroom. The building has a mix of youth and adults who are low income, have multiple barriers, and were homeless or at risk of homelessness. Not only are the suites furnished, but there is support staff, security, a computer and workout room, common room and patio, it is next to a bus stop, and has a bed bug sauna. Pets are allowed if she wanted one. Louise is proud of her housing; it is not perfect, but it is her home.
Carol Lee

“Everyone who sleeps outside, respect them.” Carol Lee

Carol Lee is a 64-year-old Indigenous woman who is street homeless with her husband and their dog. She has been on and off the streets since she was 14 years old. She is well-dressed and thoughtful about her appearance. Carol Lee works part-time as a peer worker at a mental health and addictions drop-in centre. Both she and her partner have drug addictions and are on Disability Assistance. Carol Lee is a grandma, but lost contact with her family when she became homeless six years ago.

Five years ago, Carol Lee lived with her partner and his mother in their house. They lost their home because they could not afford to pay the home insurance. They lived in their van for four years, parking it on the DTES. She never really felt homeless, as long as they could sleep in their vehicle.

Two years ago, the van was towed, and they began living under a tarp. Under the tarp, they have a well organized and very clean sleeping area. They are respectful of neighbours, and in return, their neighbours are thoughtful and keep the shared space on the sidewalk tidy and clean.

Carol Lee is not in a homeless shelter because she would be separated from her husband and her dog. They applied for social housing, but have not found housing for couples that is pet-friendly, allows smoking and addictions. She is hopeful that they will find housing, but she is not willing to move into a place that is not the right fit for all of them.

Sylvie

“Don’t take housing for granted. People take it for granted.” Sylvie

Sylvie is a single 60-year-old Caucasian woman who is a grandma and a trained peer worker. She is on Disability Assistance, in a wheelchair most of the time, and has early-onset Alzheimer’s. Sylvie volunteers at her housing building, as well as at a mental
health and addictions drop-in centre on the DTES. Sylvie was first homeless when she was in her late 30's. She had worked for most of her life until that point but ended up without work and couch surfing at her son’s place five years ago. When their relationship broke down, she moved to the Yukon Shelter.

The staff at the shelter helped Sylvie apply for an accessible unit in permanent supportive housing operated by a non-profit. She was accepted and has access to home care support from an outside agency and homemaker staff who work on site to provide housekeeping support. She is in a studio apartment with a full kitchen and full bathroom. In the building, there are support staff, a medication program, harm reduction supplies, lots of emergency responses and a meal program with one meal a day. Sylvie loves her home and her building, but she worries about how she will get the care she needs as her health continues to deteriorate.

Jules

“Being homeless was horrible. I wouldn’t wish it on anyone. It is a disease that destroys people and their lives.” Jules

Jules is a 30-year-old woman of Indigenous, Jamaican and Irish descent. She feels lucky that as a baby she was adopted into a loving and supportive family. However, in high school, she began using crystal meth and eventually cut off contact with her family and lost her home because of her addiction. Recently, Jules switched to using heroin because heroin is not as hard on her body. She is diagnosed with ADHD and is on Disability Assistance.

After a few years of homelessness, Jules moved in with her elderly aunt. Unfortunately, after six years of living in the same place, they were evicted when their landlord scheduled their rental unit for demolition and redevelopment. Jules was homeless for six months after the eviction. During that time, she slept on the street, stayed in emergency shelters, and couch surfing. While staying at the RainCity’s Triage Centre, staff helped her to find housing finally. Even though her suite is not the type of housing she wants to live in for the long term, she moved into it because it was the only
place available. She is living in a renovated SRO building on the DTES, operated by an
Indigenous non-profit.

Jules’s room is 10x10 feet squared. It is furnished with a single bed, a table, and
two chairs. There is a sink and mini fridge in her room. Although there is no built-in
storage, closets, shelves or cupboards, there is a single locker where she can put her
clothes. She does not have her own kitchen or bathroom, but there are shared facilities
in the building.

There are security staff at the front door of the building, security cameras, harm
reduction supplies, a meal provided once a week, and she is allowed to smoke in her
room. Her space is very basic, and it does not feel like home. She is on BC Housing’s
waitlist with hopes that she can be accepted into a different building with self-contained
suites and addictions support to help keep her safe.

Velma

“I miss a stove to make bread or bannock on the holidays. I miss
cooking a ham or turkey. Cooking is one of my favourite things. One
day, it will come.” Velma

Velma is a 59-year-old Indigenous woman with visible tattoos, scars and a
welcoming demeanour. She understands her cultural traditions and speaks her
language. She is originally from Northern BC but ran away from home at 12 years old
when her family did not believe her accounts of the abuse she was experiencing. Velma
moved to Vancouver in hopes of finding her sisters and her father. She was homeless
and couchsurfing for seven years until she was 19 years old, because, at that time, there
were no emergency shelters for women. Men who were homeless would protect her,
sneak food out of the shelter, and even sneak her into the men’s shelter on the coldest
nights. She did eventually find her family but has since lost them again. Her father
remarried, and his new wife did not want to have anything to do with his daughters. Both
of her sisters died on the streets; one died of a heroin overdose and the other of a
seizure after she was attacked and raped.
When she turned 19, Velma moved into a private market SRO building that she says, “was disgusting”. The building had cockroaches, and her suite had holes in the mattresses, walls, and rugs. She lived in the SRO for over 20 years until she found better housing a few blocks away. For the first time in her life, she had her own bathroom and kitchen. However, the building was in such poor condition that she often slept outside to escape the poor air quality. Her lungs would hurt from the stench of the rat feces. Eventually, after 16 years of calling the place home, the building was torn down, and Velma’s landlord gave her an eviction notice. Velma moved to the tent city at Oppenheimer Park. At the park, she felt safe because everyone felt like family.

While living in a tent at the park, the Carnegie Outreach team connected with her and helped find her temporary housing at a converted hotel. This housing is outside of the DTES and is operated by an Aboriginal non-profit. Here, Velma has a full bathroom, a large closet, but no kitchen and there is no shared kitchen on the premises. The staff at her building provide one meal a day for tenants. Even though each unit has a mini fridge and a microwave, Velma bought a second-hand full-size fridge. Now she can have enough food for herself and store food for others in the building.

Since being in this housing, away from the DTES, Velma is now sober and no longer uses drugs or alcohol. She feels supported by the staff. They provide First Nations programming including access to a navigator (an advocate who ensures people are aware of available programs), arts and crafts activities, and elders’ visits. Her building partners with the Vancouver Aboriginal Friendship Centre and their programs have helped to connect her to even more opportunities for support and connection to her culture.

When I asked Velma how she felt when she first walked into her suite, she said, “And just like that, oh we have a home. Another home. I just started crying. I said, can you give me a minute. Me and my dog aren’t going to be homeless; we’re not going to be in a homeless shelter.” Even though her housing is just temporary, Velma is making herself right at home, despite its deficiencies, just like she has always done.
Grace

“I like my housing. I feel safe. I could feel it as soon as I came here. The energy is very positive… When I go down that way (to the DTES) I get reminded of what happened to me. I start to shake. I get anxiety.”

Grace

Grace is a 55-year-old Indigenous woman who lives with her partner and his daughter. Grace presents herself in a very stylish way, and she is proud of who she is and where she comes from. Even though she moved to Vancouver and is away from her family and her children, she misses her family deeply.

Since she was a child, Grace has been a victim of abuse. Her father beat her and teachers in school hit her, calling her “Squaw”, because she could not read or write. As an adult, Grace is very adaptable and has held jobs she is proud of, despite still not being able to read or write. She has continued to have a series of abusive relationships. Amid the many hardships she has faced, Grace is hard working and is usually the breadwinner of the family.

Grace’s previous housing was precarious because she allowed family and friends to live with her despite warnings from the landlord. When Grace lost her housing, her boyfriend left her, and his family assaulted her. She was homeless for eight days and stayed in a women’s homeless shelter. During this time, she was informed that she and her partner were accepted into temporary supportive housing. Because she did not want to lose the housing, she got back together with her boyfriend and moved into temporary housing in a converted hotel outside of the Downtown Eastside.

The housing is operated by an Indigenous non-profit. Grace has a full bathroom, a mini-fridge and support available if she needs it. The building feels safe, it is affordable, and her boyfriend's portion of the rent is paid directly, so she is no longer responsible for the entire rent, as had previously been the case.

A few days after moving into her current housing, Grace was the victim of a violent attack at a bar on the DTES. She is still recovering, and because she is no longer able to work, she is on Employment Insurance. Because her job involved physical
labour, it is possible that she will no longer be able to work in her previous profession because of the extent of her injuries. Grace still feels traumatized from the assault, in a lot of pain as she recovers, and is torn about if she wants to be in her current living situation.

**Marcia**

“When I first came in (and moved into housing), I couldn’t sleep. I was used to sleeping outside. It took a while to adjust. I was not used to the walls.” Marcia

Marcia is a Caucasian woman who appears to be in her early 40’s and is living with her boyfriend, who is Indigenous. Marcia and her boyfriend had been homeless for a couple of years before finding their current housing.

While homeless, Marcia and her boyfriend had trouble finding social housing because they were a couple. All the housing available was for single people. They were staying at a minimum barrier shelter on the DTES when they were invited to live at the Ten Year Tent City. Their experience at the shelter was that “It’s disgusting. Just people doing drugs everywhere. There was food everywhere; it’s just disgusting — the cockroaches crawling all over you. So, I decided to give it (the tent city) a try. I’d never been to a tent city before.” Once they moved into the tent city, Marcia and her boyfriend spent eight months sleeping outside in a tent.

In June 2017, there was a court injunction, and the people living at the Ten Year Tent City were evicted. They marched to a new location called Sugar Mountain Tent City, by the Powell Street overpass. Soon after being relocated, Marcia was asked by other residents to be in charge of the camp, overseeing the new people who wanted to live there. She agreed and helped manage the camp for a time. However, when the tent city was coming to a close, she knew she had to leave. The police took away propane for heat, people were not listening, there was stealing, and in her words, “It was out of control.” Despite the state of the tent city, she would not move back into a homeless shelter because it is not appropriate housing for them. When she was offered housing that she could move into with her boyfriend, she happily accepted.
Marcia and her boyfriend are now living in temporary housing, in a converted hotel, outside of the Downtown Eastside that is operated by an Indigenous non-profit. They have a full bathroom, no kitchen and no shared kitchen on site. There is a mini fridge, microwave and staff support available if they need it. Together, they pay $575 because they are on income assistance.

Both Marcia and her boyfriend are addicted to heroin, but they want to get clean. Since being housed, they are using drugs less frequently. They have applied to go into a couple’s rehabilitation program, but are not accepted yet. Because their housing is outside of the DTES, it is easier to begin the recovery process. Counsellors are available for them to talk to as a part of their housing programming. They are content living in their housing but are hoping that they will not be there long, depending on their acceptance into a rehab program.

Destiny

“When I was evicted, the landlord told me, ‘It’s not you, it’s the company you keep.’” Destiny

Destiny is a 43-year-old black woman who loves to sing. She describes herself as a functioning addict who takes pain killers. She has been on Disability Assistance since 1989. Destiny was born with a congenital defect and no calf muscle. As a child, she had leg lengthening surgery, a bone marrow transplant, and was never expected to walk. She defied the odds, and as a young girl, she was able to run. Unfortunately, since adulthood, she has been in 8 car accidents that have resulted in knee and neck injuries. Although she can still walk, it is more difficult than when she was younger.

Destiny grew up in Alberta. Her mom had multiple personalities but thankfully integrated them through counselling. Her mom often travelled as a burlesque dancer, and so Destiny usually lived with her grandmother.

As an adult, Destiny had four children of her own. Even though she used drugs, she stopped using when her children were born. The Ministry of Children & Family Development was involved with most of her children. Her oldest child has graduated
from highschool and now lives with her grandparents. Destiny has three children who live with her ex-boyfriend, who is her children’s father.

Destiny is very resourceful at finding housing. She has lived in social housing, affordable housing and private market rentals. Many times, her housing has been put at risk and lost because of her partner's behaviour, pets and friends that she or her boyfriend allow to live with them. Some housing has been lost because she did not pay her rent, violent friends who were using drugs or dealing drugs.

Currently, Destiny is living with a man in a private market SRO on the DTES. The man pays the rent, and Destiny is a guest. They do not have a kitchen or laundry. There is one shared toilet and shower on their floor, but the toilet has not worked for months. The suite is on the second floor, and so Destiny uses the stairs, as the elevator is unreliable. They have found bedbugs, cockroaches and mice in their suite. Their space is 10 x 10 feet, with a single mat on the floor, a small closet, a broken window and a sink. She said it is still better than sleeping outside, “Because we were living in a tent and stuff, where often times these insects would bite me.” She is scared that this housing could be at risk if the landlord finds out she is couch surfing or if there are issues with the man with whom she is staying. This man believes they are dating, and she could lose her housing if they have relationship issues.

Destiny goes to the Evelyne Saller Centre to shower, use the washroom and eat breakfast. She is storing most of her possessions at a friend’s house in Mount Pleasant. When she goes there, she can use his washer and dryer. Destiny has registered with different housing lists and is hopeful that she will soon have her own space that is her own and is not reliant on anyone else.
Janelle

“Just because my lower extremities have a bit of a problem, it doesn’t mean the lack of it has moved upstairs (to my mind). You have to fight for people to listen to you.” Janelle

Janelle is a 34-year-old Caucasian woman who was born and raised in Metro Vancouver. She has a physical disability and is in a wheelchair. She also has mental health issues and has been diagnosed with anxiety and depression.

Janelle grew up with siblings in a sheltered environment. She was living with her parents until two years ago when she moved into a group home. The home had just four people, herself and three men living there. Unfortunately, this housing did not work for her. She did not feel safe, and there were no activities or programs. She told staff she was not doing well, but they did not listen to her. When there were issues at the home, she was evicted and admitted to the hospital. Hospital staff told her that she would be moving into psychiatric care, but instead, she was taken to a homeless shelter on the DTES. She was not told why.

Janelle stayed at a co-ed homeless shelter for just under a month. It was accessible enough for her, although she found it hard to take all her possessions with her every day when she had to leave the shelter every morning. When she was offered permanent housing, she accepted it sight unseen. She moved into her new home just under a week ago. It is in a brand new modular building; it is permanent housing and is for women only. Her new home is on the DTES and is operated by a women’s non-profit. She has a wheelchair accessible and furnished suite with a full bathroom, full kitchen, and closets. Staff services are available 24/7. There are health and wellness supports, daily meal programs, a communal kitchen, employment and life skills training, and volunteer opportunities. Destiny feels safe at her new home because there are security measures, including a staff person at the door and guests have to show ID before entering. She has the option to be with others in the common area and during community kitchen programming, but she does not have to participate. There is no smoking and pets are allowed. So far, she likes her housing, but it is still very new to her.
For now, she is happy to have a home that is all her own. She does not mind being in the DTES, and she is glad to live in a place where she feels her choices are respected.

Christy

“I want to get into interior design. I started to, but I need to get more stable first.” Christy

Christy is a transgender Indigenous woman in her 50’s. She is a private woman who is very concerned about her health and mental health issues. She does not feel that her housing is helping the situation. Christy has major heart issues, arthritis, suffers from depression, Post Traumatic Stress Syndrome (PTSD), and is on Methadone.

As a child, Christy was a part of the Sixties Scoop and was taken away from her family and community and placed into foster care in Regina, Saskatchewan. She started running away when she was ten years old. She was sexually abused by foster parents and by the police officers who would bring her back when she ran away. At 12 years old, she ran away for a final time and successfully hitchhiked to Vancouver. In Vancouver, she survived by working in the sex trade until she was 22 years old. At 14 years old, she was invited to live with a couple of people who were a few years older than her. They were supportive of her and helped her find the right hormone treatment to transition outwardly to female. She will always be thankful for the help they gave her.

Christy feels lucky because of the wonderful people she has met throughout her life and the adventures she has experienced. In her words, “Oh, girl, I have had an extraordinary life.” Unfortunately, she has also experienced hard times. When she was in her 20’s, she was gang-raped. That is when she, in her words, “went off the deep end.” She is still experiencing post-traumatic stress to this day. It was after that traumatic event that she spent time in prison. When she started to get her life back together, she took a 6-week training course and worked with women on parole and who were fleeing abuse. Christy said that “It was the most meaningful thing I did in my life, with others.” Christy always seems to find the positive in life, even when she faces hard times.
Seven years ago, Christy was living in Indigenous affordable housing when everything seemed to go wrong at the same time. She lost a good friend, was a victim of fraud, started using cocaine, owed money to her drug dealer and a loan shark, and she could not pay her rent. She fell into a depression, had a heart attack, ended up in the hospital, and lost her home. For the first time in her life, she was on the DTES. She had to live in a shelter and started working in the sex trade again, even though she did not want to. She was homeless for eight months. Every day she would go into BC Housing and ask about her housing application.

Christy’s one request for housing was that it be outside of the downtown (including the DTES). She did not feel living in this area would help her in dealing with depression and addictions issues. However, the housing she was offered was in a purpose-built building for women and women-led households. Despite it being on the DTES, Christy accepted the housing, as there were no other options and the suite had a great view.

At Christy’s building, she has a self-contained suite with a kitchen and full bathroom. There is a whole range of services, including peer-based programming, community kitchen, and liaisons with community services. There is a beautiful rooftop garden and a common room she can use. However, Christy does not take advantage of these services. She mostly sleeps due to her depression and health issues. She feels that she should be in a higher care facility because her health is continuing to deteriorate. Christy is still trying to stay positive and see the good in her situation, but it is getting harder because she is not getting the health and mental health support that she needs.

5.2. Women’s Personal Factors Relevant to Housing

As women were interviewed, they voluntarily shared factors about their living situation, history and personal details about themselves. This information helped to paint a picture of each woman, showing their commonality and their uniqueness. During the interviews, women disclosed the personal factors, as shown in Figure 5-1 and information about their living situations, as shown in Figure 5-2. There was not a specific set of questions I asked; rather, these factors were identified as each woman
shared their story. As such, it is probable that these numbers are lower than they
should be.

Figure 5-1  Personal Factors Influencing Housing Experiences for the Women
Interviewed (n=11)

The demographics of the women interviewed are fairly close to that of people
who participated in the homeless count (City of Vancouver, 2019b). There are a few
differences. Approximately 63% of the women I interviewed identified that they are
Indigenous when only 53% of women did so in the homeless count. Approximately 6
(55%) of the women were over the age of 55 when only 21% of women indicated they
are over the age of 55 during the homeless count (City of Vancouver, 2019b). Of the
women interviewed for this study, two are on income assistance, eight are on disability assistance, and one woman is on Employment Insurance.

5.3. Types of Housing Toured and Photographed

The women interviewed were living in a variety of housing types. The bar graph below, Figure 5-2, outlines the diversity of housing types and relevant factors where women find themselves. This information was gathered through interviews, observation, and research into the housing being used.

![Housing Types of the Women Interviewed (n=11)](image)

The sample is evenly split between women who feel that their housing works for them, those who feel that their housing, while not exactly “workable,” is ok, and those who do not feel that their housing works for them as seen in Figure 5-3. There is also a fairly even split between women who live currently on the DTES and those who do not, as seen in Figure 5-4. All the women interviewed were paying, at most, the shelter rate for housing.
There is much diversity in the types of housing where the women are currently living and the housing forms represented as seen in Figure 5-2. The only types of housing not represented are a homeless shelter and women’s transition housing or safe house. However, many of the women interviewed had stayed in shelters in the past. Transition housing or safe houses are not common on the DTES, and none of the women indicated they had stayed in this form of housing before.
Chapter 6. Research Findings

“Everyone is different. What suits me as a woman may not suit you. I’ve learnt not to be judgemental, and that was a hard lesson.” Joanne

In this chapter, I share the key findings and recommendations from the women interviewed and from the information and photos gathered while touring their housing. I have supplemented the findings with quotes and information obtained during the expert interviews. The information from the expert interviews is meant to build on and provide context to the information shared by women. The research findings are categorized into the following areas:

- Qualities of housing that work for everyone;
- Housing choices that work;
- Safety and security;
- Design of space;
- Accessibility;
- Repairs, cleanliness and pests;
- Staff support; and
- Programming options.

6.1. Qualities of Housing that Work for Everyone

Certain types of housing came up consistently for all women interviewed. Women identified these housing attributes as working for them. Housing that worked for them is:

- Affordable;
- Permanent;
- Self-contained;
- Furnished;
- Not too small;
- Comfortable; and
- Neighbourhood Access.
Even though different women have different needs when it comes to housing, women consistently indicated these six qualities that are needed to make housing work for them and make them feel at home. These sentiments are echoed by Masami Tomioka of the DTES Women’s Centre who said, “If people in the planning world could think about their own sister, their mother or grandmother, or daughter even. What would you want for them? Where would you want them to be sleeping? Just because people are addicts, or they have mental health [challenges], it doesn’t mean that they deserve less.” It does not matter what age, ability level, history, family situation, location, health, mental health or addictions, women want housing that is affordable, permanent, self-contained, furnished, not too small and comfortable. These six types of housing are what makes housing work for each of the women interviewed.

**Affordable Housing**

Affordable housing is housing with rent that is within a woman’s financial means. Having access to housing that is affordable was identified as the number one need for each woman interviewed. Mary Ellen Glover, a Carnegie Outreach Program Housing Relocation Officer on the DTES, agreed and said, “The average rent we are finding for people is $500 [per month]. People have to pay back the damage deposit to welfare [social assistance initially pays for the required damage deposit], at $20 per month and so most people have about $190 to live on [social assistance provides them with a total of $710 per month]. People become reliant on free food.” When a woman is unable to find affordable housing, she may end up sleeping outside or in unsafe situations.

Destiny, one of the women interviewed, has not found housing that she can afford and does not feel safe sleeping outside by herself. Until she finds the right housing, she is living with a man in his private market SRO suite on the DTES. Her housing is unstable because he can kick her out at any time. Her name is not on the rental agreement, so she has no rights under the Residential Tenancy Act (RTA). She has registered her name on housing lists with BC Housing and waitlists for different housing service providers, with hopes that she can find affordable housing soon. Without affordable housing, Destiny is living in an unstable situation without any tenancy rights.
Permanent Housing

Permanent housing is long-term housing without a time limit on how long a tenant can live there. Velma, Maria and Grace are living in a hotel that was converted into temporary housing. Each one of them said that they are grateful to be living in transitional or temporary housing because it is better than living in a shelter or on the streets. However, transitional or temporary housing does not satisfy the needs for stability and only defers housing problems in time.

The wait lists for affordable and supportive permanent housing are long, often taking months or years before people are provided with appropriate housing. Because the women who are living in temporary housing already have housing, their situation is not urgent and therefore helping them find permanent housing is a lower priority for housing workers. As a result, most women ignore the time limit on their length of stay and hope they can continue living in temporary housing for as long as possible. Women feel anxiety about the idea of having to find housing and worry about where they will move next when their housing is not permanent.

Self-Contained Housing

Every woman interviewed preferred to have a unit that was self-contained with her own kitchen and bathroom. Louise lives in a self-contained unit on the DTES and told me, “What I love about my place is that I can have a bath anytime I want. Like, I love my bath. I can cook anytime I want, and I have a full fridge” (see Louise’s kitchen in Figure 6-1). Self-contained housing gives women the ability to live self-sufficiently and interact with others when they chose to, on their own terms. Mary Ellen Glover of Carnegie Outreach feels that privacy and autonomy equates to dignity: “The amount of people we work with that have been taken away from their families, who are residential school survivors and people that have been in care. They are a large percentage of the population that we work with [on the DTES]. What is most helpful for people who have experienced trauma is dignity. Specifically having your own space. Feeling proud of where you live and being able to make a space your own.” A self-contained unit gives women a feeling of autonomy, safety, control and cleanliness.
Even though every woman interviewed would choose a self-contained unit, most women who are homeless on the DTES are not given that choice. Masami Tomiaki, Program Manager at the DTES Women’s Centre, says their outreach team places most women into units that are not self-contained: “We are probably placing 75% or more of women into SROs [with shared amenities] because of their income level. While we put everyone on the BC Housing registry, and we connect with all the non-profit housing providers to try and find housing for $375, the waitlists are so long that during the wait we end up having to place women in the hotels downtown.” The “hotels” or SROs Masami is referring to are a small room, occasionally with a sink and/or closet, and with a common bathroom and sometimes a common kitchen (see Figure 6-2). A self-contained unit is not an option that becomes a reality for most women who are homeless on the DTES.

![Louise's Kitchen in her Self Contained Unit](image)

Even when women live in buildings where the shared bathrooms and kitchens are clean, safe and close to their unit, they did not feel like the common spaces were home. For example, Jules is a young woman living in a renovated SRO operated by a non-profit on the DTES. The shared kitchen, toilet and shower are kept clean, but the toilet is plugged and out of order about twice a month (see the common washroom in Figure 6-2). Jules had medical trouble when she treated the space as her own home: “When I first moved in here I did the hippie thing and walked around barefoot, just to feel
comfortable in my own house. Then I went to go and have a shower, and my feet are so itchy. I went to the doctor, and they said I had a really bad case of athlete’s foot. They had to give me fungus cream just for standing on the floor in my own place. I am cured, but it’s just disgusting. Every time I shower now, I use shoes.” In her building, 30 people share a shower, and ten people share a toilet. When I asked Jules what it would mean to feel at home, she told me, “Having a bathroom and kitchen is a must. Then everything else just kind of comes together because that’s really all you need.” For Jules, having her own bathroom and kitchen is the bare minimum for a space to feel like home.

Destiny is also in an SRO but is in a worse situation than Jules, as she is couch surfing with a man who lives in a private market SRO. Destiny has very little security (because her name is not on the tenancy agreement), no kitchen facilities (in her unit or the building), an out of order bathroom on her floor and a filthy shower. She has a physical disability, so walking up the stairs to go to the toilet on a different floor takes a lot of hard work on her part. Destiny goes to a community centre to use the toilet, to shower and for her meals.

Figure 6-2 Common (Shared) Washrooms in Jules’ Building

Three of the women interviewed, Velma, Maria and Grace, are living in converted hotel rooms that have a full bathroom, but no kitchen in their unit or within the building. They are happy to have a bathroom, but miss having a kitchen. When I asked Grace about her bathroom, she told me, “I’m very happy, because back when I was on the streets, you never had privacy. You had to shower with everybody else, and sometimes you get hit on. It was scary; it was like being in prison.” Even though the units do not have a kitchen, women still need a place for food. Each of the women showed creativity
in making space for dishes and cooking. Both Maria and Grace are using dressers to store food (see Figure 6-3), dishes and as counter space for cooking.

Figure 6-3  Grace's Improvised Food Storage in Dressers

The former hotel units only have a minibar fridge in the rooms. Velma has used what funds and connections she has to replace the bar fridge in her unit with a full-size fridge (see Figure 6-4) and to find a rice cooker and slow cooker, to make meals, in her bathroom a few feet from the cat litterbox. Now that she has a full-size fridge, the food that was lining her bathroom counter has a place to go.

Figure 6-4  Velma's Kitchen Appliances Stored in the Bathroom
Although each of these women improvises out of necessity, their situation is not one they would choose. Masami Tomioka from the DTES Women’s Centre explains what it’s like when women are able to move into self contained housing: “Women are most excited about getting the keys. Having a bed and being able to set up a place, having windows. Their own bathroom. A bathtub. Because these SROs don't have bathtubs. It is really important. The luxury of just being able to soak. Especially with elderly women, they can’t stand for a long time in the shower.” Both Velma and Dorothy shared Masami’s assessment and told me that one of their favourite things about their home is having a tub to soak in (see Figure 6-5). For these women to feel at home, they need a space that is self-contained with their own bathroom and kitchen, and when possible, their very own tub.

![Figure 6-5 Dorothy's Bathroom with a Bathtub](image)

The existence of amenities does not guarantee they will be used. Christy lives in a new social housing suite with a large and well-appointed kitchen of her own. However, she struggles with depression and hoarding to the point that the space is not used to prepare food (see Figure 6-6). This is a stark reminder that providing resources is not the end of the story. Some women need additional support to make use of those resources. However, Christy’s situation appears to be the exception rather than the rule. For all the other women in this study, self-contained housing is well used and appreciated.
Furnishings

When a woman is homeless, she often has a hard time affording food, let alone furnishings for her home. Without a furnished suite, her options for furniture are to go without, accept donations or find items that have been discarded by others. Scrounged up furnishings can bring comfort but rarely dignity. These items are usually being given away for a reason, such as being in disrepair or nearing the end of their useful life. In these circumstances, women make do with the furnishings they find, but it is not always pleasant.

Of the women interviewed, only two were living in unfurnished units. Destiny is one of the women living in an unfurnished unit. She is couch surfing with a man in his private market SRO. They cannot afford to buy any furnishings and have a mattress on the floor, food and supplies in cardboard boxes, and clothes in bags. The pictures in Figure 6-7 show the size of Destiny’s entire suite, her makeshift kitchen area on the floor and a cardboard box.

Dorothy is also living in an unfurnished unit. Staff at her supportive housing building helped her find a table and two chairs. A friend gave her a bed and her son gave her his old couch when he was moving. He was going to throw it away and did not want her to have it because it sinks in the middle, and the cushions fall off. Dorothy told him, “No, I'll take it, I'll take it. Even if I don't like it, I'll keep it for a while till I can get
something I can afford.” Dorothy has lived in her unit for five years, and she still has not been able to afford to replace the couch.

Of the eight women who moved into furnished units, all of them were thankful. They were able to use any extra funds they had to purchase the smaller items that were not supplied such as kettles, dishes or décor. Women coming out of homelessness find an unfurnished suite to be an incomplete housing solution. It is a shelter from the elements, but not a home. They do their best to make up for the difference, but usually, they do not have the means to furnish a home themselves.

Figure 6-7  Destiny's Suite Without Furnishings
Housing that is ‘Not Too Small’

Enough space to live and move around comfortably gives people a feeling of self-worth. Women were not specific about what size of a unit was ‘not too small’ or exactly what the right size of unit is, but they did say that there needed to be enough room to be comfortable, have guests over, move around if they have mobility issues and to have a positive effect on their mental health. Women who have mobility issues or who are elderly indicated that they needed enough space for a walker or wheelchair to maneuver around the kitchen, hallways, doorways, and the bed.

Women who felt their space was too small said that they accepted the housing because it was the only place offered to them and they were grateful to have a home and not sleep on the streets or in a shelter. Masami Tomioka, from the DTES Women’s Centre, describes some of the small units women are being placed into: “They have the new micro suites that are really tiny […] For homeless people, the micro suites are too small. Even though they are nice, they are new, and they are clean. It feels like they are, not sure if ‘warehouses’ is the right word. They are not a whole person, so they don’t deserve a whole place. They want to be treated and live like everyone else.” Women who live in SROs typically have a unit of 100 square feet. Women living in these units said it was not enough space for them.

The size of the unit can affect women’s mental health. Jules is living in a 100 square foot SRO and said, “I have ADHD, and so I need a lot of space. Sometimes I feel confined, and so I open up the door, and it seems bigger. I will leave it wide open because I don’t want to feel that way. Or I will go for a walk and get some air because you can feel like that after a while in an enclosed space, it can feel confining.” Jules has common areas she can go to in the building, but for her, it does not make up for the size of her unit. In Figure 6-8, you can see Jules’ full suite from the perspective of the door to her unit.
Figure 6-8  Jules’ SRO Suite

Four of the women interviewed had at approximately 350 square feet in a self-contained unit that was well designed, had comfortable communal space close by, and they seemed to feel the size of the unit was sufficient. However, six of women with housing felt like this size of the unit was too small for them. These were women who either had; lived in the unit for a few years, were ageing, had worsening health issues or the unit was very tiny. The size of housing should be comfortable and depends on women’s health needs and the level of accessibility they require.

Comfortable Housing

Women described comfortable housing as warm and cozy. A comfortable space is a space that is enjoyable to live in because:

- They have what they need;
- They can personalize their space; and
- There is comfortable air flow.

They Have What They Need

Velma told me that in her current housing, she has what she needs to feel comfortable: a big bed, a TV and her own bathroom (see Figure 5-10). Now that she has these things, she has stopped drinking and is living life in sobriety. For Louise, a comfortable home is where her teddy bear is: “Like last night I got stuck out in the rain, and I got home, and it was warm and nice and cozy. It's my space, and I have no boss. I
got my teddy bear, and he saves a spot for me on the bed. That's what I like about home.” Having a comfortable home has made life better and having what they need is an important part of what makes their housing feeling like a home for both Velma and Louise (see Figure 6-9).

![Image of Louise's Teddy Bear & Velma's Comfortable Suite](image)

**Figure 6-9   Louise's Teddy Bear & Velma's Comfortable Suite**

**Personalized Space**

When I toured Grace’s home, she showed me how she personalized her suite and the decorative decals she mounted on the walls. Being able to decorate made her feel like she had control over her space because she could make it her own. Customizing the space was a very important part of making it her home. Outreach worker Mary Ellen Glover told me that when women have experienced trauma, they need dignity and to be able to have some control over their space: “Specifically having your own space. Feeling proud of where you live and being able to make a space your own.” The ability to personalize their own space makes their housing comfortable, makes it their own, and makes women proud.

Other women in this study also customized their own space by decorating with art, pictures, cultural items, crafts made by grandkids, scarves or handmade objects. They would display photos of loved ones, rearranged furnishings to make the space work better for them, laid out their stuffed animals, table clothes, floor mats, hanging window coverings (usually a sheet tacked to the wall), a string of lights, mirrors or plants
The ability to decorate their space, customize it and make it their own made the space more comfortable and turned their suite into their home.

Figure 6-10  Women’s Decorations in Their Space

**Comfortable Air Flow**

An essential part of feeling comfortable is temperature and air flow. When a space is not a comfortable temperature, and there is no option of accessing fresh air, women had a harder time making a space work for them. Even though Louise is next to a noisy street and her windows do not open, her housing is comfortable because even with closed windows, she can still adjust the temperature in her unit with a thermostat. See Figure 6-11 for Louise’ thermostat and windows that do not open. Illustrative of the alternative, Jules has no temperature control in her unit windows that open and very little insulation. She said, “My unit turns into a hot box in the summer!” Between poor air flow and exposed hot-water pipes passing through her suite, her unit is too warm to live in for three months of the year.

Figure 6-11  Louise’s Thermostat & Windows that Do Not Open
For Velma, Grace, Marcia and Dorothy, not being able to open a window very much (or at all) has made their suites quite uncomfortable at times. Marcia told me that smoking is allowed in her unit, but because the windows do not open, cigarette smoke lingers (see Figure 6-12). For other non-smoking tenants, lack of access to fresh air through their windows was one of the biggest problems they identified. Having access to either fresh air or the ability to control the temperature in their suite creates a comfortable and liveable space for women.

![Image](image)

Figure 6-12 Grace, Velma & Marcia’s Building with Windows that Do Not Open

**Neighbourhood Access**

No matter what part of the city a woman lives in, she would like to be in a neighbourhood that has access to essentials either close by or within a reasonable distance to walk or travel by transit. Women indicated the things they need neighbourhood access to are: groceries including free or low-cost food, mental and physical health services, work or volunteer opportunities, opportunities to interact with friends, family and neighbours, and transit.

Jules is one of the women interviewed who feels that she has the neighbourhood access she needs. She appreciates living on the DTES because she is close to free or low-cost food and health services, including services for addictions. Louise lives outside of the DTES and also feels she has the access she needs. She is across the street from a low-cost grocery store and has a bus stop right outside of her place that takes her to service providers offering free food and work opportunities with the Binner’s Project and Hope in Shadows (see Figure 6-13). Sylvie lives close to Ravensong where she accesses much-needed health supports and is a short bus ride to the Powell Street Getaway where she volunteers and accesses free food twice a day.
On the other hand, Marcia does not live within the neighbourhood access that she needs. Although she appreciates living outside of the DTES, her housing is far away from her doctor, and there are no grocery stores close by. Christy is in a similar situation. Even though she lives in the DTES, her methadone clinic is in a different neighbourhood, which is a long bus ride away. Christy is worried about changing clinics and going to one on the DTES, so she puts up with the long bus ride daily despite the pain she experiences due to her other health issues. Not having the access they need, these women experience increased hardship and are isolated from people and services that help them to stay healthy and connected.

6.2. Housing Choices that Work

Other qualities of housing were noted by some, but not all of the women, and could not be assumed to work for everyone. Women need to have choices in these areas. Jodi Sturge, Director of Non-Market Housing at the City of Vancouver, describes it in this way, “With women, it is about identifying what their needs are and matching those with housing options. It is really about knowing where she is at and having a women's informed choice into the housing.” The choices that women sought were not extravagant, based on style or excess. They came from women’s needs around health, safety and socializing. The types of housing choices women wanted were around:

- Gendered housing;
- Harm reduction versus abstinence;
- Location of housing; and
- Housing that changes as woman’s change.
Gendered Housing

Women have differing needs for gendered housing, and there is no single solution that works for everyone. Problems in housing arise when there are few housing options available. Jodi Sturge believes we need housing that suits the different situations in which women find themselves: “There has been an emphasis on funding for women fleeing violence and abuse, but I’ve also seen a lot of women, especially women [with children who live] with the dads, where the woman has to make a choice between being homeless as a family or breaking up a relationship.” Women may reject safe housing options if they have to sacrifice their relationships. Different types of gendered housing are needed, from women-only to co-ed housing to housing with a partner, so that women can have the option of living in the environment that fits their family situation, providing comfort and safety.

Depending on their history and current situation, women indicated their preference for either:

• Women-only housing;

• Housing for with both men and women in separate units (co-ed);

• Housing inclusive of transgender women and non-binary people; and

• Housing for women with their partner.

Women-Only vs. Co-ed Housing

Some women prefer co-ed housing with both men and women in separate units, and others prefer women-only housing. Dorothy lives in supportive co-ed housing on the DTES (see Figure 6-14). She told me, “I don't think I would like it if it was just a female only [building]. I get along a lot better with males than I do with females.” Conversely, Janelle had previously lived in a co-ed group home where she did not feel safe. Now that she is in women-only housing, she feels much safer. Different women need different types of housing, depending on their unique situation and their choice.
Transgender Women & Non-Binary People’s Housing

Women who are transgender and people who are non-binary need appropriate housing that is of their choosing. At Raincity Housing, the operating policy is that residents may choose the gender type of their building. Kate Lumsdon, Manager of the Budzey Building, a building for single women or women-led families, says, “We have a new gender policy at Raincity. People who are non-binary are also welcome to be here [in women-only housing] if it is comfortable for them.” Christy is a transgender woman living at the Budzey Building (see Figure 6-15). Her gender has been a non-issue while living there, and she feels very comfortable in the space, with other tenants and with staff.

Figure 6-15  Christy's Housing is Inclusive of Transgender Women
Housing with a Partner

Women interviewed shared that housing should work despite their relationship status, without putting them in danger or their housing at risk. Different women are in different situations: some have partners, others are single, and some women are in relationships that put them in danger of abuse or their housing at risk. For some women, their relationship status changes, for others, it stays the same. Women suggested that relationship matters could be dealt with by housing providers giving women a choice in housing with or without a partner, checking in with women about relationship status changes (and provide alternative options for housing if necessary) and offering housing that is for women-led families (with the woman’s name on the tenancy agreement).

A woman’s housing can be put in jeopardy if it is dependant on a partner and out of her control. This could happen if the relationship ends and she cannot afford to pay the rent or if her partner is the only person listed on the tenancy agreement with the landlord. It could also happen if the man’s actions result in eviction, and the woman loses her housing because her partner loses their housing. This is the case with Destiny. Destiny has lived in many different types of housing and has lost her previous housing multiple times because the actions of friends or partners who she has lived with. Sometimes it was because of the pets they brought with them, violence to herself or others if they used or dealt drugs on site, or they did not pay the rent. When a landlord evicted her from one particular home, her landlord told her, “It is not you; it is the company you keep.” Currently, Destiny is living with a man in his SRO room, because it is better than living outside in a tent. Destiny is worried that she could lose her housing at any time. Her housing will be lost if the man throws her out, if he loses the housing or if she feels too unsafe with him. Destiny is hoping to find housing that is not dependant on other people and is her own.

Grace has a history of being in abusive relationships which complicates her housing needs. Teachers at school hit her and called her a ‘squaw’. Family members beat her when she was a child. In order to be affordably housed, Grace accepted housing with a partner with whom she did not feel safe. Grace and her boyfriend applied for social housing together. Not long after the application was submitted, Grace’s landlord evicted her and her partner. Grace found herself homeless, and her boyfriend left when she no longer offered a place to live for free. While she was homeless, she met
up with her boyfriend and his family, and they physically and verbally abused her. Grace received news that she was accepted into social housing, but it was through her joint application with her ex-boyfriend. Because they applied for housing together, Grace did not have the option of moving into separate units. When asked if she wishes she had housing by herself, without her boyfriend, Grace said, “Sometimes yes, but sometimes no, because he has changed for the better. I want to believe him, but at the same time, I don't. I think that's what makes me angry because I lost the trust… I don't know, because his family don't really talk to me, and my kids don't talk to me because I chose him.” One major benefit of her current home is that the housing society requires that she and her boyfriend pay rent separately. In the past, she has paid for the housing costs and was not compensated by her partner. In Grace’s situation, it would have been better for the staff to ask her if her relationship status had changed before offering her housing. If this had happened, Grace might not have felt her only choice was to move back in with a man who had an abusive history with her.

A way of making space for women's diverse relationship preferences is for women to secure housing as women-led households. Mary Ellen Glover affirms this: “Women-led households are good, where a woman won't lose housing because of a partner. Her name is on the lease, but men can live there… It is more dangerous for the woman to sleep outside. Women are more likely to maintain housing and take steps to make sure the tenancy lasts. Where for men, it is not as dangerous to stay outside, so there is less risk of losing housing. Not saying that there is no risk of staying inside, unfortunately.” Because women experience more risk when evicted, they are often better at maintaining housing when they are the primary leaseholders.

Carol Lee is hoping to find women-led housing for her and her partner so that her partner's name is not on the tenancy agreement. Both of them have addictions and have been homeless for six years. If they do find housing, it could be put at risk because of her husband's money management issues or if their relationship status changes. Six months ago she applied for housing in a building for women-led households. They have not yet been accepted, and are still living with their dog under a tarp on the sidewalk. Jodi Sturje points out the benefit of women-led housing: “What [The Budzey and The Vivian buildings] did is have all family tenancies in the women's name because often when you are dealing with families and women, women are very disenfranchised. They do not have access to credit because, in the past, most of the documents were all in the
boyfriend’s name. This way, at least she has some power over the space in her life.” Carol Lee, like other women, needs housing needs to take into account her relationship with her significant other and gives her control over her housing, so it is not at risk because of another person’s actions.

**Harm Reduction vs. Abstinence**

Amid the overdose crisis, women need addictions support more than ever. First and foremost, women’s safety is the highest concern. Different women need different types of support when it comes to drug use. This could mean either the support to stay safe when using drugs, to move towards sobriety, or to stay off drugs (an abstinence-based approach). Some women would prefer a space that allows drug and alcohol use with a harm reduction approach. Others prefer housing that encourages and supports clean and sober living.

Jules’ housing has a harm reduction approach. When Jules moved into her current housing, her first step on the road to health was to switch her drug of choice from crystal meth to heroin. She first started using crystal methamphetamine (meth) when she was a teenager and feels that heroin is much easier on her body. She is now 30 years old and trying to get healthier. Jules is not planning to stop using drugs, but she wants to stay alive and safe. She wishes there was a safe place to do drugs in her building: “Because what do you do, when you’re alone in your room [doing drugs], and you feel like you’re in deep and you can’t crawl, you can't get to your door. What do you do, right?” Even though there is not a place to safely use drugs with other people in her building, she appreciates the harm reduction supplies, sharps containers for needles and that staff are trained in emergency response when there is an overdose. “I want to use [heroin] around people that keep me safe if I overdose. People that have the skills to bring me back.” Figure 6-16 shows the signage put up by the staff at Jules’ housing with harm reduction information. Staff are non-judgmental, there are sharps containers, and there are harm reduction supplies available in the building and around the neighbourhood.
Emergency support such as Naloxone and harm reduction supplies availability is important, but some women need even more support. Kate Lumsdon and her staff at the Budzey building provide the following addiction supports to women: “The number one thing is safety in the context of the opioid crisis. We do safety checks (see Figure 6-17). We build strong relationships with people. We do naloxone training; all staff and peers are trained. We safety plan with women who are in an unsafe situation. We have a lot of community partners; we have harm reduction supplies.” Addiction supports that women appreciate include:
• Approachable staff, who are aware of each woman’s situation;
• Staff and tenant training in Naloxone and other addictions support;
• Safety planning and safety checks for women who may use alone;
• Referrals to other addictions services; and
• Harm reduction supplies that are easily available.

Marcia needs housing that supports her efforts to stop using drugs but still provides some harm reduction support to keep her safe in the meantime. She is still using drugs, but she is working hard to stop and has applied to get into rehab. When Marcia found housing outside of the DTES with support to stay clean, it was a good step towards her goal. She has rarely used drugs since she moved into her new home: “It might be different for lots of people but when you’re an addict, and you’re walking around the Downtown Eastside, and you’re trying to quit, you see it everywhere, and you can’t quit.” She appreciates that her housing offers counselling for drug use and referrals to a drug rehabilitation program, however, there are still other supports she would appreciate. In her opinion, her housing needs to provide support meetings for addicts and to make harm reduction supplies available for those who need it.

![Image of Budzey Building Signage in Common Areas for Women Who Use Drugs Alone]

Figure 6-17  Budzey Building Signage in Common Areas for Women Who Use Drugs Alone

Now that Marcia is housed, she is outside of the DTES with additional support. She is starting to move towards her goal of not using drugs. Depending on where a woman sits in her drug use, abstinence or recovery process, like Jules she may need
housing helps her to stay safe and is a harm reduction model, she may need an abstinence model or like Marcia, a combination of both.

**Location of Housing**

The location of housing can have a big impact on women. Location can either help or harm them as they are trying to stay connected to their community (friends, family, support services, volunteer opportunities and social activities), or have access to support and services. Location of housing is an important choice for women, and it is best to make it with their input.

The location of housing can also make a big difference for women who are dealing with addictions. A neighbourhood like the DTES provides some women using drugs a feeling of safety because they can use with other people around who know how to deal with an overdose. As seen in Jules’ story above, she feels that living in the DTES has kept her alive and healthy because she is close to harm reduction supports and people who have training in what to do when someone overdoses.

In contrast, women who are trying to live clean and sober can find the DTES a hard place to live. Jodi Sturge expands on this by saying, “If you are a woman trying to reinvent herself, especially after having some barriers, it can be very challenging because the housing that exists [on the DTES], a lot of it is lower barrier, which is good for people who are really into their addictions, but when you are on the other side of that it is hard to maintain [sobriety]."

The reality is that none of the women interviewed for this study were given a choice of housing or location, besides the choice of whether to accept it or turn it down. Christy’s one request for housing was that it be outside of the DTES: “When I filled out the paperwork [BC Housing’s Housing Application Form] I was very clear I did not want to be downtown because I knew it wouldn't be conducive to my trying to get out of depression, trying to get out of addiction. I’ve never lived down here, and I don't want to live down here. Why should I have to live down here? They've got other places you know.” Christy is on methadone (a prescription drug for opioid maintenance therapy) and says that she needs to be in housing, and live in a neighbourhood, that encourages her to stay off drugs.
Christy was offered women’s housing in a brand new building on the DTES that has a harm reduction approach. It is hard for her to feel encouraged toward her goal of living drug-free when she is around people using drugs who live in her building and around the neighbourhood. Living on the DTES makes it especially difficult for her. See Figure 6-18 for harm reduction supplies available at her housing. Christy is a transgender woman and the building is very inclusive, has beautiful views from the windows and a variety of programming. However, the location not only triggers her depression and addiction, but she is asked regularly to be, in her words, “a working girl” by people in the neighbourhood and she does not want to go back to the sex trade.

![Harm Reduction Supplies in the Common Area of Christy's Building](image)

**Figure 6-18  Harm Reduction Supplies in the Common Area of Christy’s Building**

Before I toured Christy’s suite, she was nervous about opening up her door to me. I let her know that we did not have to do the tour, and she could change her mind at any time. Christy insisted that we go ahead. When I toured Christy’s home, it was devastating. Despite the gorgeous view (see Figure 6-19) from her building in a well-designed unit with a full kitchen and bathroom, it appeared as if the walls were coming down. Lumber was piled up, stacks of clothing were everywhere, and graffiti was on the walls (see Figure 6-19). When I walked out of Christy’s room, she was sobbing and said, “This is what depression looks like.” Even though the housing provider is a great fit for her in terms of the services, acceptance and the quality of the housing, the location does not work for her. In Christy’s words, “In the paperwork [the housing application] I was very clear, I did not want to be Downtown because I knew it wouldn’t be conducive to my trying to get out of depression, trying to get out of addiction. I've never lived down here
[the DTES], I don't want to live down here. Why should I have to live down here? They've got other places you know." Living on the DTES is only bringing Christy down, triggering her mental health, addictions and other lifestyle issues.

Unlike Christy, Grace was offered housing outside of the DTES. She is thankful to be out of the neighbourhood. She was recently attacked and stabbed in the back just before her interview for this project when away from her home visiting the DTES. When I asked if she likes the area where she lives now, Grace told me, “I like it, yes, I feel safe. When I go down that way [to the DTES], I am reminded of what happened to me, and I start to shake. I get anxiety. I look for reasons to stay at home because I'm scared.” Being outside of the DTES has given her space to heal from the trauma she experienced, not only physically, but also emotionally.

Figure 6-19 Christy’s Suite & the View from her Building
The DTES is a neighbourhood where some women do not want to live, but it is the neighbourhood of choice for others. Jodi Sturge said about the DTES, “I think it’s a tough place. There is a lot of trauma down here [the DTES], a lot of violence. But then again, it is where a lot of people feel the safest. Actually, the most accepted, not the safest.” For Christy and Grace, being outside of the DTES is what they need right now. For Jules, it keeps her safe as she continues to use drugs. The location of women’s housing can put them in an environment that can set them up for success or for suffering.

**Housing that Changes as Women Change**

Women’s housing choice and needs change as women change. Their housing needs depend on their health, relationship status or children. Jodi Sturge describes women’s changing situation in this way, “Maybe it [housing] is good for her for so long, but where does she go from there. As women age, they often age alone and sometimes they want a roommate. Our housing stock does not do a great job of responding to the flows in peoples lives. They are expecting them to be alone and live alone.” The women interviewed shared that their housing needs could change depending on their situation. It depends on whether their children are living with them or not, if their health or mobility needs change, if their housing no longer fits their needs, or if their relationship status changes.

Women’s relationship status does not always stay the same. Sometimes they choose to live with their partner, or things may change, and they separate from their partner and chose to live on their own. As Jody mentioned, some women realize that they need more support or company, and would like to live in a more supportive and active community. Housing for women needs to have the option of changing as women’s lives and needs change.

Dorothy is one of the women interviewed who has changing housing needs. Previously, she lived in social housing, but she found that it no longer worked for her. Unfortunately, after she gave notice to her landlord, there was no plan in place for her to move into housing that was a better fit. She did not expect that finding housing would be so hard, and she ended up homeless for over five months. The housing she left behind was affordable housing with mostly seniors, many of whom were sick and dying. Her
living situation was hard for her, and her housing was not a place she wanted to live. Dorothy told me, “A lot of clientele that was there were very old, and it was like they were dying one after the other. Sometimes there were like three deaths in one day, so it kind of drove me crazy. I didn't like that one bit, so I packed my stuff up and left.” Unfortunately, without a plan in place to change her housing, Dorothy ended up couch surfing with friends for a few months and finally, when she wore out her welcome, she was homeless at the DTES Women’s Centre shelter. It was the DTES Women’s Centre outreach staff that were able to help her find housing that was a better fit, but not until after she had experienced considerable hardship.

Women’s health can make it necessary to change housing situations. Both Sylvie and Christy worry about when they are no longer able to take care of themselves. Despite all the current support, accessible amenities and gardens (see Figure 6-20) at her current building, Sylvie knows she will need to move to different housing soon. As her Alzheimer’s advances, she will need more care. Christy was diagnosed with a heart condition and has been hospitalized numerous times. Christy needs additional physical and mental health services. She believes that she should be in a nursing home, especially after her last heart attack. Even though case management is available at both women’s housing, neither of them has a plan in place for how and when to change housing situations. The option to change housing when a women’s situation or health changes, can bring her peace of mind, security and prevent her from becoming homeless again.

Figure 6-20  The Gardens at Sylvie’s Housing
6.3. Safety & Security

Women interviewed identified safety and security as the top issue. Women shared that it is important that safety measures are in place to protect them, giving them control over their own space in a way that will not restrict or silence them. Housing that is safe and secure creates a built environment that supports trauma-informed care. It resists re-traumatization of people through the design of the building by providing privacy while at the same time not interfering with staff’s ability to provide a secure environment (Trauma-Informed Design, n.d.).

All of the women interviewed for this study have experienced living in situations where they did not feel safe. Some of them did not feel comfortable reporting or sharing what happened with the staff or management of their building. When I asked Masami Tomioka, of the DTES Women’s Centre, about safe living for women, she said women feel safe when they are “Free from violence. Free from judgement. It means that women can be empowered and can voice whether or not this place is working well for them. Often, women go into a building, and the person at the front desk is in control of the whole situation. So they get intimidated, and will not say anything. Often they are witnesses to all sorts of atrocities, and they don’t say anything because they don’t want to get kicked out of their housing.” For women to feel safe in their housing, safety needs to be considered in the design of women’s suites, in the common areas, and in the relationships between tenants and the staff.

Women identified the following security measures as important to providing a safe environment:

- Safety in women’s suites;
- Safety in the common areas;
- Positive relationships between tenants and staff; and
- Rules, policies & guidelines.

Safety in Women’s Suites

For women to feel safe in their suite, they need a secure unit with limited access and the ability to choose who they allow in. This security can be provided by having:
• Working and maintained locks on the suite doors;
• Limited access for non-tenants to enter the building;
• Limited access for non-tenants to access their floor; and
• Peepholes in the door to identify who is outside.

Sylvie feels safe in her housing because the front doors automatically lock, and no one can enter the building or get to her room unless she invites them in. When guests do come into the building, they have to buzz in at the intercom (see Figure 6-21), and then sign in with staff at the front desk. In her unit, the peephole is lower so she can see who is at her door from her wheelchair. She feels very safe in her unit.

Figure 6-21  The Intercom at the Front Door of Sylvie’s Building

Safety in the Common Areas

The most common place where women experience unsafe situations is at the entrance of the building or in common areas. To keep women safe, the women interviewed recommend the following measures:

• Proper lighting at building entrances;
• Staff monitoring building entrances at all times when these are unlocked;
• Security cameras in common areas, hallways, laundry rooms, elevators and outside of shared washrooms; and
• Restricted access to floors and areas of the building.
Jules proudly showed me the cameras and lighting in the hallways, common areas and outside of the shared bathrooms (see Figure 6-22). There is bright night lighting at the entrance of her building (see Figure 6-22). Although access to her floor and common areas are not restricted, staff monitor everyone who comes into the building. Masami Tomioka confirms this is a priority for women: “Hallways and elevators are typically the places where women are telling us that things are happening, but no one is doing anything, or no one believes them. So [safety includes] cameras in the hallways, elevators and doorways.” For Jules, these are the measures that make her feel safe.

Figure 6-22  Security Cameras & Lighting at Jules’ Building

Dorothy was physically attacked in a common area of a previous residence. She did not say anything to the staff because she did not want to cause trouble or to press charges. In her current housing, she appreciates that staff are at the front door to monitor who comes in and out; guests have to buzz the intercom and show I.D. to staff (see Figure 6-23). She is thankful that her building has cameras in the common areas, including the laundry room, and that the elevators have restricted access to floors (see Figure 6-23). Other tenants cannot access floors that are not their own, as they have a fob that allows access from the elevator. These safety measures help Dorothy to feel safe, and she can lower her guard when walking around the building.
Positive Relationship Between Tenants & Staff

When tenants have a positive relationship with the staff who work at their building and manage their housing, they are more likely to inform staff when there is a dangerous incident or when they feel unsafe. Women want staff to believe them when they report an incident and take reports seriously so that the tenants are kept safe and protected.

When women do not have a positive relationship with building staff, their feeling of safety decreases. Women, like Dorothy, will not disclose incidents if they do not have a trusting relationship with the staff. Some women do not feel safe telling staff about the unsafe situations they are facing. Even more troubling is if women do inform staff, but staff do not act or believe the women. Adequate policies and training can help empower staff with the ability to act on reports of incidents from their tenants correctly.

When staff have a good relationship with the women in their building, they are more familiar with the women’s situations and are likely to notice when women need extra support to stay safe. This type of relationship between staff and tenants also gives staff a basis of understanding that can help them adjust rules, policies and guidelines to meet the needs of their tenants best.

Rules, Policies & Guidelines

Just as important as the physical design of the space, rules create the social environment that can make a woman feel either at home or unwelcome. The women
interviewed for this study told me there is no standard social environment that works for all women. Some women smoke, others do not and would prefer to live in a non-smoking building. Some women want all types of pets to be allowed in their building; others are scared of dogs but still enjoy animals, and would prefer a cat only building. Some women appreciate having a strict guest policy and others prefer a flexible guest policy.

Women interviewed appreciate rules, policies and guidelines that are women-centred, serve to empower women, and are enforced with the tenant's best interest in mind. The women and experts said that policies that do not work are ones that are not for the benefit of the tenants and create an institutional environment. These policies seem to be in place to protect the building from the tenants and guests, make the management of the building easier for staff and keep the decision-making power is in the hands of staff with no consultation with tenants. In contrast, women appreciate policies that are created collaboratively between tenants and management, promote safety and security for women and are flexible when appropriate.

Guest policies that work for women consider the following:

- Collaborative policy development between tenants and staff;
- Guest policies;
- Policies for women in the sex trade; and
- Pet Policies.

**Collaborative Policy Development**

Within the purpose or vision of a building, there is opportunity for the operators and staff to engage with tenants after they move in to collaborate on some of the policies or programs that are developed. Masami Tomioka from the DTES Women’s Centre believes that women should be involved in developing the guidelines of a building: “Women feel with rules that their freedom is being infringed on. What we find here is we try to have agreements with women. If you have women make up the rules, they can’t say that is not fair because no one else is imposing rules on them, they are imposing them on themselves.” Even though the women interviewed had ideas of how they would change or build on the guidelines of their building, none of them were involved in the development of policies of their current living situations.
Guest Policies

Guidelines and policies for guests entering housing are of particular importance to women. Guest policies that work for women are in place to protect women’s safety, give her control over her own space, and are flexible, depending on the women’s best interests. They need to promote a connection between women and their community of family and friends, while at the same time protecting women’s safety and security. Women feel safe when staff monitor who comes and goes, and policies control who has access to the building. Women appreciate guest policies that:

- Promote connection to the community; and
- Promote safety and security.

Promote Connection to Community

Connecting or reconnecting with friends and family members, including children and grandchildren, is a priority for many women once they are no longer homeless. Even though women want to use their homes as a place to connect with family, restrictive policy and a lack of space within a building limits them. This is the case for Louise, who is a grandmother. The guest policies in her building restrict her ability to have her grandson visit and stay overnight. This policy means that she cannot help her son with caregiving or spend extended time in her home with her grandson. Masami Tomioka confirms that this is a reality for many women on the DTES. She says, “Women like to have guests. But a lot of the buildings don’t allow them to have family to come and stay with them, especially the SROs here. We have a lot of women who have grandchildren. They want to have space for them to come to visit them and stay overnight, but down here, it is not feasible.” An inflexible guest policy and a lack of appropriate space can harm a woman’s ability to use her home to connect with friends, family and neighbours.

When I asked Louise about guest policies at her building, she told me that not only do guests have to sign in, but the number is limited (see Figure 6-24): “I invited three people over for dinner ‘cause I was going to make a nice dinner, right. But [the staff] said you’re only allowed to have two.” This restrictive guest policy of only two guests at a time did not work for Louise, and she could not have her party of friends over at the same time. In this particular situation, Louise solved the problem by having two separate dinners on the same day. Unfortunately, this created a lot of extra work for her
and would not be a reasonable solution for some people. The guest policy at her building has been detrimental to her connecting with her friends and feeling a sense of control over her home space.

Figure 6-24  At Louise’s Housing Guests Must Sign In

Women feel at home when they can be hospitable, and their home is a place they can host others. Housing with a guest policy that provides safety yet is flexible enough not to hinder women’s connection with her friends and family is an important part of making housing work.

Promote Safety & Security

Most women shared that they feel safer when guests have to buzz in to the building and staff are monitoring the front door. For increased security, guests can be required to sign in at the front desk, show staff ID, or be accompanied by a tenant at all times when in the building. However, stricter policies are not for every woman. For some, who have been institutionalized or denied control over their own space, these types of policies can feel restrictive.

Both Janelle and Jules feel safe in their building because everyone who enters has to sign in with support staff and leave their ID at the front door. Not only that, but right at the front door, there is a window into the staff office so staff can see who is coming and going. In Figure 6-25, see the front entries to both Janelle and Jules’ buildings.
Christy appreciates that her building takes it a step further. Residents are required to meet guests at the front door, and guests cannot be in the building unless accompanied by a resident. When I arrived at Christy’s home, there was a buzzer outside the building, and after she buzzed me in, I was not allowed past the front desk until Christy came down the elevator and accompanied me (see Figure 6-26). Kate Lumsdon, a manager at the building, explains the guest policies in this way: “Because it is a family building, it is a bit higher barrier in terms of a guest policy. We ask for government ID. We sign guests in and out. Guests buzz the tenant, tenant comes down and accompanies their guests. Guests are never unaccompanied.” So far Christy has felt safe, but unfortunately, she does not have a good relationship with staff, so if she was in danger, she does not know if she would be comfortable talking to them about it.
In contrast, Dorothy’s building has a much more relaxed guest policy and less staff involvement. She can buzz her own guests into the building, and they do not have to interact with staff at all. However, staff are monitoring the front door so they can ensure people who are not invited do not get in. Dorothy describes it this way: “People don’t have to show ID when they come and visit me and you know, that was a big thing for me. Living in a hotel room [SRO] you had to show your ID anytime you go. And nobody wants to visit you when you have to show your ID every time.” A guest policy that leaves her in control works well for Dorothy.

Marcia wishes she lived in housing that was more like Dorothy’s and had control over guests that enter her housing instead of staff, “They [staff] track who is allowed at your house. Your visitors have to sign in, and they have control of you, and it feels like you’re in jail.” For women who have been in an institutional environment, their priority may be autonomy and having control over their environment. Institutional environments could include residential schools, foster care, group homes, prison, hospitals and mental health units. These women may appreciate a more flexible guest policy, where known guests do not have to stop at the front door, or a minimalist policy where safety measures are in place, but guests do not have to interact with staff at all. Depending on a woman’s backgrounds and experiences, she may have very different choices for guidelines around guests.
Policies for Women in the Sex Trade

If women are not able to use their suite for their work in the sex trade, they can end up working in isolated, expensive or unsafe locations. Guest policies can create a safe place for women who are active in the sex trade. Mary Ellen Glover explains that when women have the option of working in their building, they are safer: “Having guests is an important part of housing. Especially because many women are in the sex trade. Working in your building is safer than outside. Flexibility in guest policies is important for women to maintain their housing.” For women in the sex trade, guest policies are important, especially when coupled with safety policies where staff can step in and help when women find themselves in an unsafe situation.

When women cannot work out of their home, they can end up working in expensive locations. Jodi Sturge described how women could be taken advantage of: “There are some SROs where there is a history of women having to rent the room out by the hour for the sex trade. That is very shocking because they are paying more than $1600/month for rent because they are paying a daily or hourly rate.” Having support in her building, without having to hide what she is doing, creates a situation where women are less likely to be taken advantage of.

Christy lives in a building where women in the sex trade are allowed to engage in sex work in their suites. Even though Christy is no longer, in her words, a ‘working girl,’ she had no complaints about women engaging in this activity in her building. The manager of Christy’s building explained that in addition to a policy that allows women to have guests and use their suites for sex work, the building also has several safety measures in place. Safety measures included:

- Safety planning;
- Close relationships between staff and tenants;
- Phones in women’s rooms to call staff;
- Staff who do floor walks and monitor potentially unsafe situations.

When policies like these are in place, women are able to work in safe locations and quickly access help when they need it.
Pet Policies

The women interviewed for this project agreed that all housing should have a pet-friendly policy. Only Louise said she would prefer restrictions on the kind of pets because she prefers cats and is scared of dogs. She is glad to live in a building that does not allow dogs (see Figure 6-27).

Figure 6-27  Louise's Building Does Not Allow Dogs

Pet-friendly policies can help women find housing who would not otherwise be able to do so. Carol Lee is still living outside, in part, because she has not found appropriate housing that is pet-friendly. Housing she has applied for, “It's all for non-smoking and no pets. But I'm not parting with him [my dog]. I've had him since he was a baby, eight weeks old. He was a birthday present.” Carol Lee will not leave her dog behind, and so she, her partner and her dog continue to live outside (see Figure 6-28).

Figure 6-28  Carol Lee's Dog Sleeps Outside with Her
When Velma was living in the Oppenheimer tent city, Carnegie Outreach staff found Velma housing that was pet-friendly. She was able to move in with her dog, who she had been with for 18 years. Housing with a pet-friendly policy was incredibly important to Velma because she would not have moved into housing otherwise. Unfortunately, her dog passed away soon after moving inside, but Velma found a homeless cat to adopt right away. Trevor Hancock feels that this contact with pets is not just a preference, but helps women to be healthier. He says, “Contact with nature is therapy, so how do you optimize contact with pets?” For Velma, her relationship with her pets is more than therapy. Her pets are her family and housing with a pet-friendly policy is the reason she and her cat are no longer sleeping on the streets (see Figure 6-29).

![Velma's Cat is at Home in Her Suite](image)

**Figure 6-29**  Velma’s Cat is at Home in Her Suite

### 6.4. Design of Space

Women enjoy a space that is designed to create a home that is both functional and beautiful. When a space is well designed, it is easier to live in and to make the space feel like a home. The specific areas of design that are important to the women interviewed are:

- Sufficient cupboards, closets and drawers;
- Access to beauty, nature and natural light; and
- Community building through design.
Cupboards, Closets & Drawers

A minimum quantity of cupboards, closets and drawers are needed for a woman to store her belongings and stop living out of a suitcase or a shopping cart. Unfortunately, three women interviewed for this study did not have any cupboards, closets or drawers in their suite, and three women had an inadequate amount. Without the space to unpack, it is hard to feel like a place is a home. Instead, it feels temporary. After touring women’s living spaces and listening to their stories, I learnt that the minimum amount of storage needed is:

• A closet for coats and shoes;
• Closet and dresser for clothing and household items (including linens and towels);
• Cupboards for food, cookware and dishes; and
• A cabinet for toiletries.

Living on the streets or in a homeless shelter requires women to have all their belongings with them at all times. When homeless, women are in a crisis mode and items are often lost, stolen or destroyed as they move from place to place. Even when staying at a homeless shelter, very little safe storage exists. In a shelter, women usually have a locker to store everything they own safely, and if they are lucky, their room is secured with a lock. Women become very creative with how they store their possessions.

Carol Lee is an example of how a woman will create ways to store her belongings even when she does not have a home. She told me that she has been living under a tarp for two years, and in a van for four years before that. She is very proud of how she and her partner have made their small space work for the two of them and their dog. She creates ways to store her belongings, even though she does not have any of the basic storage facilities typical to a home. She gave me a tour of how they organize their belongings under their tarp on the sidewalk. One corner is for dog supplies, and another corner is for cooking equipment and food. The back of the tarp is for clothing, and their bed is in the middle of the space, with blankets for sleeping (see Figure 6-30). Even without four walls to protect her belongings, finding ways to unpack, store and organize her belongings is very important to Carol Lee.
A woman who moves into housing without proper storage continues to live as if she is in transition. Her clothing never comes out of her suitcase or garbage bag, and her possessions are stored in boxes or in piles on the floor. This is the case with Jules. Jules is living in a DTES SRO. Jules’ suite is furnished with a single bed, a small table, a chair, a small locker and a minibar fridge. There is a sink in the corner with a small countertop and two open shelves below. There is an open shelf attached to the wall. There is no dresser, closet, kitchen cabinets or toiletry cabinet. She stores her food in shoe boxes on the table, her toiletries are in re-usable grocery bags under the sink, dishes are on the open shelf under the sink, clothing is folded neatly in a clothes bin and bags on the floor, and her shoes are lined up under her bed (see Figure 6-31). When I asked Jules if she has enough storage, she told me, “Obviously not. I have a lot of
things, but who doesn’t. I call it my organized mess." Jules says that her unit feels temporary and she is actively looking for other locations to live and is on BC Housing’s Housing Registry waitlist.

Figure 6-31  Jules’ Storage of Her Belongings

Grace is living in a converted hotel room, and the suite is furnished with a bedroom and full bathroom, but it does not have a kitchen or cabinets. Despite the lack of storage, Grace has been very creative in how she uses her space, and she creates the storage she needs. The unit has one closet, and she uses it for clothing and household goods. Under the sink, there is a cabinet for toiletries. She has created a kitchen-like area by raising a dresser and bedside table to counter height. This area is used for food preparation and has a shelf and bins for the additional food and kitchen appliance storage they need (see Figure 6-32). In the bedroom, Grace had stacks of
bins and boxes in which to put their household linens. At the front door, she has a coat rack, dresser and shelves as a place to put coats and shoes. Grace has worked hard to make the space still feel like a home, despite not having the closets, cabinets and drawers she needs.

Figure 6-32  Grace's Storage of Her Belongings

In a completely different situation, Louise has almost all the cupboards, closets and drawers she needs, and has been able to unpack completely (see Figure 6-33). She still wishes for more space, but says it is ok without more: "It saves you from hoarding if you know what I mean!" Her kitchen has counter space for cooking, cupboards and drawers for food storage, cookware and dishes. She has a full-size fridge with adequate freezer space. Her living area has a large closet, a dresser and the full-size bathroom
has a cabinet for toiletries and cleaning supplies. She feels that she needs one more
dresser or shelf, and then she has the perfect amount of storage space.

![Image](image1.jpg)

![Image](image2.jpg)

![Image](image3.jpg)

![Image](image4.jpg)

**Figure 6-33  Louise’s Storage of Her Belongings**

Women who have been homeless become very good at creatively storing their
possessions without adequate cupboards, closets and drawers. However, when they
have a home with the storage they need, they no longer have to spend their time on-
guard, managing and protecting their possessions. Instead, they can unpack, often for
the first time in weeks, months or even years, and begin to feel at home. With
appropriate space for belongings, a women’s space no longer feels temporary.
Beauty, Nature & Natural Light

Access to nature, beauty and light is very important to the women interviewed. The women interviewed who felt at home in their spaces pointed out areas of their personal unit or building that brought them joy, and they were proud of. Almost always, these were areas with beauty, nature or natural light. Dr. Trevor Hancock, from BC Healthy Communities, affirms this and says that housing that works is “Not just a roof over their head with clean water and no bugs, but what is going on in the neighbourhood around them. Do they have access to nice parks? Is there nice landscaping? There is a relationship between beauty and health. Nature is one part, but so is the beauty of the building, and so is art itself.” Destiny lives in a very small, run-down SRO room. She found a beautiful rug to put on the floor and pink flowers for a vase on the sink. Dorothy was proud to show me the common area on the roof with a beautiful view of the mountains. It seemed to bring Velma joy to show me her traditional handmade quilt, drums and personal photos. Other women showed me how they added beauty to their home with decorations, plants, personal photos or their favourite teddy bears (see Figure 6-34).

Figure 6-34 Decorations & Items of Beauty in Women’s Homes

When I toured women’s homes and where they sleep, they were proud to show me their communal spaces that had gardens or access to nature (see Figure 6-35).
Louise is within a short bus ride of the community gardens in the DTES, where she helps take care of the gardens and grows tobacco among other plants. Carol Lee is still homeless, but when she talks about what she misses from her former home, it is the beautiful staircase and the garden.

![Image of communal garden spaces and access to nature](image)

**Figure 6-35  Communal Garden Spaces & Access to Nature**

Every woman interviewed drew my attention to their windows and commented on the natural light they have, whether it was a lot or a little (see Figure 6-36). The importance of light was also pointed out by a number of the experts interviewed. Masami Tomioka said, “If the place has windows and is bright, that makes a big difference.” Jules’ SRO room has a nice window that opens. Despite the fire escape covering part of the window, she appreciated the light and fresh air. The air and light in her unit are much better than her previous living situations of the past few years. For all of the women interviewed, having access to beauty, nature and natural light brought dignity, a feeling of ownership and even joy.
Community Building through Design

Designing women’s units in a way that provides the space and furniture to host friends or family increases women’s ability to stay connected to their community. The design of housing units and common areas can enable women to use their home to build relationships with their friends, family, neighbours and even staff. A home designed for community building has space the space for hosting family and friends, a common area for socializing and staff offices located in a place that encourages natural interactions with staff.

For women who have experienced homelessness, living in a building that they are proud of, with space to host, makes it possible for them to invite friends and family to visit them. This is something that Carol Lee wishes for, as she has been disconnected from her mother, kids and grandkids since she became homeless. She is currently living under a tarp and is waiting until she is stable and housed to reconnect with her family. Once she finds housing, she hopes that it will have space to host them and she imagines a place she is proud to have them visit.

In order to host family or friends in their own private space, women need enough room for guests and the appropriate furniture. For Louise, the suite she lives in makes it challenging for her to host people. Her living area has minimal furnishing: one chair and a very small table. There is little space for adding more furniture: “I got an extra chair, so I can have some people over. I had a couple of people over on April 1st on Easter Sunday, by the way, then I just get some kind of tray [for them to eat off of]. Basically, there’s just not enough [furniture] to have people over. It's not enough.” Even though
she did not use it in this instance, Louise building does have a communal area she can use to host family or friends when her own suite is not large enough (see Figure 6-37).

![The Common Area in Louise's Building](image)

**Figure 6-37** The Common Area in Louise's Building

Some of the women interviewed had common areas in their buildings; however, they were often underutilized, and women did not use them very often to build relationships. The common areas appeared to be used regularly only if there was a meal program, staff or peer-led programming and especially if they were located at the building’s entry on the main floor where women could naturally spend time without having to make a special trip. Common areas that were on different floors from where women lived, or not on an exit route, were less frequented, which resulted in women not connecting with other tenants and with staff as often. Louise’s building had multiple common areas including outdoor space, living area, work stations and a workout room. Unfortunately, they were all on an upper floor and underused by tenants (see Figure 6-38). Common areas along the daily paths of tenants worked best.

Natural interaction can help women stay connected to their neighbours and staff, and many of them appreciated these opportunities for support and relationship building. Dr. Trevor Hancock describes it in this way: “If you have an apartment building or a multiplex, you design it so the doors face each other, so people meet. Jane Jacobs talked about eyes on the street and the importance of street life. We have moved away from that. How do we design places where people can meet, but also informally, where your door just has to open up and see the other door, and there is a chance that you will
meet each other?” Designing the building so that women naturally interact with each other regularly can provide increased opportunities for relationship building and even support.

Figure 6-38 Underused Common Areas in Louise’s Building on an Upper Floor

Similar to the location of common areas, the location of staff offices in the building can help to foster spontaneous, regular and positive interactions with tenants. Staff who interact spontaneously with women daily have more opportunities to provide support than when women have to seek out staff intentionally. When interviewing Kate Lumsdon, Manager of the Budzey Building, she said that she wishes their staff offices could be in a different location to help them connect more often with tenants. Kate said, “I would put my office downstairs. Most people you want to connect with come through the lobby. It would be better to be on the main floor to be able to access the flow of activity.” The current staff offices are located on the sixth floor, in the common area for single women living in studio units. Unfortunately, the common area location is not near a building entry, so lacks a regular flow of women moving through it. As such, women do not experience that regular, unplanned interaction with staff and caseworkers at her building. The location of staff workspace has a large impact on their spontaneous and ongoing connection with tenants.

Janelle lives in a modular housing building and said that her favourite part of her housing is that she has the freedom to choose to be by herself or with others. Her building provides opportunities for informal interactions. There is a common area and staff office right at the entrance of the building (see Figure 6-39). She is greeted by the staff when she enters the building and has to go through the common area to get to her suite. She can stop and talk to people, check in with staff, or choose to go straight to her
unit, depending on how she is feeling. Not everyone has the confidence or the energy to seek out relationships with their neighbours. But when the building design is such that it happens naturally, women feel more connected to their building and the people around them.

Figure 6-39  Common Areas at the Entrance of Janelle's Building

6.5. Accessibility

A disproportionate number of homeless people are seniors who have health issues and physical disabilities. Their level of ability makes the need for accessible and adaptable housing of utmost importance. The number of seniors who are homeless in Vancouver continues to increase. In the 2019 City of Vancouver homeless count, 21% of the homeless population was 55 years and older. This proportion has increased by 12% over the past ten years (City of Vancouver, 2019b). Masami Tomioka confirms that she has seen this shift with her clients: “We have been noticing a big dump of seniors into the shelter system. At least having walker accessibility is big. And non-slip floors. Even if they get wet, they are not going to slip and fall.” Within Vancouver's homeless population, 55% have health concerns, and 38% have a physical disability (City of Vancouver, 2019b). The percentage of women interviewed for this study with physical disabilities and health concerns matches the homeless count percentages. However, 55% of the women interviewed were seniors, well over 21% from the count, and many of them faced significant accessibility issues.
Two of the women interviewed were in wheelchairs and lived in a purpose-built supportive housing with fully accessible suites. Both of these women appreciated the following design factors:

- Ramps or flat entries into the building with wide doorways and halls that allow two wheelchairs to pass easily;
- Elevators, automatic door openers and accessible door handles;
- Fully accessible common areas, with room for their wheelchairs to move around furniture and through doorways;
- Lowered door ‘peephole’ viewers
- Accessible kitchens with lowered countertops with room underneath to pull up close in their wheelchair and lowered cupboards;
- Accessible bathrooms, shower and toilet with handrails in appropriate locations; and
- Lowered light switches, thermostats and power outlets in accessible locations.

Figure 6-40 Accessible Features in Sylvia's Building

Sylvie lives in an accessible unit, and she appreciates the overall accessibility of her building: wide hallways, elevator and automatic doors (see Figure 6-40). It has allowed her to age in place and continues to be adequate in its design, despite her changing health needs. Masami Tomioka pointed out that many of her clients have physical issues, including arthritis in their hands: “Elevators are important. Working elevators. They need door handles that are easily able to be gripped.” Even if a woman
does not need these features right now, there is a chance she will need them in the future. Having accessible units is important, as are units that are designed with space and function for women to age in place. This way, women’s situations can change and they will still be able to access the building and move around their suite. Integrating accessibility features into overall design cuts down on the need to relocate tenants due to changing health.

Figure 6-41  Janelle's Accessible Suite

Janelle lives in an accessible unit in modular housing. Although her suite meets most of her needs, there are a few areas that are inaccessible for her. Her suite has enough room for her wheelchair under her sinks, accessible hallways, shower, lowered thermostat, lowered peep holes in the door and widened hallways (see Figure 6-41). However, she has trouble getting in and out of her bed and is in need of a hospital bed to allow her to move to and from her wheelchair. The other area that is inaccessible is the common kitchen in her building. With high cupboards that she cannot reach, it is not fully accessible to her (see Figure 6-42). This lack of accessibility limits the amount she can participate in community kitchen activities and cook with other tenants. Having not only an accessible unit but accessible common areas enables women to participate in all programming options and does not exclude her from spaces and activities within her own home.
6.6. Repairs, Cleanliness & Pests

A clean home in good repair brings women a sense of dignity, provides her with a safe place to live, ensuring that housing will work for her in the long term. The minimum needed is for building staff to make repairs when needed, and to deal with cleanliness issues and pests in an efficient manner.

Louise’s building has very good security, but she feels it is ineffective because the door to her suite has not been able to lock properly in six months (see Figure 6-43): “My door doesn't lock half the time. I have to sit there and play with it. That's a safety issue, you know. That's major. It has been like that since November. They've worked on it and said, ‘Oh we're waiting on the parts.’ Well excuse me, you're supposed to replace that.” For Louise, because her suite door is in disrepair, she feels that her housing has become an unsafe place to live. The building needs to act on repairs more quickly, for her housing to work for her and keep her safe.
Figure 6-43  Louise's Door to her Suite that Does Not Lock

Velma’s previous building was in such disrepair that it was impossible for her to live there in the long term. Velma loved the suite because it was her first real home after being homeless. For the first time, she had a bathroom and kitchen. Unfortunately, the landlords did not repair the building, deal with pests or keep it clean. Eventually, the rat feces made it hard for her to breathe properly, so she began sleeping outside again. Velma told me that “Everything was leaking and then you'd get water damage and mold. You couldn't really be in there. I ended up putting some stuff in storage, but I couldn't afford to get the things out, so I lost a lot of personal property. That was kind of tough, but you know.” The disrepair of Velma’s building resulted in her losing her housing and becoming homeless once again.

Destiny is living in a building where the disrepair, dirtiness and pests have made it unsafe and undignified for her to live there. She is couch surfing in a private market SRO building. She showed me cell phone photos of rats and cockroaches found in her suite and steel wool plugging the holes in the walls to keep out rodents (see Figure 6-44). The only window to the outside is broken, and the window into the hallway was replaced with a piece of plywood (see Figure 6-44). The only shared bathroom on her floor has been in disrepair for months, and the toilet does not work (see Figure 6-44). Destiny has a physical disability, and the elevator does not work in the building, with the only operational bathrooms on the upper floors. Because she physically has a hard time walking the stairs, she goes to the Evelyne Saller Centre to use the bathroom and shower every day. The repair of her building is unsafe and undignified.
For these women, having a building where staff resolve repair issues quickly, common areas are cleaned, and pests are dealt with swiftly enable them to feel safe, make their space functional, and make it more likely for them to stay housed in the long term.

6.7. Staff Support

Staff play an important role in helping women feel safe, supported and encouraged to access services. Women are more likely to access programming and engage with the community around them when they have a positive relationship with the people who work in their building. For Maria, the best part of her housing is “The staff. I love the staff they are really friendly here.” One way to build a positive relationship with
staff is through regular and spontaneous opportunities for support staff to have positive interaction with tenants.

Women appreciate staff who are kind, pleasant, supportive and professional in their behavior. Janelle said that a place feels like home when people care: “Sometimes it's just nice to have somebody give a crap to your face. So that's nice. It's not necessarily caring. It's like to your face like they're actually there [for you]. Everybody has their preconceived ideas of what a home is, and that's mine.” Feeling cared about by the staff and the people around her makes Janelle feel at home.

When a housing operator hires staff who are qualified and trained properly, it can make women feel more comfortable accessing services. Christy said that she did not use the services in her building because “You're not qualified nurses, you're not qualified psych nurses, you're not qualified counsellors. Most of them do try and help. Their heart is in the right place, most of them.” Professionalism and proper training bring confidence that women are in good hands.

The specific areas of support that women found helpful from staff are the following:

- Case planning;
- Referrals;
- Housekeeping; and
- Medication Dispensing.

**Case Planning**

Women appreciate case planning with staff to help them move ahead in their current situation. Case planning can help women plan for when their housing and support needs change. Janelle recently moved into her housing and is looking forward to accessing the case management services. She would like to get a job or go back to school, but she needs help: “I know that I should probably go to school or get a job. I would rather get a job that allows me to work from home. I have to go through the whole process of what everybody else has to go through, times that by two. Because it takes
me so much longer.” Janelle is in a wheelchair and would like to find opportunities to go to school or work that are accessible, and possibly modified, to work for her situation.

Referrals

For women, it is very helpful for staff to have an understanding of services available to tenants, and to refer women to those services. Some housing programs have a dedicated staff or a peer navigator available to make referrals. A peer navigator is someone with a lived experience similar to other clients and can refer women directly to services. Women interviewed shared that useful referrals are to:

- Health care professionals;
- Foodbanks and low-cost food programs;
- Leisure programs and library card sign-up;
- Substance use programs;
- Income and tax services;
- Housing assistance;
- Work training;
- Legal help;
- Vancouver Aboriginal Friendship Centre Society (VAFCS); and
- Mental health supports.

Once women are stable, housed and feeling proud of their circumstances, many of them want to reconnect with family. For Marcia and her fiancé, reconnecting with family requires referrals to legal help. They are currently living in temporary housing and would like to start the process of getting his children back from the foster care system. They need legal help and are hoping housing staff can refer them to an agency that can provide free or low cost assistance to help them reunite them with their children.

For Velma, the referrals made by staff have made a big difference in her quality of life. Staff arranged for a librarian to come to their housing location and sign all tenants up with a library card. She appreciated the referrals to the Aboriginal Friendship Centre: “I do like the staff, especially the Navigator. They pointed me in the right direction to go
for help, to the Friendship Center. They directed me to the elder’s group, who are now showing me to other places [referrals] that I’ve never even heard of.” Velma is more active than she has been in years, thanks to the referrals and encouragement to try new services and activities.

**Housekeeping**

Some women require staff assistance with housekeeping. At the Budzey, Manager Kate Lumsdon describes their housekeeping services as important but inadequate: “We have a home support person on during the day. It is not enough, people need a lot more support, and it is a lot for one person to do. Cleaning, laundry, help around the house for an hour a week [per person]. Our home support person has a pretty tight schedule.” Women will require housekeeping support for different reasons. For Sylvie, who has a disability, she has access to ongoing housekeeping support to help with cleaning tasks she is unable to do because of her mobility and memory issues. Unfortunately, the support she receives has not been sufficient. Her suite has undisposed of garbage throughout, an infestation of fruit flies in the kitchen and the bathroom floor is covered in packaging (see Figure 6-45).

![Figure 6-45](image)

**Figure 6-45** Sylvie’s Kitchen & Bathroom with Undisposed of Garbage
**Medication Dispensing**

Women appreciate having the option of having staff store and dispense their medication to them. Sylvie likes that staff hold her medication in a secure location and give her each dose at the right time. She takes narcotics and worries that people in her building would ask her to share her drugs if they were in her possession. She has early onset Alzheimer’s, and she is concerned that she would forget to take her medication if the staff did not help her.

Marcia and Christy wish the staff had training and were able to dispense drugs for opioid dependence management including Suboxone, methadone and even prescribed opioids. Opioid management drugs often require people to travel to a designated pharmacy or service providers once or twice a day. Going offsite for opioid management can take a lot of time and is very disruptive to moving ahead with employment, training or volunteering. Having medication dispensed at home can make life a lot easier and safer for women with health issues.

**6.8. Programming Options**

Programs offered at housing facilities help women to adjust to living inside after being homeless. Programming options provide needed support and build skills for women to move ahead in their lives. Masami Tomiaka explains why programming options are important: “These people have been living rough, or haven’t been inside to stay for more than a night. Who is going to support them to help them adjust? You can’t just dump a person there, and say, ‘There you go!’ They don’t know the first thing about how to set up their cable or utilities.” Programs and supports can make the difference between a woman staying housed and healthy or ending up back on the streets. Women told me that they appreciate the following types of programs:

- Tenant participation;
- Recreation programming;
- Meal program & groceries;
- Life skills;
- Mental health & addictions support; and
- Indigenous programming.
Tenant Participation

When women are involved in social activities, governance, decision making, and in supporting other tenants at their housing, are more invested and have a feeling of ownership. Women appreciate participating in:

- Resident advisory opportunities; and
- Volunteer positions.

Resident Advisory Opportunities

One way to involve women is including them in making decisions about guidelines, policies and programming. Advisory opportunities can happen formally through advisory committees, boards or more informally through community meetings. Masami Tomioka feels that advisory boards can make housing safer: “Have a residential advisory board or committee where women can participate and say ‘this isn’t working’ or provide strategies on how to make the hallways safe or how to make the elevators safe.”

Kate Lumsdon, manager at the Budzey building, holds regular meetings that all tenants are welcome to attend: “The direction I like to go in is holding community meetings pretty frequently, and getting feedback on what women want. Meetings are usually once a month. I like self-created communities, so I help facilitate women to come up with the group [they want to start], and we help them get it off the ground. We have a small budget for programs.” Empowering women to have a voice in the governance and available programming can give them a sense of pride and control over the space around them.

Volunteer Positions

Sylvie loves volunteering at her housing. She experiences the benefit of the relationships she builds with other tenants, and more frequent opportunities to access free food, a perk given to volunteers in her building. Masami Tomioka agrees: “Finding new social networks is key so that women stave off the loneliness. When you are in the shelter or on the street, you are surrounded by people. Now you are housed, and you are in a safe and cozy environment, but you are by yourself. Social programs are huge.” Volunteering gives women a feeling of purpose and connection as they give back to the community where they live.
Peer Support Programs

Peer support programs allow women to help other women who have had similar experiences. Peer support positions are usually voluntary but can be paid or provide women with an honorarium. Peer support workers sometimes receive training, which equips them and gives them confidence in their role. Sylvie is a peer support worker in her building. She says, “A lot of them [tenants] have mental disabilities, and I was a trained peer support worker. So I just sit, and a lot of them seem to come to me instead of staff. They ask, ‘Sylvie how do I do this’ or ‘how do I do that.’ I don’t mind helping and if I don’t have the answer I’m not afraid to go to the staff and say, ‘Hey this person wants to know how to do this.’” Being a peer support worker provides a feeling of purpose and provides value to other tenants.

Women who understand the experiences of other women can support others with empathy and compassion. Masami Tomioka speaks from her experience at the DTES Women’s Centre: “I believe in peer support. It is really important because there is credibility there. People who have been through the system, who have been through the same sort of trials they have been through often have a deeper ability to empathize with the person’s situation.” Housing with formal peer support programs, especially those with a budget for training and paying women to do the work, is a valued way for women to be involved in their housing and appreciated by the other tenants.

Recreational Programming

Social programs help women learn new skills, build relationships with other people and have experiences that were not possible while they were homeless. The majority of women interviewed for the project shared that they would appreciate the opportunity to take part in recreation, activities and outings. Women on income assistance, disability or employment insurance do not have funds to take part in many social activities and need subsidized programs to participate.
There was a large discrepancy of levels of recreational programming available in the different women’s housing options in this study. Louise lives in permanent Indigenous housing with a lot of opportunities (see Figure 6-46) and says, “We have a lot of different kind of outings and that sort of things. They have movie nights and bingo nights and different activities, and we’ll go to Science World or whatever.” Similarly, Sylvie appreciates the more formal and planned events at her building where she could interact with others, including shared meals or coffee times and activities in the amenity room. Staff advertise the activities and shared meals by posting posters in the common

Figure 6-46  Social Programs, Recreational Activities & Outings at Louise’s Housing

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<th>Sunday</th>
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- Spring: Various events like movie nights, bingo nights, and outings
- Staff advertise activities by posting posters in the common area.
area and the elevator (see Figure 6-47). On the other hand, Janelle wishes she had the opportunity to be involved in activities, but her housing does not have any.

A small number of women interviewed said they would choose not to take part in social programs. Dorothy is very involved in her community and does not feel the need to have social activities at her housing: “I probably wouldn't go anyway. I would rather not actually get to know my neighbours. I know enough people. It is fine with me that I actually visit once in a while, but I don't want to know the whole building.” For Dorothy, her strong social network means she does not need additional relationships and activities at her building. However, Dorothy does not represent the other women interviewed, who would appreciate some type of recreational and social programming.

![Figure 6-47 Planned Activities by Staff at Sylvie's Housing](image)

**Meal Program & Groceries**

Meal programs and access to groceries is a priority for all women interviewed for this study. For the majority of those who have housing with food programs, it consisted of a community meal program once a week. This includes Louise, who appreciates the meal, although she often wishes the food was less spicy (see Figure 6-48). Kate Lumsdon feels that food should be a top priority: “Access to food is the number one issue women face.” Because of women’s low incomes and limited access to food programs at their housing, most are not able to cook food for themselves within their home.
All of the women interviewed have very little income left to buy food after paying for their housing and necessary expenses. Masami Tomioka confirms this: “Meal programs are really important because women are living off of welfare, so after paying for cable and utilities, they have nothing left for meals. Then they are out searching for free meals. If there was a meal program in the building they are living in; it would help a lot.” When women have to leave their housing to find free food, it does not leave time for other activities such as work, training or volunteering. Standing in food line ups or volunteering for free food takes up a large part of women’s day.

There are different types of food programs that women appreciate. Mary Ellen Glover describes the types of programs that work: “Having food in buildings is good. Groceries that people can cook on their own works well. Community meals too. It depends on the building, and it is specific to the type of person. It depends on if the person wants to be in a building with a sense of community, or just wants to come in and out [without interaction].” Depending on a woman’s needs and preferences, she may want to eat with others and may want to be on her own. However, all women would like the option of eating or preparing food at home.

Janelle and Sylvie both live in housing with robust food programs. Janelle lives in modular housing, in a self-contained unit with a small kitchenette. There is a communal
kitchen in the common area for all the tenants. Staff provide two meals a day. One meal that tenants cook and eat together and breakfast food is available for tenants to prepare on their own. For women who want to be alone, they can cook their food in their unit. For Sylvie, one of her favourite parts of her housing is the food program and Food Bank (see Figure 6-49): “They give you one really good meal a day, which a lot of places don’t. They make sure it’s healthy, you know. And every Wednesday, if you help cook [volunteer], you get boxes of food from the Food Bank. We all share. Like we all got vegetables, and we all get fruit. It's good.” Add to this, the free meal a day she receives from the drop-in centre where she is a peer worker, and Sylvie has all the food that she needs.

Figure 6-49 Sylvie's Housing has a Food Bank Program in the Communal Kitchen

For Velma, it is not only important for her to have access to food, but to be able to prepare food herself and with her community. At her temporary housing, there are no kitchen facilities available, although staff have food available for tenants (see Figure 6-50) and provide a catered meal for tenants once a day. Velma shared that, “The thing I miss the most. I miss doing group cooking. I miss having a stove to make bread, to make bannock. I especially miss the holidays cooking ham or a turkey.” Velma loves cooking for other people. She said, “It's one of my favourite things. I know people who say, 'Velma when are you coming back downtown we miss your food.' I say one day,
one day it'll come.” Velma’s dream is to not only have her own kitchen where she can cook but for there to be a food program where people cook and eat together. In the mean time, meals and food that are provided are much appreciated and enable her not have to sit in food line-ups on the DTES.

![Food Available at the Staff Office in Velma’s Building](image)

**Figure 6-50  Food Available at the Staff Office in Velma’s Building**

**Life skills**

Women have a variety of life skills training needs, especially if they have been homeless for a long time. Life skills can teach people the basic skills needed for managing their lives and engaging with their community. Life skills training could include money management, shopping, cooking, setting up a home and maintaining social relationships (Homeless Hub, n.d.b). Many of the women interviewed for this project indicated they would appreciate life skills training or classes.

Dorothy wishes she was able to take part in computer classes, and Janelle wants help with budgeting. Carol Lee and her boyfriend both use drugs and use their paycheque within one week of receiving it. They would like to help with money management. The need for help with life skills varied depending on the needs of the individual woman and often goes hand in hand with case management.
Mental Health & Addictions Support

Nine of the eleven women interviewed said they deal with mental health and/or addictions issues. Many of them feel that having mental health support available would be very useful. Sylvie’s building has mental health and addictions support, and she says it is appreciated and needed by the tenants. Dorothy wishes this type of support was available for tenants in her building.

When mental health supports are in place, it is not always ‘one size fits all’ and supports should be tailored for the women who need it. Masami Tomioka describes the problem with many of the current mental health programs: “Definitely mental health and addiction support is needed, but it is whether or not the woman accepts it. Those types of supports, while important, are often under utilized or over utilized by one or two individuals and everyone else falls through the cracks.” Christy is one of the people who are ‘falling through the cracks’ in her building. She is not likely to reach out for the mental health and addiction support she needs, even though she admits that she needs it. She has a hard time trusting the staff. She will not initiate attending a program even if it is available, and to feel safe, she would need to be in control of the process.

Indigenous Programming

Having cultural programs available is very important to Indigenous women, and four of the women have it available to them at their housing (see Figure 6-51). At Velma’s housing, the Vancouver Aboriginal Friendship Centre Society provides programming for Indigenous tenants. Velma goes to an Elder’s group every day and enjoys the lunch provided. There are arts and crafts programs, outings, and she was taken to an elders gathering in Duncan. Being involved in Indigenous programming has opened up a whole world of learning and education about her history.
Louise appreciates all the programs available at her housing, but she wishes there was more Indigenous programming, especially when it comes to food: “Why would we need this kind of food when we weren't brought up with it. You know my food was Indian. I like moose meat, deer meat, off the land, you know what I mean. They call it Bannock here, but I call it dough gods.” Making cultural programming available in terms of food, activities and mentorship brings tenants pride, a feeling of acceptance and restoration.
Chapter 7. Discussion & Conclusion

"We need special places for people who can’t keep housing." Sylvie

This research uses a gendered lens and a qualitative approach to identify housing that works for women, including the choices and features of housing needed to move women out of homelessness. There are particular elements that disproportionately affect women over others who are experiencing homelessness. This can be due to the experiences that go along with the gendered nature of homelessness including: the greater likelihood of women to have a history of abuse and being the subject of violence while homeless, the high numbers of missing and murdered women on the DTES, and the invisibility of women who are hidden homeless - choosing to stay in potentially dangerous situations instead of at a shelter or on the street. As men and women experience homelessness differently, it may take different resources, strategies and approaches to provide housing and support to women.

The research findings outlining what works for women correspond closely with what a woman feels she needs to be at home and keeps her specific needs in mind. These findings are a direct result of engagement with 11 women who have experienced homelessness.

All housing for women should be: affordable, permanent, self-contained, furnished, not too small, comfortable, clean and in good repair with neighbourhood access. In addition to these qualities, the findings from this research can be summarized in the following five categories of housing choices that are important to make housing work for women:

- Acknowledges a variety of needs and provides choice;
- Safety, privacy, autonomy & control;
- Designed for function & dignity;
- Women-centred policies & staffing; and
- The right kind of support.
Acknowledges a Variety of Needs & Provides Choice

Women in the kinds of living situations documented in this thesis have a variety of needs. The housing provided to them should reflect this diversity and provide them with choice. Women need appropriate housing that is chosen based on their individual physical and mental health needs, relationship status, preferred addictions support, level of safety needs, and with the appropriate implementation of programs.

Housing that works for women should be available in a variety of forms and locations. Locations should be both in and outside of the DTES. For some women, the form needed is co-ed; for others, it is women-only or for women-led families. Variety is needed when it comes to guidelines, whether there is a strict or flexible guest policy, housing with a partner or independent of a partner, a priority of freedom or security, and a focus on harm reduction or recovery. In order to be effective at housing more women and preventing the devastation of homelessness, housing should not be thought of or provided as a ‘one size fits all’ solution.

There is a variety of housing in Vancouver, but there is insufficient supply of housing. Without sufficient housing stock, very limited choices of housing exist. Women’s only choice is whether to take the housing available at that moment – regardless of what kind of housing it is - or remain homeless. The housed women interviewed for this research were living in a variety of housing types – From women only, housing with both men and women, housing for women-led families, purpose built housing, non-market SROs, market SROs, housing with Aboriginal housing providers, temporary housing, permanent supportive housing, housing both in and outside of the DTES and housing with a variety of guidelines. However, not one of the women interviewed was given choice in her housing placement. For women, this can leave them living in situations where they are unsafe, unsupported and without a clear path to more appropriate housing.

It would be beneficial for housing placement processes to include a checklist of factors that work for women, within the housing application. These factors can be taken into account and prioritized when placing women into housing. Over time, the housing applications could also provide data about the trends in housing needs, and what types
of housing are most needed. This data could be useful in the planning and development of additional housing.

**Safety, Privacy, Autonomy & Control**

For housing to feel like a home, women need to feel safe with a level of privacy, autonomy and opportunities to connect with people when they choose to. Housing that is long-term, provides women with the security of tenure, and the ability to truly unpack, relax and begin rebuilding her life. Housing should feel safe, allow them to exercise a degree of self-sufficiency, with a measure of control over their space and the people with whom they wish to share it.

When women have their own bathroom, kitchen and control over their own space, they can be self-sufficient, make the space their own and feel like it is home. When women feel safe and secure within their space, they can let their guard down and feel at home.

**Designed for Function & Dignity**

A home that works provides dignity because it is functionally designed with women’s needs in mind. Housing provides women with dignity when it is accessible, has natural light, they can unpack their belongings, have friends over and is big enough to live and age in place.

You can tell a great deal about the functional design people need to feel at home by observing how they improvise. Many of the women in this study improvised kitchens and kitchen storage, counter space, storage areas to unpack possessions and used boxes for furniture. Spaces that have sufficient cupboards, dressers, closets and furnishings enable women to move into a space, unpack their possessions and feel at home despite the poverty that restricts their ability to buy additional furnishings. A suite with enough room to move around with no accessibility barriers, a functional toilet, a private bath and sleeping space, space to cook and have guests over creates housing that is dignified and works for women not only in the short-term but as a permanent solution.
Women-Centred Policies & Staff Support

When it comes to policies, guidelines need to be developed not only with women in mind but with women’s input. Some housing programs put policies in place to protect buildings from the tenants and to make life easier for staff. This does not always result in housing that works for women. When policies are women-centred, they have women’s best interests at heart. An example of women-centred policy is housing for women-led households, where the woman is the leaseholder. This type of housing policy reduces the risk of a woman’s partner putting her housing at risk. Policies may need to have some flexibility, as every woman is different, and faces unique circumstances.

Women feel safe and secure when they feel heard, and when policies and staff put women first. When women have input into the policies that are in place, they feel a sense of ownership of their building and greater connection with other women around them. A women-centred environment can also reduce the sense of ‘us and them’ between staff and tenants because tenants have a voice into what goes on. Women are often able to identify security risks before staff do, and this can assist in creating a safer space for everyone.

The Right Kind of Support

Women appreciate the support that helps them move forward in their goals and health as their needs change. When case planning is available for women in their housing, they can plan for future housing needs, changing health concerns, mobility issues, and needs around mental health and addictions. When a woman is homeless, her focus is making sure her basic needs are met, such as where to sleep, what to eat and how to stay alive. When a woman finds housing, she has the space to begin focusing on what comes next. Programs, staff support and case management can make this “what is next” possible.

Women need the right kind of support, and not all housing should be the same. Some women do not require much support or programming. Other women need specific kinds of support and programs that will connect them to their community or help them walk a healthier path. Supports could include Indigenous cultural programming and services, addictions support, a medication dispensary program, access to service
providers, or others. Especially in the current overdose crisis, housing that supports women with addictions is not only an important choice to give people, but could save a woman’s life. When women find housing that offers the right kind of support, it sets them up for staying housed over the longer term.

Conclusion

Housing that works for women is not simply housing, but a place they can call home. Of the women interviewed for this study, one of them was unsheltered, and 10 of them had housing. Only 4 of women who are housed would consider their housing to be a place they call home. For these four women, their housing is their refuge and it meets their needs; they feel that they belong and have a sense of place. It provides context for close and caring relationships.

Even though home does not look the same for everyone, all women want housing that fits their needs, is affordable, permanent and self-contained. Housing that works for women provides privacy and autonomy; it is functional. The policies, staffing and programming are women-centred. The housing offers the right kind of support that helps women to move forward with their lives.

Although the SRO housing stock is one of the only affordable housing options for many women who have been homeless, it is not housing where they typically feel safe, secure or autonomous. It is not a long-term solution that they can call home and is often an inappropriate solution in the short-term, especially for women. Self-contained housing solutions that are long-term such as modular housing, affordable housing and supportive housing can really work well for women, but it depends on whether the housing meets the specific woman’s particular needs in terms of support, policies, type and location.

People who have been homeless can have a complex relationship with the DTES. For some, the neighbourhood provides them with a sense of place and it is where their relationships are. The harm reduction supports are instrumental in keeping them alive. For others, it has been a place of trauma, violence and they only live there out of necessity. Women are in need of housing options both in and outside of the DTES and need to be given a choice in terms of the location that works best for them. For many
women, this is not simply a preference, but it can be a matter of life and death, especially when addictions, abuse or violence is involved.

When women have been homeless, it can be very hard to find any housing, let alone the right kind of housing that takes into account their unique needs. When women have experienced homelessness, their needs are complex, especially when they are compounded by poverty. For those who have experienced abuse and violence, the need for safety and control is important. Being able to access timely, self-contained housing that is functional, safe and supportive in the right ways, can make the difference between a woman staying housed or not. In the right kind of housing, women have the environment and tools needed to move towards a fulfilling and healthy life. The right kind of housing goes a long way in helping her break the cycle of homelessness and overcome the hardship she may have faced. The right kind of housing is a place where a woman can unpack her belongings and let down her guard because she is finally home.
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Appendix A.

Interview Guidelines: Women’s Interview
Interview Questions – Women Interviews

Study Title
Housing that Works: Planning & Design Solutions from Adult Women Who have Experienced Homelessness on Vancouver’s Downtown Eastside

Questions
These are the questions I will ask during the in-depth interviews with adult women who have experienced homelessness on the Downtown Eastside of Vancouver. I will use these questions as a starting place, but the priority will be to listen to the story and experience of the participants.

1. Do you currently stay or spend time on the Downtown Eastside?
2. Do you identify as a woman?
3. Are you between 19 and 54 years old?
4. Are you currently or have you ever experienced homelessness?
5. Could you tell me about what your housing has been like in the past?
   a. Has this housing worked for you? Why or why not?
6. Could you tell me about where you are currently living? If they have housing, ask the following about current housing. If they do not have housing, ask this about past housing: (Ask this question if we are not doing a tour of where they are currently sleeping. If we are doing a tour, ask these questions at that time.)
   a. Does/did this housing work for you? Why or why not?
   b. How did you get your housing?
   c. Did you have a choice in the housing you have? Would you choose differently?
   d. How long did it take to get into housing?
   e. What percentage of your income does/did it take up?
   f. What is your favourite part about where you live?
   g. What would you change about your housing if you could?
   h. Do/did you have the support you need at your housing? Why or why not? What do you need?
   i. Do/did you feel safe in your housing? Why or why not?
7. What does it mean for you to feel at home?
8. What would it mean for housing to feel like home for you?
9. Ask interviewees to elaborate on housing that works in terms of:
   • Location
   • Size
   • Affordability
   • Access to services
   • Accessibility
   • Type of housing
   • Kitchen and bathroom
   • Design elements
   • Inclusion
   • Operations
   • Available choice of housing
   • Additional support
   • Safety and comfort
   • Privacy
   • Etc.
Appendix B.

Interview Guidelines: Expert Interviews
Interview Questions – Key Informants

Study Title
Housing that Works: Planning & Design Solutions from Adult Women Who have Experienced Homelessness on Vancouver’s Downtown Eastside

Questions
These are the questions I will ask during the key informant interviews. I will use these questions as a starting place, and will be open to following where the conversation leads in terms of this topic.

1. Tell me about the work you and your organization do.
2. What is your experience or research in (planning/finding/providing) housing for adult women who have experienced homelessness.
3. How would you describe the current housing available for women coming out of homelessness?
4. What is working about the current housing available?
5. What is not working about the current housing available?
6. What do you think women need, in terms of housing, in order for housing to work for them?
7. Is there anything else I should know in terms of this topic that you would like to share?
8. Ask interviewees to elaborate on housing that works in terms of:
   • Location
   • Size
   • Affordability
   • Access to services
   • Accessibility
   • Type of housing
   • Design elements
   • Inclusion
   • Operations
   • Available choice of housing
   • Additional support
   • Safety and comfort
   • Privacy
9. I will outline some of the preliminary findings from interviews with women, and ask them to comment, elaborate or provide feedback on it.

Lani Brunn, Interview Questions for Key Informants, V. 1, 4 December 2017